



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

SilverScript Insurance Company

NAIC Group Code 0001 4667 NAIC Company Code 12575 Employer's ID Number 20-2833904
(Current) (Prior)

Organized under the Laws of Tennessee, State of Domicile or Port of Entry TN

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

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

Incorporated/Organized 05/11/2005 Commenced Business 01/01/2006

Statutory Home Office 445 Great Circle Road, Nashville, TN, US 37228
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 445 Great Circle Road
(Street and Number)
Nashville, TN, US 37228, 615-743-6600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 445 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 445 Great Circle Road
(Street and Number)
Nashville, TN, US 37228, 615-743-6600
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.silverscript.com

Statutory Statement Contact Xiaoqi Glenn Wang, 401-770-9669
(Name) (Area Code) (Telephone Number)
Xiaoqi.Wang@CVSCaremark.com, 401-733-0136
(E-mail Address) (FAX Number)

OFFICERS

President Todd Dean Meek Secretary Michele Wugalter Buchanan
Treasurer Daniel Lee Zablocki Actuary Rebecca Conway Justice

OTHER

DIRECTORS OR TRUSTEES

Harold Neil Lund Todd Dean Meek Marsha Carolyn Moore
Mary Kristina Meyer David Scott Azzolina

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.

Todd Dean Meek
President

Michele Wugalter Buchanan
Secretary

Daniel Lee Zablocki
Treasurer

Subscribed and sworn to before me this _____ day of _____

- 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.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebates	64,228,383					64,228,383
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999. Total Pharmaceutical Rebate Receivables	64,228,383	0	0	0	0	64,228,383
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
Performance Network Rebate	458,801,237					458,801,237
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	458,801,237	0	0	0	0	458,801,237
0799999 Gross health care receivables	523,029,620	0	0	0	0	523,029,620

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	370,166,869	3,414,758,848		64,228,383	370,166,869	352,446,211
2. Claim overpayment receivables					0	0
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables					0	0
6. Other health care receivables.....	269,013,895	528,589,311		458,801,237	269,013,895	270,634,959
7. Totals (Lines 1 through 6)	639,180,764	3,943,348,159	0	523,029,620	639,180,764	623,081,170

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
NONE				
0399999 Total gross payables				

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	2,703,244,534	100.0	XXX	XXX	2,703,368,194	(123,660)
12. Total other payments	2,703,244,534	100.0	XXX	XXX	2,703,368,194	(123,660)
13. TOTAL (Line 4 plus Line 12)	2,703,244,534	100%	XXX	XXX	2,703,368,194	(123,660)

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

NONE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Alabama		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	75,508	0	0	0	0	0	0	0	0	75,508		
2. First Quarter	79,180	0	0	0	0	0	0	0	0	79,180		
3. Second Quarter	77,779	0	0	0	0	0	0	0	0	77,779		
4. Third Quarter	78,626	0	0	0	0	0	0	0	0	78,626		
5. Current Year	78,418	0	0	0	0	0	0	0	0	78,418		
6. Current Year Member Months	943,870	0	0	0	0	0	0	0	0	943,870		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	53,937,505	0	0	0	0	0	0	0	0	53,937,505		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	54,278,291	0	0	0	0	0	0	0	0	54,278,291		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	41,570,630	0	0	0	0	0	0	0	0	41,570,630		
18. Amount Incurred for Provision of Health Care Services	43,709,072	0	0	0	0	0	0	0	0	43,709,072		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$53,937,505

30.AL



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Alaska		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	1,137	0	0	0	0	0	0	0	0	1,137		
2. First Quarter	1,097	0	0	0	0	0	0	0	0	1,097		
3. Second Quarter	1,068	0	0	0	0	0	0	0	0	1,068		
4. Third Quarter	1,098	0	0	0	0	0	0	0	0	1,098		
5. Current Year	1,069	0	0	0	0	0	0	0	0	1,069		
6. Current Year Member Months	13,060	0	0	0	0	0	0	0	0	13,060		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	1,182,107	0	0	0	0	0	0	0	0	1,182,107		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	1,188,666	0	0	0	0	0	0	0	0	1,188,666		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	743,584	0	0	0	0	0	0	0	0	743,584		
18. Amount Incurred for Provision of Health Care Services	815,548	0	0	0	0	0	0	0	0	815,548		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,182,107

30.AK



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Arizona		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	60,419	0	0	0	0	0	0	0	0	60,419		
2. First Quarter	58,410	0	0	0	0	0	0	0	0	58,410		
3. Second Quarter	57,911	0	0	0	0	0	0	0	0	57,911		
4. Third Quarter	58,258	0	0	0	0	0	0	0	0	58,258		
5. Current Year	58,453	0	0	0	0	0	0	0	0	58,453		
6. Current Year Member Months	698,609	0	0	0	0	0	0	0	0	698,609		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	35,071,421	0	0	0	0	0	0	0	0	35,071,421		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	35,253,157	0	0	0	0	0	0	0	0	35,253,157		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	24,377,307	0	0	0	0	0	0	0	0	24,377,307		
18. Amount Incurred for Provision of Health Care Services	25,521,939	0	0	0	0	0	0	0	0	25,521,939		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$35,071,421

30.AZ



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Arkansas		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	94,582	0	0	0	0	0	0	0	0	94,582		
2. First Quarter	99,997	0	0	0	0	0	0	0	0	99,997		
3. Second Quarter	99,501	0	0	0	0	0	0	0	0	99,501		
4. Third Quarter	101,263	0	0	0	0	0	0	0	0	101,263		
5. Current Year	102,139	0	0	0	0	0	0	0	0	102,139		
6. Current Year Member Months	1,206,243	0	0	0	0	0	0	0	0	1,206,243		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	54,830,510	0	0	0	0	0	0	0	0	54,830,510		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	50,257,803	0	0	0	0	0	0	0	0	50,257,803		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	46,782,956	0	0	0	0	0	0	0	0	46,782,956		
18. Amount Incurred for Provision of Health Care Services	48,033,286	0	0	0	0	0	0	0	0	48,033,286		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$54,830,510

30 AR



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		California		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	504,112	0	0	0	0	0	0	0	0	504,112		
2. First Quarter	519,389	0	0	0	0	0	0	0	0	519,389		
3. Second Quarter	515,597	0	0	0	0	0	0	0	0	515,597		
4. Third Quarter	518,748	0	0	0	0	0	0	0	0	518,748		
5. Current Year	521,282	0	0	0	0	0	0	0	0	521,282		
6. Current Year Member Months	6,217,915	0	0	0	0	0	0	0	0	6,217,915		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	376,781,506	0	0	0	0	0	0	0	0	376,781,506		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	378,297,439	0	0	0	0	0	0	0	0	378,297,439		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	309,119,586	0	0	0	0	0	0	0	0	309,119,586		
18. Amount Incurred for Provision of Health Care Services	324,130,957	0	0	0	0	0	0	0	0	324,130,957		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$376,781,506

30.CA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2018							(LOCATION)	
				Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	NAIC Company Code		12575
				2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid	
		1 Total										
Total Members at end of:												
1. Prior Year	35,782	0	0	0	0	0	0	0	0	35,782		
2. First Quarter	39,975	0	0	0	0	0	0	0	0	39,975		
3. Second Quarter	40,144	0	0	0	0	0	0	0	0	40,144		
4. Third Quarter	41,042	0	0	0	0	0	0	0	0	41,042		
5. Current Year	41,702	0	0	0	0	0	0	0	0	41,702		
6. Current Year Member Months	485,477	0	0	0	0	0	0	0	0	485,477		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	27,116,168	0	0	0	0	0	0	0	0	27,116,168		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	27,297,713	0	0	0	0	0	0	0	0	27,297,713		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	20,805,535	0	0	0	0	0	0	0	0	20,805,535		
18. Amount Incurred for Provision of Health Care Services	21,248,617	0	0	0	0	0	0	0	0	21,248,617		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$27,116,168

30.00



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Connecticut		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	53,707	0	0	0	0	0	0	0	0	53,707		
2. First Quarter	54,911	0	0	0	0	0	0	0	0	54,911		
3. Second Quarter	54,208	0	0	0	0	0	0	0	0	54,208		
4. Third Quarter	54,160	0	0	0	0	0	0	0	0	54,160		
5. Current Year	53,942	0	0	0	0	0	0	0	0	53,942		
6. Current Year Member Months	652,688	0	0	0	0	0	0	0	0	652,688		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	43,199,425	0	0	0	0	0	0	0	0	43,199,425		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	43,462,951	0	0	0	0	0	0	0	0	43,462,951		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	34,447,096	0	0	0	0	0	0	0	0	34,447,096		
18. Amount Incurred for Provision of Health Care Services	36,568,110	0	0	0	0	0	0	0	0	36,568,110		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$43,199,425

30.CT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Delaware		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	13,329	0	0	0	0	0	0	0	0	13,329		
2. First Quarter	13,977	0	0	0	0	0	0	0	0	13,977		
3. Second Quarter	14,032	0	0	0	0	0	0	0	0	14,032		
4. Third Quarter	14,232	0	0	0	0	0	0	0	0	14,232		
5. Current Year	14,427	0	0	0	0	0	0	0	0	14,427		
6. Current Year Member Months	169,436	0	0	0	0	0	0	0	0	169,436		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	10,104,281	0	0	0	0	0	0	0	0	10,104,281		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	10,384,492	0	0	0	0	0	0	0	0	10,384,492		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	7,450,154	0	0	0	0	0	0	0	0	7,450,154		
18. Amount Incurred for Provision of Health Care Services	7,766,055	0	0	0	0	0	0	0	0	7,766,055		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,104,281

30 DE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		District of Columbia		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	6,204	0	0	0	0	0	0	0	0	6,204		
2. First Quarter	6,315	0	0	0	0	0	0	0	0	6,315		
3. Second Quarter	6,181	0	0	0	0	0	0	0	0	6,181		
4. Third Quarter	6,259	0	0	0	0	0	0	0	0	6,259		
5. Current Year	6,275	0	0	0	0	0	0	0	0	6,275		
6. Current Year Member Months	75,209	0	0	0	0	0	0	0	0	75,209		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	5,460,210	0	0	0	0	0	0	0	0	5,460,210		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	5,621,135	0	0	0	0	0	0	0	0	5,621,135		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	3,825,117	0	0	0	0	0	0	0	0	3,825,117		
18. Amount Incurred for Provision of Health Care Services	4,062,717	0	0	0	0	0	0	0	0	4,062,717		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,460,210

30.DC



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Florida		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	261,790	0	0	0	0	0	0	0	0	261,790		
2. First Quarter	407,256	0	0	0	0	0	0	0	0	407,256		
3. Second Quarter	402,084	0	0	0	0	0	0	0	0	402,084		
4. Third Quarter	409,025	0	0	0	0	0	0	0	0	409,025		
5. Current Year	412,001	0	0	0	0	0	0	0	0	412,001		
6. Current Year Member Months	4,897,583	0	0	0	0	0	0	0	0	4,897,583		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	312,454,595	0	0	0	0	0	0	0	0	312,454,595		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	317,143,081	0	0	0	0	0	0	0	0	317,143,081		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	245,532,364	0	0	0	0	0	0	0	0	245,532,364		
18. Amount Incurred for Provision of Health Care Services	237,021,539	0	0	0	0	0	0	0	0	237,021,539		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$312,454,595

30.FL



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Georgia		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	171,595	0	0	0	0	0	0	0	0	171,595		
2. First Quarter	178,656	0	0	0	0	0	0	0	0	178,656		
3. Second Quarter	176,393	0	0	0	0	0	0	0	0	176,393		
4. Third Quarter	178,987	0	0	0	0	0	0	0	0	178,987		
5. Current Year	180,125	0	0	0	0	0	0	0	0	180,125		
6. Current Year Member Months	2,143,916	0	0	0	0	0	0	0	0	2,143,916		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	106,633,292	0	0	0	0	0	0	0	0	106,633,292		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	105,872,887	0	0	0	0	0	0	0	0	105,872,887		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	92,246,629	0	0	0	0	0	0	0	0	92,246,629		
18. Amount Incurred for Provision of Health Care Services	97,167,909	0	0	0	0	0	0	0	0	97,167,909		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 106,633,292

30.GA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Hawaii		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	8,305	0	0	0	0	0	0	0	0	0	8,305	
2. First Quarter	8,804	0	0	0	0	0	0	0	0	0	8,804	
3. Second Quarter	8,137	0	0	0	0	0	0	0	0	0	8,137	
4. Third Quarter	8,353	0	0	0	0	0	0	0	0	0	8,353	
5. Current Year	8,371	0	0	0	0	0	0	0	0	0	8,371	
6. Current Year Member Months	102,084	0	0	0	0	0	0	0	0	0	102,084	
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	4,169,629	0	0	0	0	0	0	0	0	0	4,169,629	
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	5,151,655	0	0	0	0	0	0	0	0	0	5,151,655	
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	3,501,956	0	0	0	0	0	0	0	0	0	3,501,956	
18. Amount Incurred for Provision of Health Care Services	3,664,998	0	0	0	0	0	0	0	0	0	3,664,998	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,169,629

30.HI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Idaho		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	21,322	0	0	0	0	0	0	0	0	21,322		
2. First Quarter	22,009	0	0	0	0	0	0	0	0	22,009		
3. Second Quarter	22,041	0	0	0	0	0	0	0	0	22,041		
4. Third Quarter	22,167	0	0	0	0	0	0	0	0	22,167		
5. Current Year	22,418	0	0	0	0	0	0	0	0	22,418		
6. Current Year Member Months	265,270	0	0	0	0	0	0	0	0	265,270		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	14,908,536	0	0	0	0	0	0	0	0	14,908,536		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	15,555,995	0	0	0	0	0	0	0	0	15,555,995		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	11,078,181	0	0	0	0	0	0	0	0	11,078,181		
18. Amount Incurred for Provision of Health Care Services	11,514,708	0	0	0	0	0	0	0	0	11,514,708		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$14,908,536

30.ID



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Illinois		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	162,598	0	0	0	0	0	0	0	0	162,598		
2. First Quarter	174,517	0	0	0	0	0	0	0	0	174,517		
3. Second Quarter	173,025	0	0	0	0	0	0	0	0	173,025		
4. Third Quarter	176,176	0	0	0	0	0	0	0	0	176,176		
5. Current Year	177,890	0	0	0	0	0	0	0	0	177,890		
6. Current Year Member Months	2,104,174	0	0	0	0	0	0	0	0	2,104,174		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	104,477,443	0	0	0	0	0	0	0	0	104,477,443		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	105,359,338	0	0	0	0	0	0	0	0	105,359,338		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	85,542,819	0	0	0	0	0	0	0	0	85,542,819		
18. Amount Incurred for Provision of Health Care Services	88,308,936	0	0	0	0	0	0	0	0	88,308,936		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$104,477,443

30.1L



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Indiana		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	111,517	0	0	0	0	0	0	0	0	111,517		
2. First Quarter	113,560	0	0	0	0	0	0	0	0	113,560		
3. Second Quarter	112,692	0	0	0	0	0	0	0	0	112,692		
4. Third Quarter	114,247	0	0	0	0	0	0	0	0	114,247		
5. Current Year	114,941	0	0	0	0	0	0	0	0	114,941		
6. Current Year Member Months	1,365,804	0	0	0	0	0	0	0	0	1,365,804		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	69,617,752	0	0	0	0	0	0	0	0	69,617,752		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	70,001,246	0	0	0	0	0	0	0	0	70,001,246		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	66,278,747	0	0	0	0	0	0	0	0	66,278,747		
18. Amount Incurred for Provision of Health Care Services	68,083,668	0	0	0	0	0	0	0	0	68,083,668		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$69,617,752

30 IN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Iowa		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	57,552	0	0	0	0	0	0	0	0	57,552		
2. First Quarter	59,838	0	0	0	0	0	0	0	0	59,838		
3. Second Quarter	58,978	0	0	0	0	0	0	0	0	58,978		
4. Third Quarter	59,449	0	0	0	0	0	0	0	0	59,449		
5. Current Year	59,673	0	0	0	0	0	0	0	0	59,673		
6. Current Year Member Months	713,358	0	0	0	0	0	0	0	0	713,358		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	42,800,853	0	0	0	0	0	0	0	0	42,800,853		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	43,058,396	0	0	0	0	0	0	0	0	43,058,396		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	34,547,902	0	0	0	0	0	0	0	0	34,547,902		
18. Amount Incurred for Provision of Health Care Services	36,068,664	0	0	0	0	0	0	0	0	36,068,664		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$42,800,853

30.1A



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kansas		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	63,566	0	0	0	0	0	0	0	0	63,566		
2. First Quarter	68,752	0	0	0	0	0	0	0	0	68,752		
3. Second Quarter	68,790	0	0	0	0	0	0	0	0	68,790		
4. Third Quarter	70,092	0	0	0	0	0	0	0	0	70,092		
5. Current Year	70,557	0	0	0	0	0	0	0	0	70,557		
6. Current Year Member Months	833,091	0	0	0	0	0	0	0	0	833,091		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	40,463,170	0	0	0	0	0	0	0	0	40,463,170		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	40,738,150	0	0	0	0	0	0	0	0	40,738,150		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	35,706,025	0	0	0	0	0	0	0	0	35,706,025		
18. Amount Incurred for Provision of Health Care Services	36,870,070	0	0	0	0	0	0	0	0	36,870,070		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$40,463,170

30 KS



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kentucky		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	91,338	0	0	0	0	0	0	0	0	91,338		
2. First Quarter	93,045	0	0	0	0	0	0	0	0	93,045		
3. Second Quarter	91,195	0	0	0	0	0	0	0	0	91,195		
4. Third Quarter	92,453	0	0	0	0	0	0	0	0	92,453		
5. Current Year	92,571	0	0	0	0	0	0	0	0	92,571		
6. Current Year Member Months	1,111,526	0	0	0	0	0	0	0	0	1,111,526		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	59,906,508	0	0	0	0	0	0	0	0	59,906,508		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	60,224,974	0	0	0	0	0	0	0	0	60,224,974		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	53,104,937	0	0	0	0	0	0	0	0	53,104,937		
18. Amount Incurred for Provision of Health Care Services	55,149,976	0	0	0	0	0	0	0	0	55,149,976		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$59,906,508

30.KY



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Louisiana		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	93,278	0	0	0	0	0	0	0	0	93,278		
2. First Quarter	96,478	0	0	0	0	0	0	0	0	96,478		
3. Second Quarter	95,369	0	0	0	0	0	0	0	0	95,369		
4. Third Quarter	96,308	0	0	0	0	0	0	0	0	96,308		
5. Current Year	96,495	0	0	0	0	0	0	0	0	96,495		
6. Current Year Member Months	1,155,947	0	0	0	0	0	0	0	0	1,155,947		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	69,647,616	0	0	0	0	0	0	0	0	69,647,616		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	65,974,392	0	0	0	0	0	0	0	0	65,974,392		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	55,560,538	0	0	0	0	0	0	0	0	55,560,538		
18. Amount Incurred for Provision of Health Care Services	58,439,511	0	0	0	0	0	0	0	0	58,439,511		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$69,647,616

30.LA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maine		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	10,700	0	0	0	0	0	0	0	0	10,700		
2. First Quarter	11,396	0	0	0	0	0	0	0	0	11,396		
3. Second Quarter	11,386	0	0	0	0	0	0	0	0	11,386		
4. Third Quarter	11,664	0	0	0	0	0	0	0	0	11,664		
5. Current Year	11,864	0	0	0	0	0	0	0	0	11,864		
6. Current Year Member Months	138,013	0	0	0	0	0	0	0	0	138,013		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	7,529,328	0	0	0	0	0	0	0	0	7,529,328		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	7,964,891	0	0	0	0	0	0	0	0	7,964,891		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	6,224,231	0	0	0	0	0	0	0	0	6,224,231		
18. Amount Incurred for Provision of Health Care Services	6,252,562	0	0	0	0	0	0	0	0	6,252,562		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,529,328

30 ME



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maryland		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	72,020	0	0	0	0	0	0	0	0	72,020		
2. First Quarter	76,379	0	0	0	0	0	0	0	0	76,379		
3. Second Quarter	76,068	0	0	0	0	0	0	0	0	76,068		
4. Third Quarter	77,034	0	0	0	0	0	0	0	0	77,034		
5. Current Year	77,601	0	0	0	0	0	0	0	0	77,601		
6. Current Year Member Months	918,658	0	0	0	0	0	0	0	0	918,658		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	57,261,503	0	0	0	0	0	0	0	0	57,261,503		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	58,843,915	0	0	0	0	0	0	0	0	58,843,915		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	40,704,292	0	0	0	0	0	0	0	0	40,704,292		
18. Amount Incurred for Provision of Health Care Services	42,484,478	0	0	0	0	0	0	0	0	42,484,478		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$57,261,503

30.MD



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Massachusetts		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	120,686	0	0	0	0	0	0	0	0	0	120,686	
2. First Quarter	121,223	0	0	0	0	0	0	0	0	0	121,223	
3. Second Quarter	118,133	0	0	0	0	0	0	0	0	0	118,133	
4. Third Quarter	117,228	0	0	0	0	0	0	0	0	0	117,228	
5. Current Year	115,656	0	0	0	0	0	0	0	0	0	115,656	
6. Current Year Member Months	1,421,677	0	0	0	0	0	0	0	0	0	1,421,677	
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	99,032,228	0	0	0	0	0	0	0	0	0	99,032,228	
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	99,619,540	0	0	0	0	0	0	0	0	0	99,619,540	
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	67,452,089	0	0	0	0	0	0	0	0	0	67,452,089	
18. Amount Incurred for Provision of Health Care Services	71,682,630	0	0	0	0	0	0	0	0	0	71,682,630	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$99,032,228

30.MA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Michigan		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	98,023	0	0	0	0	0	0	0	0	98,023		
2. First Quarter	100,530	0	0	0	0	0	0	0	0	100,530		
3. Second Quarter	99,200	0	0	0	0	0	0	0	0	99,200		
4. Third Quarter	100,436	0	0	0	0	0	0	0	0	100,436		
5. Current Year	101,091	0	0	0	0	0	0	0	0	101,091		
6. Current Year Member Months	1,202,136	0	0	0	0	0	0	0	0	1,202,136		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	74,825,170	0	0	0	0	0	0	0	0	74,825,170		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	80,444,053	0	0	0	0	0	0	0	0	80,444,053		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	57,948,091	0	0	0	0	0	0	0	0	57,948,091		
18. Amount Incurred for Provision of Health Care Services	60,579,636	0	0	0	0	0	0	0	0	60,579,636		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$74,825,170

30.MI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Minnesota		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	66,754	0	0	0	0	0	0	0	0	66,754		
2. First Quarter	70,522	0	0	0	0	0	0	0	0	70,522		
3. Second Quarter	70,258	0	0	0	0	0	0	0	0	70,258		
4. Third Quarter	71,019	0	0	0	0	0	0	0	0	71,019		
5. Current Year	71,517	0	0	0	0	0	0	0	0	71,517		
6. Current Year Member Months	847,860	0	0	0	0	0	0	0	0	847,860		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	48,994,211	0	0	0	0	0	0	0	0	48,994,211		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	49,283,445	0	0	0	0	0	0	0	0	49,283,445		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	38,128,722	0	0	0	0	0	0	0	0	38,128,722		
18. Amount Incurred for Provision of Health Care Services	39,703,631	0	0	0	0	0	0	0	0	39,703,631		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$48,994,211

30 MN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Mississippi		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	92,791	0	0	0	0	0	0	0	0	92,791		
2. First Quarter	99,127	0	0	0	0	0	0	0	0	99,127		
3. Second Quarter	98,642	0	0	0	0	0	0	0	0	98,642		
4. Third Quarter	100,234	0	0	0	0	0	0	0	0	100,234		
5. Current Year	100,876	0	0	0	0	0	0	0	0	100,876		
6. Current Year Member Months	1,195,645	0	0	0	0	0	0	0	0	1,195,645		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	58,936,413	0	0	0	0	0	0	0	0	58,936,413		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	59,318,608	0	0	0	0	0	0	0	0	59,318,608		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	52,887,474	0	0	0	0	0	0	0	0	52,887,474		
18. Amount Incurred for Provision of Health Care Services	55,084,676	0	0	0	0	0	0	0	0	55,084,676		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$58,936,413

30 MS



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Missouri		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	139,823	0	0	0	0	0	0	0	0	139,823		
2. First Quarter	147,951	0	0	0	0	0	0	0	0	147,951		
3. Second Quarter	146,600	0	0	0	0	0	0	0	0	146,600		
4. Third Quarter	148,387	0	0	0	0	0	0	0	0	148,387		
5. Current Year	148,896	0	0	0	0	0	0	0	0	148,896		
6. Current Year Member Months	1,777,073	0	0	0	0	0	0	0	0	1,777,073		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	99,963,338	0	0	0	0	0	0	0	0	99,963,338		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	100,515,971	0	0	0	0	0	0	0	0	100,515,971		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	87,581,421	0	0	0	0	0	0	0	0	87,581,421		
18. Amount Incurred for Provision of Health Care Services	91,958,578	0	0	0	0	0	0	0	0	91,958,578		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$99,963,338

30.MO



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Montana		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	18,972	0	0	0	0	0	0	0	0	18,972		
2. First Quarter	21,030	0	0	0	0	0	0	0	0	21,030		
3. Second Quarter	20,974	0	0	0	0	0	0	0	0	20,974		
4. Third Quarter	21,271	0	0	0	0	0	0	0	0	21,271		
5. Current Year	21,427	0	0	0	0	0	0	0	0	21,427		
6. Current Year Member Months	253,284	0	0	0	0	0	0	0	0	253,284		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	13,707,710	0	0	0	0	0	0	0	0	13,707,710		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	13,797,114	0	0	0	0	0	0	0	0	13,797,114		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	10,867,099	0	0	0	0	0	0	0	0	10,867,099		
18. Amount Incurred for Provision of Health Care Services	11,221,416	0	0	0	0	0	0	0	0	11,221,416		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 13,707,710

30.MT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Nebraska		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	35,248	0	0	0	0	0	0	0	0	35,248		
2. First Quarter	37,542	0	0	0	0	0	0	0	0	37,542		
3. Second Quarter	37,085	0	0	0	0	0	0	0	0	37,085		
4. Third Quarter	37,503	0	0	0	0	0	0	0	0	37,503		
5. Current Year	37,693	0	0	0	0	0	0	0	0	37,693		
6. Current Year Member Months	449,296	0	0	0	0	0	0	0	0	449,296		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	24,926,553	0	0	0	0	0	0	0	0	24,926,553		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	25,080,604	0	0	0	0	0	0	0	0	25,080,604		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	22,660,979	0	0	0	0	0	0	0	0	22,660,979		
18. Amount Incurred for Provision of Health Care Services	23,480,852	0	0	0	0	0	0	0	0	23,480,852		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$24,926,553

30.NE



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Nevada		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	13,545	0	0	0	0	0	0	0	0	13,545		
2. First Quarter	13,452	0	0	0	0	0	0	0	0	13,452		
3. Second Quarter	13,249	0	0	0	0	0	0	0	0	13,249		
4. Third Quarter	13,432	0	0	0	0	0	0	0	0	13,432		
5. Current Year	13,509	0	0	0	0	0	0	0	0	13,509		
6. Current Year Member Months	160,752	0	0	0	0	0	0	0	0	160,752		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	10,478,598	0	0	0	0	0	0	0	0	10,478,598		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	11,168,044	0	0	0	0	0	0	0	0	11,168,044		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	7,264,238	0	0	0	0	0	0	0	0	7,264,238		
18. Amount Incurred for Provision of Health Care Services	7,613,034	0	0	0	0	0	0	0	0	7,613,034		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,478,598

30 NV



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Hampshire		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	16,181	0	0	0	0	0	0	0	0	16,181		
2. First Quarter	17,373	0	0	0	0	0	0	0	0	17,373		
3. Second Quarter	17,002	0	0	0	0	0	0	0	0	17,002		
4. Third Quarter	17,261	0	0	0	0	0	0	0	0	17,261		
5. Current Year	17,325	0	0	0	0	0	0	0	0	17,325		
6. Current Year Member Months	206,138	0	0	0	0	0	0	0	0	206,138		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	11,132,647	0	0	0	0	0	0	0	0	11,132,647		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	11,799,536	0	0	0	0	0	0	0	0	11,799,536		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	9,439,735	0	0	0	0	0	0	0	0	9,439,735		
18. Amount Incurred for Provision of Health Care Services	9,569,345	0	0	0	0	0	0	0	0	9,569,345		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,132,647

HN'08



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Jersey		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	125,176	0	0	0	0	0	0	0	0	125,176		
2. First Quarter	133,741	0	0	0	0	0	0	0	0	133,741		
3. Second Quarter	133,372	0	0	0	0	0	0	0	0	133,372		
4. Third Quarter	134,623	0	0	0	0	0	0	0	0	134,623		
5. Current Year	134,945	0	0	0	0	0	0	0	0	134,945		
6. Current Year Member Months	1,608,369	0	0	0	0	0	0	0	0	1,608,369		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	105,383,525	0	0	0	0	0	0	0	0	105,383,525		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	109,313,174	0	0	0	0	0	0	0	0	109,313,174		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	81,693,694	0	0	0	0	0	0	0	0	81,693,694		
18. Amount Incurred for Provision of Health Care Services	85,795,600	0	0	0	0	0	0	0	0	85,795,600		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 105,383,525

30.NJ



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Mexico		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	36,490	0	0	0	0	0	0	0	0	36,490		
2. First Quarter	38,457	0	0	0	0	0	0	0	0	38,457		
3. Second Quarter	37,622	0	0	0	0	0	0	0	0	37,622		
4. Third Quarter	38,326	0	0	0	0	0	0	0	0	38,326		
5. Current Year	38,520	0	0	0	0	0	0	0	0	38,520		
6. Current Year Member Months	459,445	0	0	0	0	0	0	0	0	459,445		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	21,483,423	0	0	0	0	0	0	0	0	21,483,423		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	20,643,444	0	0	0	0	0	0	0	0	20,643,444		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	14,566,707	0	0	0	0	0	0	0	0	14,566,707		
18. Amount Incurred for Provision of Health Care Services	15,297,534	0	0	0	0	0	0	0	0	15,297,534		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$21,483,423

30 NM



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New York		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	248,732	0	0	0	0	0	0	0	0	248,732		
2. First Quarter	253,324	0	0	0	0	0	0	0	0	253,324		
3. Second Quarter	248,844	0	0	0	0	0	0	0	0	248,844		
4. Third Quarter	248,749	0	0	0	0	0	0	0	0	248,749		
5. Current Year	248,333	0	0	0	0	0	0	0	0	248,333		
6. Current Year Member Months	3,004,513	0	0	0	0	0	0	0	0	3,004,513		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	202,294,875	0	0	0	0	0	0	0	0	202,294,875		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	196,475,524	0	0	0	0	0	0	0	0	196,475,524		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	160,042,022	0	0	0	0	0	0	0	0	160,042,022		
18. Amount Incurred for Provision of Health Care Services	169,127,084	0	0	0	0	0	0	0	0	169,127,084		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$202,294,875

30.NY



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		North Carolina		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	179,550	0	0	0	0	0	0	0	0	179,550		
2. First Quarter	183,364	0	0	0	0	0	0	0	0	183,364		
3. Second Quarter	179,309	0	0	0	0	0	0	0	0	179,309		
4. Third Quarter	179,877	0	0	0	0	0	0	0	0	179,877		
5. Current Year	179,800	0	0	0	0	0	0	0	0	179,800		
6. Current Year Member Months	2,173,293	0	0	0	0	0	0	0	0	2,173,293		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	127,864,248	0	0	0	0	0	0	0	0	127,864,248		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	128,478,352	0	0	0	0	0	0	0	0	128,478,352		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	102,036,763	0	0	0	0	0	0	0	0	102,036,763		
18. Amount Incurred for Provision of Health Care Services	108,092,220	0	0	0	0	0	0	0	0	108,092,220		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 127,864,248

30.NC



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		North Dakota		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	19,907	0	0	0	0	0	0	0	0	19,907		
2. First Quarter	21,186	0	0	0	0	0	0	0	0	21,186		
3. Second Quarter	21,169	0	0	0	0	0	0	0	0	21,169		
4. Third Quarter	21,436	0	0	0	0	0	0	0	0	21,436		
5. Current Year	21,474	0	0	0	0	0	0	0	0	21,474		
6. Current Year Member Months	255,544	0	0	0	0	0	0	0	0	255,544		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	13,587,851	0	0	0	0	0	0	0	0	13,587,851		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	13,675,474	0	0	0	0	0	0	0	0	13,675,474		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	11,814,427	0	0	0	0	0	0	0	0	11,814,427		
18. Amount Incurred for Provision of Health Care Services	12,149,172	0	0	0	0	0	0	0	0	12,149,172		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$13,587,851

30.ND



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Ohio		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	196,045	0	0	0	0	0	0	0	0	196,045		
2. First Quarter	198,610	0	0	0	0	0	0	0	0	198,610		
3. Second Quarter	195,444	0	0	0	0	0	0	0	0	195,444		
4. Third Quarter	197,223	0	0	0	0	0	0	0	0	197,223		
5. Current Year	195,618	0	0	0	0	0	0	0	0	195,618		
6. Current Year Member Months	2,368,260	0	0	0	0	0	0	0	0	2,368,260		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	122,397,717	0	0	0	0	0	0	0	0	122,397,717		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	123,758,909	0	0	0	0	0	0	0	0	123,758,909		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	102,318,066	0	0	0	0	0	0	0	0	102,318,066		
18. Amount Incurred for Provision of Health Care Services	107,576,633	0	0	0	0	0	0	0	0	107,576,633		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$122,397,717

HO 00



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Oklahoma		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	77,635	0	0	0	0	0	0	0	0	77,635		
2. First Quarter	84,376	0	0	0	0	0	0	0	0	84,376		
3. Second Quarter	83,267	0	0	0	0	0	0	0	0	83,267		
4. Third Quarter	84,796	0	0	0	0	0	0	0	0	84,796		
5. Current Year	85,205	0	0	0	0	0	0	0	0	85,205		
6. Current Year Member Months	1,012,824	0	0	0	0	0	0	0	0	1,012,824		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	57,304,197	0	0	0	0	0	0	0	0	57,304,197		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	57,413,496	0	0	0	0	0	0	0	0	57,413,496		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	49,939,807	0	0	0	0	0	0	0	0	49,939,807		
18. Amount Incurred for Provision of Health Care Services	51,583,182	0	0	0	0	0	0	0	0	51,583,182		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$57,304,197

30.OK



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Oregon		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	37,573	0	0	0	0	0	0	0	0	37,573		
2. First Quarter	38,562	0	0	0	0	0	0	0	0	38,562		
3. Second Quarter	38,308	0	0	0	0	0	0	0	0	38,308		
4. Third Quarter	38,831	0	0	0	0	0	0	0	0	38,831		
5. Current Year	39,374	0	0	0	0	0	0	0	0	39,374		
6. Current Year Member Months	463,853	0	0	0	0	0	0	0	0	463,853		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	27,699,191	0	0	0	0	0	0	0	0	27,699,191		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	27,889,946	0	0	0	0	0	0	0	0	27,889,946		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	18,693,829	0	0	0	0	0	0	0	0	18,693,829		
18. Amount Incurred for Provision of Health Care Services	19,446,771	0	0	0	0	0	0	0	0	19,446,771		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$27,699,191

30. OR



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Pennsylvania		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	222,093	0	0	0	0	0	0	0	0	222,093		
2. First Quarter	227,130	0	0	0	0	0	0	0	0	227,130		
3. Second Quarter	223,872	0	0	0	0	0	0	0	0	223,872		
4. Third Quarter	225,642	0	0	0	0	0	0	0	0	225,642		
5. Current Year	225,681	0	0	0	0	0	0	0	0	225,681		
6. Current Year Member Months	2,713,741	0	0	0	0	0	0	0	0	2,713,741		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	160,968,128	0	0	0	0	0	0	0	0	160,968,128		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	162,002,489	0	0	0	0	0	0	0	0	162,002,489		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	132,014,636	0	0	0	0	0	0	0	0	132,014,636		
18. Amount Incurred for Provision of Health Care Services	135,898,010	0	0	0	0	0	0	0	0	135,898,010		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 160,968,128



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Rhode Island		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	12,819	0	0	0	0	0	0	0	0	12,819		
2. First Quarter	12,880	0	0	0	0	0	0	0	0	12,880		
3. Second Quarter	12,813	0	0	0	0	0	0	0	0	12,813		
4. Third Quarter	12,832	0	0	0	0	0	0	0	0	12,832		
5. Current Year	12,038	0	0	0	0	0	0	0	0	12,038		
6. Current Year Member Months	151,729	0	0	0	0	0	0	0	0	151,729		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	9,364,908	0	0	0	0	0	0	0	0	9,364,908		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	9,418,465	0	0	0	0	0	0	0	0	9,418,465		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	6,636,205	0	0	0	0	0	0	0	0	6,636,205		
18. Amount Incurred for Provision of Health Care Services	7,129,691	0	0	0	0	0	0	0	0	7,129,691		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,364,908

30.RI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		South Carolina		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	87,190	0	0	0	0	0	0	0	0	87,190		
2. First Quarter	96,025	0	0	0	0	0	0	0	0	96,025		
3. Second Quarter	95,270	0	0	0	0	0	0	0	0	95,270		
4. Third Quarter	96,555	0	0	0	0	0	0	0	0	96,555		
5. Current Year	97,384	0	0	0	0	0	0	0	0	97,384		
6. Current Year Member Months	1,154,493	0	0	0	0	0	0	0	0	1,154,493		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	56,693,453	0	0	0	0	0	0	0	0	56,693,453		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	57,143,352	0	0	0	0	0	0	0	0	57,143,352		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	52,055,701	0	0	0	0	0	0	0	0	52,055,701		
18. Amount Incurred for Provision of Health Care Services	53,603,766	0	0	0	0	0	0	0	0	53,603,766		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$56,693,453

30.SC



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		South Dakota		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	17,526	0	0	0	0	0	0	0	0	17,526		
2. First Quarter	18,694	0	0	0	0	0	0	0	0	18,694		
3. Second Quarter	18,641	0	0	0	0	0	0	0	0	18,641		
4. Third Quarter	18,928	0	0	0	0	0	0	0	0	18,928		
5. Current Year	19,069	0	0	0	0	0	0	0	0	19,069		
6. Current Year Member Months	225,603	0	0	0	0	0	0	0	0	225,603		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	12,708,596	0	0	0	0	0	0	0	0	12,708,596		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	12,789,721	0	0	0	0	0	0	0	0	12,789,721		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	10,780,029	0	0	0	0	0	0	0	0	10,780,029		
18. Amount Incurred for Provision of Health Care Services	11,152,796	0	0	0	0	0	0	0	0	11,152,796		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$12,708,596

30.SD



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Tennessee		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	99,004	0	0	0	0	0	0	0	0	99,004		
2. First Quarter	105,698	0	0	0	0	0	0	0	0	105,698		
3. Second Quarter	104,253	0	0	0	0	0	0	0	0	104,253		
4. Third Quarter	106,844	0	0	0	0	0	0	0	0	106,844		
5. Current Year	107,738	0	0	0	0	0	0	0	0	107,738		
6. Current Year Member Months	1,273,336	0	0	0	0	0	0	0	0	1,273,336		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	67,096,128	0	0	0	0	0	0	0	0	67,096,128		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	67,551,047	0	0	0	0	0	0	0	0	67,551,047		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	54,378,346	0	0	0	0	0	0	0	0	54,378,346		
18. Amount Incurred for Provision of Health Care Services	56,678,820	0	0	0	0	0	0	0	0	56,678,820		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$67,096,128

30.TN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Texas		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	245,755	0	0	0	0	0	0	0	0	245,755		
2. First Quarter	268,898	0	0	0	0	0	0	0	0	268,898		
3. Second Quarter	268,093	0	0	0	0	0	0	0	0	268,093		
4. Third Quarter	276,422	0	0	0	0	0	0	0	0	276,422		
5. Current Year	279,350	0	0	0	0	0	0	0	0	279,350		
6. Current Year Member Months	3,263,697	0	0	0	0	0	0	0	0	3,263,697		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	173,744,294	0	0	0	0	0	0	0	0	173,744,294		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	175,569,118	0	0	0	0	0	0	0	0	175,569,118		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	142,649,292	0	0	0	0	0	0	0	0	142,649,292		
18. Amount Incurred for Provision of Health Care Services	149,603,767	0	0	0	0	0	0	0	0	149,603,767		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$173,744,294

30.TX



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Utah		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	15,722	0	0	0	0	0	0	0	0	15,722		
2. First Quarter	16,681	0	0	0	0	0	0	0	0	16,681		
3. Second Quarter	16,567	0	0	0	0	0	0	0	0	16,567		
4. Third Quarter	16,888	0	0	0	0	0	0	0	0	16,888		
5. Current Year	17,138	0	0	0	0	0	0	0	0	17,138		
6. Current Year Member Months	201,436	0	0	0	0	0	0	0	0	201,436		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	11,648,293	0	0	0	0	0	0	0	0	11,648,293		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	12,142,079	0	0	0	0	0	0	0	0	12,142,079		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	9,089,725	0	0	0	0	0	0	0	0	9,089,725		
18. Amount Incurred for Provision of Health Care Services	9,412,299	0	0	0	0	0	0	0	0	9,412,299		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,648,293

30.JT



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Vermont		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	17,421	0	0	0	0	0	0	0	0	17,421		
2. First Quarter	17,643	0	0	0	0	0	0	0	0	17,643		
3. Second Quarter	17,316	0	0	0	0	0	0	0	0	17,316		
4. Third Quarter	17,334	0	0	0	0	0	0	0	0	17,334		
5. Current Year	17,216	0	0	0	0	0	0	0	0	17,216		
6. Current Year Member Months	209,201	0	0	0	0	0	0	0	0	209,201		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	12,535,971	0	0	0	0	0	0	0	0	12,535,971		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	12,612,291	0	0	0	0	0	0	0	0	12,612,291		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	9,785,974	0	0	0	0	0	0	0	0	9,785,974		
18. Amount Incurred for Provision of Health Care Services	10,346,200	0	0	0	0	0	0	0	0	10,346,200		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$12,535,971



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Virginia		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	104,639	0	0	0	0	0	0	0	0	104,639		
2. First Quarter	112,373	0	0	0	0	0	0	0	0	112,373		
3. Second Quarter	110,597	0	0	0	0	0	0	0	0	110,597		
4. Third Quarter	112,430	0	0	0	0	0	0	0	0	112,430		
5. Current Year	113,408	0	0	0	0	0	0	0	0	113,408		
6. Current Year Member Months	1,347,208	0	0	0	0	0	0	0	0	1,347,208		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	71,363,736	0	0	0	0	0	0	0	0	71,363,736		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	73,113,215	0	0	0	0	0	0	0	0	73,113,215		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	57,762,991	0	0	0	0	0	0	0	0	57,762,991		
18. Amount Incurred for Provision of Health Care Services	59,647,272	0	0	0	0	0	0	0	0	59,647,272		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$71,363,736

30.VA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Washington		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	78,570	0	0	0	0	0	0	0	0	78,570		
2. First Quarter	80,176	0	0	0	0	0	0	0	0	80,176		
3. Second Quarter	78,729	0	0	0	0	0	0	0	0	78,729		
4. Third Quarter	79,064	0	0	0	0	0	0	0	0	79,064		
5. Current Year	78,917	0	0	0	0	0	0	0	0	78,917		
6. Current Year Member Months	951,545	0	0	0	0	0	0	0	0	951,545		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	56,885,296	0	0	0	0	0	0	0	0	56,885,296		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	57,264,000	0	0	0	0	0	0	0	0	57,264,000		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	39,018,057	0	0	0	0	0	0	0	0	39,018,057		
18. Amount Incurred for Provision of Health Care Services	41,005,282	0	0	0	0	0	0	0	0	41,005,282		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$56,885,296

30.WA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		West Virginia		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	42,988	0	0	0	0	0	0	0	0	42,988		
2. First Quarter	42,774	0	0	0	0	0	0	0	0	42,774		
3. Second Quarter	41,909	0	0	0	0	0	0	0	0	41,909		
4. Third Quarter	42,365	0	0	0	0	0	0	0	0	42,365		
5. Current Year	42,297	0	0	0	0	0	0	0	0	42,297		
6. Current Year Member Months	510,399	0	0	0	0	0	0	0	0	510,399		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	32,090,139	0	0	0	0	0	0	0	0	32,090,139		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	32,318,438	0	0	0	0	0	0	0	0	32,318,438		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	24,445,892	0	0	0	0	0	0	0	0	24,445,892		
18. Amount Incurred for Provision of Health Care Services	25,583,314	0	0	0	0	0	0	0	0	25,583,314		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$32,090,139

30.WV



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Wisconsin		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	71,990	0	0	0	0	0	0	0	0	71,990		
2. First Quarter	73,328	0	0	0	0	0	0	0	0	73,328		
3. Second Quarter	72,291	0	0	0	0	0	0	0	0	72,291		
4. Third Quarter	72,425	0	0	0	0	0	0	0	0	72,425		
5. Current Year	72,456	0	0	0	0	0	0	0	0	72,456		
6. Current Year Member Months	873,260	0	0	0	0	0	0	0	0	873,260		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	58,651,850	0	0	0	0	0	0	0	0	58,651,850		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	60,256,499	0	0	0	0	0	0	0	0	60,256,499		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	44,215,023	0	0	0	0	0	0	0	0	44,215,023		
18. Amount Incurred for Provision of Health Care Services	46,433,320	0	0	0	0	0	0	0	0	46,433,320		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$58,651,850

30.W1



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Wyoming		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	10,185	0	0	0	0	0	0	0	0	10,185		
2. First Quarter	11,237	0	0	0	0	0	0	0	0	11,237		
3. Second Quarter	11,295	0	0	0	0	0	0	0	0	11,295		
4. Third Quarter	11,531	0	0	0	0	0	0	0	0	11,531		
5. Current Year	11,627	0	0	0	0	0	0	0	0	11,627		
6. Current Year Member Months	136,385	0	0	0	0	0	0	0	0	136,385		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	7,023,752	0	0	0	0	0	0	0	0	7,023,752		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	7,070,904	0	0	0	0	0	0	0	0	7,070,904		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	5,849,783	0	0	0	0	0	0	0	0	5,849,783		
18. Amount Incurred for Provision of Health Care Services	6,004,927	0	0	0	0	0	0	0	0	6,004,927		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,023,752

30.WY



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		American Samoa		2018							NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	1	2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	0											
5. Current Year	0											
6. Current Year Member Months	0											
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	0											
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	0											
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	0											
18. Amount Incurred for Provision of Health Care Services	0											

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

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

30 AS



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Guam		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	19	0	0	0	0	0	0	0	0	19		
2. First Quarter	18	0	0	0	0	0	0	0	0	18		
3. Second Quarter	13	0	0	0	0	0	0	0	0	13		
4. Third Quarter	20	0	0	0	0	0	0	0	0	20		
5. Current Year	21	0	0	0	0	0	0	0	0	21		
6. Current Year Member Months	225	0	0	0	0	0	0	0	0	225		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	14,174	0	0	0	0	0	0	0	0	14,174		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	14,174	0	0	0	0	0	0	0	0	14,174		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	2,039	0	0	0	0	0	0	0	0	2,039		
18. Amount Incurred for Provision of Health Care Services	2,009	0	0	0	0	0	0	0	0	2,009		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$14,174

30.GU



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Puerto Rico		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	435	0	0	0	0	0	0	0	0	435		
2. First Quarter	457	0	0	0	0	0	0	0	0	457		
3. Second Quarter	465	0	0	0	0	0	0	0	0	465		
4. Third Quarter	532	0	0	0	0	0	0	0	0	532		
5. Current Year	477	0	0	0	0	0	0	0	0	477		
6. Current Year Member Months	5,973	0	0	0	0	0	0	0	0	5,973		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	372,426	0	0	0	0	0	0	0	0	372,426		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	372,426	0	0	0	0	0	0	0	0	372,426		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	57,629	0	0	0	0	0	0	0	0	57,629		
18. Amount Incurred for Provision of Health Care Services	60,967	0	0	0	0	0	0	0	0	60,967		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$372,426

30.PP



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		U.S. Virgin Islands		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	41	0	0	0	0	0	0	0	0	41		
2. First Quarter	63	0	0	0	0	0	0	0	0	63		
3. Second Quarter	51	0	0	0	0	0	0	0	0	51		
4. Third Quarter	59	0	0	0	0	0	0	0	0	59		
5. Current Year	54	0	0	0	0	0	0	0	0	54		
6. Current Year Member Months	677	0	0	0	0	0	0	0	0	677		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	40,351	0	0	0	0	0	0	0	0	40,351		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	40,351	0	0	0	0	0	0	0	0	40,351		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	17,531	0	0	0	0	0	0	0	0	17,531		
18. Amount Incurred for Provision of Health Care Services	18,132	0	0	0	0	0	0	0	0	18,132		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$40,351



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Northern Mariana Islands		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0											
2. First Quarter	1	0	0	0	0	0	0	0	0	1		
3. Second Quarter	2	0	0	0	0	0	0	0	0	2		
4. Third Quarter	1	0	0	0	0	0	0	0	0	1		
5. Current Year	1	0	0	0	0	0	0	0	0	1		
6. Current Year Member Months	13	0	0	0	0	0	0	0	0	13		
Total Member Ambulatory Encounters for Year:												
7. Physician	0											
8. Non-Physician	0											
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0											
11. Number of Inpatient Admissions	0											
12. Health Premiums Written (b)	705	0	0	0	0	0	0	0	0	705		
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	705	0	0	0	0	0	0	0	0	705		
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	(68)	0	0	0	0	0	0	0	0	(68)		
18. Amount Incurred for Provision of Health Care Services	0											

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$705

30.MP



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

SilverScript Insurance Company

2. Nashville, TN

NAIC Group Code	4667	BUSINESS IN THE STATE OF	(LOCATION)									
			Grand Total		DURING THE YEAR				2018		NAIC Company Code	12575
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:												
1. Prior Year	4,519,889	0	0	0	0	0	0	0	0	4,519,889		
2. First Quarter	4,848,387	0	0	0	0	0	0	0	0	4,848,387		
3. Second Quarter	4,793,234	0	0	0	0	0	0	0	0	4,793,234		
4. Third Quarter	4,850,145	0	0	0	0	0	0	0	0	4,850,145		
5. Current Year	4,868,345	0	0	0	0	0	0	0	0	4,868,345		
6. Current Year Member Months	58,090,814	0	0	0	0	0	0	0	0	58,090,814		
Total Member Ambulatory Encounters for Year:												
7. Physician	0	0	0	0	0	0	0	0	0	0		
8. Non-Physician	0	0	0	0	0	0	0	0	0	0		
9. Total	0	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	3,348,767,453	0	0	0	0	0	0	0	0	3,348,767,453		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	3,370,285,075	0	0	0	0	0	0	0	0	3,370,285,075		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	2,703,244,534	0	0	0	0	0	0	0	0	2,703,244,534		
18. Amount Incurred for Provision of Health Care Services	2,805,425,886	0	0	0	0	0	0	0	0	2,805,425,886		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,348,767,453

30.GT

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates							0	0	0	0	0	0
0699999. Total - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total - Affiliates							0	0	0	0	0	0
74101	13-3156923	07/01/2016	First United American Life Insurance Company	NY	QA/I	MD	(17,190)					
74101	13-3156923	07/01/2016	First United American Life Insurance Company	NY	QA/G	MD	0					
92916	73-1128555	07/01/2016	United American Insurance Company	NE	QA/I	MD	(85,524)					
92916	73-1128555	07/01/2016	United American Insurance Company	NE	QA/G	MD	0					
0899999. U.S. Non-Affiliates							(102,714)	0	0	0	0	0
1099999. Total - Non-Affiliates							(102,714)	0	0	0	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)							(102,714)	0	0	0	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)							0	0	0	0	0	0
9999999 - Totals							(102,714)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
63444	06-1566092	01/01/2018	Accendo Insurance Company	UT	QA/I	MD	165,304,760						
63444	06-1566092	01/01/2018	Accendo Insurance Company	UT	QA/G	MD	1,383,513						
0299999. General Account - Authorized U.S. Affiliates - Other							166,688,273	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							166,688,273	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							166,688,273	0	0	0	0	0	0
74101	13-3156923	07/01/2016	First United American Life Insurance Company	NY	QA/I	MD	(17,190)		109,000				
74101	13-3156923	07/01/2016	First United American Life Insurance Company	NY	QA/G	MD	0		0				
92916	73-1128555	07/01/2016	United American Insurance Company	NE	QA/I	MD	(85,524)		8,622,000				
92916	73-1128555	07/01/2016	United American Insurance Company	NE	QA/G	MD	0		0				
0899999. General Account - Authorized U.S. Non-Affiliates							(102,714)	0	8,731,000	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							(102,714)	0	8,731,000	0	0	0	0
1199999. Total General Account Authorized							166,585,559	0	8,731,000	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	BMJ	QA/I	MD	498,327,590						
00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	BMJ	QA/G	MD	4,154,496						
1599999. General Account - Unauthorized Non-U.S. Affiliates - Captive							502,482,086	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							502,482,086	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							502,482,086	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							502,482,086	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							669,067,645	0	8,731,000	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							166,585,559	0	8,731,000	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							502,482,086	0	0	0	0	0	0
9999999 - Totals							669,067,645	0	8,731,000	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999			Total General Account - Life and Annuity U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0699999			Total General Account - Life and Annuity Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0799999			Total General Account - Life and Annuity Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1099999			Total General Account - Life and Annuity Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1199999			Total General Account Life and Annuity	0	0	0	0	0	XXX	0	0	0	0	0
1499999			Total General Account - Accident and Health U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
00000	AA-3190173	01/01/2011	CVS Caremark Indemnity, Ltd.	0	758,755	(85,243,947)	(84,485,192)	0						(84,485,192)
1599999			General Account - Accident and Health Non-U.S. Affiliates - Captive	0	758,755	(85,243,947)	(84,485,192)	0	XXX	0	0	0	0	(84,485,192)
1799999			Total General Account - Accident and Health Non-U.S. Affiliates	0	758,755	(85,243,947)	(84,485,192)	0	XXX	0	0	0	0	(84,485,192)
1899999			Total General Account - Accident and Health Affiliates	0	758,755	(85,243,947)	(84,485,192)	0	XXX	0	0	0	0	(84,485,192)
2199999			Total General Account - Accident and Health Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2299999			Total General Account Accident and Health	0	758,755	(85,243,947)	(84,485,192)	0	XXX	0	0	0	0	(84,485,192)
2399999			Total General Account	0	758,755	(85,243,947)	(84,485,192)	0	XXX	0	0	0	0	(84,485,192)
2699999			Total Separate Accounts - U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2999999			Total Separate Accounts - Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3099999			Total Separate Accounts - Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3399999			Total Separate Accounts - Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3499999			Total Separate Accounts	0	0	0	0	0	XXX	0	0	0	0	0
3599999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)	0	0	0	0	0	XXX	0	0	0	0	0
3699999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	0	758,755	(85,243,947)	(84,485,192)	0	XXX	0	0	0	0	(84,485,192)
9999999			Totals	0	758,755	(85,243,947)	(84,485,192)	0	XXX	0	0	0	0	(84,485,192)

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
NONE				

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	669,068	657,768	739,335	584,953	636,852
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	104,941	85,984	119,484	71,218	74,238
5. Total hospital and medical expenses	551,656	564,907	507,553	425,424	513,790
B. BALANCE SHEET ITEMS					
6. Premiums receivable	6,291	6,776	4,075	3,223	3,469
7. Claims payable	3,515	3,189	10,904	3,635	28,906
8. Reinsurance recoverable on paid losses	0	0	3,631	1,702	0
9. Experience rating refunds due or unpaid	8,731	8,731	58,311	40,471	47,117
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset				49,258	75,731
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	49,258	75,731
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			0		
18. Funds deposited by and withheld from (F)			0		
19. Letters of credit (L)			0		
20. Trust agreements (T)			0		
21. Other (O)			0		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	126,197,161		126,197,161
2. Accident and health premiums due and unpaid (Line 15)	61,161,576	15,708,529	76,870,105
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	(137,674,644)	(137,674,644)
5. All other admitted assets (Balance)	2,184,442,316	104,605,924	2,289,048,240
6. Total assets (Line 28)	2,371,801,053	(17,360,191)	2,354,440,862
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	7,450,339	1,011,673	8,462,012
8. Accrued medical incentive pool and bonus payments (Line 2)	40,000	10,000	50,000
9. Premiums received in advance (Line 8)	28,899,450	6,645,856	35,545,306
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	25,027,720	(25,027,720)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	1,311,539,693		1,311,539,693
15. Total liabilities (Line 24)	1,372,957,202	(17,360,191)	1,355,597,011
16. Total capital and surplus (Line 33)	998,843,851	XXX	998,843,851
17. Total liabilities, capital and surplus (Line 34)	2,371,801,053	(17,360,191)	2,354,440,862
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	1,011,673		
19. Accrued medical incentive pool	10,000		
20. Premiums received in advance	6,645,856		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	(104,605,924)		
23. Total ceded reinsurance recoverables	(96,938,395)		
24. Premiums receivable	15,708,529		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	25,027,720		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	40,736,249		
31. Total net credit for ceded reinsurance	(137,674,644)		

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

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)	*
.0001	CVS HEALTH GROUP		05-0494040		0000064803	NYSE	CVS Health Corporation	DE	UIP	Board of Directors	Board of Directors	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	63444	06-1566092				Accendo Insurance Company	UT	IA	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	12575	20-2833904				SilverScript Insurance Company	TN	RE	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	67660	23-1305366				Pennsylvania Life Insurance Co.	PA	IA	UAC Holding, Inc	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	05-0340626				CVS Pharmacy, Inc	RI	UIP	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	28-8404182				Caremark, Rx., L.L.C.	DE	UIP	CVS Pharmacy, Inc	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	61-1715010				Part D Holding Company, L.L.C.	DE	UDP	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	33-1113587				CVS Caremark Part D Services, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	87-0548860				RxAmerica, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	11-2580136				Caremark Ulysses Holding Corporation	NY	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	87-0804047				MemberHealth L.L.C.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	05-0500188				CVS Caremark Indemnity, Ltd.	BMJ	IA	CVS Foreign, Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	27-1298765				UAC Holding, Inc	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	05-0497953				CVS Foreign, Inc.	NY	NIA	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	23-2229683	3060706	0001122304		Aetna Inc.	PA	NIA	CVS Pharmacy, Inc	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	30-0123754	0	0		Aetna Health Holdings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	95-3402799	0	0		Aetna Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95935	23-2442048	0	0		Aetna Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95088	59-2411584	0	0		Aetna Health Inc.	FL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95094	58-1649568	0	0		Aetna Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95517	01-0504252	0	0		Aetna Health Inc.	ME	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95756	23-2861565	0	0		Aetna Health Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95287	52-1270921	0	0		Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95234	22-2663623	0	0		Aetna Health Inc.	NY	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	14408	45-2634734	0	0		Aetna Better Health Inc.	NY	IA	Aetna Health Inc. (NY)	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95490	76-0189680	0	0		Aetna Health Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95040	74-1844335	0	0		Aetna Better Health of Texas Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	12328	20-2207534	0	0		Aetna Better Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	06-1160812	0	0		Aetna Dental of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	11183	22-2990909	0	0		Aetna Dental Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	95910	06-1177531	0	0		Aetna Dental Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	30-0123760	0	0		Aetna Rx Home Delivery, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	13-3670795	0	0		Aetna Health Management, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	22-3187443	0	0		Aetna Ireland Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	57-1209768	0	0		Aetna Specialty Pharmacy, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	20-1274723	0	0		Cofinity, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	23-2671370	0	0		@Credentials Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000		0	0		Aetna Services (Thailand) Limited	THA	NIA	Health Care Management Co. Ltd.	Ownership	100.000	CVS Health Corporation	.N	20
.0001	CVS HEALTH GROUP	13735	27-0563973	0	0		Aetna Better Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	13174	26-2867560	0	0		Aetna Better Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	47-5178095	0	0		Aetna Better Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	14043	27-2512072	0	0		Aetna Better Health Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	15805	47-3850677	0	0		Aetna Better Health of Iowa Inc.	IA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	15616	80-0629718	0	0		Aetna Better Health, Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	80-0671703	0	0		Aetna Florida Inc.	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	14229	25-2764938	0	0		Aetna Better Health Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	15611	46-3203088	0	0		Aetna Better Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	15919	81-1143850	0	0		Aetna Better Health of Oklahoma Inc.	OK	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	04-2708160	0	0		Aetna Student Health Agency Inc.	MA	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	73-1702453	0	0		Delaware Physicians Care, Incorporated	DE	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	01-0826783	0	0		Schaller Anderson Medical Administrators, Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	86-0842559	0	0		Aetna Medicaid Administrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	00000	45-2944270	0	0		iTriage, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

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)	*
0001	CVS HEALTH GROUP	00000	16-1471176	0	0		Prodigy Health Group, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	45-4901541	0	0		Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	0.200	CVS Health Corporation	Y	3
0001	CVS HEALTH GROUP	00000	45-5527797	0	0		Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N	6
0001	CVS HEALTH GROUP	15097	46-0674828	0	0		Innovation Health Insurance Company	VA	IA	Innovation Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15098	46-0682197	0	0		Innovation Health Plan, Inc.	VA	IA	Innovation Health Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	81-3789357	0	0		Texas Health + Aetna Health Insurance Holding Company LLC	TX	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N	9
0001	CVS HEALTH GROUP	16121	81-4749336	0	0		Texas Health + Aetna Health Insurance Company	TX	IA	Texas Health + Aetna Health Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16132	47-5548221	0	0		Texas Health + Aetna Health Plan Inc.	TX	IA	Texas Health + Aetna Health Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95109	23-2169745	0	0		Aetna Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	45-4901541	0	0		Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Inc. (PA)	Ownership	39.500	CVS Health Corporation	Y	3
0001	CVS HEALTH GROUP	00000	20-0438576	0	0		Niagara Re, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	52-2200070	0	0		Performax, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	87-0632355	0	0		Scrip World, LLC	UT	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	27-1760756	0	0		Precision Benefit Services, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	31-1368946	0	0		American Health Holding, Inc.	OH	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	16-1264154	0	0		Meritain Health, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	86-0537707	0	0		Adminco, Inc.	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	86-0527428	0	0		Administrative Enterprises, Inc.	AZ	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	16-1684061	0	0		U.S. Healthcare Holdings, LLC	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	34-1670299	0	0		Prime Net, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	34-1348032	0	0		Professional Risk Management, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	68500	62-1181209	0	0		Continental Life Insurance Company of Brentwood, Tennessee	TN	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	12321	20-2901054	0	0		American Continental Insurance Company	TN	IA	Brentwood, Tennessee	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	60054	06-6033492	0	0		Aetna Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	45-4901541	0	0		Aetna ACO Holdings, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership	60.300	CVS Health Corporation	Y	3
0001	CVS HEALTH GROUP	00000	06-1270755	0	0		AHP Holdings, Inc.	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	36153	06-1286276	0	0		Aetna Insurance Company of Connecticut	CT	IA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1028469	0	0		AE Fourteen, Incorporated	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1373153	0	0		Aetna Life Assignment Company	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-3678339	0	0		PE Holdings, LLC	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1423207	0	0		Aetna Resources L.L.C.	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-3180700	0	0		Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-3180700	0	0		Aetna Ventures, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	59-2108747	0	0		Broadspire National Services, Inc.	FL	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	0001552250	0	0		Aetna Multi-Strategy 1099 Fund, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	79.250	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	41-2035961	0	0		Aetna Financial Holdings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	26-2030792	0	0		Aetna Asset Advisors, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	23-2354500	0	0		U.S. Healthcare Properties, Inc.	PA	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	38-3704481	0	0		Aetna Capital Management, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	11-3667142	0	0001314522		Aetna Partners Diversified Fund, LLC	DE	NIA	Aetna Capital Management, LLC	Ownership	100.000	CVS Health Corporation	N	1
0001	CVS HEALTH GROUP	00000	20-0446676	0	0		Aetna Workers' Comp Access, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-0446713	0	0		Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	33-2670015	0	0		Managed Care Coordinators, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	59-3269144	0	0		Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	61-1193498	0	0		Employee Assistance Services, LLC	KY	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	33-0052273	0	0		Health and Human Resource Center, Inc.	CA	IA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	75-2420973	0	0		Resources for Living, LLC	TX	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	36-3681261	0	0		The Vasquez Group Inc.	IL	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	22-3178125	0	0		Work and Family Benefits, Inc.	NJ	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

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)	*
0001	CVS HEALTH GROUP	00000	27-1773021	0	0		Aetna Card Solutions, LLC	CT	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-5216478	0	0		PayFlex Holdings, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	91-1774434	0	0		PayFlex Systems USA, Inc.	NE	NIA	PayFlex Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	78700	06-0876836	0	0		Aetna Health and Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	72052	23-2710210	0	0		Aetna Health Insurance Company	PA	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	84450	57-0805126	0	0		Aetna Health Insurance Company of New York	NY	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1571642	0	0		Aetna International Inc.	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	98-0211470	0	0		Aetna Life & Casualty (Bermuda) Ltd.	BMU	IA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Insurance (Singapore) PTE. LTD.	SGP	IA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits (Bermuda) Limited	BMU	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Goodhealth Worldwide (Global) Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits (Europe) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Goodhealth Worldwide (Asia) Limited	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits Limited	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		PT. Aetna Global Benefits Indonesia	IDN	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	80.000	CVS Health Corporation	N	4
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits (Middle East) LLC	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	49.000	CVS Health Corporation	N	5
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits (Asia Pacific) Limited	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Spinnaker Topco Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Spinnaker Bidco Limited	GBR	NIA	Spinnaker Topco Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Holdco (UK) Limited	GBR	NIA	Spinnaker Bidco Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		PT Aetna Management Consulting	IDN	NIA	Aetna International Inc.	Ownership	77.000	CVS Health Corporation	N	13
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits (UK) Limited	GBR	NIA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Insurance Company Limited	GBR	IA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Indian Health Organisation Private Limited	IND	NIA	Aetna Global Benefits (Asia Pacific) Limited	Ownership	0.020	CVS Health Corporation	N	2
0001	CVS HEALTH GROUP	00000		0	0		Aetna Health Insurance Company of Europe DAC	IRL	IA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna (Shanghai) Enterprise Services Co. Ltd.	CHN	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna (Beijing) Enterprise Management Services Co., Ltd.	CHN	NIA	Aetna (Shanghai) Enterprise Services Co. Ltd.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Benefits (Singapore) PTE. LTD.	SGP	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Indian Health Organisation Private Limited	IND	NIA	Aetna Global Benefits (Singapore) PTE. LTD.	Ownership	99.980	CVS Health Corporation	N	2
0001	CVS HEALTH GROUP	00000	22-2578985	0	0		AUSHC Holdings, Inc.	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Global Holdings Limited	GBR	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Korea Ltd.	KOR	NIA	Aetna Global Holdings Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Insurance (Hong Kong) Limited	HKG	NIA	Aetna Global Holdings Limited	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Futrix Limited	NZL	NIA	Health Data & Management Solutions, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1182176	0	0		PHPSNE Parent Corporation	DE	NIA	AUSHC Holdings, Inc.	Ownership	55.000	CVS Health Corporation	N	7
0001	CVS HEALTH GROUP	00000	52-2182411	0	0		Active Health Management, Inc.	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	47-0970432	0	0		Health Data & Management Solutions, Inc.	DE	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	23-2604867	0	0		Aetna Integrated Informatics, Inc.	PA	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	13980	27-2192415	0	0		Health Re, Inc.	VT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	81-0579372	0	0		Phoenix Data Solutions LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	46-2469464	0	0		Healthagen LLC	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	51-0029326	0	0		ASI Wings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Echo Merger Sub, Inc.	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Aetna Corporate Services, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	81973	75-1296086	0	0		Coventry Health and Life Insurance Company	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15761	47-3279217	0	0		Aetna Better Health of Kentucky Insurance Company	KY	IA	Coventry Health and Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	52-1801446	0	0		Group Dental Service, Inc.	MD	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0

41.2

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

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)	*
0001	CVS HEALTH GROUP	95846	52-2056201	0	0		Group Dental Service of Maryland, Inc.	MD	IA	Group Dental Service, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP		81-4345344	0	0		Aetna Network Services LLC	CT	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95241	42-1244752	0	0		Aetna Health of Iowa Inc.	IA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95925	42-1308659	0	0		Coventry Health Care of Nebraska, Inc.	NE	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	47-2049117	0	0		Aetna Risk Assurance Company of Connecticut Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95173	74-2381406	0	0		Aetna Health Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	11102	23-2366731	0	0		HealthAssurance Pennsylvania, Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	47-0854096	0	0		Coventry Prescription Management Services, Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16148	81-3564875	0	0		Aetna Better Health of Nevada Inc.	NV	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	98555	54-1576305	0	0		Coventry Health Care of Virginia, Inc.	VA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	01-0646056	0	0		Coventry Transplant Network, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	96377	43-1372307	0	0		Coventry Health Care of Missouri, Inc.	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95318	43-1702094	0	0		Aetna Better Health of Missouri LLC	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95408	55-0712129	0	0		Coventry Health Care of West Virginia, Inc.	WV	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	62-1411933	0	0		Coventry HealthCare Management Corporation	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15827	47-4352768	0	0		Aetna HealthAssurance Pennsylvania, Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95489	48-0840330	0	0		Coventry Health Care of Kansas, Inc.	KS	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16072	81-3370401	0	0		Aetna Better Health of Kansas Inc.	KS	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	12193	20-1052897	0	0		Aetna Better Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95407	87-0345631	0	0		Aetna Health of Utah Inc.	UT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-4416606	0	0		Aetna Better Health Inc.	TN	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	74160	37-1241037	0	0		Coventry Health Care of Illinois, Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-8070994	0	0		Coventry Health Care National Accounts, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-5185442	0	0		Coventry Health Care National Network, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	26-1293772	0	0		Coventry Consumer Advantage, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-8376354	0	0		Coventry Health Care Workers Compensation, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-4096903	0	0		First Script Network Service, Inc.	NV	NIA	Coventry Health Care Workers' Compensation, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1095987	0	0		MetraComp, Inc.	CT	NIA	Coventry Health Care Workers' Compensation, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	74-2879984	0	0		Medical Examinations of New York, P.C.	NY	NIA	Coventry Health Care Workers' Compensation, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	62-1266888	0	0		FOCUS Healthcare Management, Inc.	TN	NIA	Coventry Health Care Workers' Compensation, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	87-0443226	0	0		Coventry Rehabilitation Services, Inc.	DE	NIA	Coventry Health Care Workers' Compensation, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-1736437	0	0		First Health Group Corp.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	90328	38-2242132	0	0		First Health Life & Health Insurance Company	TX	IA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	52-1320522	0	0		Claims Administration Corp.	MD	NIA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-1130063	0	0		Florida Health Plan Administrators, LLC	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95114	65-0986441	0	0		Coventry Health Care of Florida, Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95266	65-0453436	0	0		Coventry Health Plan of Florida, Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	59-3750548	0	0		Carefree Insurance Services, Inc.	FL	NIA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	36-4391310	0	0		bswift LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000		0	0		Virtual Home Healthcare L.L.C.	ARE	NIA	Aetna Global Holdings Limited	Ownership	49.000	CVS Health Corporation	N	17
0001	CVS HEALTH GROUP	00000	26-1582982	0	0		MHNet Specialty Services, LLC	MD	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	37-1448790	0	0		Mental Health Network of New York IPA, Inc.	NY	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	12509	20-2516317	0	0		MHNet Life and Health Insurance Company	TX	IA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	72-1106596	0	0		Mental Health Associates, Inc.	LA	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	N	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

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)	*
..0001	CVS HEALTH GROUP	..00000	20-4276336	0	0		MHNet of Florida, Inc.	..FL	..IA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..16242	81-5030233	0	0		Aetna Better Health of Washington, Inc.	..VA	..IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000	81-5212760	0	0		Banner Health and Aetna Health Insurance Holding Company LLC	..DE	..NIA	Aetna ACO Holdings, Inc.	Ownership	51.000	CVS Health Corporation	..N	..10
..0001	CVS HEALTH GROUP	..16058	81-5281115	0	0		Banner Health and Aetna Health Insurance Company	..AZ	..IA	Banner Health and Aetna Health Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..16059	81-5290023	0	0		Banner Health and Aetna Health Plan Inc.	..AZ	..IA	Banner Health and Aetna Health Insurance Company	Ownership	100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000	81-5112888	0	0		Allina Health and Aetna Health Insurance Holding Company LLC	..DE	..NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	..N	..11
..0001	CVS HEALTH GROUP	..16194	82-2091197	0	0		Allina Health and Aetna Insurance Company	..MN	..IA	Allina Health and Aetna Health Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000	82-2171057	0	0		Sutter Health and Aetna Insurance Holding Company LLC	..DE	..NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	..N	..12
..0001	CVS HEALTH GROUP	..00000	82-2560624	0	0		Sutter Health and Aetna Administrative Services LLC	..DE	..NIA	Sutter Health and Aetna Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000	81-5290023	0	0		Sutter Health and Aetna Insurance Company	..CA	..NIA	Sutter Health and Aetna Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Holdings (Thailand) Limited	..THA	..NIA	Aetna Global Holdings Limited	Ownership	49.000	CVS Health Corporation	..N	..14
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Health Insurance (Thailand) Public Company Limited	..THA	..NIA	Aetna Global Holdings Limited	Ownership	25.000	CVS Health Corporation	..N	..15
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Health Insurance (Thailand) Public Company Limited	..THA	..NIA	Minor Health Enterprise Co, Ltd.	Ownership	46.000	CVS Health Corporation	..N	..15
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Health Insurance (Thailand) Public Company Limited	..THA	..NIA	Health Care Management Co. Ltd.	Ownership	28.000	CVS Health Corporation	..N	..15
..0001	CVS HEALTH GROUP	..00000		0	0		Health Care Management Co. Ltd.	..THA	..NIA	Aetna Global Holdings Limited	Ownership	49.000	CVS Health Corporation	..N	..19
..0001	CVS HEALTH GROUP	..00000		0	0		Minor Health Enterprise Co, Ltd.	..THA	..NIA	Aetna Global Holdings Limited	Ownership	25.000	CVS Health Corporation	..N	..16
..0001	CVS HEALTH GROUP	..00000		0	0		Minor Health Enterprise Co, Ltd.	..THA	..NIA	Aetna Holdings (Thailand) Limited	Ownership	75.000	CVS Health Corporation	..N	..16
..0001	CVS HEALTH GROUP	..00000		0	0		Health Care Management Co. Ltd.	..THA	..NIA	Aetna Holdings (Thailand) Limited	Ownership	51.000	CVS Health Corporation	..N	..19
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Global Benefits (Bahamas) Limited	..BHS	..NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000		0	0		Aetna Pharmacy Management Services LLC	..DE	..NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000	82-3333789	0	0		Aetna Better Health of North Carolina Inc.	..NC	..IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	..N	..0
..0001	CVS HEALTH GROUP	..00000		0	0		Tianjin An Hai Tai Hua Medical Information Technology Co., Ltd	..CHN	..NIA	Aetna International Inc.	Ownership	50.000	CVS Health Corporation	..N	..18

Asterisk	Explanation
----------	-------------

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	52-2182411	Active Health Management, Inc.					111,455,768				111,455,768	
		Aetna Behavioral Health, LLC					(80,609)				(80,609)	
12328	20-2207534	Aetna Better Health Inc. (GA)					(11,090)				(11,090)	
13174	26-2867560	Aetna Better Health, Inc. (a Connecticut Corporation)					(14,625)				(14,625)	
13735	27-0563973	Aetna Better Health, Inc (PA)	(62,900,000)				(126,740,039)				(189,640,039)	
	95-3402799	Aetna Better Health of California Inc.		2,000,000			(1,777,496)				222,504	
15805	47-3850677	Aetna Better Health of Iowa Inc.		800,000			(4,145)				795,855	
16072	81-3370401	Aetna Better Health of Kansas Inc		30,000,000			(6,975)				29,993,025	
15761	47-3279217	Aetna Better Health of Kentucky Insurance Company					(110,043,104)				(110,043,104)	
12193	20-1052897	Aetna Better Health of Michigan Inc.	(4,100,000)				(40,677,898)				(44,777,898)	
95318	43-1702094	Aetna Better Health of Missouri LLC	(80,000,000)				(119,098)				(80,119,098)	
16148	81-3564875	Aetna Better Health of Nevada	(2,769,052)				(60,982)				(2,830,034)	
15919	81-1143850	Aetna Better Health of Oklahoma Inc					(7,141)				(7,141)	
95040	74-1844335	Aetna Better Health of Texas Inc.	(19,000,000)				(38,757,421)				(57,757,421)	
16242	81-5030233	Aetna Better Health of Washington Inc.					0				0	
	80-0671703	Aetna Better Health Inc. (FL)					(76,708)				(76,708)	
15616	80-0629718	Aetna Better Health, Inc. (a Louisiana corporation)	(8,700,000)				(57,120,809)				(65,820,809)	
14043	27-2512072	Aetna Better Health Inc. (IL)	(175,000,000)				(51,036,767)				(226,036,767)	
15611	46-3203088	Aetna Better Health, Inc (NJ)					(38,793,671)				(38,793,671)	
14408	45-2634734	Aetna Better Health Inc. (a New York corporation)					(37,173,730)				(37,173,730)	
14229	45-2764938	Aetna Better Health Inc. (an Ohio corporation)	(46,347,242)				(109,138,060)				(155,485,302)	
		Aetna Better Health, Inc. (TN)					(11,365)				(11,365)	
11183	22-2990909	Aetna Dental Inc. (NJ)					(1,673,309)				(1,673,309)	
95910	06-1177531	Aetna Dental Inc. (TX)	(4,000,000)				(5,320,415)	(47,384)			(9,367,799)	
	06-1160812	Aetna Dental of California Inc.	(3,000,000)				(1,045,947)				(4,045,947)	
78700	06-0876836	Aetna Health and Life Insurance Company	(192,752,633)		(1,552,598)		(17,887,546)				(212,192,777)	
	30-0123754	Aetna Health Holdings, LLC	1,220,316,294	(93,600,000)			0				1,126,716,294	
95935	23-2442048	Aetna Health Inc. (CT)					(13,570,969)				(13,570,969)	
95088	59-2411584	Aetna Health Inc. (FL)					(168,303,629)				(168,303,629)	
95094	58-1649568	Aetna Health Inc - Georgia	(45,000,000)				(31,367,450)				(76,367,450)	
95241	42-1244752	Aetna Health Inc. (Iowa)					(6,734,728)				(6,734,728)	
95517	01-0504252	Aetna Health Inc. (ME)					(7,891,254)				(7,891,254)	
95756	23-2861565	Aetna Health Inc. (MI)		800,000			(1,488)				798,512	
95287	52-1270921	Aetna Health Inc. (NJ)	(18,000,000)				(84,306,818)				(102,306,818)	
95234	22-2663623	Aetna Health Inc. (NY)					(10,003)				(10,003)	
95234	22-2663623	Aetna Health Inc. - NY State					(11,667,109)				(11,667,109)	
95109	23-2169745	Aetna Health Inc. (PA)	(129,300,000)				(387,861,675)	(2,586,716)			(519,748,391)	16,198,431
95490	76-0189680	Aetna Health Inc. (TX)	(6,700,000)	20,000,000			(38,286,857)				(24,986,857)	
95173	74-2381406	Aetna Health Inc. (LA)					(10,214,233)				(10,214,233)	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95109	23-2169745	Aetna Health Insurance Company (PA)					(650,382)	219,366			(431,016)	
84450	57-0805126	Aetna Health Insurance Company of New York					(47,260)				(47,260)	
	13-3670795	Aetna Health Management, LLC					(1,323,719,269)				(1,323,719,269)	
	95-3402799	Aetna Health of California Inc.	(41,000,000)				(131,425,571)				(172,425,571)	
15827	47-4352768	Aetna HealthAssurance Pennsylvania Inc.					(37,033,943)				(37,033,943)	
	23-2229683	Aetna Inc.	1,572,000,000	(52,000,000)			580,130,227				2,100,130,227	
		Aetna Insurance (Singapore) Pte, Ltd					(10,247)				(10,247)	
36153	06-1286276	Aetna Insurance Company of Connecticut					(66,862)				(66,862)	
		Aetna International, Inc.					(950,786)				(950,786)	
		Aetna Life & Casualty (Bermuda) Ltd					(4,009,836)				(4,009,836)	
60054	06-6033492	Aetna Life Insurance Company	(1,063,392,013)	2,063,626	(18,995,467)		(1,105,957,757)	(327,109,020)			(2,513,390,631)	1,406,936,745
	86-0842559	Aetna Medicaid Administrators, LLC					341,073,020				341,073,020	
		AETNA MULTI STRATEGY FUND, LLC	(1,239,882)		199,214						(1,040,668)	
		AETNA PARTNERS DIVERSIFIED FUND (CAYMAN), LIMITED	(231,646)								(231,646)	
	81-0579372	Aetna Partners Diversified Fund, LLC	(42,384,070)		20,348,851						(22,035,219)	
		Aetna Resources LLC					2,676,471,469				2,676,471,469	
	30-0123760	Aetna RX Home Delivery, LLC					438,165,723				438,165,723	
	20-3180700	Aetna Ventures, LLC	244	(2,063,626)							(2,063,382)	
	57-1209768	Aetna Specialty Pharmacy, LLC					18,317,881				18,317,881	
		Allina Health and Aetna Insurance Holding Company LLC		(13,500,000)			0				(13,500,000)	
16194	82-2091197	Allina Health and Aetna Insurance Company		13,500,000			(65,070)				13,434,930	
95407	87-0345631	Aetna Health of Utah, Inc.	(20,000,000)				(23,657,106)				(43,657,106)	
12321	20-2901054	American Continental Insurance Company		10,000,000			(85,523,951)				(75,523,951)	
		American Health Holding, Inc.					218,000				218,000	
		Banner Health and Aetna Health Insurance Holding Company LLC		(13,250,000)			0				(13,250,000)	
16059	81-5290023	Banner Health & Aetna Health Plan, Inc		1,500,000			(1,481,843)				18,157	(9,325,092)
16058	81-5281115	Banner Health & Aetna Health Insurance Co,		11,750,000			(30,865,381)				(19,115,381)	(43,001,856)
		bswift, LLC					(2,001,083)				(2,001,083)	
74160	37-1241037	Coventry Health Care of Illinois, Inc.	(31,000,000)				(35,270,969)				(66,270,969)	
96377	43-1372307	Coventry Health Care of Missouri, Inc.	(50,000,000)				(91,025,928)				(141,025,928)	
81973	75-1296086	Coventry Health & Life Insurance Company	(250,000,000)				(181,709,853)				(431,709,853)	
68500	62-1181209	Continental Life Insurance Company of Brentwood Tennessee		30,000,000			(110,070,752)				(80,070,752)	
95114	65-0986441	Coventry Health Care of Florida, Inc.	(65,000,000)	75,000,000			(53,123,675)				(43,123,675)	
95925	42-1308659	Coventry Health Care of Nebraska, Inc.	(75,000,000)				(1,986,281)				(76,986,281)	
96555	54-1576305	Coventry Health Care of Virginia, Inc.		40,000,000			(82,050,800)				(42,050,800)	
95408	55-0712129	Coventry Health Care of West Virginia, Inc.					(46,602,765)				(46,602,765)	

42.1

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95266	65-0453436	Coventry Health Plan of Florida, Inc.	(5,000,000)				(13,287)				(5,013,287)	
	62-1411933	Coventry HealthCare Management Corporation					0				0	
95489	48-0840330	Coventry Health Care of Kansas, Inc.	(40,000,000)				(1,064,244)				(41,064,244)	
	47-0854096	Coventry Prescription Mgmt Services, Inc					0				0	
		First Health Group Corp	90,000,000				0				90,000,000	
90328	38-2242132	First Health Life & Health Ins Co.	(90,000,000)				356,390,654				266,390,654	
		Florida Health Plan Administrator, LLC	70,000,000	(75,000,000)			0				(5,000,000)	
95846	52-2056201	Group Dental Services of Maryland, Inc.					(127,272)				(127,272)	
	33-0052273	Health and Human Resources Center, Inc.					1,036,771				1,036,771	
13980	27-2192415	Health Re, Inc.	(272,000,000)	12,000,000			(47,836,898)	327,109,020			19,272,122	(1,271,370,154)
		Healthagen LLC					2,350,000				2,350,000	
11102	23-2366731	HealthAssurance Pennsylvania, Inc.	(108,500,000)				(80,129,052)				(188,629,052)	
15097	46-0674828	Innovation Health Insurance Company					(23,013,325)				(23,013,325)	(20,855,797)
15098	46-0682197	Innovation Health Plan, Inc					(7,432,769)	2,414,734			(5,018,035)	(3,834,869)
	26-1582982	MHNet Specialty Services, LLC					31,943,316				31,943,316	
		PayFlex Systems USA, Inc.					29,072,946				29,072,946	
		Schaller Anderson of Arizona, L.L.C.					327,722,799				327,722,799	
		Texas Health + Aetna Health Insurance Holding Company LLC		(25,000,000)			0				(25,000,000)	
16132	47-5548221	Texas Health & Aetna Health Plan, Inc		7,870,000			(479,730)				7,390,270	(3,038,470)
16121	81-4749336	Texas Health & Aetna Health Insurance Co.					(7,149,465)				9,980,535	(71,708,938)
		SilverScript Insurance Co.					(451,883,033)	(25,520,020)			(477,403,053)	1,011,673
12575	20-2833904	CVS Caremark Part D Services, LLC					451,883,034				451,883,034	
00000	33-1113587	CVS Caremark Indemnity, Ltd.						19,077,355			19,077,355	(758,755)
00000	05-0500188	Caremark Rx, L.L.C.		(10,000,000)							(10,000,000)	
67660	23-1305366	Pennsylvania Life Insurance Company									0	
63444	06-1566092	Accendo Insurance Company		10,000,000				6,442,665			16,442,665	(252,918)
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

42.2

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	WAIVED
2. Will an actuarial opinion be filed by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	YES
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING	
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	YES
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

- Explanations:
- 11.
 - 13.
 - 14.
 - 15.
 - 17.
 - 18.
 - 19.
 - 20.
 - 23.

Bar Codes:

1. Supplemental Compensation Exhibit [Document Identifier 460]	 1 2 5 7 5 2 0 1 8 4 6 0 0 0 0 0 0
11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 2 5 7 5 2 0 1 8 3 6 0 0 0 0 0 0
13. SIS Stockholder Information Supplement [Document Identifier 420]	 1 2 5 7 5 2 0 1 8 4 2 0 0 0 0 0 0
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	 1 2 5 7 5 2 0 1 8 3 7 1 0 0 0 0 0
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 1 2 5 7 5 2 0 1 8 3 7 0 0 0 0 0 0
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 2 5 7 5 2 0 1 8 2 2 4 0 0 0 0 0
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 2 5 7 5 2 0 1 8 2 2 5 0 0 0 0 0
19. Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 2 5 7 5 2 0 1 8 2 2 6 0 0 0 0 0
20. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 2 5 7 5 2 0 1 8 3 0 6 0 0 0 0 0
23. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 2 5 7 5 2 0 1 8 2 1 7 0 0 0 0 0



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT
 (Net of Reinsurance)

NAIC Group Code 4667

(To Be Filed by March 1)

NAIC Company Code 12575

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	2,671,425,926	XXX		XXX	2,671,425,926
1.12 Without Reinsurance Coverage		XXX	22,415,774	XXX	22,415,774
1.13 Risk-Corridor Payment Adjustments	650,493	XXX		XXX	650,493
1.2 Supplemental Benefits	19,466,150	XXX		XXX	19,466,150
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	3,453,432	XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX	118,365	XXX	XXX
2.2 Supplemental Benefits	12,368	XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	10,468,189	XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX	87,092	XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable	32,298,465	XXX		XXX	XXX
4.2 Payable	(18,783,349)	XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	2,664,411,169	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	22,447,047	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	14,165,609	XXX	0	XXX	XXX
5.2 Supplemental Benefits	19,478,518	XXX	0	XXX	XXX
6. Total Premiums	2,698,055,296	XXX	22,447,047	XXX	2,713,958,343
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	2,109,601,889	XXX		XXX	2,109,601,889
7.12 Without Reinsurance Coverage		XXX	20,558,492	XXX	20,558,492
7.2 Supplemental Benefits	41,564,511	XXX		XXX	41,564,511
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage	1,772,105	XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX	13,315	XXX	XXX
8.2 Supplemental Benefits	34,123	XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	(79,284,126)	XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX	(175,124)	XXX	XXX
9.2 Supplemental Benefits	(581,989)	XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	2,190,658,120	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	20,746,931	XXX	XXX
10.2 Supplemental Benefits	42,180,623	XXX	0	XXX	XXX
11. Total Claims	2,232,838,743	XXX	20,746,931	XXX	2,171,724,892
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	(9,539,369)	XXX	348,311,754	338,772,385
12.2 Reimbursements Received but Not Applied-change	XXX		XXX		0
12.3 Reimbursements Receivable-change	XXX	(9,539,369)	XXX	(348,311,754)	XXX
12.4 Health Care Receivables-change	XXX		XXX		XXX
13. Aggregate Policy Reserves-change					XXX
14. Expenses Paid	411,360,277	XXX	3,422,400	XXX	414,782,677
15. Expenses Incurred	409,779,648	XXX	3,409,249	XXX	XXX
16. Underwriting Gain/Loss	55,436,905	XXX	(1,709,133)	XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	(211,321,611)

Life Supplement Cover

NONE

Life Supplement - Exhibit 5 - Aggregate Reserve for Life Contracts

NONE

Life Supplement - Exhibit 5 - Interrogatories

NONE

Life Supplement - Exhibit 7 - Deposit-Type Contracts

NONE

Life Supplement - Schedule S - Part 1 - Section 1

NONE

Life Supplement - Schedule S - Part 3 - Section 1

NONE



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ...0 and number of persons insured under indemnity only products ...0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is overlaid on the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is overlaid on the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ...0 and number of persons insured under indemnity only products ...0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ...0 and number of persons insured under indemnity only products ...0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... 0 and number of persons insured under indemnity only products ... 0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is overlaid on the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is overlaid on the table.

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ...0 and number of persons insured under indemnity only products ...0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... 0 and number of persons insured under indemnity only products ... 0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is overlaid on the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is overlaid on the table.

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____.



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ...0 and number of persons insured under indemnity only products ...0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ...0 and number of persons insured under indemnity only products ...0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year			(a)		No. of Policies					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

NONE

(a) Includes Individual Credit Life Insurance prior year \$ _____, current year \$ _____
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ _____, current year \$ _____
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ _____, current year \$ _____

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees	14,174	14,174	0	2,039	2,009
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,174	14,174	0	2,039	2,009

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... 0 and number of persons insured under indemnity only products ... 0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... 0 and number of persons insured under indemnity only products ... 0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE SilverScript Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2018

NAIC Group Code 4667

LIFE INSURANCE

NAIC Company Code 12575

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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

ANNUAL STATEMENT BLANK (Continued)

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