



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE

Aetna Health Inc. (a New Jersey corporation)

NAIC Group Code	0001 (Current)	0001 (Prior)	NAIC Company Code	95287	Employer's ID Number	52-1270921
Organized under the Laws of	New Jersey			State of Domicile or Port of Entry	NJ	
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	05/18/1982			Commenced Business	03/01/1983	
Statutory Home Office	9 Entin Road, Suite 203 (Street and Number)			Parsippany, NJ, US 07054 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1425 Union Meeting Road (Street and Number)			Blue Bell, PA, US 19422 (City or Town, State, Country and Zip Code)		
				800-872-3862 (Area Code) (Telephone Number)		
Mail Address	Attn: Stat Compliance; P.O. Box 818048 (Street and Number or P.O. Box)			Cleveland, OH, US 44181-8048 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	9 Entin Road, Suite 203 (Street and Number)			Parsippany, NJ, US 07054 (City or Town, State, Country and Zip Code)		
				973-244-3500 (Area Code) (Telephone Number)		
Internet Website Address	www.aetna.com					
Statutory Statement Contact	Yanlin Fan (Name)			215-775-6508 (Area Code) (Telephone Number)		
	StatutoryReporting@aetna.com (E-mail Address)			860-262-7767 (FAX Number)		

OFFICERS

President	Jason Henry Tompkins
Vice President and Secretary	Edward Chung-I Lee

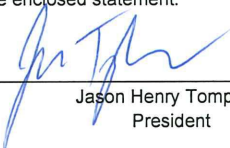
OTHER

Tracy Louise Smith, Vice President and Treasurer	Derek Scott Blunt, Senior Investment Officer	Steven Matthew Conte, Principal Financial Officer and Controller
Peter Keller, Assistant Controller	Whitney Dorothy Todisco, Assistant Controller	

DIRECTORS OR TRUSTEES

Ellen Dworkin Anderson	Jason Henry Tompkins
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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.

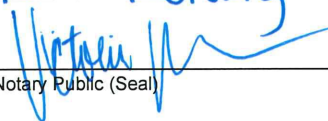


Jason Henry Tompkins
President

State of..... Connecticut
County of.... Hartford

Subscribed and sworn to before me this

10 day of February, 2026



Notary Public (Seal)

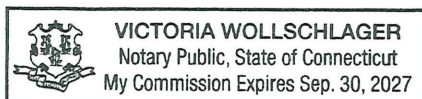
Edward Chung-I Lee
Vice President and Secretary

State of..... Connecticut
County of.... Hartford

Subscribed and sworn to before me this

____ day of _____, 2026

Notary Public (Seal)



- 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.....

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	(Current)	(Prior)				

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Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized	05/18/1982	Commenced Business	03/01/1983
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Statutory Statement Contact Yanlin Fan, 215-775-6508
(Name) (Area Code) (Telephone Number)

StatutoryReporting@aetna.com	860-262-7767
(E-mail Address)	(FAX Number)

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Vice President and Secretary	Edward Chung-I Lee

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Ellen Dworkin Anderson Jason Henry Tompkins

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Jason Henry Tompkins
President

Edward Chung-I Lee
Vice President and Secretary

State of..... Connecticut
County of.... Hartford

State of..... Connecticut
County of.... Hartford

Subscribed and sworn to before me this

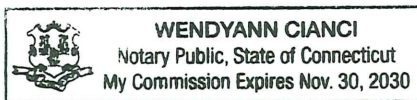
Subscribed and sworn to before me this

day of _____, 2026

3 day of February, 2026

Notary Public (Seal)

Notary Public (Seal)



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

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)	182,439,885		182,439,885	209,273,244
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	4,423,317	0	4,423,317	4,537,170
3.2 Other than first liens.....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$				
encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less				
\$ encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$				
encumbrances)	0	0	0	0
5. Cash (\$, Schedule E - Part 1), cash equivalents				
(\$ 34,296,294 , Schedule E - Part 2) and short-term				
investments (\$, Schedule DA)	34,296,294	0	34,296,294	33,927,659
6. Contract loans, (including \$ premium notes)	0	0	0	0
7. Derivatives (Schedule DB)		0	0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities	8,750	0	8,750	8,750
10. Securities lending reinvested collateral assets (Schedule DL)		0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	221,168,246	0	221,168,246	247,746,823
13. Title plants less \$ charged off (for Title insurers				
only)	0	0	0	0
14. Investment income due and accrued	2,077,067	0	2,077,067	2,279,074
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	1,742,434	607,236	1,135,198	1,508,009
15.2 Deferred premiums, agents' balances and installments booked but				
deferred and not yet due (including \$				
earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$ 3,486,007) and				
contracts subject to redetermination (\$ 25,247,767)	28,733,774	0	28,733,774	24,379,960
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	4,110,197	0	4,110,197	6,436,968
18.1 Current federal and foreign income tax recoverable and interest thereon	2,478,181	0	2,478,181	1,420,220
18.2 Net deferred tax asset	435,234	0	435,234	1,438,160
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets				
(\$)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$ 1,969,593) and other amounts receivable	3,297,977	1,328,384	1,969,593	2,135,350
25. Aggregate write-ins for other-than-invested assets	375,760	0	375,760	235,444
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25)	264,418,870	1,935,620	262,483,250	287,580,008
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts			0	0
28. Total (Lines 26 and 27)	264,418,870	1,935,620	262,483,250	287,580,008
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. State income tax receivable	375,760		375,760	235,444
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)	375,760	0	375,760	235,444

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ 926,842 reinsurance ceded)	40,173,124	1,584,451	41,757,575	44,901,624
2. Accrued medical incentive pool and bonus amounts	14,121,910		14,121,910	7,842,871
3. Unpaid claims adjustment expenses.....	537,265		537,265	609,707
4. Aggregate health policy reserves, including the liability of \$ 1,119,955 for medical loss ratio rebate per the Public Health Service Act	45,536,213		45,536,213	47,463,485
5. Aggregate life policy reserves.....	0		0	0
6. Property/casualty unearned premium reserves.....	0		0	0
7. Aggregate health claim reserves.....	9,453		9,453	9,640
8. Premiums received in advance.....	2,613,883		2,613,883	2,685,425
9. General expenses due or accrued.....	659,060		659,060	702,895
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))	0		0	0
10.2 Net deferred tax liability.....	0		0	0
11. Ceded reinsurance premiums payable.....	0		0	0
12. Amounts withheld or retained for the account of others.....	22,006		22,006	19,114
13. Remittances and items not allocated.....	469,017		469,017	552,056
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current).....	0		0	0
15. Amounts due to parent, subsidiaries and affiliates.....	15,067,582		15,067,582	38,918,172
16. Derivatives.....	0		0	0
17. Payable for securities.....	0		0	0
18. Payable for securities lending	0		0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$2,110,421 unauthorized reinsurers and \$0 certified reinsurers).....	2,110,421		2,110,421	1,900,348
20. Reinsurance in unauthorized and certified (\$) companies	0		0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0		0	0
22. Liability for amounts held under uninsured plans.....	197,702		197,702	702,335
23. Aggregate write-ins for other liabilities (including \$ current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	121,517,636	1,584,451	123,102,087	146,307,672
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	200	200
27. Preferred capital stock.....	XXX	XXX	0	0
28. Gross paid in and contributed surplus.....	XXX	XXX	68,731,093	68,731,093
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	70,649,870	72,541,043
32. Less treasury stock, at cost: 32.1 shares common (value included in Line 26 \$).....	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27 \$).....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	139,381,163	141,272,336
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	262,483,250	287,580,008
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	337,612	361,226
2. Net premium income (including \$ non-health premium income)	XXX	468,829,217	453,452,315
3. Change in unearned premium reserves and reserve for rate credits	XXX	58,035	(358,354)
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	468,887,252	453,093,961
Hospital and Medical:			
9. Hospital/medical benefits	12,563,687	304,638,409	314,068,005
10. Other professional services	942,396	22,850,781	21,081,564
11. Outside referrals	5,381,754	5,381,754	7,614,479
12. Emergency room and out-of-area	664,786	16,119,424	15,234,866
13. Prescription drugs	0	81,049,712	63,280,174
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		14,785,798	7,311,377
16. Subtotal (Lines 9 to 15)	19,552,623	444,825,878	428,590,465
Less:			
17. Net reinsurance recoveries		10,243,149	5,946,517
18. Total hospital and medical (Lines 16 minus 17)	19,552,623	434,582,729	422,643,948
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$7,442,624 cost containment expenses		12,434,789	8,072,521
21. General administrative expenses		37,525,590	44,252,057
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(1,318,339)	1,318,339
23. Total underwriting deductions (Lines 18 through 22).....	19,552,623	483,224,769	476,286,865
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(14,337,517)	(23,192,904)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		10,620,662	9,412,992
26. Net realized capital gains (losses) less capital gains tax of \$(98,287)		(468,670)	(302,332)
27. Net investment gains (losses) (Lines 25 plus 26)	0	10,151,992	9,110,660
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0
29. Aggregate write-ins for other income or expenses	0	1,577	(178)
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	(4,183,948)	(14,082,422)
31. Federal and foreign income taxes incurred	XXX	(2,709,060)	(3,192,594)
32. Net income (loss) (Lines 30 minus 31)	XXX	(1,474,888)	(10,889,828)
DETAILS OF WRITE-INS			
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. Regulatory fines		1,577	(178)
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	1,577	(178)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	141,272,336	147,194,453
34. Net income or (loss) from Line 32	(1,474,888)	(10,889,828)
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 88,158	331,643	(68,319)
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(914,768)	486,591
39. Change in nonadmitted assets	166,840	1,365,367
40. Change in unauthorized and certified reinsurance	0	3,184,072
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	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)	(1,891,173)	(5,922,117)
49. Capital and surplus end of reporting period (Line 33 plus 48)	139,381,163	141,272,336
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	464,683,017	468,318,719
2. Net investment income	10,598,735	8,843,342
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	475,281,752	477,162,061
5. Benefit and loss related payments	431,572,572	422,557,888
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	48,393,257	56,732,434
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(1,749,386)	(3,280,034)
10. Total (Lines 5 through 9)	478,216,443	476,010,288
11. Net cash from operations (Line 4 minus Line 10)	(2,934,691)	1,151,773
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	88,997,991	46,387,670
12.2 Stocks	0	0
12.3 Mortgage loans	113,853	62,830
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	(8)	185
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	89,111,836	46,450,685
13. Cost of investments acquired (long-term only exclude cash equivalents and short-term investments):		
13.1 Bonds	62,087,848	45,112,050
13.2 Stocks	0	0
13.3 Mortgage loans	0	4,600,000
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	1,006,281
13.7 Total investments acquired (Lines 13.1 to 13.6)	62,087,848	50,718,331
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)	27,023,988	(4,267,646)
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)	(23,720,662)	32,262,278
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(23,720,662)	32,262,278
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)	368,635	29,146,405
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	33,927,659	4,781,254
19.2 End of year (Line 18 plus Line 19.1)	34,296,294	33,927,659

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

20.0001.	1,987,882	5,771,984
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ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Aetna Health Inc. (a New Jersey corporation)

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	468,829,217		6,538,836				10,169,717	452,120,664						
2. Change in unearned premium reserves and reserve for rate credit	58,035		(87,428)				145,463							
3. Fee-for-service (net of \$	0													XXX.
medical expenses)	0													XXX.
4. Risk revenue	0													
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)	468,887,252	0	6,451,408	0	0	0	10,315,180	452,120,664	0	0	0	0	0	0
8. Hospital/medical benefits	304,638,409		3,539,417				4,406,378	296,692,614						XXX.
9. Other professional services	22,850,781		216,639				415,055	22,219,087						XXX.
10. Outside referrals	5,381,754		62,677				91,129	5,227,948						XXX.
11. Emergency room and out-of-area	16,119,424		424,281				263,356	15,431,787						XXX.
12. Prescription drugs	81,049,712		931,465				3,005,978	77,112,269						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.
14. Incentive pool, withhold adjustments and bonus amounts	14,785,798		94,380				142,571	14,548,847						XXX.
15. Subtotal (Lines 8 to 14)	444,825,878	0	5,268,859	0	0	0	8,324,467	431,232,552	0	0	0	0	0	XXX.
16. Net reinsurance recoveries	10,243,149		10,243,149				10,243,149							XXX.
17. Total medical and hospital (Lines 15 minus 16).....	434,582,729	0	5,268,859	0	0	0	8,324,467	420,989,403	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 \$	12,434,789		194,020				257,853	11,982,916						
20. General administrative expenses	37,525,590		922,301				1,015,343	35,587,946						
21. Increase in reserves for accident and health contracts	(1,318,339)							(1,318,339)						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)	483,224,769	0	6,385,180	0	0	0	9,597,663	467,241,926	0	0	0	0	0	0
24. Net underwriting gain or (loss) (Line 7 minus Line 23)	(14,337,517)	0	66,228	0	0	0	717,517	(15,121,262)	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

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	6,538,836	0	0	6,538,836
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	10,169,718	0	0	10,169,718
7. Title XVIII - Medicare	464,021,744	0	11,901,081	452,120,663
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)	480,730,298	0	11,901,081	468,829,217
14. Life	0			0
15. Property/casualty	0			0
16. Totals (Lines 13 to 15)	480,730,298	0	11,901,081	468,829,217

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Aetna Health Inc. (a New Jersey corporation)

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	433,212,872	0	4,829,763	0	0	0	8,476,363	419,906,746	0	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	10,147,059	0	0	0	0	0	0	10,147,059	0	0	0	0	0	0
1.4 Net	423,065,813	0	4,829,763	0	0	0	8,476,363	409,759,687	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	8,506,759	0	87,821	0	0	0	146,516	8,272,422	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:														
3.1 Direct	42,684,417	0	765,806	0	0	0	1,138,308	40,780,303	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	926,842	0	0	0	0	0	0	926,842	0	0	0	0	0	0
3.4 Net	41,757,575	0	765,806	0	0	0	1,138,308	39,853,461	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:														
4.1 Direct	9,453	0	4,525	0	0	0	4,928	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	9,453	0	4,525	0	0	0	4,928	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	14,121,910	0	53,925	0	0	0	104,136	13,963,849	0	0	0	0	0	0
6. Net health care receivables (a)	124,646	0	(15,001)	0	0	0	(30,357)	170,004	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	0
8. Claim liability December 31, prior year from Part 2A:														
8.1 Direct	45,732,376	0	438,310	0	0	0	1,460,725	43,833,341	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	830,752	0	0	0	0	0	0	830,752	0	0	0	0	0	0
8.4 Net	44,901,624	0	438,310	0	0	0	1,460,725	43,002,589	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:														
9.1 Direct	9,640	0	2,305	0	0	0	7,335	0	0	0	0	0	0	
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	
9.4 Net	9,640	0	2,305	0	0	0	7,335	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	7,842,871	0	47,366	0	0	0	108,081	7,687,424	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	430,040,080	0	5,174,480	0	0	0	8,181,896	416,683,704	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	10,243,149	0	0	0	0	0	0	10,243,149	0	0	0	0	0	0
12.4 Net	419,796,931	0	5,174,480	0	0	0	8,181,896	406,440,555	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	14,785,798	0	94,380	0	0	0	142,571	14,548,847	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	5,334,614	0	113,058	0	0	0	366,999	4,854,557	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	5,334,614	0	113,058	0	0	0	366,999	4,854,557	0	0	0	0	0	0
2. Incurred but Unreported:														
2.1 Direct	37,349,803	0	652,748	0	0	0	771,309	35,925,746	0	0	0	0	0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	926,842	0	0	0	0	0	0	926,842	0	0	0	0	0	0
2.4 Net	36,422,961	0	652,748	0	0	0	771,309	34,998,904	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	42,684,417	0	765,806	0	0	0	1,138,308	40,780,303	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	926,842	0	0	0	0	0	0	926,842	0	0	0	0	0	0
4.4 Net	41,757,575	0	765,806	0	0	0	1,138,308	39,853,461	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	283,222	4,546,541	12,967	757,364	296,189	440,615
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	1,633,968	6,842,395	21,357	1,121,879	1,655,325	1,468,060
7. Title XVIII - Medicare	42,108,763	367,650,924	5,462,119	34,391,342	47,570,882	43,002,589
8. Title XIX - Medicaid	0	0	0	0	0	0
9. Credit A&H					0	0
10. Disability income					0	0
11. Long-term care					0	0
12. Other health	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12)	44,025,953	379,039,860	5,496,443	36,270,585	49,522,396	44,911,264
14. Health care receivables (a)	0	3,297,977	0	0	0	3,173,331
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	6,073,951	2,432,808	8,157,899	5,964,011	14,231,850	7,842,871
17. Totals (Lines 13 - 14 + 15 + 16)	50,099,904	378,174,691	13,654,342	42,234,596	63,754,246	49,580,804

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Aetna Health Inc. (a New Jersey corporation)

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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	4,075	4,075	4,075	4,075	4,075
2.	2021	17,132	18,890	18,890	18,890	18,890
3.	2022	XXX	6,749	7,539	7,539	7,539
4.	2023	XXX	XXX	6,403	7,320	7,320
5.	2024	XXX	XXX	XXX	4,120	4,491
6.	2025	XXX	XXX	XXX	XXX	4,516

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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	52,337	52,337	52,337	52,337	52,337
2.	2021	19,015	20,913	20,913	20,913	20,913
3.	2022	XXX	7,986	7,578	7,578	7,578
4.	2023	XXX	XXX	7,364	7,352	7,352
5.	2024	XXX	XXX	XXX	4,575	4,507
6.	2025	XXX	XXX	XXX	XXX	5,324

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. 2021	21,507	18,890	233	1.2	19,123	88.9			19,123	88.9
2. 2022	8,281	7,539	118	1.6	7,657	92.5			7,657	92.5
3. 2023	8,763	7,320	657	9.0	7,977	91.0			7,977	91.0
4. 2024	6,976	4,491	140	3.1	4,631	66.4	16		4,647	66.6
5. 2025	6,451	4,516	192	4.3	4,708	73.0	808	24	5,540	85.9

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

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	NONE				
2.	2021					
3.	2022					
4.	2023					
5.	2024					
6.	2025					

		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2021	2 2022	3 2023	4 2024	5 2025
Year in Which Losses Were Incurred		NONE				
1.	Prior					
2.	2021					
3.	2022					
4.	2023					
5.	2024					
6.	2025	XXX	XXX	XXX	XXX	XXX

	1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments	(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. 2021			NONE							
2. 2022										
3. 2023										
4. 2024										
5. 2025										

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	NONE				
2.	2021					
3.	2022					
4.	2023					
5.	2024					
6.	2025					
		XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
		XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
		XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
		XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

Section B - Incurred Health Claims - Dental Only

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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	NONE				
2.	2021					
3.	2022					
4.	2023					
5.	2024					
6.	2025					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payment	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	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. 2021			NONE							
2. 2022										
3. 2023										
4. 2024										
5. 2025										

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	NONE				
2.	2021					
3.	2022					
4.	2023					
5.	2024					
6.	2025					

Section B - Incurred Health Claims - Vision Only

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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	NONE				
2.	2021					
3.	2022					
4.	2023					
5.	2024					
6.	2025					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payment	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	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. 2021			NONE							
2. 2022										
3. 2023										
4. 2024										
5. 2025										

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	2,070	2,070	2,070	2,070	2,070
2.	2021	12,038	14,265	14,265	14,265	14,265
3.	2022	XXX	12,364	14,162	14,162	14,162
4.	2023	XXX	XXX	10,802	12,958	12,958
5.	2024	XXX	XXX	XXX	10,881	12,661
6.	2025	XXX	XXX	XXX	XXX	6,752

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	15,804	15,804	15,804	15,804	15,804
2.	2021	14,033	16,341	16,341	16,341	16,341
3.	2022	XXX	14,427	14,200	14,200	14,200
4.	2023	XXX	XXX	13,716	12,996	12,996
5.	2024	XXX	XXX	XXX	12,420	12,705
6.	2025	XXX	XXX	XXX	XXX	7,956

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

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.	2021	20,389	14,265	233	1.6	14,498	71.1			14,498	71.1
2.	2022	18,115	14,162	237	1.7	14,399	79.5			14,399	79.5
3.	2023	16,050	12,958		0.0	12,958	80.7			12,958	80.7
4.	2024	14,751	12,661	181	1.4	12,842	87.1	43		12,885	87.4
5.	2025	10,315	6,752	258	3.8	7,010	68.0	1,204		8,214	79.6

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Aetna Health Inc. (a New Jersey corporation)

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred			Cumulative Net Amounts Paid				
			1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	.....	50,658	50,658	50,658	50,658	50,658
2.	2021	.....	436,221	486,540	486,540	486,540	486,540
3.	2022	.....	XXX	382,601	435,335	435,335	435,335
4.	2023	.....	XXX	XXX	350,818	397,419	397,419
5.	2024	.....	XXX	XXX	XXX	354,709	402,657
6.	2025	.....	XXX	XXX	XXX	XXX	366,907

Section B - Incurred Health Claims - Title XVIII

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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	.....	260,927	260,927	260,927	260,927	260,927
2.	2021	.....	487,050	540,734	540,734	540,734	540,734
3.	2022	.....	XXX	432,521	438,455	438,455	438,455
4.	2023	.....	XXX	XXX	396,625	406,151	406,151
5.	2024	.....	XXX	XXX	XXX	396,668	416,252
6.	2025	.....	XXX	XXX	XXX	XXX	407,129

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

		1	2	3	4	5	6	7	8	9	10
Years in which Premiums were Earned and Claims were Incurred		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.	2021	547,631	486,540	10,287	2.1	496,827	90.7			496,827	90.7
2.	2022	502,094	435,335	9,875	2.3	445,210	88.7			445,210	88.7
3.	2023	485,918	397,419	12,739	3.2	410,158	84.4			410,158	84.4
4.	2024	431,367	402,657	7,915	2.0	410,572	95.2	13,595		424,167	98.3
5.	2025	452,121	366,907	12,057	3.3	378,964	83.8	40,223	513	419,700	92.8

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	NONE								
2.	2021									
3.	2022									
4.	2023									
5.	2024									
6.	2025									

Section B - Incurred Health Claims - Title XIX

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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	NONE								
2.	2021									
3.	2022									
4.	2023									
5.	2024									
6.	2025									

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payment	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	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. 2021			NONE							
2. 2022										
3. 2023										
4. 2024										
5. 2025										

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	NONE				
2.	2021					
3.	2022					
4.	2023					
5.	2024					
6.	2025					
		XXX				
		XXX	XXX			
		XXX	XXX	XXX		
		XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Other

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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	NONE				
2.	2021					
3.	2022					
4.	2023					
5.	2024					
6.	2025					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payment	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments	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.	2021			NONE							
2.	2022 .....	.....	.....								
3.	2023 .....	.....	.....								
4.	2024 .....	.....	.....								
5.	2025 .....	.....	.....								

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Aetna Health Inc. (a New Jersey corporation)

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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	56,803	56,803	56,803	56,803	56,803
2.	2021	465,391	519,695	519,695	519,695	519,695
3.	2022	XXX	401,714	457,036	457,036	457,036
4.	2023	XXX	XXX	368,023	417,697	417,697
5.	2024	XXX	XXX	XXX	369,710	419,809
6.	2025	XXX	XXX	XXX	XXX	378,175

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 2021	2 2022	3 2023	4 2024	5 2025
1.	Prior	329,068	329,068	329,068	329,068	329,068
2.	2021	520,098	577,988	577,988	577,988	577,988
3.	2022	XXX	454,934	460,233	460,233	460,233
4.	2023	XXX	XXX	417,705	426,499	426,499
5.	2024	XXX	XXX	XXX	413,663	433,464
6.	2025	XXX	XXX	XXX	XXX	420,409

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

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.	2021	589,527	519,695	10,753	2.1	530,448	90.0	0	0	530,448	90.0
2.	2022	528,490	457,036	10,230	2.2	467,266	88.4	0	0	467,266	88.4
3.	2023	510,731	417,697	13,396	3.2	431,093	84.4	0	0	431,093	84.4
4.	2024	453,094	419,809	8,236	2.0	428,045	94.5	13,654	0	441,699	97.5
5.	2025	468,887	378,175	12,507	3.3	390,682	83.3	42,235	537	433,454	92.4

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	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0 for investment income) ..	45,536,213	0	503,220	0	0	0	1,855,897	43,177,096	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)	45,536,213	0	503,220	0	0	0	1,855,897	43,177,096	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)	45,536,213	0	503,220	0	0	0	1,855,897	43,177,096	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	9,453	0	4,525	0	0	0	4,928	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)	9,453	0	4,525	0	0	0	4,928	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)	9,453	0	4,525	0	0	0	4,928	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 \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Aetna Health Inc. (a New Jersey corporation)

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)	5,391	47	(38,360)	2,171	(30,751)
2. Salary, wages and other benefits	5,183,978	2,293,127	11,868,444	107,784	19,453,333
3. Commissions (less \$ ceded plus \$ assumed)			5,658,183		5,658,183
4. Legal fees and expenses	228	20	174,916	131	175,295
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services ...	461,432	74,373	10,438,400	17,385	10,991,590
7. Traveling expenses	8,329	2,102	171,141	798	182,370
8. Marketing and advertising	1,756	21,315	1,865,266	53	1,888,390
9. Postage, express and telephone	101,022	184,661	785,080	56	1,070,819
10. Printing and office supplies	75,401	48,042	430,558	91	554,092
11. Occupancy, depreciation and amortization	64,407	42,380	(106,787)	349	349
12. Equipment	4,301	189,085	180,084		373,470
13. Cost or depreciation of EDP equipment and software	123,304	249,095	651,449	458	1,024,306
14. Outsourced services including EDP, claims, and other services	986,945	1,694,975	3,631,195	41,157	6,354,272
15. Boards, bureaus and association fees	920	165	11,638	158	12,881
16. Insurance, except on real estate	1,031	696	379,648	6	381,381
17. Collection and bank service charges			361,627	6,780	368,407
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses	5	1,280	191,967	11	193,263
22. Real estate taxes			33,348		33,348
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(370,172)		(370,172)
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			550,795		550,795
23.4 Payroll taxes	390,192	172,601	416,361		979,154
23.5 Other (excluding federal income and real estate taxes)			(9,488)		(9,488)
24. Investment expenses not included elsewhere				4,681	4,681
25. Aggregate write-ins for expenses	33,982	18,201	250,297	16	302,496
26. Total expenses incurred (Lines 1 to 25)	7,442,624	4,992,165	37,525,590	182,085	(a) .....50,142,464
27. Less expenses unpaid December 31, current year	321,571	215,694	659,060		1,196,325
28. Add expenses unpaid December 31, prior year	416,860	192,847	702,895		1,312,602
29. Amounts receivable relating to uninsured plans, prior year			6,436,968		6,436,968
30. Amounts receivable relating to uninsured plans, current year			4,110,197		4,110,197
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	7,537,913	4,969,318	35,242,654	182,085	47,931,970
DETAILS OF WRITE-INS					
2501. Miscellaneous	4,712	6,643	289,487	(3)	300,839
2502. Loss adjustment expense			(72,441)		(72,441)
2503. Transfer pricing	29,270		(27,529)		1,741
2598. Summary of remaining write-ins for Line 25 from overflow page	0	11,558	60,780	19	72,357
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	33,982	18,201	250,297	16	302,496

(a) Includes management fees of \$49,369,181 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) .....1,744,234	1,873,165
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) .....7,267,673	6,937,308
1.3	Bonds of affiliates	(a) .....0	0
2.1	Preferred stocks (unaffiliated)	(b) .....0	0
2.11	Preferred stocks of affiliates	(b) .....0	0
2.2	Common stocks (unaffiliated)	0	0
2.21	Common stocks of affiliates	0	0
3.	Mortgage loans	(c) .....314,444	313,868
4.	Real estate	(d) .....0	0
5	Contract Loans	0	0
6	Cash, cash equivalents and short-term investments	(e) .....1,583,433	1,583,433
7	Derivative instruments	(f) .....0	0
8.	Other invested assets	0	0
9.	Aggregate write-ins for investment income	94,973	94,973
10.	Total gross investment income	11,004,757	10,802,747
11.	Investment expenses		(g) .....182,085
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)		182,085
17.	Net investment income (Line 10 minus Line 16)		10,620,662
DETAILS OF WRITE-INS			
0901.	Miscellaneous Interest Income	94,973	94,973
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)	94,973	94,973
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 \$760,195 accrual of discount less \$536,261 amortization of premium and less \$216,296 paid for accrued interest on purchases.
- (b) Includes \$0 accrual of discount less \$0 amortization of premium and less \$0 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	41,206	0	41,206	0	0
1.1	Bonds exempt from U.S. tax .....	.....	.....	0	.....	.....
1.2	Other bonds (unaffiliated)	(458,320)	(149,836)	(608,156)	419,800	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	0
4.	Real estate .....	.....	0	.....	.....	0
5.	Contract loans .....	.....	.....	0	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	(7)	(7)	1	.....
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)	(417,114)	(149,843)	(566,957)	419,801	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	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	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	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	607,236	1,064,479	457,243
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due ..	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	1,328,384	1,037,981	(290,403)
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)	1,935,620	2,102,460	166,840
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	1,935,620	2,102,460	166,840
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	28,976	28,094	27,744	27,422	27,256	332,161
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service	451	438	462	447	471	5,451
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	29,427	28,532	28,206	27,869	27,727	337,612
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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory financial statements of Aetna Health Inc. (a New Jersey corporation) (the “Company”), indirectly a wholly-owned subsidiary of CVS Health Corporation (“CVS Health”), have been prepared in conformity with accounting practices prescribed or permitted by the State of New Jersey Department of Banking and Insurance (“New Jersey Department”) ("New Jersey Accounting Practices"). The New Jersey Department recognizes statutory accounting practices prescribed or permitted by the State of New Jersey for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' (“NAIC”) *Accounting Practices and Procedures Manual*. (“NAIC SAP”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of New Jersey for the years ending December 31, 2025 and 2024 is as follows:

	SSAP #	F/S Page	F/S Line #	2025	2024
NET INCOME					
(1) Aetna Health Inc. (a New Jersey corporation) state basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	\$ (1,474,888)	\$ (10,889,828)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (1,474,888)	\$ (10,889,828)
SURPLUS					
(5) Aetna Health Inc. (a New Jersey corporation) state basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 139,381,163	\$ 141,272,336
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 139,381,163	\$ 141,272,336

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

The preparation of these financial statements in conformity with New Jersey Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenue and expenses. Actual results could differ from those estimates.

C. Accounting Policies

The Company applies the following significant accounting policies:

(1) Cash, Cash Equivalents and Short-Term Investments

Cash, cash equivalents and short-term investments, consisting primarily of money market instruments and other debt issues with an original maturity of up to one year, are carried at amortized cost. Short-term investments consist primarily of investments purchased with an original maturity date of greater than three months but less than one year. Cash equivalents, including investments within a pooled investment account ("cash pool"), consist of highly liquid instruments, which mature within three months from the date of purchase. The carrying amount of cash, cash equivalents and short-term investments approximates fair value. Cash accounts with positive balances are not reported separately from cash accounts with negative balances. If in the aggregate, the reporting entity has a net negative cash balance, it is reported as a negative asset and is not recorded as a liability.

(2) Bonds

In August 2023, the NAIC adopted revisions to SSAP No. 26, SSAP No. 43, and other related SSAPs as part of its principle-based bond definition project (the “Bond Project”). Under the new bond definition, bonds are classified as either an “issuer credit obligation” or an “asset-backed security.” An “issuer credit obligation” is defined as a bond where repayment is supported by the general creditworthiness of an operating entity, while an “asset-backed security” is defined as a bond issued by an entity created primarily to raise capital through debt backed by financial assets. Following the adoption of these revisions, investments that do not qualify as bonds will no longer be permitted to be reported as

NOTES TO FINANCIAL STATEMENTS

bonds on Schedule D, Part 1, with no grandfathering for existing investments that do not meet the revised criteria. The revisions were effective January 1, 2025. The adoption of this guidance did not have a material impact on the Company's financial position and results of operations.

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at December 31, 2025 or 2024. Bonds include all investments whose maturity is greater than one year when purchased. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

Bonds are recorded as purchases or sales on the trade date.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than asset-backed securities ("ABS") discussed in Note 1 C. (6) below, an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from the Company's expectations and the risk that facts and circumstances factored into its assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

The Company had no Securities Valuation Office-identified investments that are being reported at a different measurement method from the prior year annual statement.

(3) Common Stocks

The Company did not own any common stock at December 31, 2025 or 2024.

(4) Preferred Stocks

The Company did not own any preferred stock at December 31, 2025 or 2024.

(5) Mortgage Loans

Mortgage loans on real estate ("Mortgage Loans") are carried at unpaid principal balances, adjusted for accrual of discounts and amortization of premiums. Mortgage loans funding and repayments are recorded on the closing date. Fair values are estimated by discounting expected mortgage loan cash flows at market rates that reflect the rates at which similar loans would be made to similar borrowers. These rates reflect management's assessment of the credit quality and the remaining duration of the loans. The fair value estimates of mortgage loans of lower credit quality, including problem and restructured loans, are based on the estimated fair value of the underlying collateral. Payment receipts on impaired loans are recorded on the cash basis. The Company recognizes interest income on impaired loans when received. The Company considers a loan impaired when it is probable that the loan will be uncollectible based on its contractual terms. The Company measures the impairment based on the fair value of the collateral less estimated costs to obtain and sell. The difference between the net value of the collateral and the recorded investment in the mortgage loan is recorded as a valuation allowance with a corresponding charge to unrealized loss. If the impairment is deemed other-than-temporary, a write-down is recognized as a realized loss, and a new cost basis is established. This new cost basis is not changed for subsequent recoveries in value. Mortgage loans for which foreclosure is probable are considered permanently impaired.

(6) Asset-Backed Securities

ABS are carried at amortized cost adjusted for unamortized premiums and discounts and are accounted for using the retrospective adjustment method. Premiums and discounts on asset-backed securities are amortized using the scientific method over the estimated remaining term of the securities, adjusted for anticipated prepayments.

For ABS, the Company records OTTI when the fair value of the asset-backed security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the

NOTES TO FINANCIAL STATEMENTS

intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the balance sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the asset-backed security's effective interest rate and this difference is also accounted for as a realized capital loss.

(7) Investments in Subsidiaries, Controlled or Affiliated Companies

The Company did not have any investments in subsidiaries, controlled or affiliated companies at December 31, 2025 or 2024.

(8) Investments in Joint Ventures, Partnerships and Limited Liability Companies

The Company did not have any investments in any joint ventures, partnerships and limited liability companies at December 31, 2025 or 2024.

(9) Derivatives

The Company did not have any derivatives at December 31, 2025 or 2024.

(10) Aggregate Health Policy Reserves and Related Expenses

Premium deficiency reserves ("PDR") are recognized when it is probable that the expected future hospital and medical costs, including maintenance costs, will exceed anticipated future premiums and reinsurance recoveries on existing contracts. Anticipated investment income is not considered in the calculation of any PDR. For purposes of calculating a PDR, contracts are grouped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. PDR is more fully discussed in Note 30.

Unearned premium reserves ("UEP") are recognized for premiums that are recorded by the Company that have not been earned as of the statement date. The Company had no UEP at December 31, 2025 or 2024.

The Company is required to make premium rebate payments to customers that are enrolled under certain health insurance policies if specific minimum annual medical loss ratios ("MLR") were not met in the prior year. The Company's results for full year 2025 and 2024 include estimates of \$1,119,955 and \$1,320,969, respectively, of minimum MLR rebates, which were included in aggregate health policy reserves in the Statutory Statements of Liabilities and Capital and Surplus.

The Company contracts with the Office of Personnel Management ("OPM") to provide managed health care services under the Federal Employees Health Benefits ("FEHB") program in its service areas. OPM regulations require that FEHB plans meet a FEHB program-specific MLR by plan code and market. The Company reported minimum FEHB program MLR rebate estimates of \$1,102,979 and \$960,000 in aggregate health policy reserves at December 31, 2025 and 2024, respectively. The Company reported Federal Contingency Reserves of \$136,183 and \$136,183 in aggregate health policy reserves at December 31, 2025 and 2024, respectively.

For Medicare plans, the Company's annual contract with Centers for Medicare & Medicaid Services ("CMS") provides a risk-sharing arrangement to limit exposure to unexpected expenses. The risk-sharing arrangement provides a risk corridor whereby the amount the Company received in premiums from members and CMS based on its annual bid is compared to actual drug costs incurred during the contract year. Based on the risk corridor provision and Part D activity-to-date, estimated risk-sharing payables of \$156,297 and \$625,195 were included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus at December 31, 2025 and 2024, respectively.

The Company reported liabilities associated with contracts subject to redetermination as aggregate health policy reserves in accordance with SSAP No. 54 - *Individual and Group and Accident Health Contracts* ("SSAP No. 54"). Liabilities associated with estimated adjustments to premium payments to the Company's Medicare plans based on the health status of its Medicare members are included as part of the Company's contracts subject to redetermination. Amounts related to these liabilities are \$43,020,799 and \$43,102,799 and are included in aggregate health policy reserves at December 31, 2025 and 2024, respectively.

(11) Hospital and Medical Costs and Claims Adjustment Expenses and Related Reserves

Hospital and medical costs consist principally of fee-for-service medical claims and capitation costs. Claims unpaid and aggregate health claim reserves include the Company's estimate of payments to be made on claims reported but not yet paid and for health care services rendered to enrollees but not yet reported to the Company as of the Statutory Statements of Assets and Liabilities, Capital and Surplus date. Such estimates are developed using actuarial principles and assumptions, which consider, among other things, historical and projected claim submission and processing payment patterns, medical cost trends, historical utilization of health care services, claim inventory levels, medical inflation, contract requirement changes in membership and product mix, seasonality and other relevant factors. The Company reflects changes in estimates in hospital and medical costs in the Statutory Statements of Revenue and Expenses in the period they are determined. Capitation costs, which are recorded in hospital and medical expenses in the Statutory

NOTES TO FINANCIAL STATEMENTS

Statements of Revenue and Expenses, represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the medical services provided to the enrollee.

The Company uses the triangulation method to estimate reserves for claims incurred but not reported. The method of triangulation makes estimates of completion factors that are then applied to the total paid claims (net of coordination of benefits) to date for each incurral month. This provides an estimate of the total projected incurred claims and total amount outstanding or claims incurred but not reported (claims unpaid). For the most current dates of service where there is insufficient paid claim data to rely solely on the triangulation method, the Company examines cost and utilization trends as well as environmental factors, plan changes, provider contracts, changes in membership and/or benefits, and historical seasonal patterns to estimate the reserve required for these months.

Claims adjustment expenses, which include cost containment expenses, represent the costs incurred related to the claim settlement process such as costs to record, process and adjust claims. These expenses are included in the Company's management agreement with an affiliate described in Note 10.

(12) Capitalization Policy

The Company has not modified its capitalization policy from the prior period.

(13) Pharmaceutical Rebate Receivables

The Company estimates pharmaceutical rebate receivables based upon historical payment trends, actual utilization and other variables. Pharmaceutical rebates for a quarter are billed to the vendor within one month of the completion of the quarter with any adjustment to previously recorded amounts reflected at the time of billing. The Company reports pharmaceutical rebate receivables as health care receivables. Pharmacy rebate receivables not in accordance with SSAP No. 84 – *Health Care and Government Insured Plan Receivables* or are over 90 days past due are nonadmitted. All rebates are processed and settled monthly with an affiliated entity, including adjustments to previously billed periods. The pharmaceutical rebate receivables are more fully discussed in Notes 10 and 28.

(14) Premiums and Amounts Due and Unpaid

Prepaid premium revenue for health care products is recognized as income in the month in which enrollees are entitled to health care services. Premiums collected before the effective period are reported as premiums received in advance. Premiums related to unexpired contractual coverage periods are reported as unearned premiums and are included in aggregate health policy reserves in the Statutory Statements of Liabilities, Capital and Surplus.

Nonadmitted amounts consist of all premiums due and unpaid greater than 90 days past due, with the exception of amounts due under government insured plans, which may be admitted assets under certain circumstances. In addition, for any customer for which the premiums due and unpaid greater than 90 days past due is more than a de minimus portion of the entire balance of premiums due and unpaid for that customer, the entire balance of premiums due and unpaid for that customer is nonadmitted. Management also performs a specific review of accounts and based on the results of the review, additional amounts may be nonadmitted. Uncollectible amounts are generally written-off and charged to revenue in the period in which the customer reconciliations are completed and agreed to by the customer (retroactivity) or when the account is determined to be uncollectible by the Company.

Through the Company's Medicare Advantage Part D annual contract with CMS, the Company receives monthly premium payments from CMS and members, as determined by the Company's annual bid process. The Company recognizes the revenue related to the CMS contract ratably over the term of its annual contract.

The CMS payment is subject to risk sharing provisions through the CMS risk corridor provision, which is accounted for as a retrospectively rated contract in accordance with SSAP No. 66 - *Retrospectively Rated Contracts*. Receivables related to the CMS risk corridor provision are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statements of Assets.

The Company's CMS payment is also subject to the CMS risk adjustment process for each member, which is accounted for as a contract subject to redetermination in accordance with SSAP No. 54. Receivables related to the CMS risk adjustment process are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statements of Assets.

(15) Aggregate Health Claim Reserves

The reserve for future contingent benefits includes the estimated cost of services that will continue to be incurred after the Statutory Statements of Liabilities, Capital and Surplus date if the Company is obligated to pay for such services in accordance with contract provisions or regulatory requirements. These balances are recorded in aggregate health claim reserves in the Statutory Statements of Liabilities, Capital and Surplus and are estimated using a percentage of current hospital and medical costs, which is based on the Company's historical cost experience.

(16) Investment Income Due and Accrued

Accrued investment income consists primarily of interest. Interest is recognized on an accrual basis and dividends are recorded as earned on the ex-dividend date. Due and accrued income is not recorded on: (a) bonds in default; and (b) bonds delinquent more than 90 days or where collection of interest is improbable. At December 31, 2025 and 2024, the Company did not have any nonadmitted investment income due and accrued.

NOTES TO FINANCIAL STATEMENTS

(17) Covered and Uncovered Expenses and Related Liabilities

Covered expenses and related liabilities represent costs for health care expenses for which a member is not responsible in the event of the insolvency of the Company. Uncovered expenses and related liabilities represent costs to the Company for health care services that are the obligation of the Company and for which a member may also be liable in the event of the Company's insolvency.

(18) The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010's (collectively, the "ACA") Risk Adjustment

The ACA established a permanent risk adjustment program to transfer funds from qualified individual and small group insurance plans with below average risk scores to plans with above average risk scores. Based on the risk of the Company's qualified plan members relative to the average risk of members of other qualified plans in comparable markets, the Company estimates its ultimate risk adjustment receivable or payable for the current calendar year and reflects the impact as an adjustment to its premium revenue in accordance with SSAP No. 107 - Risk-Sharing Provisions of the Affordable Care Act ("SSAP No. 107"). ACA Risk Adjustment payables are included in aggregate health policy reserves on the Statutory Statements of Liabilities, Capital and Surplus. ACA Risk Adjustment receivables are included in accrued retrospective premiums and contracts subject to redetermination on the Statutory Statements of Assets.

(19) Reinsurance

In the normal course of business, the Company seeks to reduce the loss that may arise from catastrophes or other events that cause unfavorable underwriting results and to help balance its risks and capital by reinsuring certain levels of risk with other insurance enterprises. The reinsurance coverage does not relieve the Company of its primary obligations. Reinsurance premiums and reserves related to reinsured business are accounted for on a basis consistent with those used in accounting for the original policies issued and the terms of the reinsurance contracts. Premiums and claims ceded and the related unpaid reserves have been reported as reductions of these items. The reinsurance agreements are more fully discussed in Note 23.

(20) Federal and State Income Taxes

Aetna Inc. ("Aetna") and its wholly-owned subsidiaries are included in the consolidated federal income tax return of its ultimate parent company, CVS Health, pursuant to the terms of a tax sharing agreement. In accordance with the agreement, the Company's current federal and state income tax provisions are generally computed as if the Company were filing a separate federal and state income tax return; current income tax benefits, including those resulting from net operating losses, are recognized to the extent expected to be realized in the consolidated return. Pursuant to the agreement, the Company has the enforceable right to recoup federal and state income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal and state income taxes.

Income taxes are accounted for under the asset and liability method. Deferred income tax assets ("DTAs") and liabilities ("DTLs") represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in SSAP No. 101 - *Income Taxes*. DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Pursuant to SSAP No. 101, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized ("adjusted gross DTAs"). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

- a. Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with Internal Revenue Code ("IRC") tax loss carryback provisions.
- b. The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company's tax return and the applicable percentage refers to the percentage of the Company's statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing equipment and operating system software and any net positive goodwill ("Stat Cap ExDTA").

The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15% of Stat Cap ExDTA, 1 year and 10% of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph b. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.

- c. The amount of gross DTAs, after the application of paragraphs a. and b. above that can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

NOTES TO FINANCIAL STATEMENTS

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus (“Change in net deferred income tax”) except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and are reported as “Change in net unrealized capital gains (losses)”, also a separate component of gains and losses in surplus.

The Company is subject to state income taxes in the State of New Jersey. State income tax expense is recorded in general administrative expenses in the Statutory Statements of Revenue and Expenses. For the years ended December 31, 2025 and 2024, the Company incurred state income tax expenses/(benefit) of \$(370,172) and \$(537,455), respectively.

The Company had \$375,760 and \$235,444 of state income tax receivables at December 31, 2025 and 2024, respectively. These balances were included as aggregate write-ins for other than invested assets in the Statutory Statements of Assets.

D. Going Concern

As of February 27, 2026, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company’s ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company’s ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company’s ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or correction of errors in the years ended December 31, 2025 or 2024.

3. Business Combinations and Goodwill

The Company was not a part of any business combinations that involved the statutory purchase method, a statutory merger, an assumption reinsurance, or an impairment loss in the years ending December 31, 2025 or 2024.

4. Discontinued Operations

The Company did not have any operations receiving discontinued operations accounting treatment during the years ending December 31, 2025 or 2024.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

- (1) The Company did not have new mortgage loans in 2025.
- (2) The maximum percentage of any one loan to the value of security at the time of the loan, exclusive of insured or guaranteed or purchase money mortgages was 48%.
- (3) The Company did not hold any mortgages with advanced taxes, assessments or amounts due, not included in the mortgage loan total at either December 31, 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS

(4) Age Analysis of Mortgage Loans and Identification of Mortgage Loans in Which the Insurer is a Participant or Co-lender in a Mortgage Loan Agreement:

	Farm	Residential		Commercial		Mezzanine	Total
		Insured	All Other	Insured	All Other		
a. Current Year							
1. Recorded Investment (All)							
(a) Current	—	—	—	—	4,423,317	—	4,423,317
(b) 30 - 59 Days Past Due	—	—	—	—	—	—	—
(c) 60 - 89 Days Past Due	—	—	—	—	—	—	—
(d) 90 - 179 Days Past Due	—	—	—	—	—	—	—
(e) 180+ Days Past Due	—	—	—	—	—	—	—
2. Accruing Interest 90 - 179 Days Past Due							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Interest Accrued	—	—	—	—	—	—	—
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Interest Accrued	—	—	—	—	—	—	—
4. Interest Reduced							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Number of Loans	—	—	—	—	—	—	—
(c) Percent Reduced	—	—	—	—	—	—	—
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	—	—	—	—	—	—	—
b. Prior Year							
1. Recorded Investment							
(a) Current	—	—	—	—	4,537,170	—	4,537,170
(b) 30 - 59 Days Past Due	—	—	—	—	—	—	—
(c) 60 - 89 Days Past Due	—	—	—	—	—	—	—
(d) 90 - 179 Days Past Due	—	—	—	—	—	—	—
(e) 180+ Days Past Due	—	—	—	—	—	—	—
2. Accruing Interest 90 - 179 Days Past Due							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Interest Accrued	—	—	—	—	—	—	—
3. Accruing Interest 180+ Days Past Due							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Interest Accrued	—	—	—	—	—	—	—
4. Interest Reduced							
(a) Recorded Investment	—	—	—	—	—	—	—
(b) Number of Loans	—	—	—	—	—	—	—
(c) Percent Reduced	—	—	—	—	—	—	—
5. Participant or Co-lender in a Mortgage Loan Agreement							
(a) Recorded Investment	—	—	—	—	—	—	—

(5) The Company had no investment impaired loans with or without allowance for credit losses at December 31, 2025.

(6) The Company has no investment in impaired loans.

(7) The Company had no allowance for credit losses at December 31, 2025.

(8) The Company had no mortgage loans derecognized as a result of foreclosure at December 31, 2025.

(9) The Company recognizes interest income on its impaired loans upon receipt.

B. The Company did not have any debt restructuring in the years ending December 31, 2025 or 2024.

C. The Company did not have any reverse mortgages at December 31, 2025 or 2024.

D. Asset-Backed Securities

(1) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from industry market sources.

(2) The Company did not recognize any OTTI on asset-backed securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in accordance with SSAP No. 43 - *Asset-Backed and Securities* ("SSAP No. 43") at December 31, 2025.

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(3) The Company had no recognized OTTI on asset-backed securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis at December 31, 2025.

(4) The Company’s unrealized loss position on asset-backed securities held by the Company at December 31, 2025 is as follows:

a.	The aggregate amount of unrealized losses:	
1.	Less than 12 Months	\$ —
2.	12 Months or Longer	(256,532)
b.	The aggregate related fair value of securities with unrealized losses:	
1.	Less than 12 Months	\$ —
2.	12 Months or Longer	1,780,815

(5) The Company has reviewed the asset-backed securities in accordance with SSAP No. 43 in the table above and has concluded that these are performing assets generating investment income to support the needs of the business. Furthermore, the Company has no intention to sell the securities at December 31, 2025 before their cost can be recovered and does have the intent and ability to retain the securities for the time sufficient to recover the amortized cost basis; therefore, no OTTI write-down to fair value was determined to have occurred on these securities.

- E. The Company had no dollar repurchase agreements and/or securities lending transactions at December 31, 2025.
- F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at December 31, 2025.
- G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at December 31, 2025.
- H. The Company did not have any repurchase agreements transactions accounted for as a sale at December 31, 2025.
- I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at December 31, 2025.
- J. The Company did not have any real estate at December 31, 2025.
- K. The Company did not have any low-income housing tax credits at December 31, 2025 or 2024.

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L. Restricted Assets

(1) Restricted assets (including pledged):

Restricted Asset Category	1	2	3	4	5	6	7	8	9	10
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Admitted Restricted to Total Admitted Assets (b)	Amount Reported in General Interrogatories	Difference from Note and GI	GI Ref
a. Subject to contractual obligation for which liability is not shown						—	—	xxx	xxx	xxx
b. Collateral held under security lending agreements						—	—		—	25.04 + 25.05
c. Subject to repurchase agreements						—	—		—	26.21
d. Subject to reverse repurchase agreements						—	—		—	26.22
e. Subject to dollar repurchase agreements						—	—		—	26.23
f. Subject to dollar reverse repurchase agreements						—	—		—	26.24
g. Placed under option contracts						—	—		—	26.25
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock						—	—		—	26.26
i. FHLB capital stock						—	—		—	26.27
j. On deposit with states	\$ 66,310,868	\$ 79,768,388	\$ (13,457,520)	—	\$ 66,310,868	25.078	25.263	\$ 66,310,868	—	26.28
k. On deposit with other regulatory bodies						—	—		—	26.29
l. Pledged collateral to FHLB (including assets backing funding agreements)						—	—		—	26.31
m. Pledged as collateral not captured in other categories						—	—		—	26.30
n. Other restricted assets						—	—		—	26.32
o. Collateral assets received and on balance sheet						—	—	xxx	xxx	xxx
p. Assets held under modco reinsurance agreements						—	—	xxx	xxx	xxx
q. Assets held under funds withheld reinsurance agreements						—	—	xxx	xxx	xxx
r. Total restricted assets (Sum of a through q)	\$ 66,310,868	\$ 79,768,388	\$ (13,457,520)	\$ —	\$ 66,310,868	xxx	xxx	xxx	xxx	xxx

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

GI Reference	Difference between Note and GI (Per Column 9 above)	Explanation
25.04 + 25.05		
26.21		
26.22		
26.23		
26.24		
26.25		
26.26		
26.27		
26.28		
26.29		
26.31		
26.30		
26.32		

(2) The Company did not have any assets pledged as collateral not captured in other categories at December 31, 2025 or 2024.

(3) The Company did not have any other restricted assets at December 31, 2025 or 2024.

(4) The Company did not have any collateral received and reflected within its financial statements at December 31, 2025.

M. The Company did not have any working capital finance investments at December 31, 2025.

N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at December 31, 2025.

O. The Company did not have any 5GI securities at December 31, 2025 or 2024.

P. The Company did not have any short sales at December 31, 2025.

NOTES TO FINANCIAL STATEMENTS

Q. Prepayment Penalty and Acceleration Fees at December 31, 2025:

Prepayment Penalty and Acceleration Fees	
	General Account
1. Number of CUSIPs	14
2. Aggregate Amount of Investment Income	\$ 56,517

R. Reporting Entity’s Share of Cash Pool by Asset type

The Company’s investment in the qualified cash pool is reported in cash equivalents. The Company’s investment in the qualified cash pool is \$34,296,294 and \$33,927,659 for the years ended December 31, 2025 and 2024, respectively. The following table presents the percent share distribution by underlying asset type of the total qualified cash pool balance as of December 31, 2025:

Asset Type	Percent Share
(1) Cash	— %
(2) Cash Equivalents	98 %
(3) Short-Term Investments	2 %
(4) Total	100 %

S. The Company did not have Aggregate Collateral Loans By Qualifying Investment as of December 31, 2025 or 2024.

6. Joint Ventures, Partnerships, and Limited Liability Companies

- A. The Company did not have any joint ventures, partnerships, or limited liability companies that exceeded 10% of its admitted assets at December 31, 2025 or 2024.
- B. The Company does not have any impaired investments in joint ventures, partnerships, or limited liability companies at December 31, 2025 or 2024.

7. Investment Income

- A. Due and accrued income was excluded from surplus on the following bases:

Bonds - where collection of interest is uncertain.
Mortgage loans - all due and accrued interest on loans delinquent for more than one year and on other loans where collection of interest is uncertain.
- B. There was no amount excluded at December 31, 2025 or 2024.
- C. The gross, nonadmitted and admitted amounts for interest income due and accrued at

Interest Income Due and Accrued		Amount
1. Gross	\$	2,077,067
2. Nonadmitted		—
3. Admitted		2,077,067

- D. There were no amounts for aggregate deferred interest at December 31, 2025.
- E. There were no cumulative amounts for paid-in-kind interest included in the current principal balance at December 31, 2025.

8. Derivative Instruments

The Company did not have any derivative instruments at December 31, 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

A.

(1) The components of the net DTAs recognized in the Company's Statutory Statements of Assets and Liabilities, Capital and Surplus are as follows:

		12/31/2025			12/31/2024			Change		
		(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a)	Gross Deferred Tax Assets	\$ 769,336	\$ 758,953	\$ 1,528,289	\$ 1,777,020	\$ 810,813	\$ 2,587,833	\$ (1,007,684)	\$ (51,860)	\$ (1,059,544)
(b)	Statutory Valuation Allowance Adjustment	—	66,793	66,793	—	191,403	191,403	—	(124,610)	(124,610)
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	769,336	692,160	1,461,496	1,777,020	619,410	2,396,430	(1,007,684)	72,750	(934,934)
(d)	Deferred Tax Assets Nonadmitted	—	—	—	—	—	—	—	—	—
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	769,336	692,160	1,461,496	1,777,020	619,410	2,396,430	(1,007,684)	72,750	(934,934)
(f)	Deferred Tax Liabilities	334,102	692,160	1,026,262	338,860	619,410	958,270	(4,758)	72,750	67,992
(g)	Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 435,234	\$ —	\$ 435,234	\$ 1,438,160	\$ —	\$ 1,438,160	\$ (1,002,926)	\$ —	\$ (1,002,926)

(2) The amount of admitted gross DTAs admitted under each component of SSAP No. 101:

		12/31/2025			12/31/2024			Change		
		(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101										
(a)	Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ —	\$ —	\$ —	\$ 1,453,460	\$ —	\$ 1,453,460	\$ (1,453,460)	\$ —	\$ (1,453,460)
(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)	754,797	—	754,797	—	—	—	754,797	—	754,797
	1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	754,797	—	754,797	—	—	—	754,797	—	754,797
	2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XX	XX	20,841,889	XX	XX	20,975,126	XX	XX	(133,237)
(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.	14,539	692,160	706,699	323,560	619,410	942,970	(309,021)	72,750	(236,271)
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 769,336	\$ 692,160	\$ 1,461,496	\$ 1,777,020	\$ 619,410	\$ 2,396,430	\$ (1,007,684)	\$ 72,750	\$ (934,934)

(3)

	2025	2024
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	806 %	834 %
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 138,945,929	\$ 139,834,176

(4) The impact of tax planning strategies is as follows:

		12/31/2025		12/31/2024		Change	
		(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:							
(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)		\$ 769,336	\$ 692,160	\$ 1,777,020	\$ 619,410	\$(1,007,684)	\$ 72,750
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies		— %	— %	— %	— %	— %	— %
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)		769,336	692,160	1,777,020	619,410	(1,007,684)	72,750
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies		— %	— %	— %	— %	— %	— %

(b) Do the Company’s tax-planning strategies include the use of reinsurance? Yes [] No [X]

B. There are no DTLs that were not recognized at December 31, 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS

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

	(1) 12/31/2025	(2) 12/31/2024	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ (2,709,060)	\$ (3,192,594)	\$ 483,534
(b) Foreign	—	—	—
(c) Subtotal (1a+1b)	(2,709,060)	(3,192,594)	483,534
(d) Federal income tax on net capital gains	(98,287)	(43,967)	(54,320)
(e) Utilization of capital loss carry-forwards	—	—	—
(f) Other	—	—	—
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	(2,807,347)	(3,236,561)	429,214
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	184,868	149,224	35,644
(2) Unearned premium reserve	109,783	112,787	(3,004)
(3) Policyholder reserves	—	276,851	(276,851)
(4) Investments	—	—	—
(5) Deferred acquisition costs	—	—	—
(6) Policyholder dividends accrual	—	—	—
(7) Fixed assets	—	—	—
(8) Compensation and benefits accrual	—	—	—
(9) Pension accrual	—	—	—
(10) Receivables - nonadmitted	406,481	441,517	(35,036)
(11) Net operating loss carry-forward	—	—	—
(12) Tax credit carry-forward	—	—	—
(13) Other	68,204	796,641	(728,437)
(99) Subtotal (sum of 2a1 through 2a13)	769,336	1,777,020	(1,007,684)
(b) Statutory valuation allowance adjustment	—	—	—
(c) Nonadmitted	—	—	—
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	769,336	1,777,020	(1,007,684)
(e) Capital:			
(1) Investments	758,953	810,813	(51,860)
(2) Net capital loss carry-forward	—	—	—
(3) Real estate	—	—	—
(4) Other	—	—	—
(99) Subtotal (2e1+2e2+2e3+2e4)	758,953	810,813	(51,860)
(f) Statutory valuation allowance adjustment	66,793	191,403	(124,610)
(g) Nonadmitted	—	—	—
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	692,160	619,410	72,750
(i) Admitted deferred tax assets (2d + 2h)	1,461,496	2,396,430	(934,934)
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments	206,582	115,319	91,263
(2) Fixed assets	—	—	—
(3) Deferred and uncollected premium	—	—	—
(4) Policyholder reserves	—	—	—
(5) Other	127,520	223,541	(96,021)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	334,102	338,860	(4,758)
(b) Capital:			
(1) Investments	692,160	619,410	72,750
(2) Real estate	—	—	—
(3) Other	—	—	—
(99) Subtotal (3b1+3b2+3b3)	692,160	619,410	72,750
(c) Deferred tax liabilities (3a99 + 3b99)	1,026,262	958,270	67,992
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 435,234	\$ 1,438,160	\$ (1,002,926)

The change in net deferred income taxes is comprised of the following:

	12/31/2025	12/31/2024	Change
Total Deferred Tax Assets	\$ 1,461,496	\$ 2,396,430	\$ (934,934)
Total Deferred Tax Liabilities	(1,026,262)	(958,270)	(67,992)
Net Deferred Tax Assets/(Liabilities)	435,234	1,438,160	(1,002,926)
Tax Effect of Unrealized Gains/(Losses)			88,158
Change in Net Deferred Income Tax			<u>\$ (914,768)</u>

NOTES TO FINANCIAL STATEMENTS

The valuation allowance adjustment to gross DTAs was \$66,793 for December 31, 2025. The valuation allowance adjustment to gross DTAs was \$191,403 for December 31, 2024. The Company bases its estimates of the future realization of DTAs primarily on historic taxable income and existing DTLs.

- D. The provision for federal income taxes is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The items causing this difference were as follows:

	12/31/2025	Effective Tax Rate	12/31/2024	Effective Tax Rate
Provision computed at statutory rate	\$ (899,269)	21.0 %	\$ (2,966,535)	21.0 %
Transfer pricing adjustment	(853,604)	19.8 %	(904,532)	6.3 %
Tax-exempt interest	(68,873)	1.6 %	(122,721)	0.9 %
Change in nonadmitted assets	35,036	(0.7)%	286,726	(1.9)%
Prior year true-up	18,731	(0.4)%	(3,843)	0.0 %
Change in valuation allowance adjustment	(124,610)	2.9 %	(12,249)	0.1 %
Other	10	0.0 %	2	0.0 %
Total	<u>\$ (1,892,579)</u>	<u>44.2 %</u>	<u>\$ (3,723,152)</u>	<u>26.4 %</u>
Federal and foreign income taxes incurred	\$ (2,807,347)	65.7 %	\$ (3,236,561)	23.0 %
Change in net deferred income taxes	914,768	(21.5)%	(486,591)	3.4 %
Total statutory income taxes	<u>\$ (1,892,579)</u>	<u>44.2 %</u>	<u>\$ (3,723,152)</u>	<u>26.4 %</u>

The transfer pricing adjustment allows taxpayers to apply different methods to price current period intercompany services at arm’s length prices (i.e., prices at which unrelated entities would be willing to transact), which results in a permanent deduction for tax reporting purposes.

E.

- (1) At December 31, 2025 and 2024, the Company had no net capital loss or net operating loss carryforwards for tax purposes.
- (2) The amount of federal income taxes incurred that is available for recoupment in the event of future net losses is as follows:

Year	Ordinary	Capital	Total
2025	\$ —	\$ —	\$ —
2024	—	—	—
2023	N/A	—	—
Total	<u>\$ —</u>	<u>\$ —</u>	<u>\$ —</u>

- (3) The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at December 31, 2025 and 2024.

F.

- (1) At December 31, 2025, the Company's Federal Income Tax Return was consolidated with the following entities:

CVS PHARMACY, INC.	AETNA HEALTH OF UTAH, INC.
ACCENDO INSURANCE COMPANY	AETNA HEALTHASSURANCE PENNSYLVANIA, INC.
BRUIN ACQUISITION CO., INC.	AETNA RISK ASSURANCE COMPANY OF CONNECTICUT
CORAM ALTERNATE SITE SERVICES, INC.	COVENTRY HEALTH AND LIFE INSURANCE COMPANY
APRIA FINANCE HOLDINGS, INC.	AETNA BETTER HEALTH OF FLORIDA, INC. (F/K/A COVENTRY HEALTH CARE OF FLORIDA, INC.)
CORAM HEALTHCARE CORPORATION OF ALABAMA	COVENTRY HEALTH CARE OF ILLINOIS, INC.
CORAM HEALTHCARE CORPORATION OF GREATER D.C.	COVENTRY HEALTH CARE OF KANSAS, INC.
CORAM HEALTHCARE CORPORATION OF FLORIDA	COVENTRY HEALTH CARE OF MISSOURI, INC.
CORAM HEALTHCARE CORPORATION OF INDIANA	COVENTRY HEALTH CARE OF NEBRASKA, INC.
CORAM HEALTHCARE CORPORATION OF MASSACHUSETTS	COVENTRY HEALTH CARE OF VIRGINIA, INC.
CORAM HEALTHCARE CORPORATION OF MISSISSIPPI	COVENTRY HEALTH CARE OF WEST VIRGINIA, INC.
CORAM HEALTHCARE CORPORATION OF NORTHERN CALIFORNIA	DELAWARE PHYSICIANS CARE, INC.
CORAM HEALTHCARE CORPORATION OF NORTH TEXAS	FIRST HEALTH LIFE AND HEALTH INSURANCE COMPANY
CORAM HEALTHCARE CORPORATION OF NEVADA	HEALTH RE, INC.
CORAM HEALTHCARE CORPORATION OF GREATER NEW YORK	AETNA BETTER HEALTH OF WASHINGTON, INC.
CORAM HEALTHCARE CORPORATION OF SOUTHERN CALIFORNIA	AETNA BETTER HEALTH OF NORTH CAROLINA, INC.
CORAM HEALTHCARE CORPORATION OF SOUTHERN FLORIDA	CVS AOC CORPORATION

NOTES TO FINANCIAL STATEMENTS

CORAM HEALTHCARE CORPORATION OF UTAH

SKY ACQUISITION LLC
T2 MEDICAL, INC.

ALABAMA CVS PHARMACY, L.L.C.
CVS ARCLIGHT, INC.
CONNECTICUT CVS PHARMACY, L.L.C.
DELAWARE CVS PHARMACY, L.L.C.
HOLIDAY CVS, L.L.C.
IOWA CVS PHARMACY, L.L.C.
CVS INTERNATIONAL, INC.
KENTUCKY CVS PHARMACY, L.L.C.
MASSACHUSETTS CVS PHARMACY, INC.
MARYLAND CVS PHARMACY, L.L.C.
NORTH CAROLINA CVS PHARMACY, L.L.C.
OKLAHOMA CVS PHARMACY, L.L.C.
CVS PR CENTER, INC.
TENNESSEE CVS PHARMACY, L.L.C.
VIRGINIA CVS PHARMACY, L.L.C.
ECKERD CORPORATION OF FLORIDA, INC.
E.T.B., INC.

CVS WWRE, INC.
CVS RX SERVICES, INC.
MELVILLE REALTY CO., INC.
MINUTECLINIC DIAGNOSTIC OF ILLINOIS, P.L.L.C.
ACS ACQCO CORP.
ADVANCED CARE SCRIPTS, INC
CVS CAREMARK INDEMNITY LTD.
CVS FOREIGN, INC.
RICHMOND HEIGHTS ACQUISITION CORP.
SILVERSCRIPT INSURANCE COMPANY
RETRAC, INC.

UAC HOLDING, INC.

CAREMARK ULYSSES HOLDING CORP.

AETNA INC.
@ CREDENTIALS INC.
ACTIVE HEALTH MANAGEMENT, INC.
ADMINCO, INC.
ADMINISTRATIVE ENTERPRISES, INC.

CVS ACCOUNTABLE CARE ORGANIZATION INC.
AETNA IRELAND INC.
AETNA STUDENT HEALTH AGENCY, INC.
AMERICAN HEALTH HOLDING, INC.
AUSHC HOLDINGS, INC. (CT)
ATTAIN INSURANCE SERVICES INC. (F/K/A CAREFREE INSURANCE SERVICES, INC.)
CLAIMS ADMINISTRATION CORPORATION
COFINITY, INC.
COVENTRY CONSUMER ADVANTAGE, INC.
COVENTRY HEALTH CARE NATIONAL ACCOUNTS, INC.
COVENTRY HEALTH CARE NATIONAL NETWORK, INC.
COVENTRY HEALTHCARE MANAGEMENT CORPORATION
COVENTRY PRESCRIPTION MANAGEMENT SERVICES, INC.
ECHO MERGER SUB, INC
FIRST HEALTH GROUP CORP.
FLORIDA HEALTH PLAN ADMINISTRATORS, LLC
HEALTH AND HUMAN RESOURCE CENTER, INC.
HEALTH DATA & MANAGMENT SOLUTIONS, INC.
MANAGED CARE COORDINATORS, INC.
MENTAL HEALTH ASSOCIATES, INC.
MENTAL HEALTH NETWORK OF NEW YORK IPA, INC.
MERITAIN HEALTH, INC.
NIAGARA RE, INC.
PERFORMAX, INC.
PRECISION BENEFIT SERVICES, INC.
PRIMENET, INC.

MINUTECLINIC TELEHEALTH SERVICES OF TEXAS ASSOCIATION

AETNA CORPORATE SERVICES LLC
AETNA BETTER HEALTH OF ILLINOIS, INC. (F/K/A ILLINICARE HEALTH PLAN, INC.)
AETNA HEALTH AND LIFE INSURANCE COMPANY
AETNA BETTER HEALTH OF INDIANA INC.
ZINC HEALTH VENTURES, LLC
US BIOSERVICES CORPORATION
APS ENTERPRISES HOLDING COMPANY, INC
IHS ACQUISITION XXX, INC
PHARM PLUS ACQUISTION, INC
NORTH 53, LLC
CVS HEALTHCARE PRACTICES PLLC
CVS HEALTHCARE PRACTICES LLC
CVS HEALTHCARE PRACTICES OF NEW JERSEY LLC
CVS HEALTHCARE PRACTICES OF CALIFORNIA
MINUTECLINIC DIAGNOSTICS OF MICHIGAN, P.C.
IN PERSON, VIRTUAL MEDICAL SERVICES PLLC
CVS SAFIR SOURCING LLC
GEMINI HEALTH HOLDING, LLC
MC MEDICAL GROUP OF NEVADA, P.C. (F/K/A PAREKH MINUTECLINIC OF NEVADA, P.C.)
MINUTECLINIC VIDEO VIRTUAL CARE, PLLC
MINUTECLINIC VIDEO VIRTUAL CARE NORTH, LLC
MINUTECLINIC DIAGNOSTICS OF INDIANA, LLC
MINUTECLINIC DIAGNOSTIC OF WASHINGTON, PLLC
MINUTECLINIC DIAGNOSTIC OF TENNESSEE, P.C.
MINUTECLINIC DIAGNOSTIC OF NEW JERSEY, LLC
MINUTECLINIC DIAGNOSTIC OF MINNESOTA, P.A.
NOAH HOLDCO I, INC.
NOAH HOLDCO II, INC.
MINUTECLINIC DIAGNOSTIC OF KANSAS, P.A.
MINUTECLINIC DIAGNOSTIC MEDICAL GROUP OF SAN DIEGO, INC.
MINUTECLINIC DIAGNOSTIC MEDICAL GROUP OF ORANGE COUNTY, INC.
MINUTECLINIC DIAGNOSTIC MEDICAL GROUP OF CALIFORNIA, INC.
MINUTE CLINIC DIAGNOSTIC OF NORTH CAROLINA, P.C.
MC DIAGNOSTIC OF CONNECTICUT, P.C.
HALO HOLDCO I, INC.
HALO HOLDCO II, INC.
MEDICAL GROUP OF NEW YORK, P.C. (F/K/A ERIC C. MARSHALL, M.D., P.C.)
BROOKVIEW MEDICAL ASSOCIATES, PLLC
OAK STREET HEALTH INC.
OAK STREET HEALTH MSO LLC
RUBICONMD HOLDINGS INC.
RUBICON MD INC
SIGNIFY HEALTH, INC.

SIGNIFY NEWCO, INC.
SIGNIFY HEALTH MEDICAL ASSOCIATES OF CALIFORNIA, P.C.
SIGNIFY HEALTH MEDICAL ASSOCIATES OF KANSAS, LLC
SIGNIFY HEALTH MEDICAL ASSOCIATES OF NEW JERSEY, LLC
SIGNIFY HEALTH MEDICAL ASSOCIATES, PLLC
MINUTECLINIC PRIMARY CARE-CALIFORNIA
MINUTECLINIC PRIMARY CARE-NORTH CAROLINA, PLLC
MINUTECLINIC PRIMARY CARE-WISCONSIN, LLC
NOVA NEW JERSEY PHYSICIAN GROUP LLC
NOVA PHYSICIAN GROUP PLLC
HELLA GROUP LLC
MC MEDICAL GROUP OF D.C., P.C.
MINUTECLINIC PRIMARY CARE-CONNECTICUT, PLLC
MINUTECLINIC PRIMARY CARE-DC, PLLC
MINUTECLINIC PRIMARY CARE-KANSAS, LLC
MINUTECLINIC VIDEO VIRTUAL CARE OF WISCONSIN, S.C.
OAK STREET HEALTH PHYSICIAN GROUP OF DELAWARE LLC
GRIFFIN MYERS MEDICAL P.C.
JESSICA HUANG M.D. P.C. DBA RUBICON PHYSICIANS
NEW YORK PHYSICIAN TELEMEDICINE PLLC

NOTES TO FINANCIAL STATEMENTS

PRODIGY HEALTH GROUP, INC.	OAK STREET HEALTH OF GEORGIA P.C.
PROFESSIONAL RISK MANAGEMENT, INC.	OAK STREET HEALTH OF TEXAS PLLC
RESOURCES FOR LIVING, LLC	OAK STREET HEALTH PHYSICIANS GROUP OF ALABAMA LLC
SCHALLER ANDERSON MEDICAL ADMINISTRATORS INC	OAK STREET HEALTH PHYSICIANS GROUP OF ARIZONA PLLC
THE VASQUEZ GROUP, INC.	OAK STREET HEALTH PHYSICIANS GROUP OF ARKANSAS PLLC
	OAK STREET HEALTH PHYSICIANS GROUP OF COLORADO PLLC
U.S. HEALTH CARE PROPERTIES, INC.	OAK STREET HEALTH PHYSICIANS GROUP OF IOWA LLC
	OAK STREET HEALTH PHYSICIANS GROUP OF KANSAS LLC
WORK & FAMILY BENEFITS, INC.	OAK STREET HEALTH PHYSICIANS GROUP OF KENTUCKY PLLC
AETNA BETTER HEALTH, INC. (CONNECTICUT)	OAK STREET HEALTH PHYSICIANS GROUP OF LOUISIANA LLC
AETNA BETTER HEALTH INC. (GEORGIA)	
	OAK STREET HEALTH PHYSICIANS GROUP OF MISSISSIPPI LLC
AETNA BETTER HEALTH PREMIER PLAN MMAI INC. (F/N/A AETNA BETTER HEALTH INC. (IL))	OAK STREET HEALTH PHYSICIANS GROUP OF MISSOURI LLC
AETNA BETTER HEALTH, INC. (LA)	OAK STREET HEALTH PHYSICIANS GROUP OF NEW MEXICO LLC
AETNA BETTER HEALTH INC. (NJ)	OAK STREET HEALTH PHYSICIANS GROUP OF OKLAHOMA LLC
AETNA BETTER HEALTH INC. (NY)	OAK STREET HEALTH PHYSICIANS GROUP OF SOUTH CAROLINA LLC
	OAK STREET HEALTH PHYSICIANS GROUP, P.C.
AETNA BETTER HEALTH INC. (OH)	
AETNA BETTER HEALTH, INC. (PA)	OSH-IL PHYSICIANS GROUP, LLC
	OSH-IN PHYSICIANS GROUP, PC
AETNA BETTER HEALTH OF TENNESSEE INC. (F/K/A AETNA BETTER HEALTH INC. (TN))	
AETNA BETTER HEALTH OF CALIFORNIA, INC.	OSH-MI PHYSICIANS GROUP, PC
AETNA HEALTH OF OHIO, INC. (F/K/A AETNA BETTER HEALTH OF IOWA, INC.)	OSH-NJ PHYSICIANS GROUP, PC
AETNA BETTER HEALTH OF KENTUCKY INSURANCE CO.	OSH-OH PHYSICIANS GROUP, LLC
AETNA BETTER HEALTH OF KANSAS INC.	OSH-RI PHYSICIANS GROUP, P.C.
AETNA BETTER HEALTH OF MICHIGAN, INC.	OSH-VA PHYSICIANS GROUP, PLLC
AETNA BETTER HEALTH OF MISSOURI LLC	RUBICONMD FLORIDA PHYSICIANS PLLC
AETNA BETTER HEALTH OF NEVADA INC.	RUBICONMD NEW JERSEY PHYSICIANS PLLC
AETNA BETTER HEALTH OF OKLAHOMA INC.	AETNA LIFE INSURANCE COMPANY
AETNA BETTER HEALTH OF TEXAS, INC.	AHP HOLDINGS, INC
AETNA DENTAL INC. (NEW JERSEY)	AETNA LIFE ASSIGNMENT COMPANY
AETNA DENTAL INC. (TEXAS)	AE FOURTEEN, INC.
AETNA DENTAL OF CALIFORNIA, INC.	CONTINENTAL LIFE INSURANCE CO OF BRENTWOOD, TN
AETNA FLORIDA, INC.	AMERICAN CONTINENTAL INSURANCE COMPANY
AETNA HEALTH INC. (CONNECTICUT)	AETNA ACO HOLDINGS, INC.
AETNA HEALTH INC. (FLORIDA)	CURETOPCO, LLC
AETNA HEALTH INC. (GEORGIA)	OSH-NJ LODS LLC
AETNA HEALTH INC. (LA)	PATIENTBLOX, INC.
AETNA HEALTH INC. (MAINE)	
AETNA HEALTH OF MICHIGAN INC. (F/K/A AETNA HEALTH INC. (MICHIGAN))	SUTTER HEALTH AND AETNA INSURANCE COMPANY
AETNA HEALTH INC. (NEW JERSEY)	INNOVATION HEALTH INSURANCE COMPANY
AETNA HEALTH INC. (NY)	INNOVATION HEALTH PLAN, INC.
AETNA HEALTH INC. (PENNSYLVANIA)	MEDICAL GROUP OF NEW YORK PRIMARY CARE, PLLC
AETNA HEALTH INC. (TEXAS)	OSH-MD PHYSICIAN GROUP P.C.
AETNA HEALTH INSURANCE CO	WISCONSIN CARESIDE PHYSICIAN GROUP S.C.
AETNA HEALTH INSURANCE COMPANY OF NEW YORK	IOWA CARESIDE PHYSICIAN GROUP L.L.C.
AETNA HEALTH OF CALIFORNIA INC.	INDIANA CARESIDE PHYSICIAN GROUP P.C.
AETNA HEALTH OF IOWA, INC	

(2) As explained in Note 1, the Company participates in a tax sharing agreement with its parent and affiliates.

- G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.
- H. The Company was not subject to the Repatriation Transition Tax at December 31, 2025 and 2024.
- I. The Company did not recognize any gross Alternative Minimum Tax credit at December 31, 2025 and 2024.

The CVS Health consolidated U.S. Federal income tax return filing group, of which the Company is a member, meets the average “adjusted financial statement income” threshold and is required to perform Corporate Alternative Minimum Tax ("CAMT") calculations. In accordance with a tax sharing agreement between CVS Health and the Company, an exception is in place whereby no allocation of CAMT expense will be made to the Company. As such, as of December 31, 2025, and 2024, the Company is not liable for CAMT and did not recognize any CAMT credit DTA.

NOTES TO FINANCIAL STATEMENTS

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

A. and B.:

The Company did not have any transactions during 2025 or 2024 with its parent, subsidiaries and affiliates excluding reinsurance transactions and non-insurance transactions involving less than ½ of 1% of the Company’s total admitted assets, and cost allocation transactions.

C. The Company did not have any transactions with related parties who are not reported on Schedule Y at December 31, 2025.

D. At December 31, 2025 and 2024, the Company had the following amounts due to and due from affiliates, which exclude amounts related to pharmacy rebate transactions as discussed more fully in Note 28 and the Company's reinsurance agreements if applicable.

	December 31,	
	2025	2024
Amounts due to affiliates		
Aetna Health Management, LLC	\$ 15,067,582	\$ 38,918,172
Total due to affiliates	\$ 15,067,582	\$ 38,918,172

At December 31, 2025 and 2024, the Company had no amounts due from affiliates.

The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter.

E. As of and for the years ended December 31, 2025 and 2024, the Company had the following significant transactions with affiliates:

The Company and Aetna Health Management, LLC (“AHM”) are parties to an administrative services agreement, under which AHM provides certain administrative services, which include but are not limited to, accounting and processing of premiums and claims. Under this agreement, the Company remits a percentage of its earned commercial and Medicare premium revenue, as applicable, to AHM as a fee, subject to an annual true up mechanism as defined in the agreement. Under the agreement, this true-up is due to be settled with the affiliate by April 15th of the following contract year (which is January 1 to December 31 annually). The terms of settlement require that these amounts be settled within 45 days after the end of the calendar quarter. For these services, the Company was charged \$49,369,181 and \$51,920,202 in 2025 and 2024, respectively.

The agreement with AHM also enables the Company to receive manufacturers' pharmacy rebates from CaremarkPCS Health, L.L.C. (“Caremark”), an affiliate, to deliver pharmacy benefit management services to the Company via AHM. The Company earned pharmaceutical rebates of \$21,769,814 and \$25,089,618, which were recorded as a reduction of medical costs, in 2025 and 2024, respectively.

These agreements also provide for interest on all intercompany balances. Interest earned on amounts due from affiliates was \$271,203 in 2025 and \$238,493 in 2024. Interest incurred on amounts due to affiliates was \$331,984 in 2025 and \$321,562 in 2024.

The Company has an insolvency agreement with Aetna Health Insurance Company (“AHIC”), a wholly-owned subsidiary of Aetna. This agreement provides that in the event that the Company ceases operations or becomes insolvent, AHIC will continue to pay benefits for any members confined as inpatients on the date of insolvency until their discharge. This agreement also provides that AHIC will continue benefits for any member until the end of the contract period for which premium has been paid, but for no longer than thirty-one days. AHIC will also make available to members, for a period of thirty-one days, replacement insurance policies.

As explained in Note 1, Aetna and its wholly-owned subsidiaries, including the Company, participate in a tax sharing agreement with CVS Health. All federal income tax receivables/payables are due from/due to CVS Health.

F. At December 31, 2025, the Company has a guarantor agreement with Aetna. The agreement provides that in the event of the Company's insolvency, Aetna will pay all expenses and claims incurred by the Company during insolvency pursuant to the obligation with employer groups and subscribers until the end of the subscription contract period for which premiums have been received.

G. All outstanding shares of the Company are owned by Aetna Health Holdings, LLC, whose ultimate parent is CVS Health.

H. At December 31, 2025, the Company did not own shares of an upstream intermediate entity or CVS Health, either directly or indirectly.

I. At December 31, 2025, the Company did not hold any investments in any subsidiary, controlled or affiliated (“SCA”) entity that exceeded 10% of the Company’s admitted assets.

J. At December 31, 2025, the Company did not hold any investments in any impaired SCA entity.

K. At December 31, 2025, the Company did not hold any investments in any foreign insurance subsidiaries.

L. At December 31, 2025, the Company did not hold any investments in a downstream noninsurance holding company.

NOTES TO FINANCIAL STATEMENTS

- M. At December 31, 2025, the Company did not have any SCA investments.
- N. At December 31, 2025, the Company did not have any investments in an insurance SCA.
- O. The Company did not have any SCA or SSAP No. 48 entity investments where the Company's share of losses in the SCA exceeds its investment in the SCA.

11. Debt

- A. The Company did not have any items related to debt, including capital notes at December 31, 2025.
- B. The Company did not have any Federal Home Loan Bank agreements at December 31, 2025.
- C. The Company did not have any unused commitments or lines of credit for financing arrangements as of December 31, 2025.

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

- A.- I. The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefit plan at December 31, 2025 or 2024.

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. The Company had 200 shares of common capital stock with a par value of \$1 per share authorized, issued and outstanding at December 31, 2025 and 2024.
- B. The Company had no shares of preferred stock authorized, issued and outstanding at December 31, 2025 or 2024.
- C. Dividend Restrictions

Under the laws of the State of New Jersey, the Company shall not pay out dividends without the prior written approval of the New Jersey Department. The New Jersey Department may disapprove the dividend request for a period of 30 days after the receipt of notification.

Pursuant to New Jersey statute, no domestic insurer shall pay an extraordinary distribution to its shareholders until: (a) thirty days after the New Jersey Department has received notice of the declaration thereof and has not within such period disapproved such payment, or (b) the New Jersey Department approves such payment within the 30-day period. An extraordinary dividend or distribution is any dividend or distribution of cash or other property, whose fair market value together with that of other dividends or distributions made within the preceding twelve months exceeds the greater of: (a) 10% of the Company's surplus as regards to policyholders as of the 31st day of December next preceding, or (b) the net income, not including realized gains, for the 12 month period ending the 31st day of December next preceding, but shall not include pro rata distributions of any class of the Company's own securities.

- D. The Company did not pay any dividends in 2025 or 2024 .
- E. Within the limitations of (C) above, there are no other restrictions placed on the portion of the Company profits that may be paid as ordinary dividends to stockholders.
- F. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- G. The Company had no advances to surplus not repaid.
- H. The Company did not hold any stock for any special purposes at December 31, 2025 or 2024.
- I. There were no changes in the balances of special surplus funds from the prior year.
- J. At December 31, 2025, there was \$(318,508) of unassigned funds that was represented or reduced by unrealized gains and losses.
- K. The Company has not issued any surplus notes or debentures or similar obligations at December 31, 2025 or 2024.
- L. The Company did not participate in any quasi-reorganizations during the statement year.
- M. The Company did not participate in any quasi-reorganizations in the past 10 years.

14. Liabilities, Contingencies and Assessments

- A. The Company did not have any contingent commitments at December 31, 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS

B. Assessments

Guaranty Fund Assessments

- (1) Under guaranty fund laws existing in all states, insurers doing business in those states can be assessed (in most states up to prescribed limits) for certain obligations of insolvent insurance companies to policyholders and claimants. The life and health insurance guaranty associations in which the Company participates that operate under these laws respond to insolvencies of long-term care insurers and life insurers as well as health insurers. The Company's assessments generally are based on a formula relating to the Company's health care premiums in the state compared to the premiums of other insurers. Certain states allow assessments to be recovered over time as offsets to premium taxes. Some states have similar laws relating to HMOs and/or other payers such as not-for-profit consumer-governed health plans established under the ACA.

The Company did not have any contingent assessments at December 31, 2025 or 2024.

- C. The Company did not have any gain contingencies at December 31, 2025 or 2024.

- D. The Company did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits at December 31, 2025 or 2024.

- E. The Company did not have any joint and several liability arrangements at December 31, 2025 or 2024.

- F. Various liabilities arise in the normal course of the Company's business and have been recorded. In the opinion of management, any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position. The Company, to the best of its knowledge, has no assets that it considers impaired that are not already recorded in the Company's books.

The Company maintains insurance coverage for certain litigation exposures in an amount it believes is reasonable.

15. Leases

The Company did not have any material lease obligations at December 31, 2025 or 2024.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk at December 31, 2025 or 2024.

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

A. Transfers of Receivables Reported as Sales

The Company did not have any transfers of receivables reported as sales for the years ending December 31, 2025 or 2024.

B. Transfer and Servicing of Financial Assets

- (1) The Company did not have any loaned securities at December 31, 2025 or 2024.

- (2) and (3):

The Company did not have any servicing assets or liabilities at December 31, 2025 or 2024.

- (4) The Company did not have any securitized financial assets at December 31, 2025 or 2024.

- (5) The Company did not have any transfers of financial assets accounted for as secured borrowing at December 31, 2025 or 2024.

- (6) The Company did not have any transfers of receivables with recourse at December 31, 2025 or 2024.

- (7) The Company did not have any dollar repurchase or reverse repurchase agreements at December 31, 2025 or 2024.

C. Wash Sales

- (1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.

- (2) The Company had no securities sold during the year for the year ended December 31, 2025 and reacquired within 30 days of the sale date.

NOTES TO FINANCIAL STATEMENTS

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

- A. The Company did not serve as an Administrative Services Only ("ASO") plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2025.
- B. The Company did not serve as an Administrative Services Contract plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2025.
- C. Medicare or Similarly Structured Cost Based Reimbursement Contract:
- (1) Revenue from the Company's Medicare (or similarly structured cost based reimbursement contract) contract for the year 2025 was \$452,120,663.
 - (2) As of December 31, 2025, the Company has recorded receivables from the following payors whose account balances are greater than 10% of the Company's amounts receivable from uninsured accident and health plans or \$10,000:

Centers for Medicare and Medicaid Services	\$4,110,197
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 - (3) In connection with the Company's Medicare (or similarly structured cost based reimbursement contract) contract, the Company has recorded allowance and reserves for adjustment of recorded revenues as and if applicable.
 - (4) CMS periodically perform audits of Medicare revenue and may seek return of premium payments made to the Company if risk adjustment factors are not properly supported by medical record data. The Company estimates and records reserves for CMS audits based on information available at the time the estimates are made. Although the Company believes it maintains appropriate reserves for its exposure to the CMS audits, actual results could differ materially from those estimates.

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

The Company did not have any material direct premiums written through/produced by managing general agents or third party administrators for the years ended December 31, 2025 or 2024.

20. Fair Value Measurements

- A.
- (1) The Company had no material assets and liabilities that are measured and reported at fair value in the financial statements as of December 31, 2025 or 2024.
 - (2) There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2025 or 2024.
 - (3) Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.
 - (4) The Company's fair value measurement valuation techniques are described in B. below.
 - (5) The Company did not have any derivative instruments at December 31, 2025 or 2024.
- B. The fair values of the Company's financial instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:
- **Level 1** - Unadjusted quoted prices for identical assets or liabilities in active markets.
 - **Level 2** - Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
 - **Level 3** - Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

NOTES TO FINANCIAL STATEMENTS

C. The carrying values and estimated fair values of the Company's financial instruments at December 31, 2025 and 2024 were as follows:

December 31, 2025

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Issuer credit obligations	\$155,101,588	\$153,817,351	\$ 54,127,750	\$100,973,838	\$ —	\$ —	\$ —
Asset-backed securities	28,374,015	28,622,534	—	28,374,015	—	—	—
Cash equivalents and money market funds	34,296,294	34,296,294	—	34,296,294	—	—	—
Mortgage loans	4,556,016	4,423,317	—	—	4,556,016	—	—

December 31, 2024

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, short-term investments and cash equivalents	\$240,365,771	\$243,200,903	\$ 60,137,776	\$180,227,995	\$ —	\$ —	\$ —
Mortgage loans	4,631,066	4,537,170	—	—	4,631,066	—	—

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

- D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.
- E. The Company has not elected to use the net asset value practical expedient to fair value to measure its investments.

21. Other Items

A. Unusual or Infrequent Items

The Company did not have any unusual or infrequent items for the years ended December 31, 2025 or 2024.

B. Troubled Debt Restructuring

The Company did not have any troubled debt restructuring in the years ended December 31, 2025 or 2024.

C. Other Disclosures

Minimum Capital and Surplus

Under the laws of the State of New Jersey, the Company is required to maintain a minimum capital and surplus equal to the greater of (1) \$1,000,000 adjusted annually by the Consumer Price Index; (2) 2% of the annual premium revenues as reported by the Company on its most recent annual financial statement filed with the Commissioner of Health and Commissioner of Banking and Insurance for the first \$150,000,000 of premium reported and 1% of the annual premium in excess of the first \$150,000,000 of premium reported; (3) an amount equal to the sum of three months of uncovered health care expenditures; or (4) an amount equal to the sum of 8% of the annual health care expenditures (not including those expenditures paid on a capitated basis and those made on a managed hospital payment basis) plus 4% of the annual hospital expenditures paid on a managed hospital payment basis. At December 31, 2025 and 2024, the Company's capital and surplus exceeded all such requirements.

The NAIC utilizes risk-based capital (“RBC”) standards for health organizations, including HMOs, that are designed to identify weakly capitalized companies by comparing each company’s adjusted capital and surplus to its required capital and surplus (the “RBC Ratio”). The RBC Ratio is designed to reflect the risk profile of a company. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring insurers to submit a comprehensive plan to the state insurance commissioner to requiring the state insurance commissioner to place the insurer under regulatory control. At December 31, 2025 and 2024, the Company had capital and surplus that exceeded the level that would require regulatory action.

Health Care Reform

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010’s (collectively, the “ACA”) made broad-based changes to the United States health care system. In June 2021, the United States Supreme Court dismissed a challenge on procedural grounds that argued the ACA is unconstitutional in its entirety and issued an opinion preserving the ACA and its consumer protections in its current form. Even though the ACA was deemed constitutional, there may nevertheless be continued efforts to invalidate, modify, repeal or replace portions of it. In addition to litigation, parts of the ACA continue to evolve through the promulgation of executive orders, legislation, regulations and guidance at the federal or state level. The Company expects the ACA, including potential changes thereto, to continue to significantly impact its business operations and operating results, including pricing, medical benefit ratios ("MBRs") and the geographies in which the Company's products are available.

NOTES TO FINANCIAL STATEMENTS

Medicare

The Company's Medicare Advantage products are heavily regulated by CMS. The regulations and contractual requirements applicable to the Company and other private participants in Medicare programs are complex, expensive to comply with and subject to change. For example, in the second quarter of 2014, CMS issued a final rule implementing the ACA requirements that Medicare Advantage plans report and refund to CMS overpayments that those plans receive from CMS. The precise interpretation, impact and legality of this rule are not clear and are subject to pending litigation. Payments the Company receives from CMS for its Medicare Advantage business also are subject to risk adjustment based on the health status of the individuals enrolled. Elements of that risk adjustment mechanism continue to be challenged by the U.S. Department of Justice, the Office of Inspector General of the HHS (the "OIG") and CMS itself. Substantial changes in the risk adjustment mechanism, including changes that result from enforcement or audit actions, could materially affect the amount of the Company's Medicare reimbursement, require the Company to raise prices or reduce the benefits offered to Medicare beneficiaries, and potentially limit the Company's (and the industry's) participation in the Medicare program.

The Company has invested significant resources to comply with Medicare standards, and its Medicare compliance efforts will continue to require significant resources. CMS may seek premium and other refunds, prohibit the Company from continuing to market and/or enroll members in or refuse to passively enroll members in one or more of the Company's Medicare or Medicare-Medicaid demonstration (historically known as "dual eligible") plans, exclude the Company from participating in one or more Medicare, dual eligible or dual eligible special needs plan programs and/or institute other sanctions and/or civil monetary penalties against the Company if it fails to comply with CMS regulations or its Medicare contractual requirements.

U.S. ex rel. Andrew Shea v. Aetna Life Insurance Company, et al. (U.S. District Court for the District of Massachusetts). In May 2025, the U.S. Attorney's Office for the District of Massachusetts filed a complaint-in-intervention in this previously sealed qui tam case. The complaint alleges that the Company and two other large health insurance companies paid kickbacks to insurance brokers to induce them to direct patients to their Medicare Advantage plans and, as a result, claims made to the government in connection with those plans violated the federal False Claims Act and Anti-Kickback Statute. The complaint also alleges that the Company engaged in discriminatory conduct. The Company is defending itself against these claims.

A portion of each Medicare Advantage plan's reimbursement is tied to the plan's "star ratings." The star rating system considers a variety of measures adopted by CMS, including quality of preventative services, chronic illness management, compliance and overall customer satisfaction. Only Medicare Advantage plans with an overall star rating of 4 or more stars (out of 5 stars) are eligible for a quality bonus in their basic premium rates. The Company's Medicare contract star rating for 2025 achieved 4 or more stars, and this increase in the star rating will mean that the Company will be eligible for CMS' quality bonus payments in 2026. CMS also gives Prescription Drug Plan ("PDP") star ratings that affect each PDP's enrollment. Medicare Advantage and PDP plans that are rated less than 3 stars for three consecutive years are subject to contract termination by CMS. CMS continues to revise its star ratings system to make it harder to achieve 4 or more stars. There can be no assurances that the Company will be successful in maintaining or improving its star ratings in future years. Accordingly, the Company's Medicare Advantage plans may not continue to be or become eligible for full level quality bonuses, which could adversely affect the benefits such plans can offer, reduce membership and/or reduce profit margins.

Federal Employees Health Benefits Program

The Company contracts with the OPM to provide managed health care services under the FEHB program in its service areas. These contracts with the OPM and applicable government regulations establish premium rating arrangements for this program. OPM regulations require that community-rated FEHB plans meet a FEHB program-specific minimum MLR by plan code and market. Managing to these rules is complicated by the simultaneous application of the minimum MLR standards and associated premium rebate requirements of the ACA. The OPM also is auditing the Company and its other contractors to, among other things, verify that plans meet their applicable FEHB program-specific MLR and the premiums established under the OPM's Insured contracts and costs allocated pursuant to the OPM's cost-based contracts are in compliance with the requirements of the applicable FEHB program. The OPM may seek premium refunds or institute other sanctions against the Company if the Company fails to comply with the FEHB program requirements.

- D. The Company did not have any business interruption insurance recoveries for the years ending December 31, 2025 or 2024.
- E. The Company did not have any state transferable and non-transferable tax credits for the years ending December 31, 2025 or 2024.
- F. The Company did not have any subprime mortgage related risk exposures at December 31, 2025 or 2024.
- G. The Company did not have any retained assets at December 31, 2025 or 2024.
- H. The Company did not have any insurance-linked securities contracts at December 31, 2025 or 2024.
- I. The Company did not have amounts that could be realized on life insurance at December 31, 2025 or 2024.

22. Events Subsequent

Type I - Recognized Subsequent Events

Subsequent events have been considered through February 27, 2026 for the statutory statement issued on February 27, 2026.

The Company had no known reportable recognized subsequent events.

NOTES TO FINANCIAL STATEMENTS

Type II - Nonrecognized Subsequent Events

Subsequent events have been considered through February 27, 2026 for the statutory statement issued on February 27, 2026. The Company had no known reportable nonrecognized subsequent events.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

If yes, give full details. N/A

- (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 an insured 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 nonpayment of premium or other similar credit?

Yes () No (X)

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. N/A.

- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement? N/A.

- (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)

If yes, give full details. N/A

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 insurer 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. N/A.

- (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)

If yes, what is the amount of reinsurance credit, whether an asset or a reduction of liability, taken for such new agreements or amendments? N/A.

B. The Company did not have uncollectible reinsurance at December 31, 2025 or 2024.

C. The Company did not have any commutation of ceded reinsurance at December 31, 2025 or 2024.

NOTES TO FINANCIAL STATEMENTS

- D. The Company's certified reinsurer's rating has not been downgraded or its status subject to revocation at December 31, 2025 or 2024.
- E. The Company had no reinsurance contracts to which the reinsurance credit disclosure applies at December 31, 2025.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. Through annual contracts with CMS, the Company’s Medicare Advantage revenues ultimately received for each member are based on that member’s health status and demographic characteristics, as determined via the CMS risk adjustment process, under which the Company regularly submits risk adjustment data to CMS. Under the risk adjustment process, the Company records a receivable for future revenues that it expects to receive from CMS in the following year, after the final reconciliation of risk adjustment data for the current contract year is complete. These amounts are recognized in the current year as premiums under contracts subject to redetermination. In addition, the Company’s Medicare Advantage contracts are subject to retrospective rating provisions under which the Company and CMS share in amounts above and below agreed-upon target medical benefit ratios.

Premium revenue subject to the minimum MLR rebate requirements of the ACA is recorded net of the estimated minimum MLR rebates for the current calendar year. The Company estimates the minimum MLR rebates by projecting MLRs for certain markets, as defined by the ACA, for each state in which the Company operates. The claims and premiums used in estimating such rebates are modified for certain adjustments allowed by the ACA and include a statistical credibility adjustment for those states with a number of members that is not statistically credible.

- B. Accrued retrospective premiums are recorded as an adjustment to earned premiums and are estimated based on calculations that compare the Company’s expected financial results for the contract against the appropriate medical benefit ratio target.

C. Contracts Subject to Retrospective Rating Features

The Company had net premiums written of \$468,829,217 that were subject to retrospective rating features for the year ending December 31, 2025 representing 100% of total net premiums written.

D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act

	1 Individual	2 Small Group Employer	3 Large Group Employer	4 Other Categories with rebates	5 Total
Prior Reporting Year					
(1) Medical Loss Ratio Rebates Incurred	—	—	1,301,687	—	1,301,687
(2) Medical Loss Ratio Rebates Paid	—	—	1,342,510	—	1,342,510
(3) Medical Loss Ratio Rebates Unpaid	—	—	1,320,969	—	1,320,969
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates Unpaid net of reinsurance	XXX	XXX	XXX	XXX	1,320,969
Current Reporting Year-to-Date					
(1) Medical Loss Ratio Rebates Incurred	—	—	666,934	—	666,934
(2) Medical Loss Ratio Rebates Paid	—	—	867,948	—	867,948
(3) Medical Loss Ratio Rebates Unpaid	—	—	1,119,955	—	1,119,955
(4) Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	—
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	—
(6) Rebates Unpaid net of reinsurance	XXX	XXX	XXX	XXX	1,119,955

E. Risk Sharing Provisions of the Affordable Care Act ("ACA")

- (1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)? Yes [] No [X]

(2) through (3): Not applicable.

NOTES TO FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claims Adjustment Expense

The following table shows the components of the change in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves for the years ended December 31, 2025 and 2024:

	2025	2024
Balance, January 1	\$ 53,363,842	\$ 53,651,527
Health care receivable	(3,173,331)	(3,384,007)
Balance, January 1, net of health care receivable	50,190,511	50,267,520
Incurred related to:		
Current year	436,017,407	425,118,538
Prior years	11,000,111	5,597,931
Total incurred	447,017,518	430,716,469
Paid related to:		
Current year	393,370,192	380,346,690
Prior years	50,709,611	50,446,788
Total paid	444,079,803	430,793,478
Balance, December 31, net of health care receivable	53,128,226	50,190,511
Health care receivable	3,297,977	3,173,331
Balance, December 31	\$ 56,426,203	\$ 53,363,842

- A. Reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years increased by \$11,000,111 in 2025 and \$5,597,931 in 2024. Changes in prior periods’ estimates represent the effect of unfavorable development of prior period health care cost estimates on current year net income, at each financial statement date. The unfavorable development of these reserves is primarily a result of the actual claim submission times for health care claims being longer than the Company had anticipated, as well as higher than expected health care cost trends in determining claims unpaid at prior financial statement date for both 2025 and 2024. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this increase, the Company experienced \$10,853,215 of unfavorable prior year claim development on retrospectively rated policies. However the business to which it relates is subject to premium adjustments.
- B. There has been no significant change in the Company’s methodologies and assumptions used in calculating the liability for unpaid claims and claim adjustment expenses.

26. Intercompany Pooling Arrangements

The Company did not have any intercompany pooling arrangements at December 31, 2025 or 2024.

27. Structured Settlements

The Company did not have any structured settlements at December 31, 2025 or 2024.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

The Company receives pharmaceutical rebates through an agreement with AHM. AHM has contractual agreements with Caremark for rebates, which cover the Company's membership as well as the membership of other affiliates. The Company receives those rebates from AHM that relate to the Company's membership. The Company estimates pharmaceutical rebate receivables based upon the historical payment trends, actual utilization and other variables. Actual rebates collected are applied to the collection periods below, using a first in first out methodology. At December 31, 2025 and 2024, the Company had pharmaceutical rebate receivables of \$1,956,691 and \$2,135,350, respectively (refer to the Company's accounting practices related to pharmaceutical rebate receivables in Note 1).

NOTES TO FINANCIAL STATEMENTS

The following table discloses the quarterly revenue and subsequent cash collections relating to the pharmaceutical rebates discussed in Note 10:

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing		Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2025	\$ 5,929,955	\$ —	\$ 3,993,610	¹	\$ —	\$ —
9/30/2025	5,651,340	5,597,413	5,625,528		—	—
6/30/2025	5,307,451	5,420,787	5,409,535		—	—
3/31/2025	5,178,797	5,053,664	5,043,002		—	—
12/31/2024	6,282,732	6,111,037	6,088,466		—	—
9/30/2024	6,369,634	6,275,640	6,263,255		—	—
6/30/2024	6,048,101	6,028,628	6,037,053		—	—
3/31/2024	5,786,572	5,789,527	5,782,649		—	—
12/31/2023	6,389,908	6,511,719	6,513,559		—	—
9/30/2023	6,428,186	6,397,761	6,401,625		—	—
6/30/2023	6,538,745	6,750,869	6,719,629		—	—
3/31/2023	6,356,348	6,468,361	6,444,794		—	—

¹ Represents a portion of the estimated rebates for the quarter ending December 31, 2025, which were paid by AHM to the Company prior to December 31, 2025 and invoicing in 2026.

B. Risk sharing receivables

The Company did not have any admitted risk sharing receivables at December 31, 2025 or 2024.

C. Medicare Prescription Payment Plan Receivables

- (1) Amounts included in other health care receivables which are recoverable from participants in Medicare Part D Prescription Payment Plan for December 31, 2025 were \$12,901.
- (2) Aging of other health care receivables which are due from participant in Medicare Part D Prescription Payment Plan.

1	2	3	4	5	6	7	8
Name of Plan	Current Period Gross*	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Medicare Prescription Payment Plan Recoverables	\$ 95,647	\$ 12,901	\$ 11,969	\$ 8,641	\$ 29,446	\$ 82,746	\$ 12,901

*represents the Assets Page Column 1, included within Line 24 before nonadmission.

- (3) The Company did not have any write-offs of impaired Medicare Prescription Payment Plan receivables for December 31, 2025 or 2024.

29. Participating Policies

The Company did not have any participating policies at December 31, 2025 or 2024.

30. Premium Deficiency Reserves

December 31, 2025

1. Liability carried for premium deficiency reserves

\$—
2. Date of the most recent evaluation of this liability

12/31/2025
3. Was anticipated investment income utilized in the calculation?

Yes ☐ No ☒

31. Anticipated Salvage and Subrogation

The Company did not reduce its liability for unpaid claims/losses by any estimated anticipated salvage and subrogation at December 31, 2025 or 2024 as the Company records salvage and subrogation on a paid basis when cash is received.

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 [X] 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 [X] 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 [X] 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.

0000064803

2.1

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

Yes [] No [X]

2.2

If yes, date of change:

3.1

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

12/31/2020

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.

12/31/2020

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).

06/28/2022

3.4

By what department or departments?
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 [X]

3.6

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

Yes [] No [] N/A [X]

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 [X]
Yes [] No [X]

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 [X]
Yes [] No [X]

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 [X]

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 [X]

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 [X]

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).

0.0 %

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

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board?

Yes [☐] No [☒]
- 8.2

If the response to 8.1 is yes, please identify the name of the DIHC.
.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [☐] No [☒]
- 8.4

If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

- 8.5

Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company?

Yes [☐] No [☒]
- 8.6

If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes [☐] No [☒] N/A [☐]
9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Ernst & Young LLP; One Manhattan West; New York, NY 10001
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [☐] No [☒]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes [☐] No [☒]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [☒] No [☐] N/A [☐]
- 10.6

If the response to 10.5 is no or n/a, please explain.
.....
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Kyle Richardson, F.S.A., M.A.A.A.
151 Farmington Avenue, RE52
Hartford, CT 06156; Appointed Actuary
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [☐] No [☒]
- 12.11

Name of real estate holding company ...
- 12.12

Number of parcels involved

0
- 12.13

Total book/adjusted carrying value

\$0
- 12.2

If yes, provide explanation
.....
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
N/A
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [☐] No [☐]
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [☐] No [☐]
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [☐] No [☐] N/A [☐]
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [☒] No [☐]
- a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c.

Compliance with applicable governmental laws, rules and regulations;
- d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e.

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
.....
- 14.2

Has the code of ethics for senior managers been amended?

Yes [☒] No [☐]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
In the fourth quarter of 2025, the Code of Conduct was amended. The amendment included improved language, branding, and formatting throughout the document, updated language for improved clarity, added language regarding the CVS Health Supplier Ethical Standards, removed a section, relocated text, updated multiple section names, updated text to guide colleagues to the appropriate resources for guidance, questions, and concerns, updated language to align with policies, added language to remind colleagues to be mindful of licensure requirements, updated examples, simplified language for clarity and readability, updated the name of a policy, revised language regarding approvals for CVS Health stock trades by certain Key Persons, updated list of characteristics protected under law, updated language pertaining to colleagues and social media, enhanced the description of money laundering for better clarity and readability, clarified that the Company will take appropriate corrective action when colleagues participate in, encourage, direct, facilitate or permit non-compliant activities, modified notice section, and other minor updates throughout the document.
In the first quarter of 2025 the Code of Conduct was amended. The changes made were updating the name of a section, report, and policy, and made minor improvements to the spacing and formatting.
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐] No [☒]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

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?
- 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.
- Yes [] No [X]

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....			0

BOARD OF DIRECTORS

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?
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?
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 []
- Yes [X] No []
- Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 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?
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- 22.2 If answer is yes:
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- 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?
- 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.
- Yes [] No [X]
- 20.11 To directors or other officers.....\$0
- 20.12 To stockholders not officers.....\$0
- 20.13 Trustees, supreme or grand (Fraternal Only)\$0
- 20.21 To directors or other officers.....\$0
- 20.22 To stockholders not officers.....\$0
- 20.23 Trustees, supreme or grand (Fraternal Only)\$0
- Yes [] No [X]
- 21.21 Rented from others.....\$0
- 21.22 Borrowed from others.....\$0
- 21.23 Leased from others\$0
- 21.24 Other\$0
- Yes [X] No []
- 22.21 Amount paid as losses or risk adjustment \$0
- 22.22 Amount paid as expenses\$550,754
- 22.23 Other amounts paid\$0
- Yes [] No [X]
-\$0
- Yes [] No [X]

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)
.....	

INVESTMENT

- 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)
N/A

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. \$ 0

25.05 For the reporting entity's securities lending program, report amount of collateral for other programs. \$ 0

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 66,310,868

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
		0

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 []

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.

Yes [] No []

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. \$ 0

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
State Street Bank and Trust Company	State Street Financial Center, Corporate Headquarters One Congress Street Boston, MA 02114-2016

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Aetna Health Inc. (a New Jersey corporation)

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
Derek S. Blunt as Senior Investment Officer	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 [] N/A [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 [] N/A [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 Central Registration Depository Number	2 Name of Firm or Individual	3 Registered With	4 Investment Management Agreement (IMA) Filed
.....	Derek S. Blunt	Not registered	NO.....

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
.....		0
30.2999 - Total		0

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....		0	.....

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Aetna Health Inc. (a New Jersey corporation)

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 Issuer Credit Obligations	153,817,351	155,101,588	1,284,237
31.2 Asset-Backed Securities	28,622,534	28,374,015	(248,519)
31.3 Preferred stocks	0		0
31.4 Totals	182,439,885	183,475,603	1,035,718

31.5 Describe the sources or methods utilized in determining the fair values:
Fair value of long term bonds and preferred stocks are determined based on quoted market prices when available, fair values using valuation methodologies based on available and observable market information or by using matrix pricing. If quoted market prices are not available, we determine fair value using broker quoted or an internal analysis of each investment's financial performance and cash flow projections. Short Term investments are carried at amortized cost which approximated fair value. The carrying value of cash equivalents approximated fair value.

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 [X] No [] N/A []

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?

\$0
- 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 |
| ..... | .....0 |
- 41.1

Amount of payments for legal expenses, if any?

\$ 197,205
- 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 |
| ..... | .....0 |
- 42.1

Amount of payments for expenditures in connection with matters before legislative bodies, officers, or departments of government, if any?

\$0
- 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 |
| ..... | .....0 |

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.

\$ 0

1.3

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

\$ 0

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

\$ 0

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

468,887,252

453,093,961

2.2

Premium Denominator

468,887,252

453,093,961

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

101,425,151

100,217,620

2.5

Reserve Denominator

101,425,151

100,217,620

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 [X]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2

If no, explain:
The Company does not have any stop loss agreements.

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$ 9,999,999

5.32

Medical Only

\$ 0

5.33

Medicare Supplement

\$ 0

5.34

Dental & Vision

\$ 0

5.35

Other Limited Benefit Plan

\$ 0

5.36

Other

\$ 0

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:
Provider contracts contain hold harmless and continuity of coverage provisions. In addition, the Company maintains an insolvency protection agreement with an affiliate of the Company.

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

82,347

8.2

Number of providers at end of reporting year

90,642

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.. \$.....

0

9.22

Business with rate guarantees over 36 months

\$.....

0

28

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Aetna Health Inc. (a New Jersey corporation)

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.....\$ 14,121,910

10.22 Amount actually paid for year bonuses.....\$ 8,506,759

10.23 Maximum amount payable withholds.....\$ 0

10.24 Amount actually paid for year withholds.....\$ 0

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 [] No [X]

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. \$ 34,472,800

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
See Notes to Financial Statement - Note 21, Other Items, C., Other Disclosures.

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

1
Name of Service Area
The Company is licensed in all counties in the 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. \$ 0

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. \$ 0

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
.....			0	0	0	0
.....						

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 \$ 0

15.2 Total Incurred Claims \$ 0

15.3 Number of Covered Lives 0

*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 2025	2 2024	3 2023	4 2022	5 2021
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	262,483,250	287,580,008	250,804,209	239,334,416	235,452,558
2. Total liabilities (Page 3, Line 24)	123,102,087	146,307,672	103,609,756	100,203,236	103,564,548
3. Statutory minimum capital and surplus requirement	34,472,800	33,550,376	33,252,825	38,730,922	43,557,454
4. Total capital and surplus (Page 3, Line 33)	139,381,163	141,272,336	147,194,453	139,131,180	131,888,010
Income Statement (Page 4)					
5. Total revenues (Line 8)	468,887,252	453,093,961	510,730,241	528,489,322	589,527,173
6. Total medical and hospital expenses (Line 18)	434,582,729	422,643,948	423,029,754	456,219,379	520,450,336
7. Claims adjustment expenses (Line 20)	12,434,789	8,072,521	13,189,207	10,319,044	10,782,290
8. Total administrative expenses (Line 21)	37,525,590	44,252,057	56,977,367	55,505,102	55,996,339
9. Net underwriting gain (loss) (Line 24)	(14,337,517)	(23,192,904)	17,533,913	6,445,797	2,298,208
10. Net investment gain (loss) (Line 27)	10,151,992	9,110,660	5,726,319	4,779,382	6,044,623
11. Total other income (Lines 28 plus 29)	1,577	(178)	(4,076)	0	0
12. Net income or (loss) (Line 32)	(1,474,888)	(10,889,828)	19,090,138	9,978,729	9,005,688
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(2,934,691)	1,151,773	11,764,622	26,510,745	398,063
Risk-Based Capital Analysis					
14. Total adjusted capital	139,381,163	141,272,336	147,194,453	139,131,180	131,888,010
15. Authorized control level risk-based capital	17,236,400	16,775,188	16,626,413	19,365,461	21,778,727
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	27,727	29,427	32,344	38,506	44,257
17. Total members months (Column 6, Line 7)	337,612	361,226	400,793	475,116	554,040
Operating Percentage (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)	92.7	93.3	82.8	86.3	88.3
20. Cost containment expenses	1.6	1.2	1.8	1.4	1.4
21. Other claims adjustment expenses	1.1	0.6	0.8	0.5	0.5
22. Total underwriting deductions (Line 23)	103.1	105.1	96.6	98.8	99.6
23. Total underwriting gain (loss) (Line 24)	(3.1)	(5.1)	3.4	1.2	0.4
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 17, Col. 5)	63,754,246	58,474,753	58,519,162	57,889,215	62,170,789
25. Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	49,580,804	49,494,744	53,193,507	56,603,683	61,819,074
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 9 + 15, Col. 1)	0			0	
27. Affiliated preferred stocks (Sch. D Summary, Line 22, Col. 1)					0
28. Affiliated common stocks (Sch. D Summary, Line 28, Col. 1)					0
29. Affiliated mortgage loans on real estate					
30. All other affiliated					
31. Total of above Lines 26 to 30	0	0	0	0	0
32. Total investment in parent included in Lines 26 to 30 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 Corrections of Errors? Yes [] No []
If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE Aetna Health Inc. (a New Jersey corporation)

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.....	6,538,836	464,021,744		10,169,718			480,730,298	
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	6,538,836	464,021,744	0	0	10,169,718	0	0	480,730,298	0
60.	Reporting entity contributions for employee benefit plans	XXX								0	
61.	Totals (direct business)	XXX	6,538,836	464,021,744	0	0	10,169,718	0	0	480,730,298	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	

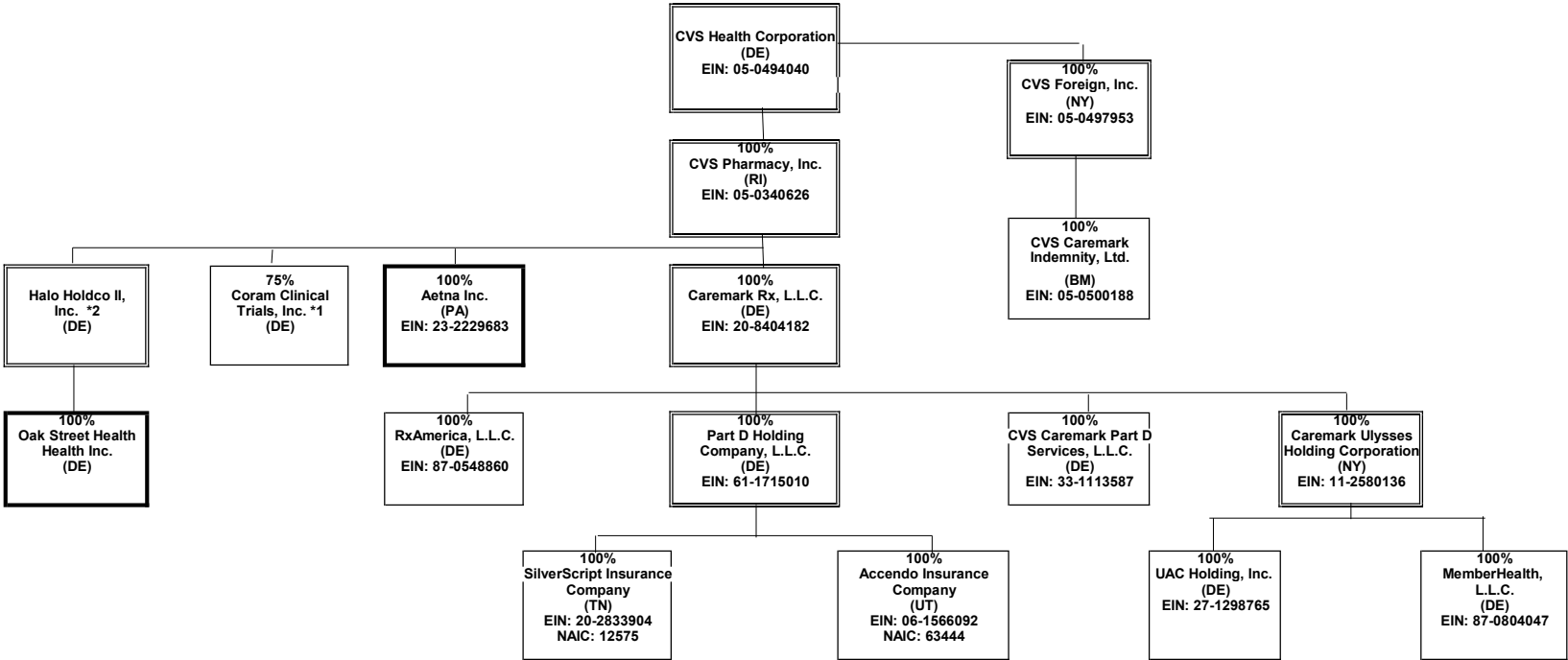
(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	1	4. Q - Qualified - Qualified or accredited reinsurer.....	0
2. R - Registered - Non-domiciled RRGs.....	0	5. N - None of the above - Not allowed to write business in the state.....	56
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.	0		

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

All premiums are written within the State of New Jersey.

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

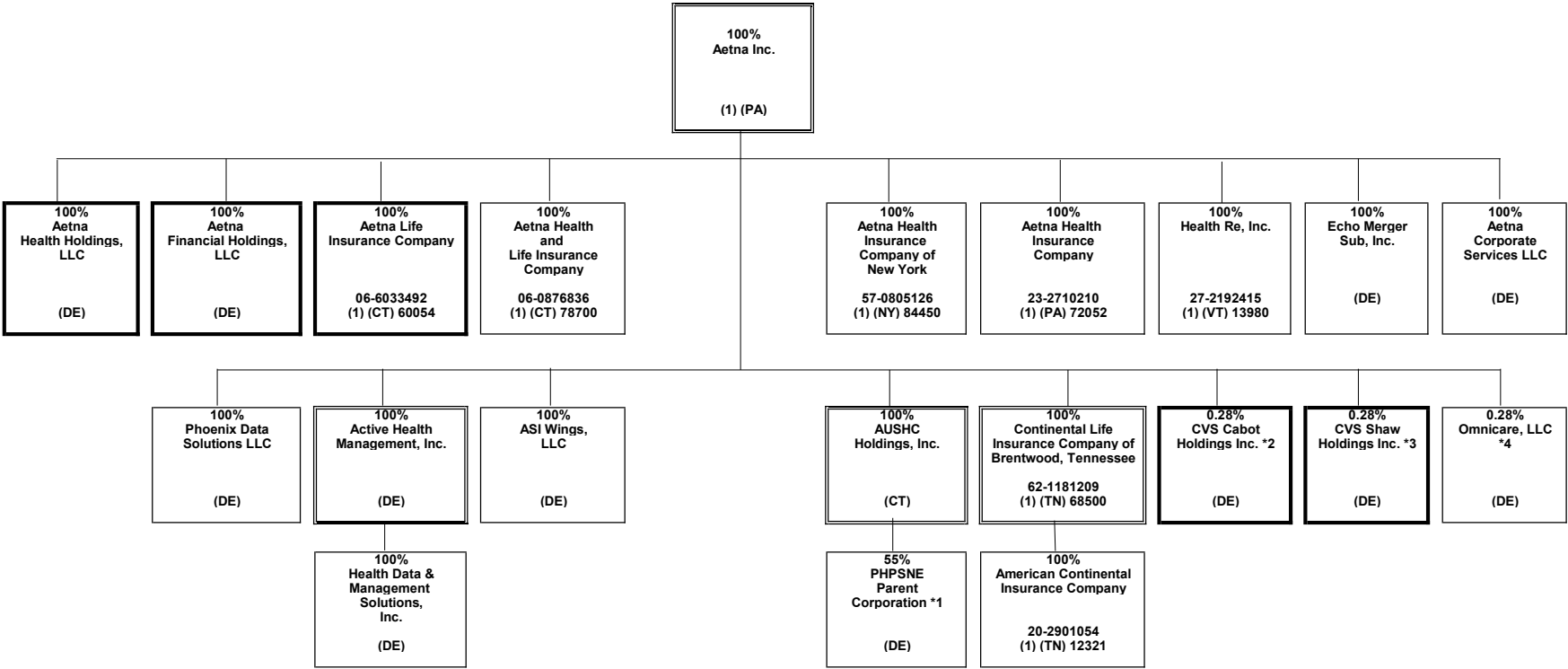


This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 6 company with numerous subsidiaries, the majority of which do not interact with the insurance entities.
(1) Insurers/HMO's
Percentages are rounded to the nearest whole percent and based on ownership of voting rights.
Double borders indicate entity has subsidiaries shown on the same page.
Bold borders indicate entity has subsidiaries shown on a separate page.

*1 Coram Clinical Trials, Inc. is also 25% owned by Aetna Life Insurance Company
*2 CVS Pharmacy, Inc. owns 300 share of Common Stock (30%) and 350 shares Preferred Stock (35%) of Halo Holdco II, Inc.

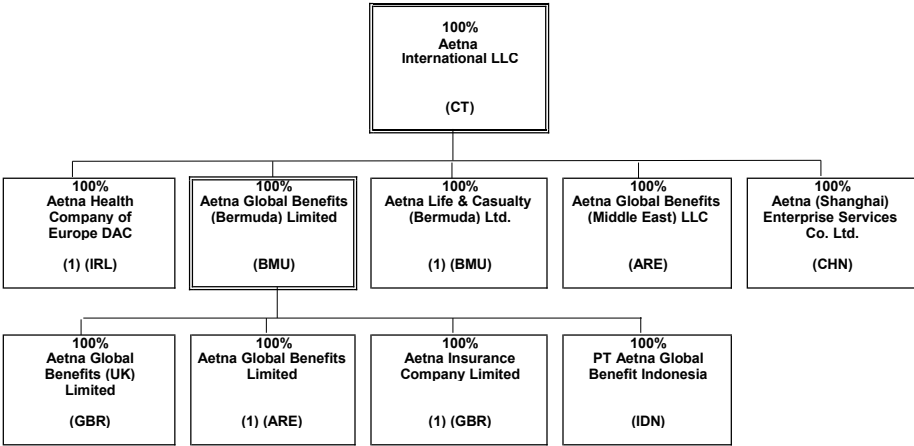
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



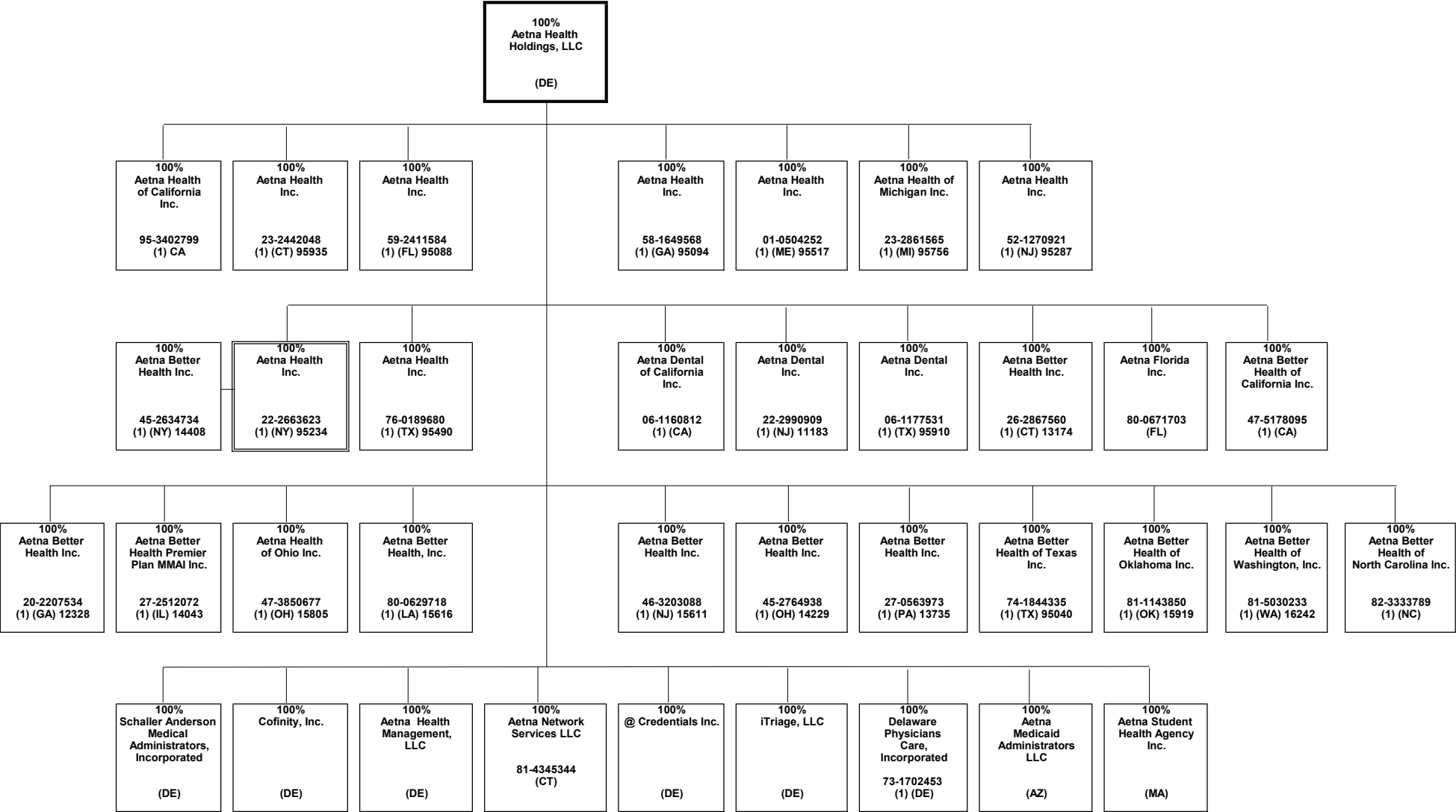
*1 PHPSNE Parent Corporation is also 45% owned by third parties.
*2 CVS Cabot Holdings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
*3 CVS Shaw Holdings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
*4 Omnicare, LLC is also owned by CVS Cabot Holdings Inc and CVS Shaw Holdings Inc., each with 49.86% ownership.

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



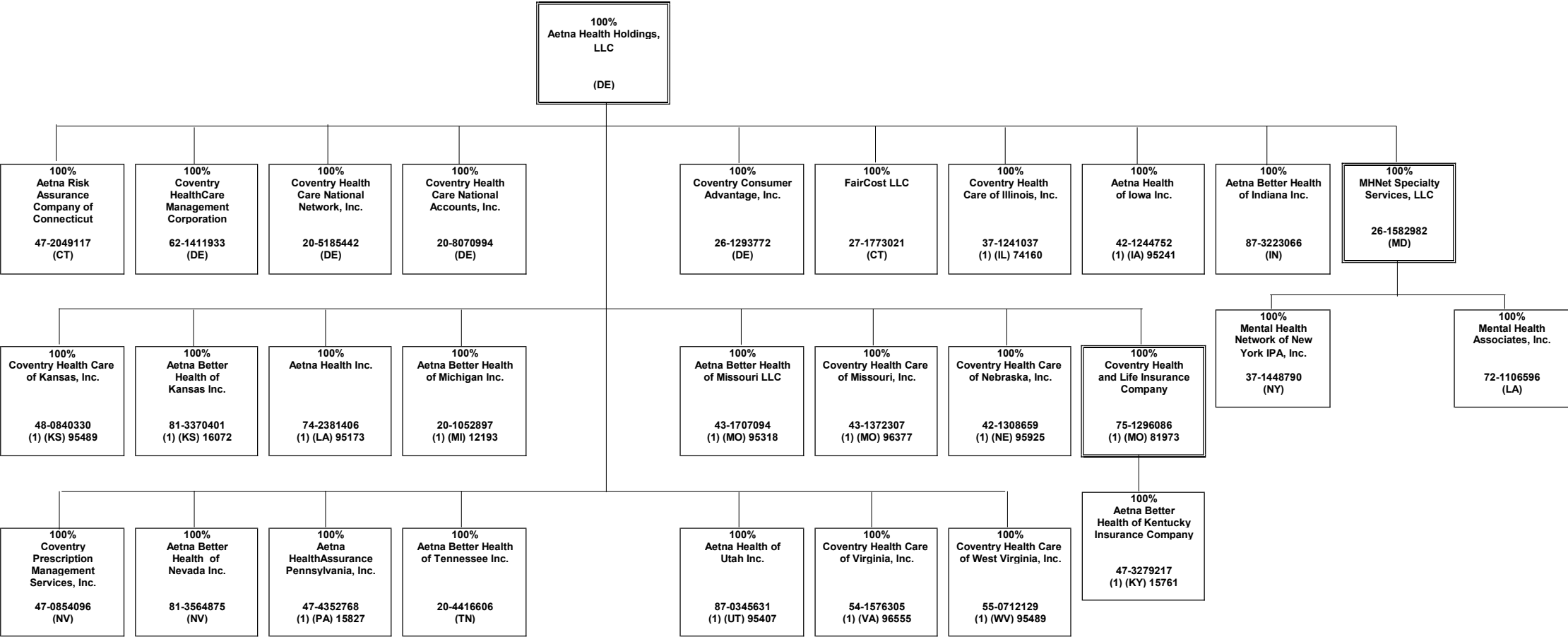
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



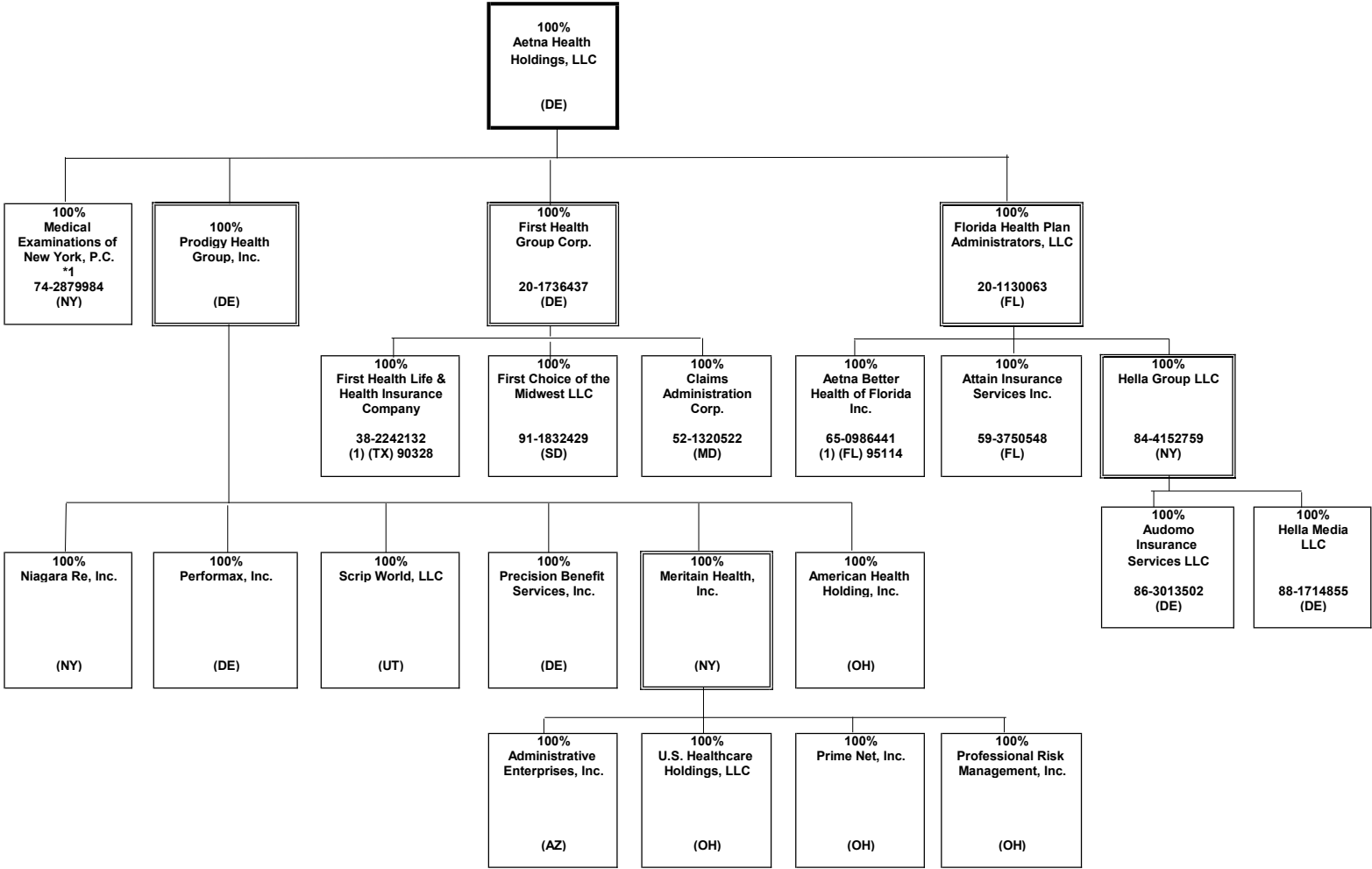
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

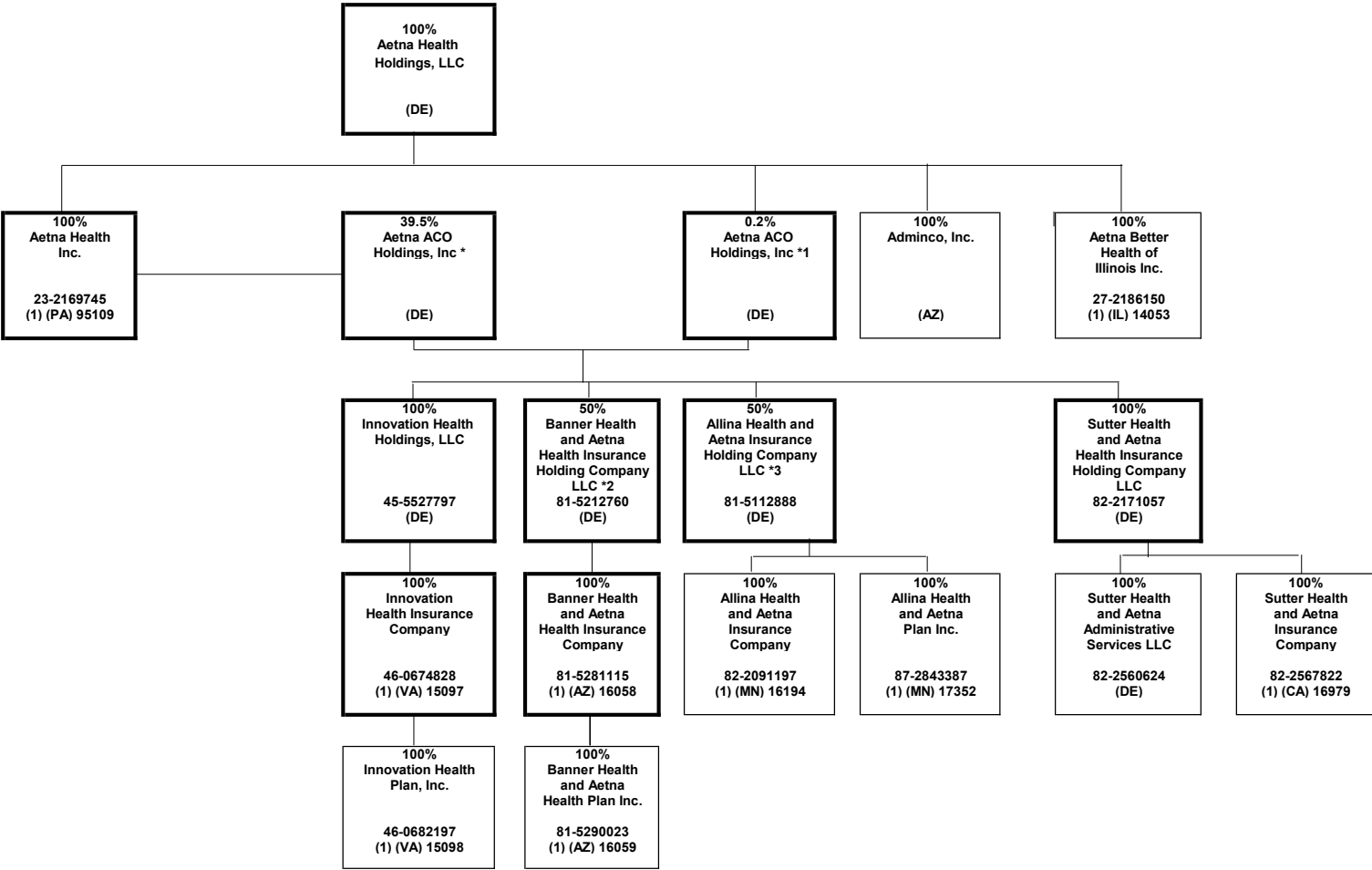
PART 1 - ORGANIZATIONAL CHART



*1 Owned via a nominee

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

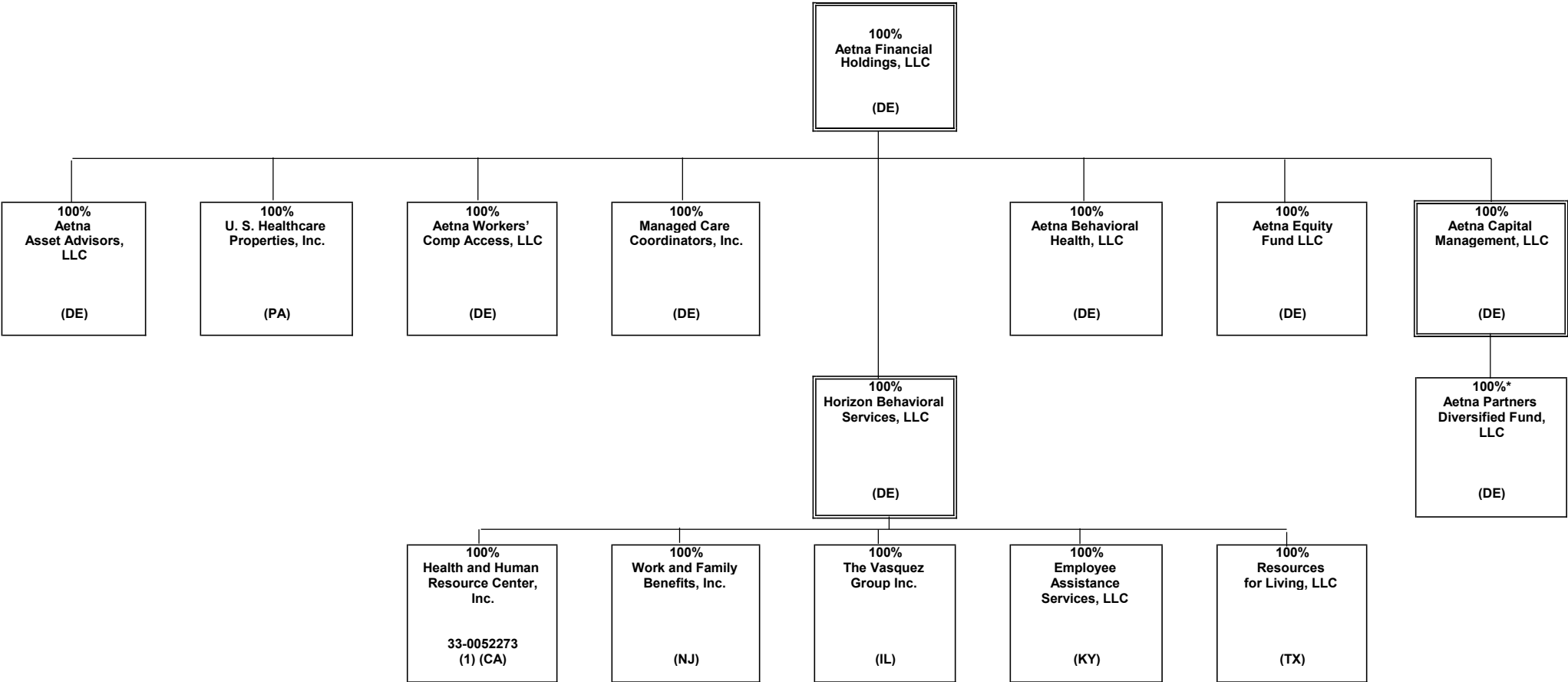
PART 1 - ORGANIZATIONAL CHART



*1 Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
*2 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.
*3 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

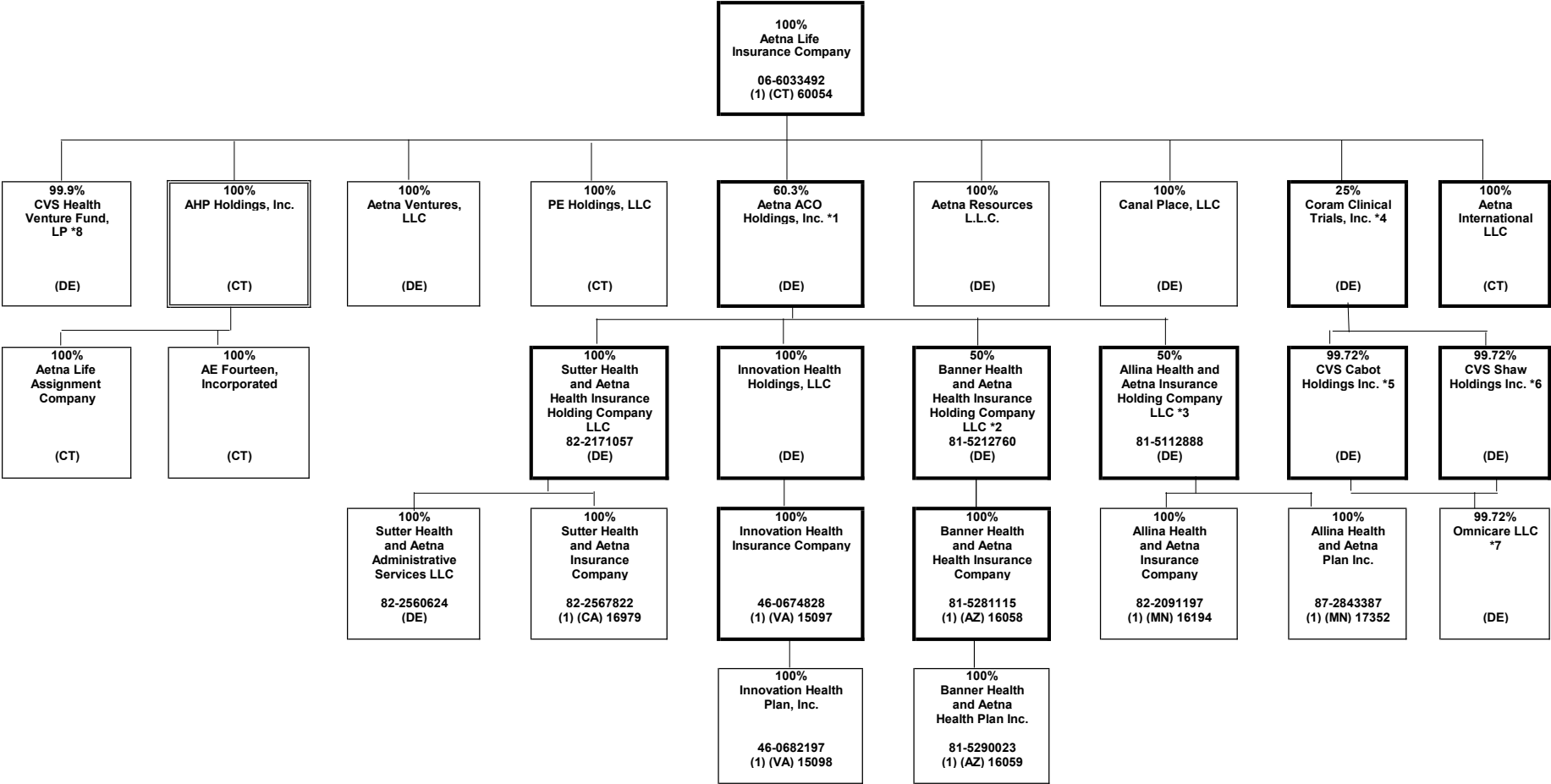
PART 1 - ORGANIZATIONAL CHART



* Aetna Capital Management, LLC is the managing member of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF. Aetna Life Insurance Company is the largest investor in APDF and currently owns a majority of the non-managing member interests of APDF.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

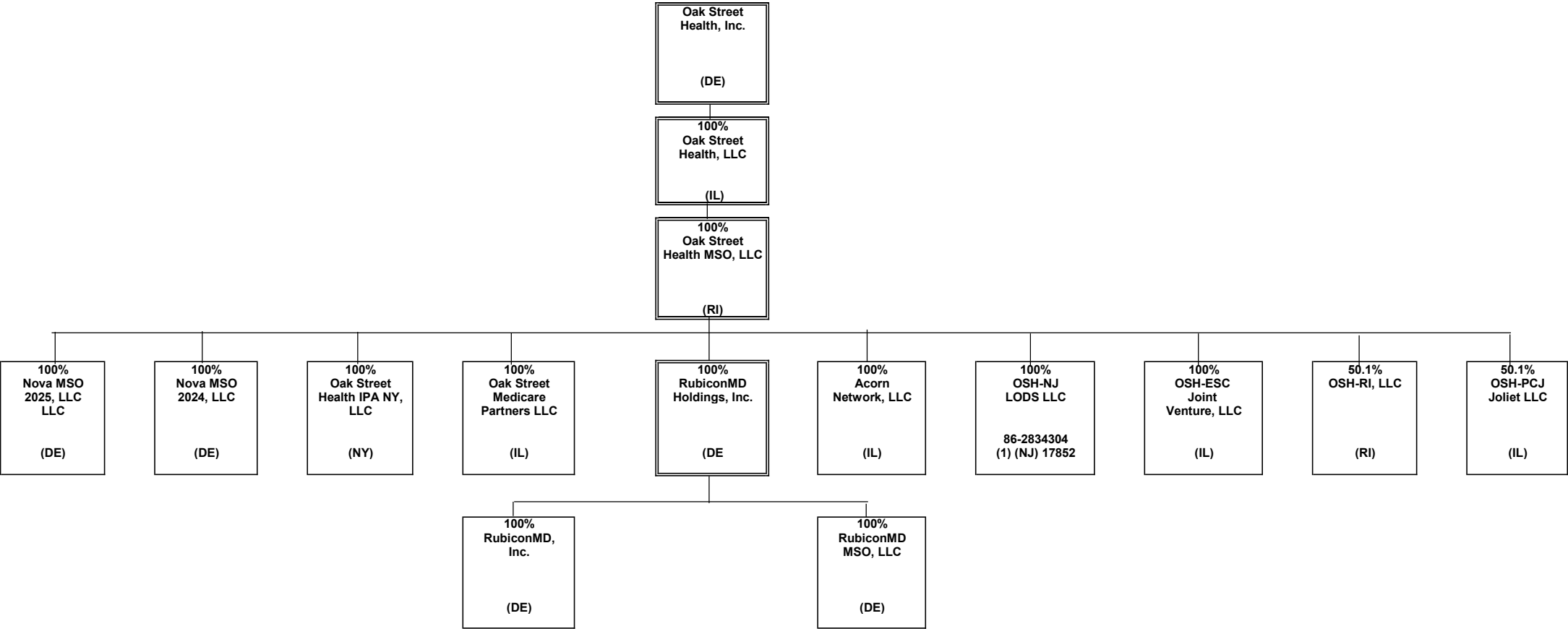
PART 1 - ORGANIZATIONAL CHART



*1 Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
*2 Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.
*3 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.
*4 Coram Clinical Trials, Inc. is also 75% owned by CVS Pharmacy, Inc.
*5 CVS Cabot Holdings Inc. is also 0.28% owned by Aetna Inc.
*6 CVS Shaw Holdings Inc. is also 0.28% owned by Aetna Inc.
*7 Remaining 0.28% owned by Aetna Inc. CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. each owning 49.86%.
*8 CVS Health Venture Fund, LP is also 0.1% owned by CVS Health Ventures Fund GP, LLC

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

		Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
2504.	Interest expense		11,557	60,781		72,338
2505.	Donations		1	(1)	19	19
2597.	Summary of remaining write-ins for Line 25 from overflow page	0	11,558	60,780	19	72,357