



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2024  
OF THE CONDITION AND AFFAIRS OF THE  
Cigna HealthCare of New Jersey, Inc.

NAIC Group Code09010901NAIC Company Code95500Employer's ID Number22-2720890  
(Current)(Prior)

Organized under the Laws ofNew Jersey, State of Domicile or Port of EntryNJ

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

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

Incorporated/Organized09/30/1986Commenced Business02/01/1988

Statutory Home Office499 Washington Boulevard, 5th FloorJersey City, NJ, US 07310-1608  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office900 Cottage Grove RoadBloomfield, CT, US 06002860-226-6000  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address900 Cottage Grove RoadBloomfield, CT, US 06002  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records900 Cottage Grove RoadBloomfield, CT, US 06002860-226-6000  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.cigna.com

Statutory Statement ContactJohn Satkowski860-226-5634  
(Name)(Area Code) (Telephone Number)

john.satkowski@evernorth.com860-226-6792  
(E-mail Address)(FAX Number)

OFFICERS

PresidentBruce Grimm

TreasurerScott Ronald Lambert

Corporate SecretaryAlicia Morrow

ActuaryRebecca Skripol

OTHER

Scott Ronald Lambert, Vice President

Glenn Michael Gerhard, Vice President

Mark Paul Fleming, Vice President

Joanne Ruth Hart, Vice President

Kathleen M O'Neil, Vice President

Timothy Sheridan, Vice President

Paul Schaeffer, Vice President

DIRECTORS OR TRUSTEES

Kathleen M O'Neil

Peter Wesley McCauley, M.D.

Bruce Grimm

State ofPennsylvania

County ofPhiladelphia

SS

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

Signed by:Kathleen M O'Neil539C4FA47B5A8475Kathleen M O'NeilVice President

Signed by:Alicia Morrow507B99DD4334F6Alicia MorrowCorporate Secretary

Signed by:Scott Lambert78C0C773F68746AScott Ronald LambertVice President & Treasurer

Subscribed and sworn to before me this29th day ofJanuary 2025

Signed by:Elaine Roberts5045E95280D04C4...

- 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.....

Commonwealth of Pennsylvania - Notary Seal

Elaine Elizabeth Roberts, Notary Public

Philadelphia County

Commission Number 1450836

My Commission Expires Aug. 5, 2028

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	1,080,576		1,080,576	1,080,559
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....95,230 , Schedule E - Part 1), cash equivalents (\$ ..... 1,780,736 , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	1,875,966		1,875,966	1,533,562
6. Contract loans, (including \$ ..... premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	2,956,542	0	2,956,542	2,614,121
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	9,481		9,481	9,637
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	11,317	7,366	3,951	57
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon ....			0	0
18.2 Net deferred tax asset .....	1,685		1,685	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ .....8,574 ) and other amounts receivable .....	10,471	1,897	8,574	7,556
25. Aggregate write-ins for other-than-invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,989,496	9,263	2,980,233	2,631,371
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	2,989,496	9,263	2,980,233	2,631,371
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	28,810		28,810	33,850
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses.....	304		304	224
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	190		190	150
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....			0	0
9. General expenses due or accrued.....	44,268		44,268	13,587
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)) .....	71,657		71,657	20,520
10.2 Net deferred tax liability.....			0	424
11. Ceded reinsurance premiums payable.....	1,357		1,357	140
12. Amounts withheld or retained for the account of others.....	1,263		1,263	1,263
13. Remittances and items not allocated.....			0	57
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....	11,218		11,218	941
16. Derivatives.....			0	0
17. Payable for securities.....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans.....			0	0
23. Aggregate write-ins for other liabilities (including \$ ..... 44,268 current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	159,067	0	159,067	71,156
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	1,000	1,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	21,597,365	21,597,365
29. Surplus notes.....	XXX	XXX	0	
30. Aggregate write-ins for other-than-special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	( 18,777,199)	( 19,038,150)
32. Less treasury stock, at cost: 32.1 ..... shares common (value included in Line 26 \$ ..... ).....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	2,821,166	2,560,215
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,980,233	2,631,371
DETAILS OF WRITE-INS				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	700.....	107.....
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX.....	529,125.....	72,238.....
3. Change in unearned premium reserves and reserve for rate credits .....	XXX.....	.....	.....
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX.....	0.....	.....
5. Risk revenue .....	XXX.....	0.....	.....
6. Aggregate write-ins for other health care related revenues .....	XXX.....	0.....	0.....
7. Aggregate write-ins for other non-health revenues .....	XXX.....	0.....	0.....
8. Total revenues (Lines 2 to 7) .....	XXX.....	529,125.....	72,238.....
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	.....	104,682.....	49,308.....
10. Other professional services .....	.....	23,201.....	(31,948).....
11. Outside referrals .....	0.....	5,904.....	2,466.....
12. Emergency room and out-of-area .....	.....	5,761.....	(807).....
13. Prescription drugs .....	.....	11,098.....	(584).....
14. Aggregate write-ins for other hospital and medical.....	0.....	0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts .....	.....	3,325.....	1,401.....
16. Subtotal (Lines 9 to 15) .....	0.....	153,971.....	19,836.....
<b>Less:</b>			
17. Net reinsurance recoveries .....	.....	.....	.....
18. Total hospital and medical (Lines 16 minus 17) .....	0.....	153,971.....	19,836.....
19. Non-health claims (net) .....	.....	.....	.....
20. Claims adjustment expenses, including \$ .....2,391 cost containment expenses ....	.....	6,851.....	682.....
21. General administrative expenses .....	.....	119,722.....	46,345.....
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....	.....	40.....	(370).....
23. Total underwriting deductions (Lines 18 through 22).....	0.....	280,584.....	66,493.....
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX.....	248,541.....	5,745.....
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	.....	90,780.....	91,599.....
26. Net realized capital gains (losses) less capital gains tax of \$ .....	.....	.....	.....
27. Net investment gains (losses) (Lines 25 plus 26) .....	0.....	90,780.....	91,599.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....27 ) (amount charged off \$ ..... )] .....	.....	27.....	(107).....
29. Aggregate write-ins for other income or expenses .....	0.....	0.....	0.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX.....	339,348.....	97,237.....
31. Federal and foreign income taxes incurred .....	XXX.....	71,658.....	20,493.....
32. Net income (loss) (Lines 30 minus 31) .....	XXX.....	267,690.....	76,744.....
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX.....	.....	.....
0602. ....	XXX.....	.....	.....
0603. ....	XXX.....	.....	.....
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX.....	0.....	0.....
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX.....	0.....	0.....
0701. ....	XXX.....	.....	.....
0702. ....	XXX.....	.....	.....
0703. ....	XXX.....	.....	.....
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX.....	0.....	0.....
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX.....	0.....	0.....
1401. ....	.....	.....	.....
1402. ....	.....	.....	.....
1403. ....	.....	.....	.....
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0.....	0.....	0.....
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0.....	0.....	0.....
2901. ....	.....	.....	.....
2902. ....	.....	.....	.....
2903. ....	.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0.....	0.....	0.....
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0.....	0.....	0.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	2,560,215	2,464,903
34. Net income or (loss) from Line 32 .....	267,690	76,744
35. Change in valuation basis of aggregate policy and claim reserves .....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		
37. Change in net unrealized foreign exchange capital gain or (loss) .....		
38. Change in net deferred income tax .....	2,109	(4,834)
39. Change in nonadmitted assets .....	(8,848)	23,402
40. Change in unauthorized and certified reinsurance .....	0	0
41. Change in treasury stock .....	0	0
42. Change in surplus notes .....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in .....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in .....		0
45.2 Transferred to capital (Stock Dividend) .....		
45.3 Transferred from capital .....		
46. Dividends to stockholders .....		
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	260,951	95,312
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,821,166	2,560,215
DETAILS OF WRITE-INS		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance .....	519,082	97,008
2. Net investment income .....	90,919	90,228
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	610,001	187,236
5. Benefit and loss related payments .....	161,511	57,100
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	95,785	43,356
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	20,521	11,839
10. Total (Lines 5 through 9) .....	277,817	112,295
11. Net cash from operations (Line 4 minus Line 10) .....	332,184	74,941
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	0
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	0
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0
14. Net increase/(decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	0	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	10,220	571
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	10,220	571
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	342,404	75,512
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	1,533,562	1,458,050
19.2 End of year (Line 18 plus Line 19.1) .....	1,875,966	1,533,562

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

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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CIGNA HealthCare of New Jersey Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Net premium income .....	529,125	0	529,125	0	0	0	0	0	0	0	0			
2. Change in unearned premium reserves and reserve for rate credit .....	0	0	0	0	0	0	0	0	0	0	0			
3. Fee-for-service (net of \$ .....														
medical expenses) .....	0	0	0	0	0	0	0	0	0	0				XXX.
4. Risk revenue .....	0													XXX.
5. Aggregate write-ins for other health care related revenues .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
6. Aggregate write-ins for other non-health care related revenues .....	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
7. Total revenues (Lines 1 to 6) .....	529,125	0	529,125	0	0	0	0	0	0	0	0	0	0	0
8. Hospital/medical benefits .....	104,682	0	104,682	0	0	0	0	0	0	0	0	0	0	XXX.
9. Other professional services .....	23,201	0	23,201	0	0	0	0	0	0	0	0	0	0	XXX.
10. Outside referrals .....	5,904	0	5,904	0	0	0	0	0	0	0	0	0	0	XXX.
11. Emergency room and out-of-area .....	5,761	0	5,761	0	0	0	0	0	0	0	0	0	0	XXX.
12. Prescription drugs .....	11,098	0	11,098	0	0	0	0	0	0	0	0	0	0	XXX.
13. Aggregate write-ins for other hospital and medical incentive pool, withhold adjustments and bonus amounts .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
3,325 .....	3,325	0	3,325	0	0	0	0	0	0	0	0	0	0	XXX.
15. Subtotal (Lines 8 to 14) .....	153,971	0	153,971	0	0	0	0	0	0	0	0	0	0	XXX.
16. Net reinsurance recoveries .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
17. Total medical and hospital (Lines 15 minus 16) .....	153,971	0	153,971	0	0	0	0	0	0	0	0	0	0	XXX.
18. Non-health claims (net) .....	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
19. Claims adjustment expenses including \$ .....	2,390	0	6,851	0	0	0	0	0	0	0	0	0	0	
20. General administrative expenses .....	119,722	0	119,722	0	0	0	0	0	0	0	0	0	0	
21. Increase in reserves for accident and health contracts .....	40	0	40	0	0	0	0	0	0	0	0	0	0	XXX.
22. Increase in reserves for life contracts .....	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
23. Total underwriting deductions (Lines 17 to 22) .....	280,584	0	280,584	0	0	0	0	0	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23) .....	248,541	0	248,541	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS														
0501. ....														XXX.
0502. ....														XXX.
0503. ....														XXX.
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0601. ....		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0602. ....		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0603. ....		XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	XXX.	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. ....														XXX.
1302. ....														XXX.
1303. ....														XXX.
1398. Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX.
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CIGNA HealthCare of New Jersey Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

## PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) individual .....	0	0	0	0
2. Comprehensive (hospital and medical) group .....	545,225	0	16,100	529,125
3. Medicare Supplement .....	0	0	0	0
4. Vision only .....	0	0	0	0
5. Dental only .....	0	0	0	0
6. Federal Employees Health Benefits Plan .....	0	0	0	0
7. Title XVIII - Medicare .....	0	0	0	0
8. Title XIX - Medicaid .....	0	0	0	0
9. Credit A&H .....	0	0	0	0
10. Disability Income .....	0	0	0	0
11. Long-Term Care .....	0	0	0	0
12. Other health .....	0	0	0	0
13. Health subtotal (Lines 1 through 12) .....	545,225	0	16,100	529,125
14. Life .....	0	0	0	0
15. Property/casualty .....	0	0	0	0
16. Totals (Lines 13 to 15)	545,225	0	16,100	529,125



UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Payments during the year:														
1.1 Direct .....	158,186	0	158,186	0	0	0	0	0	0	0	0	0	0	
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.4 Net .....	158,186	0	158,186	0	0	0	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses .....	3,325	(132)	3,457	0	0	0	0	0	0	0	0	0	0	
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct .....	28,810	0	28,810	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	28,810	0	28,810	0	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct .....	0													
4.2 Reinsurance assumed .....	0													
4.3 Reinsurance ceded .....	0													
4.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Net health care receivables (a) .....	2,500	0	2,500	0	0	0	0	0	0	0	0	0	0	
7. Amounts recoverable from reinsurers December 31, current year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct .....	33,850	0	33,850	0	0	0	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	33,850	0	33,850	0	0	0	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct .....	0													
9.2 Reinsurance assumed .....	0													
9.3 Reinsurance ceded .....	0													
9.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	0	0	0	0	0	0	0	0	0		0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0	0		0	0	0	0
12. Incurred Benefits:														
12.1 Direct .....	150,646	0	150,646	0	0	0	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	150,646	0	150,646	0	0	0	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses .....	3,325	(132)	3,457	0	0	0	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:														
1.1 Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
1.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct .....	28,810	0	28,810	0	0	0	0	0	0	0	0	0	0	
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2.4 Net .....	28,810	0	28,810	0	0	0	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct .....	0													
3.2 Reinsurance assumed .....	0													
3.3 Reinsurance ceded .....	0													
3.4 Net .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct .....	28,810	0	28,810	0	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	28,810	0	28,810	0	0	0	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical) individual .....	0	0	0	0	0	0
2. Comprehensive (hospital and medical) group .....	1,000	157,186	0	28,810	1,000	33,850
3. Medicare Supplement .....	0	0	0	0	0	0
4. Vision Only .....	0	0	0	0	0	0
5. Dental Only .....	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
7. Title XVIII - Medicare .....	0	0	0	0	0	0
8. Title XIX - Medicaid .....	0	0	0	0	0	0
9. Credit A&H .....	0	0	0	0	0	0
10. Disability Income .....	0	0	0	0	0	0
11. Long-Term Care .....	0	0	0	0	0	0
12. Other health .....	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12) .....	1,000	157,186	0	28,810	1,000	33,850
14. Health care receivables (a) .....	0	0	420	10,051	420	7,971
15. Other non-health .....	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts .....	35	3,291	0	0	35	0
17. Totals (Lines 13 - 14 + 15 + 16)	1,035	160,477	(420)	18,759	615	25,879

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior .....	95	95	95	95	95
2.	2020 .....	200	474	474	474	474
3.	2021 .....	XXX	208	216	216	216
4.	2022 .....	XXX	XXX	26	40	40
5.	2023 .....	XXX	XXX	XXX	44	45
6.	2024 .....	XXX	XXX	XXX	XXX	158

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior .....	135	135	135	135	135
2.	2020 .....	220	485	485	485	485
3.	2021 .....	XXX	241	226	226	226
4.	2022 .....	XXX	XXX	78	(3)	(3)
5.	2023 .....	XXX	XXX	XXX	59	44
6.	2024 .....	XXX	XXX	XXX	XXX	179

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1  Premiums Earned	2  Claims Payment	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10  (Col. 9/1) Percent
1. 2020 .....	359	474	26	5.5	500	139.3	0	0	500	139.3
2. 2021 .....	397	216	(49)	(22.7)	167	42.1	0	0	167	42.1
3. 2022 .....	80	40	1	2.5	41	51.3	0	0	41	51.3
4. 2023 .....	72	45	0	0.0	45	62.5	0	0	45	62.5
5. 2024 .....	529	161	4	2.5	165	31.2	29	0	194	36.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	.....	.....	.....	.....	95	95	95	95	95
2.	2020	.....	.....	.....	.....	200	474	474	474	474
3.	2021	.....	.....	.....	.....	XXX	208	216	216	216
4.	2022	.....	.....	.....	.....	XXX	XXX	26	40	40
5.	2023	.....	.....	.....	.....	XXX	XXX	XXX	44	45
6.	2024	.....	.....	.....	.....	XXX	XXX	XXX	XXX	158

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred						Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
						1 2020	2 2021	3 2022	4 2023	5 2024
1.	Prior	.....	.....	.....	.....	135	135	135	135	135
2.	2020	.....	.....	.....	.....	220	485	485	485	485
3.	2021	.....	.....	.....	.....	XXX	241	226	226	226
4.	2022	.....	.....	.....	.....	XXX	XXX	78	(3)	(3)
5.	2023	.....	.....	.....	.....	XXX	XXX	XXX	59	44
6.	2024	.....	.....	.....	.....	XXX	XXX	XXX	XXX	179

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2020	..... 359	..... 474	..... 26	..... 5.5	..... 500	..... 139.3	..... 0	..... 0	..... 500	..... 139.3
2.	2021	..... 397	..... 216	..... (49)	..... (22.7)	..... 167	..... 42.1	..... 0	..... 0	..... 167	..... 42.1
3.	2022	..... 80	..... 40	..... 1	..... 2.5	..... 41	..... 51.3	..... 0	..... 0	..... 41	..... 51.3
4.	2023	..... 72	..... 45	..... 0	..... 0.0	..... 45	..... 62.5	..... 0	..... 0	..... 45	..... 62.5
5.	2024	..... 529	..... 161	..... 4	..... 2.5	..... 165	..... 31.2	..... 29	..... 0	..... 194	..... 36.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1. Unearned premium reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits .....	190	0	190	0	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ ..... for investment income) ..	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Totals (gross) .....	190	0	190	0	0	0	0	0	0	0	0	0	0
7. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4) .....	190	0	190	0	0	0	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. ....													
0502. ....													
0503. ....													
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101. ....													
1102. ....													
1103. ....													
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....190 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ ..... for occupancy of own building) .....	0	36	320	0	356
2. Salary, wages and other benefits .....	1,057	1,812	15,449	0	18,318
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....	0	0	17,939	0	17,939
4. Legal fees and expenses .....	0	7	62	0	69
5. Certifications and accreditation fees .....	1	1	5	0	7
6. Auditing, actuarial and other consulting services ...	1	5	36	0	42
7. Traveling expenses .....	4	29	253	0	286
8. Marketing and advertising .....	1	19	160	0	180
9. Postage, express and telephone .....	8	33	297	0	338
10. Printing and office supplies .....	2	(3)	(4)	0	(5)
11. Occupancy, depreciation and amortization .....	1	182	1,566	0	1,749
12. Equipment .....	10	(3)	(28)	0	(21)
13. Cost or depreciation of EDP equipment and software .....	0	0	0	0	0
14. Outsourced services including EDP, claims, and other services .....	0	0	0	0	0
15. Boards, bureaus and association fees .....	0	4	(22)	0	(18)
16. Insurance, except on real estate .....	0	(239)	(1,982)	0	(2,221)
17. Collection and bank service charges .....	5	17	146	0	168
18. Group service and administration fees .....	0	0	0	0	0
19. Reimbursements by uninsured plans .....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	0	0	0	0	0
22. Real estate taxes .....	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	2	45,912	0	45,914
23.2 State premium taxes .....	0	489	(1,116)	0	(627)
23.3 Regulatory authority licenses and fees .....	0	1	519	0	520
23.4 Payroll taxes .....	0	89	800	0	889
23.5 Other (excluding federal income and real estate taxes) .....	0	209	18,263	0	18,472
24. Investment expenses not included elsewhere .....				4,752	4,752
25. Aggregate write-ins for expenses .....	1,301	1,772	21,147	0	24,220
26. Total expenses incurred (Lines 1 to 25) .....	2,391	4,462	119,722	4,752	(a) ..... 131,327
27. Less expenses unpaid December 31, current year .....	0	304	44,268	0	44,572
28. Add expenses unpaid December 31, prior year .....	0	224	13,587	0	13,811
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	2,391	4,382	89,041	4,752	100,566
DETAILS OF WRITE-INS					
2501. Other Corporate Expenses .....	265	266	5,220	0	5,751
2502. Other Non-Managed .....	1,050	1,489	15,694	0	18,233
2503. Claims Handling Reserve .....	(14)	17	233	0	236
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	1,301	1,772	21,147	0	24,220

(a) Includes management fees of \$ ..... 37 to affiliates and \$ ..... to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds .....	(a) .....11,071	.....11,092
1.1	Bonds exempt from U.S. tax .....	(a) .....	.....
1.2	Other bonds (unaffiliated) .....	(a) .....2,496	.....2,497
1.3	Bonds of affiliates .....	(a) .....	.....
2.1	Preferred stocks (unaffiliated) .....	(b) .....	.....
2.11	Preferred stocks of affiliates .....	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans .....	(c) .....	.....
4.	Real estate .....	(d) .....	.....
5	Contract Loans .....	.....	.....
6	Cash, cash equivalents and short-term investments .....	(e) .....82,118	.....81,940
7	Derivative instruments .....	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....2	.....2
10.	Total gross investment income .....	95,688	95,532
11.	Investment expenses .....	.....	(g) .....4,752
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g) .....0
13.	Interest expense .....	.....	(h) .....
14.	Depreciation on real estate and other invested assets .....	.....	(i) .....
15.	Aggregate write-ins for deductions from investment income .....	.....	.....0
16.	Total deductions (Lines 11 through 15) .....	.....	.....4,752
17.	Net investment income (Line 10 minus Line 16) .....	.....	90,780
DETAILS OF WRITE-INS			
0901.	Miscellaneous Investment Income .....	.....2	.....2
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	2	2
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....0
1599.	Totals (Lines 1501 through 1503 plus 1598) (Line 15, above) .....	.....	0

- (a) Includes \$ .....196 accrual of discount less \$ .....179 amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ ..... paid for accrued dividends on purchases.
- (c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$. ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ .....0 depreciation on real estate and \$ ..... depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	.....0	.....0	.....0	.....0	.....0
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....0	.....	.....
1.2	Other bonds (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
1.3	Bonds of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.1	Preferred stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.11	Preferred stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
2.2	Common stocks (unaffiliated) .....	.....0	.....0	.....0	.....0	.....0
2.21	Common stocks of affiliates .....	.....0	.....0	.....0	.....0	.....0
3.	Mortgage loans .....	.....	.....0	.....0	.....0	.....0
4.	Real estate .....	.....	.....0	.....0	.....	.....0
5.	Contract loans .....	.....	.....	.....0	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	.....0	.....	.....
7.	Derivative instruments .....	.....	.....	.....0	.....	.....
8.	Other invested assets .....	.....	.....0	.....0	.....0	.....0
9.	Aggregate write-ins for capital gains (losses) .....	.....0	.....0	.....0	.....0	.....0
10.	Total capital gains (losses) .....	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....0	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0



EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	7,366		(7,366)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..			0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....			0
16.2 Funds held by or deposited with reinsured companies .....			0
16.3 Other amounts receivable under reinsurance contracts .....			0
17. Amounts receivable relating to uninsured plans .....			0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0
18.2 Net deferred tax asset .....			0
19. Guaranty funds receivable or on deposit .....			0
20. Electronic data processing equipment and software .....			0
21. Furniture and equipment, including health care delivery assets .....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0
23. Receivable from parent, subsidiaries and affiliates .....			0
24. Health care and other amounts receivable .....	1,897	415	(1,482)
25. Aggregate write-ins for other-than-invested assets .....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	9,263	415	(8,848)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	9,263	415	(8,848)
DETAILS OF WRITE-INS			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. ....			
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	7	60	58	57	57	700
2. Provider Service Organizations .....	0	0	0	0	0	0
3. Preferred Provider Organizations .....	0	0	0	0	0	0
4. Point of Service .....	0	0	0	0	0	0
5. Indemnity Only .....	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	7	60	58	57	57	700
DETAILS OF WRITE-INS						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

Cigna HealthCare of New Jersey, Inc.  
(Indirect wholly-owned subsidiary of The Cigna Group)  
Notes to Statutory Financial Statements

1. Summary of Significant Accounting Policies

Organization and Operation

Cigna HealthCare of New Jersey, Inc. (“the Company”), is a health maintenance organization (“HMO”) which provides health insurance services throughout the region. Principal products and services include managed care and health insurance products and services. The Company is a wholly-owned subsidiary of Healthsource, Inc. (“the Parent”), which is a wholly-owned subsidiary of Cigna Health Corporation (“CHC”), which is an indirect wholly-owned subsidiary of Cigna Corporation (“The Cigna Group”). References to “Cigna” or “Cigna Corporation” in these footnotes refer to The Cigna Group. Cigna is a global health services organization incorporated in Delaware.

The Company had one customer from which it earned 79% of total revenue, excluding investment income for the year ended December 31, 2024, and the Company had four customers, from which it earned 100% of total revenue, excluding investment income for the year ended December 31, 2023. Individually, these customers amounted to greater than 10% of total revenue.

A. Accounting Practices

The financial statements of the Company are presented in conformity with accounting practices prescribed or permitted by the State of New Jersey Department of Banking and Insurance (“The Department”), which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (“GAAP”) and include management’s estimates and assumptions, such as those regarding medical costs and interest rates that affect the recorded amounts. The National Association of Insurance Commissioners’ (“NAIC”) Accounting Practices and Procedures Manual (“NAIC SAP” or “SSAPs”) has been adopted as a component of prescribed or permitted practices by the State.

The principal differences between statutory-basis financial statements presented herein and those prepared on a GAAP basis include nonadmitted assets, deferred income taxes, unrealized appreciation (depreciation) on bonds, and bad debt allowances and expenses. These statutory accounting practices disallow certain assets from admission in the Statutory Balance Sheets. These nonadmitted assets, otherwise included on the Company's balance sheets prepared under GAAP, include receivables greater than 90 days past due and certain non-current assets. Under GAAP, bonds classified as available-for-sale are carried at fair value with the related unrealized appreciation (depreciation) recorded as a component of equity. Under statutory accounting principles, bonds are carried principally at amortized cost. Under GAAP, deferred taxes are recorded for any temporary differences between the tax basis of assets and liabilities to the extent it is more likely than not that the deferred tax assets are realizable, with changes in deferred tax assets and liabilities recorded as a component of net income tax expense. Under statutory accounting principles, the amount of deferred tax assets that may be admitted is generally limited based on the Realization Threshold Limitation Table in Statement of Statutory Accounting Principles (“SSAP”) No. 101, *Income Taxes, a Replacement of SSAP 10R and SSAP 10*. The net change in the deferred tax assets and liabilities is recognized as a separate component of changes in unassigned surplus.

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

	SSAP #	F/S Page	F/S Line #	2024	2023
<u>NET INCOME</u>					
(1) State basis				\$ 267,690	\$ 76,744
(2) State Prescribed Practices that increase/ (decrease)				—	—
(3) State Permitted Practices that increase/ (decrease)				—	—
(4) NAIC SAP				<u>\$ 267,690</u>	<u>\$ 76,744</u>
<u>SURPLUS</u>					
(5) State Basis				\$ 2,821,166	\$ 2,560,215
(6) State Prescribed Practices that increase/ (decrease)				—	—
(7) State Permitted Practices that increase/ (decrease)				—	—
(8) NAIC SAP				<u>\$ 2,821,166</u>	<u>\$ 2,560,215</u>

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

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. NAIC SAP also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Significant estimates are disclosed throughout these Notes, however actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

- (1) Cash, Cash Equivalents and Short-term Investments: Cash equivalents consist of investments with original maturities of three months or less from the time of purchase. Investments with original maturities of one year or less from the time of purchase are classified as short term. Cash equivalents and short-term investments are carried at cost.

- (2) Bonds: Bonds designated highest quality and high quality are carried at amortized cost. All other bonds are carried at the lower of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). Bonds are considered impaired and their cost basis is written down to fair value through net realized gains (losses), when management expects a decline in value to persist (i.e., the decline is other than temporary).

The Company holds no mandatory convertible securities or Securities Valuation Office (SVO) Identified bond Exchange-Traded Funds (ETFs) as of December 31, 2024 and 2023.

- (3) Common Stocks: The Company holds no common stocks as of December 31, 2024 and 2023.
- (4) Preferred Stocks: The Company holds no preferred stocks as of December 31, 2024 and 2023.
- (5) Mortgage Loans: The Company holds no mortgage loans as of December 31, 2024 and 2023.
- (6) Loan-Backed Securities: The Company holds no loan-backed securities as of December 31, 2024 and 2023.
- (7) Investments in Subsidiaries, Controlled and Affiliated Entities (“SCA”): The Company holds no investments in subsidiaries, controlled and affiliated entities as of December 31, 2024 and 2023.
- (8) Joint Ventures, Partnerships and Limited Liability Companies: The Company holds no investments in joint ventures, controlled and affiliated entities as of December 31, 2024 and 2023.
- (9) Derivatives: The Company has no derivative instruments as of December 31, 2024 and 2023.
- (10) Premium Deficiency Reserves: The Company anticipates investment income as a factor in its premium deficiency calculations.
- (11) Claims Unpaid and Unpaid Claims Adjustment Expenses: Claims unpaid and unpaid claims adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined. Management develops these estimates using actuarial methods based upon historical data for claim payment patterns, cost trends, product mix, seasonality, utilization of health care services and other relevant factors. When estimates change, the Company records the adjustment in medical and hospital expenses in the period the change in estimate occurs. Unpaid claim adjustment expenses represents a reserve for additional administrative expenses associated with unpaid health claims that are in the process of settlement, as well as those that have been incurred but not yet reported. This reserve is based on the historical relationship between claims handling expenses and incurred claims.
- (12) Asset Capitalization Policy: The Company had no fixed assets in 2024 and 2023.
- (13) Pharmaceutical Rebate Receivables: The Company estimates pharmaceutical rebate receivables based on utilization data and past history, and billed amounts to pharmaceutical companies. The income from pharmacy rebates is reported as a reduction of prescription drugs expense in the Statement of Revenue and Expenses, and the rebate receivable is included in healthcare and other amounts receivable. Generally, rebate amounts are paid on a monthly basis.
- (14) Net Investment Income: When interest and principal payments on investments are current, the Company recognizes interest income when it is earned. The Company stops recognizing interest income on bonds when interest payments are 90 days past due. Investment income on these investments is only recognized when interest payments are received. See Note 7 for further information.
- (15) Investment Gains and Losses: Unrealized capital gains and losses on investments carried at fair value are reflected directly in unassigned surplus. Realized capital gains and losses resulting from sales, investment asset write-downs and changes in valuation reserves are based on specifically identified assets and are recognized in net income.
- (16) Nonadmitted Assets: In accordance with NAIC SAP, certain assets or certain portions of assets are excluded from the Company’s admitted assets on its Statutory Balance Sheet through a direct charge to unassigned surplus. Certain assets are limited by factors, such as percentage of surplus, as to the amounts that qualify as admitted assets.
- (17) Aggregate Health Policy Reserves: The Company includes an accrual for losses where it is probable that expected future health care costs and maintenance costs under a group of existing contracts will exceed anticipated future premiums and insurance recoveries on those contracts, known as Premium Deficiency Reserve (PDR). Investment income is considered in the calculation of premium deficiency reserves. The Company also includes the Minimum Medical Loss Ratio Rebate Accrual described below. In addition, the Company includes an accrual for losses on any policy that provides for the Extension of Benefits (EOB) after termination of the policy. Any reserves are included in aggregate health policy reserves in the accompanying Statutory Balance Sheets.
- (18) Income Taxes: The Company is included in the consolidated United States federal income tax return filed by Cigna. Pursuant to the Tax Sharing Agreement with Cigna, federal income taxes are allocated to the Company as if it were filing on a separate return basis. The tax benefit of net operating losses, capital losses and tax credits are funded to the extent they reduce the consolidated federal income tax liability. The Company generally recognizes deferred income taxes when assets and liabilities have different values for

financial statement and tax reporting purposes (temporary difference). Limitations of the admitted amount of the deferred tax asset are calculated in accordance with SSAP No. 101. See Note 9 for more detailed information about the Company's income taxes. The accounting policy election has been made to disregard Corporate Alternative Minimum Tax (CAMT) when evaluating the need for a valuation allowance for the Company's regular deferred tax assets.

- (19) Provider Incentives and Other Risk Sharing Arrangements: The Company contracts with physicians or provider groups (collectively known as providers) to provide medical services to its members. The Company pays capitation or negotiated fees for defined services provided by the providers. The Company and some of the providers have entered into incentive sharing agreements. Under the terms of these agreements, certain providers are eligible to receive or owe a provider bonus/refund based on qualitative and quantitative factors. Risk sharing balances are estimated using current experience to date to calculate the receivable or payable balances for each contract. These estimates may be adjusted based on actual experience, contract terms, and the offsetting of receivables against payables.
- (20) Net Premium Income: Amounts charged for health care services are recognized as revenue in the month for which customers are entitled to medical care. Unearned premiums represent that portion of premiums received which are applicable to the unexpired terms of contracts in force. Medical loss ratio rebates required pursuant to the Public Health Service Act are recorded as a reduction to net premium income.
- (21) Minimum Medical Loss Ratio Rebate Accrual: The Company records its rebate accrual based on year-to-date estimated medical loss ratios calculated as prescribed by the interim final rule issued by the Department of Health & Human Services using year-to-date premium and claim information by state and market segment. Further information on the minimum medical loss ratio rebate can be found in Note 24.
- (22) General expenses due or accrued: Other accrued liabilities include commission payable, state income tax payable, assessment payable.
- (23) Other Income: The Company has no other income.

#### D. Going Concern

The Company has assessed and concluded that there were no conditions or events, individually or in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern within one year after the date the financial statements are issued.

#### 2. Accounting Changes and Corrections of Errors

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2024 or 2023.

#### 3. Business Combinations and Goodwill

The Company was not party to a business combination during the years ended December 31, 2024 or 2023, and does not carry goodwill in its statutory balance sheets.

#### 4. Discontinued Operations

The Company did not discontinue any operations during 2024 or 2023.

#### 5. Investments

- A. The Company has no mortgage loans.
- B. The Company has no debt restructuring.
- C. The Company has no reverse mortgages.
- D. The Company has no loan-backed securities.
- E. The Company has no dollar repurchase agreements or securities lending transactions.
- F. The Company has no repurchase agreement transactions accounted for as a securing borrowing.
- G. The Company has no reverse repurchase agreement transactions accounted for as a secured borrowing.
- H. The Company has no repurchase agreement transactions accounted for as a sale.
- I. The Company has no reverse repurchase agreement transactions accounted for as a sale.
- J. The Company has no real estate property investments.
- K. The Company has no low-income housing tax credits.

L. Restricted Assets: No Material Change

1) Restricted Assets (Including Pledged):

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted ) Restricted From Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted and Nonadmitted) Restricted to Total Asset (a)	Admitted Restricted to Total Admitted Assets (b)
A. Subject to contractual obligation for which liability is not shown	\$ —	\$ —	\$ —	\$ —	\$ —	—	—
B. Collateral held under security lending agreements	—	—	—	—	—	—	—
C. Subject to repurchase agreements	—	—	—	—	—	—	—
D. Subject to reverse repurchase agreements	—	—	—	—	—	—	—
E. Subject to dollar repurchase agreements	—	—	—	—	—	—	—
F. Subject to dollar reverse repurchase agreements	—	—	—	—	—	—	—
G. Placed under option contracts	—	—	—	—	—	—	—
H. Letter stock or securities restricted as to sale - excluding FHLB capital stock	—	—	—	—	—	—	—
I. FHLB capital stock	—	—	—	—	—	—	—
J. On deposit with states	1,080,576	1,080,558	18	—	1,080,576	36.15 %	36.26 %
K. On deposit with other regulatory bodies	—	—	—	—	—	—	—
L. Pledged as collateral to FHLB (including assets backing funding agreements	—	—	—	—	—	—	—
M. Pledged as collateral not captured in other categories	—	—	—	—	—	—	—
N. Other restricted assets	—	—	—	—	—	—	—
O. Total restricted assets	\$ 1,080,576	\$ 1,080,558	\$ 18	\$ —	\$ 1,080,576	36.15 %	36.26 %

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

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

(2) The Company has no assets pledged as collateral not captured in other categories.

(3) The Company has no other restricted assets.

(4) The Company holds no collateral received and reflected as assets.

M. The Company has no working capital finance investments.

N. The Company has no offsetting and netting of assets and liabilities related to derivatives, repurchase and reverse repurchase agreements or security borrowing and lending activities.

O. The Company holds no 5\* securities. NAIC 5\* is a designation assigned by the SVO for certain obligations when an insurer certifies: (1) that documentation necessary to permit a full credit analysis of a security does not exist and (2) the issuer or obligor is current on all contracted interest and principal payments and (3) the insurer has an actual expectation of ultimate repayment of all contracted interest and principal.

P. The Company has no short sales.

Q. The Company has no prepayment penalty and acceleration fees.

R. Reporting Entity’s Share of Cash Pool by Asset type is not applicable to the Company.

S. The Company has no aggregate collateral loans by qualifying investment collateral.

T. Bonds

As of December 31, 2024, the amortized cost and estimated fair values for the Company’s bonds, including short-term investments and cash equivalents, by contractual maturity period were as follows:

	Amortized Cost	Fair Value
Due in one year or less	\$ 1,860,644	\$ 1,860,249
Due after one year through five years	1,000,669	892,031
Due after five year through ten years	—	—
Total	\$ 2,861,313	\$ 2,752,280

Actual maturities could differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties. Also, the Company may extend maturity dates in some cases.

As of December 31, 2022 and December 31, 2021, the gross unrealized depreciation for bonds by type of issuer, were as follows:

2024	Amortized			Fair Value
	Cost	Appreciation	Depreciation	
US Government	\$ 1,080,576	\$ —	\$ 109,032	\$ 971,544
Political subdivisions of states, territories and possessions	—	—	—	—
Special revenue and assessment obligations	—	—	—	—
Industrial and miscellaneous	—	—	—	—
Total	<u>\$ 1,080,576</u>	<u>\$ —</u>	<u>\$ 109,032</u>	<u>\$ 971,544</u>

2023	Amortized			Fair Value
	Cost	Appreciation	Depreciation	
US Government	\$ 1,080,559	\$ —	\$ 119,090	\$ 961,469
Political subdivisions of states, territories and possessions	—	—	—	—
Special revenue and assessment obligations	—	—	—	—
Industrial and miscellaneous	—	—	—	—
Total	<u>\$ 1,080,559</u>	<u>\$ —</u>	<u>\$ 119,090</u>	<u>\$ 961,469</u>

Management reviews bonds with a decline in fair value from cost for impairment based on criteria that include length of time and severity of decline; financial health and specific near term prospects of the issuer; changes in the regulatory, economic or general market environment of the issuer’s industry or geographic region; and the Company’s intent to sell or the likelihood of a required sale prior to recovery.

	Fair Value	Amortized Cost	Unrealized Depreciation	Count
One year or less:				
Investment grade	—	—	—	—
More than one year:				
Investment grade	971,544	1,080,576	109,032	2

The unrealized depreciation of bonds is primarily due to the increase in market yield since purchase.

There were no other-than-temporary impairments of bonds as of December 31, 2024 and 2023.

The net unrealized depreciation on bonds that are carried at amortized cost of \$109,032 at December 31, 2024 and \$119,090 at December 31, 2023, is not reflected in the statutory financial statements.

Disposal information for bonds for the years ended December 31, 2024 and December 31, 2023 were as follows:

	2024	2023
Proceeds from sales and maturities	— \$	—
Realized gains on sales	—	—

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

The Company has no investments in joint ventures, partnerships, or limited liability companies.

**7. Investment Income**

A. Due and accrued income is excluded from surplus on the following basis:

Bonds – all investment income due and accrued with amounts that are over 90 days past due.

B. No amounts due and accrued were excluded from the statutory statements for the years ended December 31, 2024 and 2023.

C. The gross, non-admitted and admitted amounts for interest income due and accrued:

Interest Income Due and Accrued:	
	Amount
Gross	\$ 9,481
Nonadmitted	—
Admitted	9,481

D. Deferred interest is not applicable to the Company.

E. Paid-in-kind (PIK) is not applicable to the Company.

8. Derivative Instruments

The Company has no derivative instruments.

9. Income Taxes

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.			
12/31/2024			
	(1)	(2)	(3)
	Ordinary	Capital	(Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 2,085	\$ —	\$ 2,085
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	2,085	—	2,085
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c – 1d )	2,085	—	2,085
(f) Deferred Tax Liabilities	400	—	400
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e – 1f)	\$ 1,685	\$ —	\$ 1,685
12/31/2023			
	(4)	(5)	(6)
	Ordinary	Capital	(Col 4+5) Total
(a) Gross Deferred Tax Assets	\$ 223	\$ —	\$ 223
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	223	—	223
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c – 1d )	223	—	223
(f) Deferred Tax Liabilities	647	—	647
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e – 1f)	\$ (424)	\$ —	\$ (424)
Change			
	(7)	(8)	(9)
	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 1,862	\$ —	\$ 1,862
(b) Statutory Valuation Allowance Adjustments	—	—	—
(c) Adjusted Gross Deferred Tax Assets (1a – 1b)	1,862	—	1,862
(d) Deferred Tax Assets Nonadmitted	—	—	—
(e) Subtotal Net Admitted Deferred Tax Asset (1c – 1d )	1,862	—	1,862
(f) Deferred Tax Liabilities	(247)	—	(247)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)(1e – 1f)	\$ 2,109	\$ —	\$ 2,109

The realization of deferred tax assets (DTA) depends on the Company’s historical earnings and the generation of future taxable income during the periods in which the temporary differences are deductible. Management may consider the scheduled reversal of deferred tax liabilities (including impact of available carryback and carryforward periods), projected taxable income, and tax planning strategies in making the assessment.

2.			
12/31/2024			
	(1)	(2)	(3)
	Ordinary	Capital	(Col 1+2) Total
Admission Calculation Components SSAP No. 101			



(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$	2,085	\$	—	\$	2,085
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)		—		—		—
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.		—		—		—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.		—		—		422,922
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.		—		—		—
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$	2,085	\$	—	\$	2,085

	12/31/2023		
	(4)	(5)	(6)
	Ordinary	Capital	(Col 4+5) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 223	\$ —	\$ 223
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	—	—	384,032
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	—	—	—
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 223	\$ —	\$ 223

	Change		
	(7)	(8)	(9)
	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ 1,862	\$ —	\$ 1,862
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	—	—	—
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	—	—	—
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	—	—	38,890
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	—	—	—
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 1,862	\$ —	\$ 1,862

3.

	2024	2023
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	819%	764%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above.	\$ 2,819,481	\$ 2,560,215

4.

	12/31/2024		12/31/2023	
Impact of Tax Planning Strategies	(1)	(2)	(3)	(4)
	Ordinary	Capital	Ordinary	Capital
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.				
1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 2,085	\$ —	\$ 223	\$ —
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.00%	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$ 2,085	\$ —	\$ 223	\$ —

4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.00%	0.00%	0.00%	0.00%
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(b) Does the Company’s tax–planning strategies include the use of reinsurance?      Yes\_\_\_\_\_ No\_\_\_X\_\_\_\_\_

	Change	
	(5)	(6)
	(Col 1-3)	(Col 2-4)
	Ordinary	Capital
(a) Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.		
1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 1,862	\$ —
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$ 1,862	\$ —
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.00%	0.00%

B. Regarding deferred tax liabilities that are not recognized:

All deferred tax liabilities have been properly recognized.

C. Current income taxes incurred consist of the following major components:

	(1)	(2)	(3)
	12/31/2024	12/31/2023	(Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ 71,658	\$ 20,493	\$ 51,165
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	71,658	20,493	51,165
(d) Federal income tax on net capital gains	—	—	—
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ 71,658	\$ 20,493	\$ 51,165

	(1)	(2)	(3)
	12/31/2024	12/31/2023	(Col 1-2) Change

2. Deferred Tax Assets:

(a) Ordinary			
(1) Discounting of unpaid losses	\$ 95	\$ 102	\$ (7)
(2) Unearned premium reserve	—	—	—
(3) Policyholder reserves	40	32	8
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables – nonadmitted	1,945	87	1,858
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	5	2	3
(99) Subtotal (sum of 2a1 through 2a13)	\$ 2,085	\$ 223	\$ 1,862
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 – 2b – 2c)	\$ 2,085	\$ 223	\$ 1,862

(e) Capital:

(1) Investments	—	—	—
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ —	\$ —	\$ —
(f) Statutory valuation allowance adjustment	—	—	—
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 – 2f – 2g)	\$ —	\$ —	\$ —
(i) Admitted deferred tax assets (2d + 2h)	\$ 2,085	\$ 223	\$ 1,862

3. Deferred Tax Liabilities:

(a) Ordinary

(1) Investments	\$ 100	\$ 59	\$ 41
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	300	588	(288)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 400	\$ 647	\$ (247)

(b) Capital:

(1) Investments	—	—	—
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	\$ —	\$ —	\$ —

(c) Deferred tax liabilities (3a99 + 3b99)	\$ 400	\$ 647	\$ (247)
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4. Net deferred tax assets/liabilities (2i – 3c)	\$ 1,685	\$ (424)	\$ 2,109
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The change in net deferred income taxes is comprised of the following (this analysis is exclusive of non-admitted assets as the Change in Non-admitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement).

	(1)	(2)	(3)
	12/31/2024	12/31/2023	(Col 1-2) Change
Total deferred tax assets	\$ 2,085	\$ 223	\$ 1,862
Total deferred tax liabilities	400	647	(247)
Net deferred tax asset (liabilities)	1,685	(424)	2,109
Statutory valuation allowance adjustment (SVA)	—	—	—
Net deferred tax asset/ (liabilities) after SVA	\$ 1,685	\$ (424)	\$ 2,109
Tax effect of unrealized gains/(losses)			—
SVA adjustment allocated to unrealized			—
Other intraperiod allocation of deferred tax movement			—
Change in net deferred income tax [(charge)/benefit]			\$ 2,109

D. Reconciliation of total statutory income taxes reported to tax at statutory rate:

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes including realized capital gains/losses. The significant items causing this difference are as follows:

	12/31/2024	Effective Tax Rate
Provision computed at statutory rate	\$ 71,263	21.00 %
Change in non-admitted assets	(1,858)	-0.55 %
Stock options	124	0.05 %
Meals & Entertainment	9	0.00 %
Lobbying Expense	6	0.00 %
Other, net	5	0.00 %
Total	\$ 69,549	20.50 %
Federal income taxes incurred	71,658	21.12 %
Change in net deferred income taxes	(2,109)	-0.62 %
Total statutory income taxes	\$ 69,549	20.50 %

E. Carryforwards, recoverable taxes, and Internal Revenue Service (IRS) Code Sec. 6603 deposits:

- At December 31, 2024 and 2023, the Company has utilized all of its net operating or capital loss carry forwards.
- Income taxes, ordinary and capital, available for recoupment in the event of future net losses are as follows:

	Ordinary	Capital
2024 \$	71,658 \$	—
2023	20,521	—
2022	N/A	19

- Deposits under IRS Code Section 6603 – Not applicable

F. Consolidated Federal Income Tax Returns

- The Company Federal Income Tax return is consolidated with Cigna, and the following subsidiaries of Cigna:

ABD Group, Inc.	Cigna Healthcare of Georgia Inc	Express Scripts Pharmacy, Inc.
Accredo Health Group, Inc.	Cigna Healthcare of Illinois Inc	Express Scripts Sales Operations, Inc.
Accredo Health, Inc.	Cigna Healthcare of Indiana Inc	Express Scripts Senior Care, Inc.
AHG of New York, Inc.	Cigna Healthcare of Massachusetts Inc	Express Scripts Services Company, Inc.
Allegiance Benefit Plan Management Inc	Cigna Healthcare of New Hampshire Inc	Express Scripts Specialty Distribution Services, Inc.
Allegiance Cobra Services Inc	Cigna Healthcare of New Jersey Inc	Express Scripts Strategic Development, Inc.
Allegiance Life & Health Insurance Co	Cigna Healthcare of North Carolina Inc	Express Scripts Utilization Management, Inc.
Allegiance Re Inc	Cigna Healthcare of Pennsylvania Inc	Express Scripts, Inc.
American Retirement Life Insurance Company	Cigna Healthcare of South Carolina	Former Cigna Investments Inc
Arizona Healthplan Inc	Cigna Healthcare of St Louis Inc	Freco, Inc.
Benefit Management Corp	Cigna Healthcare of Tennessee Inc	GreatWest Healthcare of Illinois Inc
BioPartners in Care, Inc.	Cigna Healthcare of Texas Inc	Healthbridge Reimbursement & Product Support, Inc.
Bravo Health Mid-Atlantic, Inc.	Cigna Holding Company	Healthbridge, Inc.
Bravo Health Pennsylvania, Inc.	Cigna Holdings Inc	Healthsource Benefits Inc
Breakthrough Behavioral of Texas, Inc.	Cigna Holdings Overseas Inc	Healthsource Inc
Breakthrough Behavioral, Inc.	Cigna Insurance Company	Healthsource Properties Inc
Brewer, P.C.	Cigna Integrated Care Inc	Healthspring Life & Health Insurance Company
Brighter, Inc.	Cigna Intellectual Property Inc	Healthspring of Florida, Inc.
Care Continuum, Inc.	Cigna International Corporation	Healthspring, Inc.
CareAllies, Inc.	Cigna International Finance Inc	IHN Inc.
CG Individual Tax Benefit Payments Inc	Cigna International Services Inc	Intermountain Underwriters Inc
CG Life Pension Benefit Payments Inc	Cigna Investment Group Inc	Kronos Optimal Health Company
CG LINA Pension Benefit Payments Inc	Cigna Investments Inc	Loyal American Life Insurance Company
Chiro Alliance Corporation	Cigna Linden Holdings Inc	Lynnfield Compounding Center, Inc.
Cigna Arbor Life Insurance Company	Cigna Managed Care Benefits Company	Lynnfield Drug, Inc.
Cigna Benefit Technology Solutions, Inc.	Cigna National Health Insurance Company	MAH Pharmacy, LLC
Cigna Benefits Financing, Inc.	Cigna Poplar Holdings Inc	Matrix Healthcare Services, Inc.
Cigna Dental Health Inc	Cigna RE Corporation	MCC Independent Practice Assoc of New York Inc
Cigna Dental Health of California Inc	Cigna Resource Manager Inc	MDL Medical Group TX, PLLC
Cigna Dental Health of Colorado Inc	Cigna Worldwide Insurance Company	MDLive Medical Group (DE), P.A.
Cigna Dental Health of Delaware Inc	Cigna-Evernorth Services, Inc.	MDLive Medical Group (IL), LLC
Cigna Dental Health of Florida Inc	Connecticut General Benefit Payments Inc.	MDLive Medical Group (NC), P.C.
Cigna Dental Health of Kansas Inc	Connecticut General Corporation	MDLive Medical Group (NJ), LLC
Cigna Dental Health of Kentucky Inc	Connecticut General Life Insurance Company	MDLive Medical Group (NM), LLC
Cigna Dental Health of Maryland Inc	Curascript, Inc.	MDLive Medical Group, P.A.
Cigna Dental Health of Missouri Inc	Diversified NY IPA, Inc.	MDLive, Inc.
Cigna Dental Health of New Jersey Inc	Diversified Pharmaceutical Services, Inc.	Medco Containment Insurance Company of New York
Cigna Dental Health of North Carolina Inc	ESI GP Holdings, Inc.	Medco Containment Life Insurance Company
Cigna Dental Health of Ohio Inc	ESI Mail Order Processing, Inc.	Medco Health Information Network Partners, Inc.
Cigna Dental Health of Pennsylvania Inc	ESI Mail Pharmacy Service, Inc.	Medco Health Puerto Rico, LLC
Cigna Dental Health of Texas Inc	ESSCH Holdings, Inc.	Medco Health Services, Inc.
Cigna Dental Health of Virginia Inc	Evernorth Behavioral Care Group of California	Medco Health Solutions, Inc.

Cigna Dental Healthplan of Arizona Inc	Evernorth Behavioral Care Group of Florida	Medsolutions Holdings, Inc.
Cigna Direct Marketing Company Inc.	Evernorth Behavioral Care Group of New Jersey	MSI Health Organization of Texas
Cigna Federal Benefits Inc	Evernorth Behavioral Care Group of New York	Olympic Health Management Services Inc
Cigna Global Holdings Inc	Evernorth Behavioral Health of California, Inc.	Olympic Health Management Systems Inc
Cigna Global Insurance Company Limited	Evernorth Behavioral Health of Texas, Inc.	Patient Provider Alliance, Inc.
Cigna Global Reinsurance Company LTD	Evernorth Behavioral Health, Inc.	Priority Healthcare Corporation
Cigna Health and Life Insurance Company	Evernorth Care Solutions, Inc.	Priority Healthcare Distribution, Inc.
Cigna Health Corporation	Evernorth Federal Services, Inc.	Provident American Life and Health Insurance Company
Cigna Health Management Inc	Evernorth Health, Inc.	Sagamore Health Network Inc
Cigna Healthcare Benefits Inc	Evernorth Sales Operations, Inc.	Spectracare Health Care Ventures, Inc.
Cigna Healthcare Holdings Inc	Evernorth Strategic Development, Inc.	SpectraCare, Inc.
Cigna Healthcare Inc	Evernorth Wholesale Distribution, Inc.	Sterling Life Insurance Company
Cigna Healthcare Mid-Atlantic Inc	eviCore 1, LLC	Tel-Drug Inc
Cigna Healthcare of Arizona Inc	Express Reinsurance Company	Temple Ins Company Limited
Cigna Healthcare of California Inc	Express Scripts Administrators, LLC	TFB Medical Practice (NY), PLLC
Cigna Healthcare of Colorado Inc	Express Scripts Canada Holding Company	Thomas Fordham Brewer, MD, INC.
Cigna Healthcare of Connecticut Inc	Express Scripts Health Information Network Partners, Inc.	Verity Solutions Group, Inc.
Cigna Healthcare of Florida Inc	Express Scripts Pharmaceutical Procurement, LLC	

- The Company is party to Cigna’s Consolidated Federal Income Tax Sharing Agreement (the Tax Sharing Agreement). The Tax Sharing Agreement sets forth the method of allocation of Cigna's federal income taxes to its wholly-owned domestic subsidiaries, including the Company. The Tax Sharing Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are used to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provisions, are liable for payments determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss or investment tax credit carryovers actually used in the current consolidated return.

G. Federal or Foreign Income Tax Loss Contingencies

- The statute of limitations for Cigna's consolidated federal income tax returns through 2016 have closed. The statute of limitation for Cigna’s 2020 tax return has also closed. However, Cigna filed amended returns for both the 2015 and 2016 tax years, which are under review by the IRS. Additionally, the IRS is currently examining Cigna's returns for 2017 through 2018. No material impacts are anticipated for the Company.
- In management’s opinion, the Company has adequate tax liabilities to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS upon audit. These liabilities could be revised in the near term if estimates of the Company’s ultimate liability change as a result of new developments or a change in circumstances. No material contingent tax liability is included in the Company’s current federal income tax payable. The Company does not expect a significant increase in federal or foreign contingent tax liability within the next twelve months.
- The Company is an applicable reporting entity with tax allocation agreement exclusion for Corporate Alternative Minimum Tax purposes.

H. Repatriation Transition Tax (RTT) – Not applicable

I. Alternative Minimum Tax (AMT) Credit – Not applicable

10. Information Concerning Parent, Subsidiaries and Affiliates and Other Related Parties

- The Company is indirectly owned by Cigna.
- Except for transactions reported under Part F of this footnote, insurance contracts that were issued by the Company in the ordinary course of its business are not reported in this footnote.
- See Part F of this footnote for the dollar amounts of material transactions with affiliates.
- The Company reported the following as amounts due to/from parent, subsidiaries and affiliates. Cash settlements are processed according to the terms of the agreement, generally within 30 days of the balance sheet date.

	12/31/2024	12/31/2023
Amounts due to parent, subsidiaries and affiliates	\$ 11,218	\$ 941
Amounts due from parent, subsidiaries, and affiliates	\$ —	\$ —

- The Company does not have any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party that result in a material contingent exposure.
- Administrative Services Agreements:
  - The Management Services Agreement, as amended, is by and among CHC and each of its subsidiaries or affiliates which are signatories thereto. Under this agreement, CHC and certain affiliates provide Management Services (as defined and described in said agreement) to the Company. The terms of the agreement require that these amounts be settled within 30 days. The fees charged are based largely on the Company’s plan participants as a percentage of total applicable participants for the Company and its affiliates. CHC charged the Company \$48,993 and \$5,224 in administrative service fees for the years ended December 31, 2024 and December 31, 2023.

- (2) The liability insurance program provides protection against liabilities imposed on the Company from allegations of negligence stemming from the management of health care activities. There were immaterial fees associated with this agreement for the years ended December 31, 2024 and December 31, 2023.
  - (3) The Line of Credit Agreement (also known as the LOC Agreement) is by and between the Company and CHC. Under this agreement, CHC would loan funds to the Company from time to time, to ensure that the Company will be able to meet its operational cash obligations while earning additional investment income. There was no liability associated with this agreement as of December 31, 2024 and December 31, 2023.
  - (4) The Network Access Agreement is by and among the Company, Cigna General Life Insurance Company (CGLIC), Cigna Health & Life Insurance Company (CHLIC) and the affiliated HMOs. This agreement allows CGLIC, CHLIC and the affiliated HMOs to access the Company's provider networks. There were no charges related to this agreement in 2024 and 2023.
  - (5) Cigna Health Management, Inc. (CHM) formerly known as International Rehabilitation Associates, Inc. (d/b/a Intracorp), is an affiliate of the Company. The Intercompany Service Agreement is by and between CHM, CGLIC, and CHC on behalf of their respective healthplan subsidiaries and affiliates. CHM provides utilization management, case management, demand management, disease management, care management and other services to the Company's enrollees of the HMOs. The expense relating to this contract was \$399 in 2024 and \$57 in 2023.
  - (6) The Dental Consultation Agreement is by and between the Company and its affiliated HMOs and Cigna Dental Health, Inc. (CDH). Pursuant to this agreement, CDH provides dental consultations to the Company on selected dental cases relative to services provided under the members' HMO contracts. There were no charges related to this agreement in 2024 and 2023.
  - (7) The Company participates in an Investment Advisory Agreement pursuant to which Cigna Investments, Inc. serves as the Company's investment advisor. The expenses related to this agreement were \$2,663 in 2024 and \$2,437 in 2023.
  - (8) MDLive Services Agreement - The Company is party to the MDLive Services Agreement with MDLive, Inc. (MDL), which sets forth the terms and conditions under which MDL will provide telehealth services to the Company. The services provided under the MDLive Services Agreement include, but are not limited to, implementation support of telehealth services, account management, reporting, marketing support, call center access, information technology services, application programming interface, cyber insurance, eligibility processing, coordination of information and response related to complaints of MDL services, regulatory compliance and other ancillary services as agreed upon. There were no charges related to this agreement in 2024 and 2023.
  - (9) The Company is party to Cigna's Consolidated State Tax Sharing Agreement (the State TSA). The State TSA sets forth the method of allocation of Cigna's state income taxes for state or local returns filed on a consolidated, combined or unitary basis to its wholly-owned domestic subsidiaries, including the Company. There were no charges related to this agreement in 2024 and 2023.
  - (10) Beginning in 2019, the Company was party to a Commercial Rebate Services Agreements and a Pharmacy Benefit Services Agreement (collectively "the agreements") with Express Scripts, Inc. ("ESI"). Under the agreements, ESI made the following pharmacy benefit management services available to the Company: manufacturer revenue services, formulary development, pharmacy network contracting, claims processing, care management, and clinical services. ESI is an indirect subsidiary of Cigna. There were no charges related to this agreement in 2024 and 2023.
  - (11) Beginning January 1, 2020, the Company is party to a Health System Agreement ("the Agreement") with eviCore healthcare MSI, LLC d/b/a evicore healthcare ("evicore"). Under the Agreement, eviCore will arrange for the provision of the gene therapy drugs through its network of contracted specialty pharmacies and facilities. There were no charges related to this agreement in 2024 and 2023.
  - (12) Effective May 1, 2020 the Company entered into a Master Health System Agreement for its Commercial plans with eviCore and various affiliates. Under the agreement eviCore arranges for the provision of certain covered services either by itself or through its established panel of represented providers and performs system services, including certain utilization management and administrative services, as defined in the agreement. Charges for services are based on the compensation models described in the referenced agreement. There were no charges related to this agreement in 2024 and 2023.
- G. All outstanding shares of the Company are owned by its Parent.
  - H. The Company does not own shares of an upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.
  - I. The Company does not hold any investments in subsidiary, controlled or affiliated companies that exceeds 10% of admitted assets.
  - J. The Company does not hold any investments in impaired subsidiary, controlled or affiliated companies.
  - K. The Company has no investments in foreign subsidiaries.
  - L. The Company has no investments in a downstream non-insurance holding company.
  - M. The Company has no investments in SCA entities.
  - N. The Company has no investments in Insurance SCAs.
  - O. The Company has no SCA Loss Tracking.

## 11. **Debt**

The Company has no outstanding debt with third parties or outstanding federal home loan bank agreements during 2024 or 2023.

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

The Company has no employees; instead, employees of CHLIC performed certain functions on behalf of the Company.

The affiliated company also participates in a capital accumulation 401(k) plan sponsored by Cigna in which employee contributions on a before-tax basis are supplemented by the affiliated company's matching contributions. Cigna allocates amounts to the affiliated company based on salary ratios and member months.

Cigna froze its primary domestic defined benefit plans effective July 1, 2009. As a result, defined pension expense is no longer allocated to the Company.

**13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

- (1) The Company has 1,000 Class A shares authorized, 1,000 shares issued and outstanding as of December 31, 2024, with a par value of \$1 per share.
- (2) The Company has no preferred stock outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation and are based on restrictions relating to statutory surplus. The Company does not have the capacity to pay a dividend in 2025.
- (4) The Company paid no dividends to the Parent during the periods ended December 31, 2024 and December 31, 2023.
- (5) The amount of ordinary dividends that may be paid out during any given period are subject to certain restrictions as specified by state statute.
- (6) Restrictions on Unassigned Surplus – not applicable to the Company.
- (7) For Mutual Companies, Advances to Surplus Not Repaid - not applicable to the Company.
- (8) The Company does not hold any stock, including stock of affiliated companies, for special purposes.
- (9) Changes in any special surplus funds from the prior period are not applicable to the Company.
- (10) The portion of unassigned funds (surplus) reduced by non-admitted asset values was \$9,263 and \$415 as of December 31, 2024 and December 31, 2023.
- (11) The Company has no outstanding surplus notes.
- (12) The Company has not restated due to a quasi-reorganization.
- (13) The Company has never been a party to a quasi-reorganization.

**14. Liabilities, Contingencies and Assessments**

- A. The Company has no contingent commitments.
- B. The Company operates in a regulatory environment that may require its participation in assessments under state insurance guaranty association laws. The Company's exposure to assessments for certain obligations of insolvent insurance companies to policyholders and claimants is based on its share of business written in the relevant jurisdictions. There were no material charges or credits resulting from existing or new guaranty fund assessments for the year ended December 31, 2024.
- C. The Company is not aware of any gain contingencies that should be disclosed in the statutory basis financial statements.
- D. The Company is not aware of any claims related to extra contractual obligations or bad faith losses stemming from lawsuits that should be disclosed in the statutory basis financial statements.
- E. The Company is not aware of any joint and several liabilities that should be disclosed in the statutory basis financial statements.
- F. **Litigation and Other Legal Matters**

The Cigna Group and its subsidiaries, including the Company, are routinely involved in numerous claims, lawsuits, regulatory inquiries and audits, government investigations, including under the federal False Claims Act and state false claims acts initiated by a government investigating body or by a qui tam relator's filing of a complaint under court seal, and other legal matters arising, for the most part, in the ordinary course of managing a health services business. Additionally, The Cigna Group has received and is cooperating with subpoenas or similar processes from various governmental agencies requesting information, all arising in the normal course of its business. Disputed tax matters arising from audits by the Internal Revenue Service or other state and foreign jurisdictions, including those resulting in litigation, are accounted for under the NAIC's accounting guidance for tax loss contingencies.

As of December 31, 2024, there were no pending litigation and legal or regulatory matters determined to have a reasonably possible material loss to the Company.

**15. Leases**

The Company is not a party to any lease agreements.

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

The Company does not hold any financial instruments with off-balance sheet risk or concentrations of credit risk.

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

The Company does not participate in any transfer of receivables, financial assets, or wash sales.

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

The Company has no uninsured or partially insured plans.

- A. The Company has no Administrative Services Only (ASO) business.
- B. The Company has no Administrative Services Contract (ASC) business.
- C. The Company has no Medicare or Similarly Structured Cost Based Reimbursement Contract.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

The Company has no direct premiums written or produced by managing agents or third-party administrators.

**20. Fair Value Measurements**

**A. Fair Value Measurements**

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

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

SSAP 100 allows the use of net asset value (NAV) as a practical expedient to fair value for investments in investment companies where there is no readily determinable fair value. There were no such investments owned by the Company for either period presented.

- 1. **Fair Value Measurements at Reporting Date** – None
- 2. **Fair Value Measurements in Level 3 of the Fair Value Hierarchy** – None
- 3. **Level 3 Transfers** – None
- 4. **Valuation Techniques and Inputs** – Refer to section C for the Company's valuation techniques and inputs.

**B. Other Fair Value Disclosures**

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

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

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2024, and December 31, 2023.





Yes ( ) No (X)

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

Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes ( ) No (X)

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

Yes ( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0.
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

- B. The Company has no uncollectible reinsurance recoverables.
- C. There was no commutation of reinsurance in 2024 or 2023
- D. The Company has no reinsurers with rating downgrades or with status subject to revocation.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company has no estimated accrued retrospective premium adjustments other than further disclosed in Part E of this note.
- B. The Company has no recorded accrued retrospective premium other than further disclosed in Part E of this note.
- C. The Company has no net premiums written that are subject to retrospective rating features other than further disclosed in Part E of this note.
- D. Medical Loss Ratio Rebates Pursuant to the Public Health Services Act:

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

E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk-sharing provisions? No

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year is not applicable to the Company.
- (3) Roll forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with reasons for adjustments to prior year balance are not applicable to the Company.
- (4) The Company had no risk corridor receivables or payables at December 31, 2024.
- (5) The Company had no risk corridor receivables or payables at December 31, 2023.

**25. Change in Incurred Claims and Claim Adjustment Expenses**

The following table presents an analysis of reserves for claims payable and unpaid claims adjustment expenses and a reconciliation of beginning and ending reserve balances for 2024 and 2023. Reserves are stated on a net basis after deductions from reinsurers on unpaid losses.

	<u>2024</u>	<u>2023</u>
Balances at January 1,	\$ 34,074	\$ 72,312
Incurred related to:		
Current year	186,300	66,098
Prior year	<u>(27,868)</u>	<u>(45,758)</u>
Total incurred	158,432	20,340
Paid related to:		
Current year	157,977	43,878
Prior year	<u>5,416</u>	<u>14,700</u>
Total payments	163,393	58,578
Balances at December 31,	<u>\$ 29,113</u>	<u>\$ 34,074</u>

Unpaid claims and claims adjustment expenses attributable to insured events of prior year decreased by \$27,848 in 2024 and by \$45,758 in 2023, as a result of re-estimation of unpaid claims and claims adjustment expenses. The estimation process for determining these liabilities inherently results in adjustments each year for claims incurred (but not paid) in preceding years. Negative amounts reported for incurred related to prior years results from claims ultimately being settled for amounts less than originally estimated (favorable development). Positive amounts reported for incurred related to prior years result from claims ultimately being settled for amounts greater than originally estimated (unfavorable development). During 2024 and 2023, there were no significant changes in the methodologies and assumptions used in calculating the liability for claims unpaid and unpaid claims adjustment expenses.

**26. Intercompany Pooling Arrangements**

The Company had no intercompany pooling arrangements in 2024 or 2023.

**27. Structured Settlements**

The Company had no structured settlements in 2024 or 2023.

**28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables

The estimated pharmacy rebates as reported in the Statutory Balance Sheets for December 31, 2024 excludes \$1,897 related to non-admitted pharmacy rebates.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced / Confirmed	Actual Rebates Collected Within 90 Days of Invoicing / Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing / Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing / Confirmation
12/31/2024	\$ 10,549	\$ 999	\$ —	\$ —	\$ —
9/30/2024	8,968	966	542	—	—
6/30/2024	8,622	917	542	—	—
3/31/2024	8,168	846	88	—	—
12/31/2023	8,081	(41)	—	—	—
9/30/2023	8,083	(11)	—	—	—
6/30/2023	8,084	(16)	—	—	—
3/31/2023	8,083	(12)	—	—	—
12/31/2022	8,410	(85)	320	—	—
9/30/2022	8,092	(80)	—	—	—
6/30/2022	8,094	(73)	—	—	—
3/31/2022	8,093	(69)	—	—	—

B. Risk Sharing Receivables

The Company has no risk-sharing receivables.

29. Participating Policies

The Company did not have any participating contracts in 2024 or 2023.

30. Premium Deficiency Reserves

The Company had no Premium Deficiency Reserves in 2024 or 2023.

31. Anticipated Salvage and Subrogation

The Company did not have any salvage or subrogation in 2024 or 2023.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....  
If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....

Yes ☒ No ☐ N/A ☐

1.3

State Regulating? .....

New Jersey

1.4

Is the reporting entity publicly traded or a member of a publicly traded group? .....

Yes ☒ No ☐

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....

1739940

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes ☐ No ☒

2.2

If yes, date of change: .....

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2023

3.2

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

12/31/2018

3.3

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

07/22/2020

3.4

By what department or departments?  
State of New Jersey Department of Banking and Insurance .....

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes ☐ No ☐ N/A ☒

3.6

Have all of the recommendations within the latest financial examination report been complied with? .....

Yes ☐ No ☐ N/A ☒

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? .....  
4.12 renewals? .....

Yes ☐ No ☒  
Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? .....  
4.22 renewals? .....

Yes ☐ No ☒  
Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....  
If yes, complete and file the merger history data file with the NAIC.

Yes ☐ No ☒

5.2

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

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

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....

Yes ☐ No ☒

6.2

If yes, give full information  
.....

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....

Yes ☐ No ☒

7.2

If yes,  
7.21 State the percentage of foreign control ..... %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....	.....
.....	.....

## GENERAL INTERROGATORIES

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

27.1

## GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? ..... Yes [ ] No [ X ]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

- |     |   |                  |
|-----|---|------------------|
| 16. | Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? .....   | Yes [ X ] No [ ] |
| 17. | Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? .....   | Yes [ X ] No [ ] |
| 18. | Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? ..... | Yes [ X ] No [ ] |

- |      |  |  |          |
|------|--|--|----------|
| 19.  | Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? .....                              | Yes [    ]   | No [ X ] |
| 20.1 | Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):   | 20.11 To directors or other officers.....\$ .....                  |          |
|      |  | 20.12 To stockholders not officers.....\$ .....                    |          |
|      |  | 20.13 Trustees, supreme or grand<br>(Fraternal Only) .....\$ ..... |          |
| 20.2 | Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):  | 20.21 To directors or other officers.....\$ .....                  |          |
|      |  | 20.22 To stockholders not officers.....\$ .....                    |          |
|      |  | 20.23 Trustees, supreme or grand<br>(Fraternal Only) .....\$ ..... |          |
| 21.1 | Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... | Yes [    ]   | No [ X ] |
| 21.2 | If yes, state the amount thereof at December 31 of the current year:   | 21.21 Rented from others.....\$ .....                              |          |
|      |  | 21.22 Borrowed from others.....\$ .....                            |          |
|      |  | 21.23 Leased from others .....\$ .....                             |          |
|      |  | 21.24 Other .....\$ .....  |          |
| 22.1 | Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? .....                   | Yes [    ]   | No [ X ] |
| 22.2 | If answer is yes:  | 22.21 Amount paid as losses or risk adjustment \$ .....            |          |
|      |  | 22.22 Amount paid as expenses .....\$ .....                        |          |
|      |  | 22.23 Other amounts paid .....\$ .....                             |          |
| 23.1 | Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....  | Yes [    ]   | No [ X ] |
| 23.2 | If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....   | \$ .....   |          |
| 24.1 | Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? .....                             | Yes [    ]   | No [ X ] |
| 24.2 | If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.  |  |          |

- 25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [ X ] No [ ]

GENERAL INTERROGATORIES

25.02 If no, give full and complete information, relating thereto

25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$

25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [ X ]

25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [ X ]

25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [ X ]

25.09 For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:

25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0

25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$ 0

25.093 Total payable for securities lending reported on the liability page \$ 0

26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [ X ] No [ ]

26.2 If yes, state the amount thereof at December 31 of the current year:

26.21 Subject to repurchase agreements \$ 0

26.22 Subject to reverse repurchase agreements \$ 0

26.23 Subject to dollar repurchase agreements \$ 0

26.24 Subject to reverse dollar repurchase agreements \$ 0

26.25 Placed under option agreements \$ 0

26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$ 0

26.27 FHLB Capital Stock \$ 0

26.28 On deposit with states \$ 1,080,576

26.29 On deposit with other regulatory bodies \$ 0

26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$ 0

26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$ 0

26.32 Other \$ 0

26.3 For category (26.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ ]  
If no, attach a description with this statement.

LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:

27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [ ] No [ X ]

27.4 If the response to 27.3 is YES, does the reporting entity utilize:

27.41 Special accounting provision of SSAP No. 108 Yes [ ] No [ ]

27.42 Permitted accounting practice Yes [ ] No [ ]

27.43 Other accounting guidance Yes [ ] No [ ]

27.5 By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:

The reporting entity has obtained explicit approval from the domiciliary state.

Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.

Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.

Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

28.2 If yes, state the amount thereof at December 31 of the current year. \$

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

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

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



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CIGNA HealthCare of New Jersey Inc.

GENERAL INTERROGATORIES

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [ ] No [ X ]

29.04 If yes, give full and complete information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
Cigna Investments, Inc. ....	A.....

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [ ] No [ X ]

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
105811 .....	Cigna Investments, Inc. ....	Not Availa ble .....	SEC .....	DS.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation
.....	.....	.....	.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CIGNA HealthCare of New Jersey Inc.

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds .....	1,431,312	1,431,000	(312)
31.2 Preferred stocks .....	0		0
31.3 Totals	1,431,312	1,431,000	(312)

- 31.4 Describe the sources or methods utilized in determining the fair values:  
Fair values are based on quoted market prices when available. When market prices are not available, fair value is generally estimated using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality. In instances where there is little or no market activity for the same or similar instruments, the Company estimates fair value using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment by the Company which becomes significant with increasingly complex instruments or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model or input used. ....
- 32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]
- 32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]
- 32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D: .....
- 33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]
- 33.2 If no, list exceptions: .....
34. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]
35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:  
a. The security was either:  
i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or  
ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").  
b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.  
c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.  
d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.  
Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? ..... Yes [ ] No [ X ]
36. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:  
a. The shares were purchased prior to January 1, 2019.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.  
d. The fund only or predominantly holds bonds in its portfolio.  
e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.  
f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.  
Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]
37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:  
a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.  
b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.  
c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.  
d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.  
Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? ..... Yes [ ] No [ ] N/A [ X ]

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CIGNA HealthCare of New Jersey Inc.

GENERAL INTERROGATORIES

- 38.1 Does the reporting entity directly hold cryptocurrencies? ..... Yes [ ] No [ X ]
- 38.2 If the response to 38.1 is yes, on what schedule are they reported?  
.....
- 39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? ..... Yes [ ] No [ X ]
- 39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?

39.21 Held directly ..... Yes [ ] No [ ]

39.22 Immediately converted to U.S. dollars ..... Yes [ ] No [ ]
- 39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1	2	3
Name of Cryptocurrency	Immediately Converted to USD, Directly Held, or Both	Accepted for Payment of Premiums
.....	.....	.....

OTHER

- 40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ ..... 69
- 40.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations, and statistical or rating bureaus during the period covered by this statement.

1	2
Name	Amount Paid
.....	.....
- 41.1 Amount of payments for legal expenses, if any? .....\$ ..... 69
- 41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1	2
Name	Amount Paid
.....	.....
- 42.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any? .....\$ .....
- 42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1	2
Name	Amount Paid
.....	.....

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force? .....

Yes [   ] No [ X ]

1.2

If yes, indicate premium earned on U.S. business only. ....

\$ .....

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....

\$ .....

1.31

Reason for excluding .....

.....

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above .....

\$ .....

1.5

Indicate total incurred claims on all Medicare Supplement Insurance. ....

\$ .....0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned .....

\$ .....0

1.62

Total incurred claims .....

\$ .....0

1.63

Number of covered lives .....

.....0

All years prior to most current three years:

1.64

Total premium earned .....

\$ .....0

1.65

Total incurred claims .....

\$ .....0

1.66

Number of covered lives .....

.....0

1.7

Group policies:

Most current three years:

1.71

Total premium earned .....

\$ .....0

1.72

Total incurred claims .....

\$ .....0

1.73

Number of covered lives .....

.....0

All years prior to most current three years:

1.74

Total premium earned .....

\$ .....0

1.75

Total incurred claims .....

\$ .....0

1.76

Number of covered lives .....

.....0

2.

Health Test:

1

Current Year

2

Prior Year

2.1

Premium Numerator .....

.....529,125

.....72,238

2.2

Premium Denominator .....

.....529,125

.....72,238

2.3

Premium Ratio (2.1/2.2) .....

.....1.000

.....1.000

2.4

Reserve Numerator .....

.....29,000

.....34,000

2.5

Reserve Denominator .....

.....29,000

.....34,000

2.6

Reserve Ratio (2.4/2.5) .....

.....1.000

.....1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? .....

Yes [   ] No [ X ]

3.2

If yes, give particulars: .....

.....

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? .....

Yes [ X ] No [   ]

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? .....

Yes [   ] No [   ]

5.1

Does the reporting entity have stop-loss reinsurance? .....

Yes [ X ] No [   ]

5.2

If no, explain: .....

.....

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical .....

\$ .....320,000

5.32

Medical Only .....

\$ .....

5.33

Medicare Supplement .....

\$ .....

5.34

Dental & Vision .....

\$ .....

5.35

Other Limited Benefit Plan .....

\$ .....

5.36

Other .....

\$ .....

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
Hold harmless contract language with providers, insolvency protection through reinsurance arrangements, statutory reserves and special deposits. ....

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?.....

Yes [ X ] No [   ]

7.2

If no, give details .....

.....

8.

Provide the following information regarding participating providers:

8.1

Number of providers at start of reporting year ....

.....38,699

8.2

Number of providers at end of reporting year .....

.....41,838

9.1

Does the reporting entity have business subject to premium rate guarantees? .....

Yes [   ] No [ X ]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months.. \$.....

9.22

Business with rate guarantees over 36 months .....

\$.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CIGNA HealthCare of New Jersey Inc.

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [ X ] No [ ]

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$ .....0

10.22 Amount actually paid for year bonuses.....\$ .....3,325

10.23 Maximum amount payable withholds.....\$ .....

10.24 Amount actually paid for year withholds.....\$ .....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ..... Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or, ..... Yes [ X ] No [ ]

11.14 A Mixed Model (combination of above)? .... Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. .... New Jersey

11.4 If yes, show the amount required. .... \$ 659,282

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation

Minimum required surplus is the greater of an amount set by the Commissioner of Insurance and adjusted annually by the regional consumer price index, or 2% of annual premium revenues on the first \$150 million, or the sum of 8% of fee for service and hospital non-contracted costs and 4% of contracted hospitals costs, or an amount equal to the sum of three months of uncovered healthcare expenditures or Company Action Level Risk Based Capital (RBC) (200% of Authorized Control Level RBC). .....

12. List service areas in which reporting entity is licensed to operate:

1
Name of Service Area
State of New Jersey .....
.....

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

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

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

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? ..... Yes [ ] No [ ] N/A [ X ]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

15. Provide the following for individual ordinary life insurance\* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written ..... \$ .....

15.2 Total Incurred Claims ..... \$ .....

15.3 Number of Covered Lives ..... .....

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

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

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

FIVE-YEAR HISTORICAL DATA

	1 2024	2 2023	3 2022	4 2021	5 2020
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28) .....	2,980,233	2,631,371	2,560,687	8,004,357	8,715,992
2. Total liabilities (Page 3, Line 24) .....	159,067	71,156	95,784	64,355	577,089
3. Statutory minimum capital and surplus requirement .....	659,282	670,356	670,348	672,998	2,133,666
4. Total capital and surplus (Page 3, Line 33) .....	2,821,166	2,560,215	2,464,903	7,940,002	8,138,903
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8) .....	529,125	72,238	80,351	397,391	358,806
6. Total medical and hospital expenses (Line 18) .....	153,971	19,836	51,876	490,112	163,751
7. Claims adjustment expenses (Line 20) .....	6,851	682	1,095	13,189	16,679
8. Total administrative expenses (Line 21) .....	119,722	46,345	21,173	163,059	(56,261)
9. Net underwriting gain (loss) (Line 24) .....	248,541	5,745	6,027	(269,059)	235,927
10. Net investment gain (loss) (Line 27) .....	90,780	91,599	48,695	12,859	69,953
11. Total other income (Lines 28 plus 29) .....	27	(107)	6	(47)	(11)
12. Net income or (loss) (Line 32) .....	267,690	76,744	42,772	(203,431)	215,861
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11) .....	332,184	74,941	133,483	(302,462)	(408,031)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	2,821,166	2,560,215	2,464,903	7,940,002	8,138,903
15. Authorized control level risk-based capital .....	335,213	335,178	335,201	336,499	336,507
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7) .....	57	7	13	75	78
17. Total members months (Column 6, Line 7) .....	700	107	126	903	866
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	29.1	27.5	64.6	123.3	45.6
20. Cost containment expenses .....	0.5	0.1	0.0	0.2	1.0
21. Other claims adjustment expenses .....	0.8	0.8	1.3	3.1	3.6
22. Total underwriting deductions (Line 23) .....	53.0	92.0	92.5	167.7	34.2
23. Total underwriting gain (loss) (Line 24) .....	47.0	8.0	7.5	(67.7)	65.8
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5) .....	615	24,252	18,618	285,060	111,432
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)] .....	25,879	63,134	45,074	36,431	167,746
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....				0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....				0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....		0	0	0	0
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? .....

Yes [     ] No [     ]

If no, please explain: .....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CIGNA HealthCare of New Jersey Inc.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories												
			1	Direct Business Only								
				2	3	4	5	6	7	8	9	10
States, etc.			Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N								0	
2.	Alaska	AK	N								0	
3.	Arizona	AZ	N								0	
4.	Arkansas	AR	N								0	
5.	California	CA	N								0	
6.	Colorado	CO	N								0	
7.	Connecticut	CT	N								0	
8.	Delaware	DE	N								0	
9.	District of Columbia	DC	N								0	
10.	Florida	FL	N								0	
11.	Georgia	GA	N								0	
12.	Hawaii	HI	N								0	
13.	Idaho	ID	N								0	
14.	Illinois	IL	N								0	
15.	Indiana	IN	N								0	
16.	Iowa	IA	N								0	
17.	Kansas	KS	N								0	
18.	Kentucky	KY	N								0	
19.	Louisiana	LA	N								0	
20.	Maine	ME	N								0	
21.	Maryland	MD	N								0	
22.	Massachusetts	MA	N								0	
23.	Michigan	MI	N								0	
24.	Minnesota	MN	N								0	
25.	Mississippi	MS	N								0	
26.	Missouri	MO	N								0	
27.	Montana	MT	N								0	
28.	Nebraska	NE	N								0	
29.	Nevada	NV	N								0	
30.	New Hampshire	NH	N								0	
31.	New Jersey	NJ	L	545,225							545,225	
32.	New Mexico	NM	N								0	
33.	New York	NY	N								0	
34.	North Carolina	NC	N								0	
35.	North Dakota	ND	N								0	
36.	Ohio	OH	N								0	
37.	Oklahoma	OK	N								0	
38.	Oregon	OR	N								0	
39.	Pennsylvania	PA	N								0	
40.	Rhode Island	RI	N								0	
41.	South Carolina	SC	N								0	
42.	South Dakota	SD	N								0	
43.	Tennessee	TN	N								0	
44.	Texas	TX	N								0	
45.	Utah	UT	N								0	
46.	Vermont	VT	N								0	
47.	Virginia	VA	N								0	
48.	Washington	WA	N								0	
49.	West Virginia	WV	N								0	
50.	Wisconsin	WI	N								0	
51.	Wyoming	WY	N								0	
52.	American Samoa	AS	N								0	
53.	Guam	GU	N								0	
54.	Puerto Rico	PR	N								0	
55.	U.S. Virgin Islands	VI	N								0	
56.	Northern Mariana Islands	MP	N								0	
57.	Canada	CAN	N								0	
58.	Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0	0
59.	Subtotal		XXX	545,225	0	0	0	0	0	0	545,225	0
60.	Reporting Entity Contributions for Employee Benefit Plans		XXX								0	
61.	Totals (Direct Business)		XXX	545,225	0	0	0	0	0	0	545,225	0
DETAILS OF WRITE-INS												
58001.			XXX									
58002.			XXX									
58003.			XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1

2. R - Registered - Non-domiciled RRGs..... 0

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0

4. Q - Qualified - Qualified or accredited reinsurer..... 0

5. N - None of the above - Not allowed to write business in the state..... 56

(b) Explanation of basis of allocation by states, premiums by state, etc.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

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PART 1 – ORGANIZATION CHART			
The Cigna Group (A Delaware corporation and ultimate parent company)			
The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2024:			

	Entity Name	EIN	State	NAIC CODE
The Cigna Group (A Delaware corporation and ultimate parent company)	The Cigna Group (A Delaware corporation and ultimate parent company)	82-4991898	DE	
	Cigna Holding Company	06-1059331	DE	
	Cigna Holdings, Inc.	06-1072796	DE	
	Cigna Intellectual Property, Inc.	51-0402128	DE	
	Cigna Investment Group, Inc.	06-1095823	DE	
	Cigna International Finance, Inc.	52-0291395	DE	
	Former Cigna Investments, Inc.	23-1914061	DE	
	Cigna Investments, Inc.	06-0861092	DE	
	Cigna Benefits Financing, Inc.	01-0947889	DE	
	CareAllies, Inc.	26-0180898	DE	
	CareAllies Accountable Care Collaborative LLC	85-0954556	DE	
	CareAllies Accountable Care Solutions LLC	00-0000000	DE	
	Connecticut General Corporation	06-0840391	CT	
	Benefit Management Corp.	81-0585518	MT	
	Allegiance Life & Health Insurance Company	20-4433475	MT	12814
	Allegiance Re, Inc.	20-3851464	MT	
	Allegiance Benefit Plan Management, Inc.	81-0400550	MT	
	Allegiance COBRA Services, Inc.	71-0916514	MT	
	Allegiance Provider Direct, LLC	26-2201582	MT	
	Community Health Network, LLC	84-1461840	MT	
	Intermountain Underwriters, Inc.	81-0425785	MT	
	Allegiance Care Management, LLC	03-0507057	MT	
	HealthSpring, Inc.	20-1821898	DE	
	NewQuest, LLC	76-0628370	TX	
	NewQuest Management Northeast, LLC	52-1929677	DE	
	Bravo Health Mid-Atlantic, Inc.	52-2259087	MD	10095
	Bravo Health Pennsylvania, Inc.	52-2363406	PA	11524
	HealthSpring Life & Health Insurance Company, Inc.	20-8534298	TX	12902
	HealthSpring of Florida, Inc.	65-1129599	FL	11532
	NewQuest Management of Illinois, LLC	77-0632665	IL	
	NewQuest Management of Florida, LLC	20-4954206	FL	
	HealthSpring Management of America, LLC	20-8647386	DE	
	TexQuest, LLC	75-3108527	DE	
	HouQuest, LLC	75-3108521	DE	
	GulfQuest, LP	76-0657035	TX	
	NewQuest Management of Alabama, LLC	33-1033586	AL	
	HealthSpring USA, LLC	72-1559530	TN	
	Tennessee Quest, LLC	20-5524622	TN	
	Home Physicians Management, LLC	20-4266628	DE	
	Alegis Care Services, LLC	35-2562415	DE	
	Alegis Care Services of Colorado, LLC	85-0909305	CO	
	Cigna Arbor Life Insurance Company	03-0452349	CT	13733
	Evernorth Behavioral Health, Inc.	41-1648670	MN	
	Evernorth Behavioral Health of California, Inc.	94-3107309	CA	
	Evernorth Behavioral Health of Texas, Inc.	75-2751090	TX	
	MCC Independent Practice Association of New York, Inc.	06-1346406	NY	
	Cigna Dental Health, Inc.	59-2308055	FL	
	Cigna Dental Health Plan of Arizona, Inc.	86-0807222	AZ	47013
	Cigna Dental Health of California, Inc.	59-2600475	CA	
	Cigna Dental Health of Colorado, Inc.	59-2675861	CO	11175
	Cigna Dental Health of Delaware, Inc.	59-2676987	DE	95380
	Cigna Dental Health of Florida, Inc.	59-1611217	FL	52021
	Cigna Dental Health of Kansas, Inc.	59-2625350	KY	52024
	Cigna Dental Health of Kentucky, Inc.	59-2619589	TX	52108
	Cigna Dental Health of Maryland, Inc.	20-2844020	MD	48119
	Cigna Dental Health of Missouri, Inc.	06-1582068	MO	11160
	Cigna Dental Health of New Jersey, Inc.	59-2308062	NJ	11167
	Cigna Dental Health of North Carolina, Inc.	56-1803464	NC	95179
	Cigna Dental Health of Ohio, Inc.	59-2579774	OH	47805
	Cigna Dental Health of Pennsylvania, Inc.	52-1220578	PA	47041
	Cigna Dental Health of Texas, Inc.	59-2676977	TX	95037
	Cigna Dental Health of Virginia, Inc.	52-2188914	VA	52617
	Cigna Health Corporation	62-1312478	DE	
	Healthsource, Inc.	02-0387748	DE	
	Cigna HealthCare of Arizona, Inc.	86-0334392	AZ	95125
	Evernorth Care Group, LLC	99-1584892	DE	
	Cigna HealthCare of California, Inc.	95-3310115	CA	
	Cigna HealthCare of Colorado, Inc.	84-1004500	CO	95604
	Cigna HealthCare of Connecticut, Inc.	06-1141174	CT	95660
	Cigna HealthCare of Florida, Inc.	59-2089259	FL	95136
	Cigna HealthCare of Georgia, Inc.	58-1641057	GA	96229
	Cigna HealthCare of Illinois, Inc.	36-3385638	IL	95602
	Cigna HealthCare of Indiana, Inc.	35-1679172	IN	95525
	Cigna HealthCare of New Hampshire, Inc.	02-0387749	NH	95493
	Cigna HealthCare of New Jersey, Inc.	22-2720890	NJ	95500
	Cigna HealthCare of North Carolina, Inc.	56-1479515	NC	95132
	Cigna HealthCare of St. Louis, Inc.	36-3359925	MO	95635
	Cigna HealthCare of South Carolina, Inc.	06-1185590	SC	95708
	Cigna HealthCare of Tennessee, Inc.	62-1218053	TN	95606
	Cigna HealthCare of Texas, Inc.	74-2767437	TX	95383
	Temple Insurance Company Limited	00-0000000	BM	
	Arizona Health Plan, Inc.	86-3581583	AZ	
	Healthsource Properties, Inc.	02-0467679	NH	
	Sagamore Health Network, Inc.	35-1641636	IN	
	Cigna Healthcare Holdings, Inc.	84-0985843	CO	
	Cigna Healthcare, Inc.	02-0495422	VT	
	Connecticut General Life Insurance Company	06-0303370	CT	62308
	Evernorth Direct Health, LLC	32-0222252	DE	
	Gillette Ridge Community Council, Inc.	00-0000000	CT	
	Gillette Ridge Golf, LLC	20-3700105	DE	
	Tel-Drug of Pennsylvania, LLC	23-3074013	PA	
	GRG Acquisitions LLC	00-0000000	DE	
	Cigna Affiliates Realty Investment Group, LLC	27-5402196	DE	
	Secon Properties, LP	95-2876207	CA	
	Transwestern Federal Holdings, L.L.C.	00-0000000	DE	
	Transwestern Federal, L.L.C.	00-0000000	DE	
	CR Washington Street Investors LP	27-3555688	DE	
	PUR Arbors Apartments Venture LLC	45-5046449	DE	
	CG Seventh Street, LLC	45-5499889	DE	
	Ideal Properties II LLC	95-4838551	CA	
	Mallory Square Partners I, LLC	80-0908244	DE	
	Houston Briar Forest Apartments Limited Partnership	37-1708015	DE	
	SB-SNH LLC	46-3593103	DE	
	680 Investors LLC	00-0000000	CA	
	685 New Hampshire LLC	00-0000000	CA	
	Lakehills CM-CG LLC	47-4375626	DE	
	Berewick Apartments LLC	81-2650133	DE	
	CIG-LEI Ygnacio Associates LLC	81-3389374	DE	
	CGGL Orange Collection LLC	61-1797835	DE	
	CGGL City Parkway LLC	81-3313562	DE	
	Heights at Bear Creek Venture LLC	81-4139432	DE	
	SOMA Apartments Venture LLC	82-1732483	DE	
	Arbor Heights Venture LLC	82-3315524	DE	
	CG/Wood ALTA 601, LLC	82-1280312	DE	
	CPI-CII 9171 Wilshire JV LLC	82-4936006	DE	
	9171 Wilshire CPI-CII LLC	82-4794800	DE	
	CARING Alta Leander Investor LLC	85-2966766	DE	
	CG/Wood Alta Leander Station, LLC	85-2233381	DE	
	CARING Capitol Hill GP LLC	32-0570889	DE	
	CARING Capitol Hill LP LLC	37-1903297	DE	
	Rise-CG Capitol Hill, LP	83-1460134	DE	
	CARING 3130 Investor LLC	84-1960231	DE	
	CARING 9171 Wilshire Investor LLC	83-2318410	DE	
	CARING Heights at Bear Creek Investor LLC	83-2318233	DE	
	Heights at Bear Creek Borrower I LLC	81-4139432	DE	
	Heights at Bear Creek Mezzanine LLC	81-4139432	DE	
	CARING 500 Ygnacio Investor LLC	83-2562994	DE	
	CARING Alta Englewood Investor LLC	83-2851501	DE	
	CARING Alta Woodson Investor LLC	83-2563284	DE	
	CARING Mallory Square Investor LLC	83-2339522	DE	
	CARING Soma Investor LLC	83-2563136	DE	
	CARING Century Plaza Investor LLC	83-2851364	DE	
	CG-Muller 550 Winchester, LLC	83-2993316	DE	
	CARING Hillcrest Investor LLC	83-1400482	DE	
	CI-GS Hillcrest LLC	82-1612980	DE	
	CARING Alexan Enclave Investor LLC	83-2633790	DE	
	CARING Orange Collection Investor LLC	83-2633886	DE	
	CGGL Orange Collection Mezz LLC	00-0000000	DE	
	CARING South Coast Subsidiary LLC	83-8294933	DE	
	CARING 18th & Salmon Investor LLC	83-1400586	DE	
	CI-GS Portland, LLC	82-4774243	DE	
	CARING Firestone Investor LLC	83-3701937	DE	
	CG-AQ 477 South Market Street LLC	84-2083351	DE	
	CARING XR 2 International Investor LLC	83-4317078	DE	
	CGGL XR 2 International LLC	84-1843578	DE	
	CGGL XR 2 International JV LLC	84-1843578	DE	
	CGGL XR 2 International Mezz LLC	84-1843578	DE	

PART 1 – ORGANIZATION CHART			
The Cigna Group (A Delaware corporation and ultimate parent company)			
The following is a listing identifying and indicating the interrelationships among all affiliated insurers and all other affiliates, as of December 31, 2024:			
Entity Name	EIN	State	NAIC CODE
CARING XR International Investor LLC	83-3923178	DE	
CGGL XR International LLC	84-1921719	DE	
CARING JA Lofts Investor GP LLC	00-0000000	DE	
CARING JA Lofts Investor LP LLC	00-0000000	DE	
JA Lofts JV Limited Partnership	84-3395923	DE	
JA Lofts Holdings, LLC	84-3406799	DE	
RISE-CG JA Lofts Limited Partnership	84-3254168	DE	
CARING Westcore Holding Investor LLC	38-4085763	DE	
Westcore CG AC, LLC	00-0000000	DE	
Westcore CG Dove Valley II, LLC	84-3178563	DE	
Westcore CG Venture, LLC	00-0000000	DE	
Westcore CG Dove Valley I, LLC	84-3178563	DE	
Westcore CG Camelback, LLC	84-3178563	DE	
Westcore CG Susana, LLC	84-3178563	DE	
Westcore CG Navy, LLC	84-3178563	DE	
Westcore CG I-35, LLC	84-3178563	DE	
Westcore CG Potomac Park, LLC	84-3178563	DE	
Westcore CG Fountain Lakes, LLC	84-3178563	DE	
Westcore CG Solano, LLC	84-3178563	DE	
Westcore CG Gateway, LLC	84-3178563	DE	
Westcore CG Cedar Port, LLC	84-3178563	DE	
Westcore CG Eisenhauer, LLC	84-3178563	DE	
Westcore CG Raceway, LLC	84-3178563	DE	
CARING Westcore Holding II Investor LLC	87-3646420	DE	
Westcore CG II AC, LLC	87-3624928	DE	
Westcore CG Venture II, LLC	87-3624928	DE	
Westcore CG II Park 225, LLC	87-3624928	DE	
Westcore CG II Union Cross, LLC	87-3624928	DE	
Westcore CG II Denton, LLC	87-3624928	DE	
Westcore CG II Milan, LLC	87-3624928	DE	
CARING IBP Investor LLC	84-4410554	DE	
CG-LEDO IBP Venture LLC	84-4773972	DE	
CG-LEDO IBP I LLC	84-4747045	DE	
CG-LEDO IBP II LLC	84-4755025	DE	
CARING Interbay Investor LP LLC	85-1984627	DE	
The Flats at Interbay JV Limited Partnership	85-1955075	DE	
The Flats at Interbay Limited Partnership	85-1962013	DE	
The Flats at Interbay Holdings, LLC	85-1955731	DE	
CARING Interbay Investor GP LLC	85-1961034	DE	
CARING Deco Investor LLC	85-4265529	DE	
Deco Apartments JV LLC	86-1305728	DE	
Deco Apartments Owner LLC	86-1334095	DE	
CARING ABS Investor LLC	85-4247420	DE	
ABS Apartments Venture, L.L.C.	85-1046126	DE	
CARING Elan I Investor LLC	85-2912145	DE	
CI-GS Elan Everett Phase I, LLC	86-2964997	DE	
CARING Elan II Investor LLC	87-0928526	DE	
CI-GS Elan Everett Phase II, LLC	86-3726159	DE	
CARING St. Matthew's Investor LLC	86-1942593	DE	
ASM Apartments Venture, L.L.C.	86-1750832	DE	
CARING Montclair Investor LLC	85-4265529	DE	
Montclair Residences JV LLC	87-2772585	DE	
Montclair 11 Pine Operating Company LLC	87-2810715	DE	
Montclair 11 Pine Urban Renewal LLC	87-2780325	DE	
CARING Berwyn Investor LLC	87-1992977	DE	
Swedestford Road Apartments, LLC	87-0903685	DE	
CARING Alta Duraleigh Investor LLC	83-2851501	DE	
CGWood Alta Duraleigh, LLC	85-0734624	DE	
CGWood Alta Duraleigh Owner, LLC	85-0655107	DE	
CGWood Alta Duraleigh Townhome, LLC	87-2928410	DE	
CARING Optimist Park II Investor LLC	86-2627703	DE	
AOP II Apartments Venture, L.L.C.	87-4023291	DE	
CARING Galleria Investor LLC	87-4803572	DE	
AGA Apartments Venture, L.L.C.	87-4355549	DE	
CARING Waltham Investor LLC	88-2074593	DE	
73 Pond Street Apartments Venture, L.L.C.	88-1945947	DE	
CARING Slabtown Investor, LLC	87-2031777	DE	
CI-GS Slabtown, LLC	88-3907567	DE	
CARING Brinkman Investor LLC	86-1885283	DE	
ABL Holding Co., L.L.C.	88-4202407	DE	
ABL Apartments Venture, L.L.C.	86-1712743	DE	
ABL Townhomes Venture, L.L.C.	88-3747773	DE	
CARING EndOpII-Mia Investor, LLC	88-2276875	DE	
ATX Merriltown, LP	00-0000000	DE	
CARING Glenwood Investor LLC	92-0571674	DE	
AGS Apartments Venture, L.L.C.	92-1596970	DE	
CARING Tasman East Investor LLC	88-2629352	DE	
CI-GS Tasman East Apartments, LLC	92-2089889	DE	
CARING St. Elmo Investor LLC	86-3275381	DE	
ASE Apartments Venture, L.L.C.	87-1304984	DE	
CARING Windsor Investor LLC	27-5402196	DE	
CARING Brixton Windsor Investor TIC, LLC	99-0930736	DE	
CARING Brixton Windsor Owner TIC, LLC	99-0945998	DE	
CARING Windsor TIC Manager LLC	27-5402196	DE	
CARING Brixton Windsor Manager, LLC	99-0973949	DE	
CARING Towers Crescent Investor LLC	88-2431671	DE	
CARING Continental Investor LLC	27-5402196	DE	
Constellation Continental Owner, LLC	99-2781951	DE	
CARING Rock Island Investor LLC	27-5402196	DE	
Rock Island Owner, LLC	99-3690790	DE	
CARING Rosslyn Investor LLC	99-4129808	DE	
Rosslyn Owner, LLC	99-4491221	DE	
Cigna Health and Life Insurance Company	59-1031071	CT	67369
Bright Health Group, Inc.	47-4991296	DE	
Cigna Corporate Services, LLC	27-3396038	DE	
Cigna Insurance Agency, LLC	27-1903785	CT	
Ceres Sales of Ohio, LLC	34-1970892	OH	
Cigna National Health Insurance Company	34-0970995	OH	61727
Provident American Life & Health Insurance Company	23-1335885	OH	67903
Cigna Insurance Company	75-2305400	OH	65269
Loyal American Life Insurance Company	63-0343428	OH	65722
American Retirement Life Insurance Company	59-2780189	OH	88366
Sterling Life Insurance Company	13-1867829	IL	77399
Cigna Ventures, LLC	83-1069280	DE	
AristaMD, Inc.	46-4060861	DE	
Octave Health Group, Inc.	82-5244890	DE	
9am Health Inc.	82-2153426	DE	
Verity Solutions Group, Inc.	00-0000000	DE	
Cigna & CMB Life Insurance Company Limited	00-0000000		
Cigna & CMB Health Services Company, Ltd.	00-0000000		
Cigna & CMB Asset Management Company Limited	00-0000000		
Health-Lynx, LLC	46-2086778	NJ	
QualCare Management Resources Limited Liability Company	46-1801639	NJ	
Cigna Management Company LLC	87-3374500	DE	
Hartford Community Lender Holding LLC	87-3650143	DE	
Hartford Community Lender I LLC	87-3686301	DE	
Cigna Health Management, Inc.	23-1728483	DE	
Kronos Optimal Health Company	20-8064696	AZ	
Cigna Direct Marketing Company, Inc.	58-1136865	DE	
Tel-Drug, Inc.	46-0427127	SD	
Cigna Global Wellbeing Holdings Limited	00-0000000		
Cigna Global Wellbeing Solutions Limited	00-0000000		
Vielle Services, Inc.	98-0463704	DE	
CG Individual Tax Benefit Payments, Inc.	06-1332403	DE	
CG Life Pension Benefits Payments, Inc.	06-1332405	DE	
CG LINA Pension Benefits Payments, Inc.	06-1332401	DE	
Cigna Federal Benefits, Inc.	62-1724116	DE	
Cigna Healthcare Benefits, Inc.	23-2741293	DE	
Cigna Integratedcare, Inc.	23-2924152	DE	
Cigna Managed Care Benefits Company	23-2741294	DE	
Cigna Re Corporation	06-1071502	DE	
Cigna Resource Manager, Inc.	06-1567902	DE	
Connecticut General Benefit Payments, Inc.	06-1252419	DE	
Healthsource Benefits, Inc.	06-1533555	DE	
IHN, Inc.	35-2041388	IN	
Brighter, Inc.	27-1713977	DE	
Patient Provider Alliance, Inc.	80-0818758	DE	
Cigna Global Holdings, Inc.	51-0389196	DE	
Cigna International Corporation, Inc.	51-0111677	DE	
Cigna International Services, Inc.	23-2610178	DE	
Cigna International Marketing (Thailand) Limited	00-0000000		
Cigna Global Reinsurance Company, Ltd.	98-0210110		
Cigna Holdings Overseas, Inc.	23-3009279	DE	
Cigna Bellevue Alpha LLC	00-0000000	DE	
Cigna Linden Holdings, Inc.	46-4110289	DE	
Cigna Laurel Holdings, Ltd.	98-1146864		
Cigna Palmetto Holdings, Ltd.	98-1232443		

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Entity Name	EIN	State	NAIC CODE	
Cigna Apac Holdings, Ltd.	00-0000000			
Cigna Alder Holdings, LLC	00-0000000	DE		
Cigna Walnut Holdings, Ltd.	00-0000000			
Cigna Chestnut Holdings, Ltd.	98-1137759			
Cigna International Services Australia Pty Ltd.	00-0000000			
Cigna Hong Kong Holdings Company Limited	00-0000000			
Cigna Data Services (Shanghai) Company Limited	00-0000000			
Cigna Worldwide General Insurance Company Limited	00-0000000			
Cigna International Health Services Sdn. Bhd.	00-0000000			
Cigna Healthcare Eastern Technology Services Company	00-0000000			
Cigna Life Insurance Company of Canada	AA-1560515			
Cigna Spruce Holdings GmbH	00-0000000			
Ascent Health Services LLC	00-0000000	DE		
Quallent Pharmaceuticals Holdings LP	00-0000000			
Quallent Pharmaceuticals Health LLC	00-0000000			
NAS Neuron Health Services, L.L.C.	00-0000000			
Claims and Risk Services Limited	00-0000000			
Egyptian Emirates Administration Services SAE	00-0000000			
Independent Health Information Technology Services L.L.C.	00-0000000			
NAS Administrative Services Company LLC	00-0000000			
Kuwait Emirates Administration Services WLL	00-0000000			
NAS United SPV	00-0000000			
Neuron LLC	00-0000000			
NNHS India Private Limited	00-0000000			
Cigna Nederland Gamma B.V.	00-0000000			
Cigna Myrtle Holdings, Ltd.	98-1154657			
Cigna Elmwood Holdings, SPRL	98-1155943			
Cigna Beechwood Holdings	98-1181787			
Cigna Life Insurance Company of Europe S.A.-N.V.	AA-1240009			
Cigna Europe Insurance Company S.A.-N.V.	00-0000000			
Cigna European Services (UK) Limited	00-0000000			
Cigna 2000 UK Pension LTD	00-0000000			
Cigna Oak Holdings, Ltd.	00-0000000			
Cigna Willow Holdings, LTD.	00-0000000			
FirstAssist Administration Limited	00-0000000			
Cigna Legal Protection U.K. Ltd.	00-0000000			
Cigna Insurance Services (Europe) Limited	00-0000000			
Cigna International Health Services, BVBA	00-0000000			
Cigna International Health Services, LLC	30-0526216	FL		
Cigna International Health Services Kenya Limited	00-0000000			
Cigna Cedar Holdings, Ltd.	00-0000000			
Cigna Insurance Middle East S.A.L.	00-0000000			
Cigna Services Middle East FZE	00-0000000			
Cigna Insurance Management Services (DIFC), Ltd.	00-0000000			
Cigna Health Solution India Pvt. Ltd.	00-0000000			
Cigna Poplar Holdings, Inc.	46-4099800	DE		
PT GAR Indonesia	00-0000000			
Cigna Global Insurance Company Limited	68-0676638			
International Pharmaceutical Solutions, GmbH	00-0000000			
ManipalCigna Health Insurance Company Limited	00-0000000			
Cigna Worldwide Insurance Company	23-2088429	DE	90859	
Cigna Teak Holdings, LLC	00-0000000	DE		
Evernorth Strategic Development, Inc.	85-2717903	DE		
Cigna-Evernorth Services, Inc.	85-2732455	DE		
Evernorth Health, Inc.	45-2884094	DE		
Express Scripts, Inc.	43-1420563	DE		
Forsyth Health, LLC	88-3762943	DE		
ESSCH Holdings, Inc.	92-1016132	DE		
Express Scripts Senior Care Holdings LLC	20-3126104	DE		
Express Scripts Senior Care, Inc.	20-3126075	DE		
Express Scripts Services Co.	43-1832983	DE		
Diversified Pharmaceutical Services, Inc.	41-1627938	MN		
Diversified NY IPA, Inc.	16-1526641	NY		
ESI Mail Pharmacy Service, Inc.	43-1867735	DE		
Express Scripts Pharmaceutical Procurement, LLC	20-5826948	DE		
Econdisc Contracting Solutions, LLC	27-3542089	DE		
Express Scripts Sales Operations, Inc.	22-3114423	NJ		
Express Scripts Specialty Distribution Services, Inc.	43-1869712	DE		
ESI Partnership	43-1925562	DE		
ESI Resources, Inc.	41-2006555	MN		
ESI GP Holdings, Inc.	43-1925556	DE		
Express Scripts Utilization Management Company	43-1869714	DE		
Express Scripts Strategic Development, Inc.	22-2230703	NJ		
Airport Holdings, LLC	75-3040465	NJ		
CuraScript, Inc.	36-4369972	DE		
Priority Healthcare Corporation	35-1927379	IN		
Lynnfield Drug, Inc.	04-3546044	FL		
Freedom Service Company, LLC	20-3229217	FL		
Priority Healthcare Distribution, Inc.	59-3761140	FL		
Evernorth Wholesale Distribution, Inc.	93-3608409	DE		
Freco, Inc.	02-0523249	FL		
Lynnfield Compounding Center, Inc.	58-2593075	FL		
SpectraCare, Inc.	61-1147068	KY		
SpectraCare Health Care Ventures, Inc.	61-1317695	KY		
Care Continuum, Inc.	61-1162797	KY		
Matrix GPO, LLC	51-0500147	IN		
Healthbridge Reimbursement & Product Support, Inc.	04-2992335	MA		
Strategic Pharmaceutical Investments, LLC	47-2658932	DE		
ABD Group, Inc.	47-3828401	DE		
Apothecary by Design Acquisition Co., LLC	47-3883928	DE		
Integrity Rx Specialty Pharmacy LLC	46-5566043	AZ		
Village Fertility Pharmacy, LLC	81-3492421	DE		
Healy Pharmacy, LLC	47-5651517	DE		
Village West Coast LLC	92-3642270	DE		
Global Pharmacy LLC	82-5244279	CA		
L&C Investments, LLC	47-5292506	DE		
ESI Mail Order Processing, Inc. (f/k/a NXI)	74-2974964	DE		
Express Reinsurance Company	27-3175443	MO	13918	
Express Scripts Canada Holding Co.	43-1942542	DE		
Express Scripts Canada Co.	00-0000000			
ESI Canada	00-0000000			
ESI GP Canada ULC	00-0000000			
ESI GP2 Canada ULC	00-0000000			
Express Scripts Canada Wholesale	00-0000000			
Express Scripts Canada Services	00-0000000			
Express Scripts Pharmacy Ontario, Ltd.	00-0000000			
Express Scripts Pharmacy West, Ltd.	00-0000000			
Express Scripts Pharmacy Central, Ltd.	00-0000000			
Express Scripts Pharmacy Atlantic, Ltd.	00-0000000			
Express Scripts Canada Holding, LLC	27-1490640	DE		
Healthbridge, Inc.	26-2159005	DE		
Inside RX, LLC	82-0658250	DE		
myMatrix Holdings, LLC	82-1350878	DE		
Matrix Healthcare Services, Inc.	59-3720653	FL		
myMatrix-B, LLC	46-2589799	FL		
MyM Technology Services, LLC	36-4833284	FL		
Innovative Product Alignment, LLC	82-1655179	DE		
Express Scripts Health Information Network Partners, Inc.	84-5003423	DE		
Evernorth Care Solutions, Inc.	86-1465626	DE		
MDLive, Inc.	45-4937055	DE		
MDLive LLC	00-0000000	DE		
MDLivevisit, LLC	00-0000000	FL		
Breakthrough Behavioral, Inc.	00-0000000	DE		
Breakthrough Behavioral of Texas, Inc.	00-0000000	TX		
MDLive Provider Services, LLC	00-0000000	FL		
Evernorth Federal Services, Inc.	33-2256054	DE		
Medco Health Solutions, Inc.	22-3461740	DE		
MAH Pharmacy, LLC	27-1506930	DE		
Medco Containment Life Insurance Company	42-1425239	PA	63762	
Medco Containment Insurance Company of NY	13-3506395	NY	34720	
Accredo Health, Incorporated	55-0894449	DE		
AHG of New York, Inc.	13-3888838	NY		
Biopartners in Care, Inc.	43-1815573	MO		
Accredo Health Group, Inc.	11-3358535	DE		
Willow DSP LLC	00-0000000	DE		
Medco Europe, LLC	46-2166374	DE		
Medco Europe II, LLC	27-3709630	DE		
Express Scripts Administrators LLC	41-2063830	DE		
Medco Health Puerto Rico, LLC	81-0616525	DE		
Systemed, LLC	22-3474888	DE		
Medco Health Services, Inc.	26-3544786	DE		
Express Scripts Pharmacy, Inc.	30-0789911	DE		
Specialty Products Acquisitions, LLC	82-4405071	DE		
SureScripts, LLC	00-0000000	VA		
Medco Health Information Network Partners, Inc.	84-5017653	DE		
Evernorth Sales Operations, Inc.	85-2759151	DE		
Evernorth Accountable Care, LLC	93-1916563	DE		

PART 1 – ORGANIZATION CHART

The Cigna Group

(A Delaware corporation and ultimate parent company)

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Entity Name	EIN	State	NAIC CODE
Evermorth-VillageMD Care Alliance of AZ, LLC	93-1946921	DE	
Evermorth-VillageMD Care Alliance of CT, LLC	93-3088901	DE	
Evermorth-VillageMD Care Alliance of GA, LLC	93-1971121	DE	
Evermorth-VillageMD Care Alliance of NJ, LLC	93-2000610	NJ	
Evermorth-VillageMD Care Alliance of TX, LLC	93-2024744	DE	
Evermorth-VillageMD Health Organization of Texas, Inc.	93-2676484	TX	
Evermorth Network Services, LLC	99-1207331	DE	
Evermorth Accountable Care One, LLC	00-0000000		
Evermorth Ireland Limited	00-0000000	IE	
eviCore 1, LLC	46-4676347	DE	
MedSolutions Holdings, Inc.	27-3801345	DE	
eviCore healthcare MSI, LLC	62-1615395	TN	
CareCore NJ, LLC	20-1089572	NJ	10144
CCN-WNY IPA, LLC	33-1039759	NY	
CCN NMO, LLC	45-2604992	NY	
MSI Health Organization of Texas, Inc.	32-0071543	TX	
MSIAZ I, LLC	86-1090522	TN	
MSICA I, LLC	20-1749733	TN	
MSICO I, LLC	20-1222347	TN	
MSIFL, LLC	55-0840800	TN	
MSIMD I, LLC	26-0181185	TN	
MSINC I, LLC	74-3122235	TN	
MSINH, LLC	03-0524694	TN	
MSINH II, LLC	11-3715243	TN	
MSINJ I, LLC	20-1749446	TN	
MSINV I, LLC	20-1761914	TN	
MSI HT, LLC	27-5492993	TN	
MSI LT, LLC	27-5493148	TN	
MSI SAR-GW, LLC	27-5493321	TN	
MSISC II, LLC	55-0840806	TN	
MSIVT I, LLC	26-0336736	TN	
MSIWA, LLC	20-2536458	TN	
Chiro Alliance Corporation	59-3466707	FL	
QPID Health, LLC	45-5569416	DE	

**NONE**