



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Cigna HealthCare of Florida, Inc.

NAIC Group Code 0901 0901 NAIC Company Code 95136 Employer's ID Number 59-2089259
(Current) (Prior)

Organized under the Laws of Florida, State of Domicile or Port of Entry Florida

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 02/10/1981 Commenced Business 02/22/1981

Statutory Home Office 2701 North Rocky Point Drive, Suite 800, Tampa, FL, US 33607
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 900 Cottage Grove Road
(Street and Number)
Bloomfield, CT, US 06002, 860-226-4014
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 900 Cottage Grove Road, Bloomfield, CT, US 06002
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 900 Cottage Grove Road
(Street and Number)
Bloomfield, CT, US 06002, 860-226-4014
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cigna.com

Statutory Statement Contact Luisa DiPillo Balducci, 860-226-4014
(Name) (Area Code) (Telephone Number)
Luisa.Balducci@cigna.com, 860-226-6792
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OFFICERS

President Morris Dean Mirabella # Secretary Anna Krishtul
VP & Treasurer Scott Ronald Lambert

OTHER

<u>Glenn Michael Gerhard Vice President</u>	<u>Michael Todd Crompton # Vice President</u>	<u>Kathleen Ruth McCabe Vice President</u>
<u>Scott Tracy Josephs, M.D. Vice President</u>	<u>Maureen Hardiman Ryan Vice President</u>	<u>Robert David Picinich Vice President</u>
<u>Irene Sosnowski Vice President</u>	<u>Edward Vincent Stacey, Jr. Vice President</u>	<u>Andrew David Crooks Vice President</u>
<u>Robert Lambdin Dawson Vice President</u>	<u>David Lowell Terry Vice President</u>	<u>Matthew Shawn Morris Vice President</u>
<u>Mark Paul Fleming # Vice President</u>	<u>Joanne Ruth Hart # Vice President</u>	

DIRECTORS OR TRUSTEES

Edward Neal Hunsinger, M.D. Michael Todd Crompton # Scott Tracy Josephs, M.D.

State of Connecticut SS:
County of Hartford

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.

Michael Todd Crompton #
Vice President

Anna Krishtul
Secretary

Scott Ronald Lambert
VP & Treasurer

Subscribed and sworn to before me this _____ day of _____

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

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)	2,083,030		2,083,030	2,096,012
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$41,067, Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$2,132,046, Schedule DA)	2,173,114		2,173,114	2,523,558
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	4,256,144	0	4,256,144	4,619,570
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	19,604		19,604	19,604
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	58,500	47,524	10,976	4,758
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	47,961		47,961	0
18.2 Net deferred tax asset	19,602		19,602	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	617	617	0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	4,402,428	48,141	4,354,287	4,643,932
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	4,402,428	48,141	4,354,287	4,643,932
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 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	115,831		115,831	109,721
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses.....	1,600		1,600	2,541
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	80,800		80,800	80,810
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....	5,221		5,221	4,277
9. General expenses due or accrued.....			0	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	205,983
10.2 Net deferred tax liability.....			0	20,954
11. Ceded reinsurance premiums payable.....	2,043		2,043	1,805
12. Amounts withheld or retained for the account of others.....	15,865		15,865	2,100
13. Remittances and items not allocated.....			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....			0	0
16. Derivatives.....			0	0
17. Payable for securities.....			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans.....			0	0
23. Aggregate write-ins for other liabilities (including \$128,743 current).....	128,744	0	128,744	102,682
24. Total liabilities (Lines 1 to 23).....	350,104	0	350,104	530,873
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	25,386	0
26. Common capital stock.....	XXX	XXX	500	500
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	15,070,135	15,070,135
29. Surplus notes.....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(11,091,838)	(10,957,576)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$).....	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	4,004,183	4,113,059
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	4,354,287	4,643,932
DETAILS OF WRITE-INS				
2301. Commission Payable	23,682		23,682	23,912
2302. Credit Balances Due Policyholders	102,572		102,572	69,385
2303. Deferred Compensation	1,780		1,780	8,920
2398. Summary of remaining write-ins for Line 23 from overflow page	710	0	710	465
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above).....	128,744	0	128,744	102,682
2501. Surplus appropriated for CY ACA Section 9010 Fee	XXX	XXX	25,386	
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 thru 2503 plus 2598)(Line 25 above).....	XXX	XXX	25,386	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 thru 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	2,960	2,561
2. Net premium income (including \$ non-health premium income)	XXX	1,276,931	1,237,085
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	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	1,276,931	1,237,085
Hospital and Medical:			
9. Hospital/medical benefits		839,120	512,899
10. Other professional services		45,055	13,750
11. Outside referrals		33,970	27,727
12. Emergency room and out-of-area		99,675	38,433
13. Prescription drugs		299,688	316,947
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		8,399	212
16. Subtotal (Lines 9 to 15)	0	1,325,907	909,968
Less:			
17. Net reinsurance recoveries		0	0
18. Total hospital and medical (Lines 16 minus 17)	0	1,325,907	909,968
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$11,185 cost containment expenses		20,612	50,764
21. General administrative expenses		234,259	58,130
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		(10)	(79,720)
23. Total underwriting deductions (Lines 18 through 22).....	0	1,580,768	939,142
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(303,837)	297,943
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		82,846	83,653
26. Net realized capital gains (losses) less capital gains tax of \$0			(55,618)
27. Net investment gains (losses) (Lines 25 plus 26)	0	82,846	28,035
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$(1,310)) (amount charged off \$)]		(1,310)	408
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(222,301)	326,386
31. Federal and foreign income taxes incurred	XXX	(47,962)	105,096
32. Net income (loss) (Lines 30 minus 31)	XXX	(174,339)	221,290
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 thru 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 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			0
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.			0
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	4,113,059	3,913,361
34. Net income or (loss) from Line 32.....	(174,339)	221,290
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	40,555	66,786
39. Change in nonadmitted assets.....	24,908	(51,602)
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....	0	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	(36,776)
48. Net change in capital and surplus (Lines 34 to 47).....	(108,876)	199,698
49. Capital and surplus end of reporting period (Line 33 plus 48)	4,004,183	4,113,059
DETAILS OF WRITE-INS		
4701. Change in Misc. Surplus.....		(36,776)
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	(36,776)

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	1,244,782	1,196,016
2. Net investment income	95,828	88,166
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	1,340,610	1,284,182
5. Benefit and loss related payments	1,319,787	1,278,755
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	257,122	129,562
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	205,983	214,696
10. Total (Lines 5 through 9)	1,782,892	1,623,013
11. Net cash from operations (Line 4 minus Line 10)	(442,282)	(338,831)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	91,838	83,750
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	91,838	83,750
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)	(350,444)	(255,081)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	2,523,559	2,778,640
19.2 End of year (Line 18 plus Line 19.1)	2,173,115	2,523,559

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

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA HealthCare of Florida, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	1,276,931	1,276,931								
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,276,931	1,276,931	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	839,120	839,120								XXX
9. Other professional services	45,055	45,055								XXX
10. Outside referrals	33,970	33,970								XXX
11. Emergency room and out-of-area	99,675	99,675								XXX
12. Prescription drugs	299,688	299,688								XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	8,399	8,399								XXX
15. Subtotal (Lines 8 to 14)	1,325,907	1,325,907	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	1,325,907	1,325,907	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ cost containment expenses	20,613	20,613								
20. General administrative expenses	234,258	234,258								
21. Increase in reserves for accident and health contracts	(10)	(10)								XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	1,580,768	1,580,768	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(303,837)	(303,837)	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
0501.	0	0	0	0	0	0	0	0	0	XXX
0502.	0	0	0	0	0	0	0	0	0	XXX
0503.	0	0	0	0	0	0	0	0	0	XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Other medical expenses	0	0	0	0	0	0	0	0	0	XXX
1302. Other Staff - Offset for Line 3	0	0	0	0	0	0	0	0	0	XXX
1303. Other Staff - General Business	0	0	0	0	0	0	0	0	0	XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	1,300,374		23,443	1,276,931
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	1,300,374	0	23,443	1,276,931
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	1,300,374	0	23,443	1,276,931

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA HealthCare of Florida, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	1,311,398	1,311,398								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	1,311,398	1,311,398	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	8,399	8,399								
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	115,831	115,831	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	115,831	115,831	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	109,721	109,721	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	109,721	109,721	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	1,317,508	1,317,508	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	1,317,508	1,317,508	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	8,399	8,399	0	0	0	0	0	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	5,000	5,000	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Net	5,000	5,000	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct	110,831	110,831	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Net	110,831	110,831	.0	.0	.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
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1 Direct	115,831	115,831	.0	.0	.0	.0	.0	.0	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net	115,831	115,831	.0	.0	.0	.0	.0	.0	.0	.0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA HealthCare of Florida, Inc.

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 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	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		
1. Comprehensive (hospital and medical)	15,000	1,296,398		115,831	15,000	109,721
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	15,000	1,296,398	0	115,831	15,000	109,721
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts		8,399			0	0
13. Totals (Lines 9 - 10 + 11 + 12)	15,000	1,304,797	0	115,831	15,000	109,721

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	1,011	1,067	1,067	1,067	1,067
2. 2010	8,729	9,308	9,132	9,132	9,132
3. 2011	XXX	6,522	7,069	6,862	6,862
4. 2012	XXX	XXX	5,030	5,232	5,213
5. 2013	XXX	XXX	XXX	1,284	1,318
6. 2014	XXX	XXX	XXX	XXX	1,304

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	1,023	1,067	1,067	1,067	1,067
2. 2010	9,854	9,310	9,132	9,132	9,132
3. 2011	XXX	7,404	7,070	6,862	6,862
4. 2012	XXX	XXX	5,508	5,232	5,213
5. 2013	XXX	XXX	XXX	1,393	1,318
6. 2014	XXX	XXX	XXX	XXX	1,420

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. 2010	12,528	9,132	287	3.1	9,419	75.2			9,419	75.2
2. 2011	8,638	6,862	213	3.1	7,075	81.9			7,075	81.9
3. 2012	5,976	5,213	197	3.8	5,410	90.5			5,410	90.5
4. 2013	1,257	1,318	50	3.8	1,368	108.8			1,368	108.8
5. 2014	1,300	1,304	21	1.6	1,325	101.9	116	2	1,443	111.0

12.HM

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 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	1,011	1,067	1,067	1,067	1,067
2.	2010	8,729	9,308	9,132	9,132	9,132
3.	2011	XXX	6,522	7,069	6,862	6,862
4.	2012	XXX	XXX	5,030	5,232	5,213
5.	2013	XXX	XXX	XXX	1,284	1,318
6.	2014	XXX	XXX	XXX	XXX	1,304

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 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	1,023	1,067	1,067	1,067	1,067
2.	2010	9,854	9,310	9,132	9,132	9,132
3.	2011	XXX	7,404	7,070	6,862	6,862
4.	2012	XXX	XXX	5,508	5,232	5,213
5.	2013	XXX	XXX	XXX	1,393	1,318
6.	2014	XXX	XXX	XXX	XXX	1,420

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

Years in which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1. 2010	12,528	9,132	287	3.1	9,419	75.2	0	0	9,419	75.2
2. 2011	8,638	6,862	213	3.1	7,075	81.9	0	0	7,075	81.9
3. 2012	5,976	5,213	197	3.8	5,410	90.5	0	0	5,410	90.5
4. 2013	1,257	1,318	50	3.8	1,368	108.8	0	0	1,368	108.8
5. 2014	1,300	1,304	21	1.6	1,325	101.9	116	2	1,443	111.0

12.GT

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	80,000	80,000							
3. Reserve for future contingent benefits	800	800							
4. Reserve for rate credits or experience rating refunds (including \$) for investment income	0								
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	80,800	80,800	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	80,800	80,800	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	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
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)	68	158	3,177	0	3,403
2. Salary, wages and other benefits	5,365	4,929	71,514	0	81,808
3. Commissions (less \$ ceded plus \$ assumed)	0	0	42,060	0	42,060
4. Legal fees and expenses	0	0	368	0	368
5. Certifications and accreditation fees	0	0	11	0	11
6. Auditing, actuarial and other consulting services	1	(1)	(1,244)	0	(1,244)
7. Traveling expenses	79	65	2,729	0	2,873
8. Marketing and advertising	0	1	677	0	678
9. Postage, express and telephone	12	72	2,184	0	2,268
10. Printing and office supplies	22	17	805	0	844
11. Occupancy, depreciation and amortization	15	29	10,223	0	10,267
12. Equipment	4	7	609	0	620
13. Cost or depreciation of EDP equipment and software	0	0	0	0	0
14. Outsourced services including EDP, claims, and other services	0	0	0	0	0
15. Boards, bureaus and association fees	0	0	3,814	0	3,814
16. Insurance, except on real estate	0	0	(27,910)	0	(27,910)
17. Collection and bank service charges	(15)	0	1,341	0	1,326
18. Group service and administration fees	0	0	0	0	0
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	0	0	0	0	0
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	1,190	0	1,190
23.2 State premium taxes	0	0	0	0	0
23.3 Regulatory authority licenses and fees	0	0	1,588	0	1,588
23.4 Payroll taxes	0	0	3,571	0	3,571
23.5 Other (excluding federal income and real estate taxes)	0	0	36,195	0	36,195
24. Investment expenses not included elsewhere	0	0	0	4,537	4,537
25. Aggregate write-ins for expenses	5,633	4,151	81,357	0	91,141
26. Total expenses incurred (Lines 1 to 25)	11,184	9,428	234,259	4,537	(a) 259,408
27. Less expenses unpaid December 31, current year	0	1,600	0	0	1,600
28. Add expenses unpaid December 31, prior year	0	2,541	0	0	2,541
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	11,184	10,369	234,259	4,537	260,349
DETAILS OF WRITE-INS					
2501. Other Corporate Expenses	1,435	671	59,441	0	61,547
2502. Other Non-Managed	1,865	3,206	20,879	0	25,950
2503. Claims Handling Reserve	2,333	274	1,037	0	3,644
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	5,633	4,151	81,357	0	91,141

(a) Includes management fees of \$168,955 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 89,768	89,768
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 3,656	3,656
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	.46	.46
10. Total gross investment income	93,470	93,470
11. Investment expenses		(g) 4,537
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) .0
13. Interest expense		(h) 6,087
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)		10,624
17. Net investment income (Line 10 minus Line 16)		82,846
DETAILS OF WRITE-INS		
0901. Commitment Fee Income	.46	.46
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	.0	.0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	46	46
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		.0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ accrual of discount less \$12,982 amortization of premium and less \$ paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ 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 \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	47,524	20,421	(27,103)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates	617	51,392	50,775
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	0	1,236	1,236
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	48,141	73,049	24,908
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	48,141	73,049	24,908
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 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Broker Commissions Receivable		1,236	1,236
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	1,236	1,236

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	230	255	248	222	237	2,910
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	8	4	4	4	4	50
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	238	259	252	226	241	2,960
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 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

HEALTH

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1. Summary of Significant Accounting Policies**A. Accounting Practices**

The financial statements of Cigna HealthCare of Florida, Inc., (the Company), have been prepared in conformity with accounting practices prescribed or permitted by the State of Florida Office of Insurance Regulation.

The State of Florida Office of Insurance Regulation recognizes only statutory accounting practices prescribed or permitted by the State of Florida for determining and reporting the financial condition and results of operations of a Health Maintenance Organization (HMO), for determining its solvency under the State of Florida Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Florida.

The state adopted certain prescribed accounting practices that differ from those found in NAIC SAP. Florida statute 641.35(3) (a) requires the Company to record a reserve on certain Pharmacy and Behavioral Health expenses. The reserve included in claims unpaid is \$13,831. The net year to date change in the reserve is a decrease in net income of \$1,353.

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

	State of Domicile	2014	2013
(1) Net Income (Loss), FL state basis	FL	\$(174,339)	\$221,290
(2) State Prescribed Practices (Income): Pharmacy and Behavioral Health reserve	FL	\$13,831	\$12,478
(3) Net Income (Loss), NAIC SAP	FL	\$(160,508)	\$233,768
(4) Statutory Surplus, FL basis	FL	\$4,004,183	\$4,113,059
(5) State Prescribed Practices (Surplus): Affiliate receivable Premium receivable	FL	\$617 \$40,801	\$51,392 \$14,369
(6) Statutory Surplus, NAIC SAP	FL	\$4,045,601	\$4,178,820

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

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

C. Accounting Policy

- (1) **Financial Instruments:** In the normal course of business, the Company enters into transactions involving various types of financial instruments. These financial instruments may include various instruments recorded on the balance sheet (such as bonds) and off-balance sheet financial instruments (such as investment and certain loan commitments and financial guarantees). These instruments may change in value due to interest rate and market fluctuations and most also have credit risk. The Company evaluates and monitors each financial instrument individually and, when management considers it appropriate, obtains collateral or another form of security to minimize risk of loss.
- (2) **Cash, Cash Equivalents and Short-term Investments:** Cash and cash equivalents consist of cash and short-term investments that will mature in three months or less from the time of purchase. Cash equivalents and short-term investments are carried at cost, which approximates fair value.
- (3) **Bonds:** Investments in bonds are carried at amortized cost, except those in or near default, which are carried at the lesser of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). Investments with original maturities of one year or less from the time of purchase are classified as short term. Bonds are considered impaired and their cost basis is written down to fair value through net realized gains (losses), when management expects a decline in value to persist (i.e., the decline is other than temporary). The calculation of gain or loss on the sale of bonds is based on specific identification at the time of sale. The Company stops recognizing interest income when interest payments are

90 days past due or when certain terms (interest rate or maturity date) have been restructured. Net investment income on these investments is only recognized when interest payments are received. The Company did not exclude any investment income due and accrued at December 31, 2014 and December 31, 2013. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method.

- (4) Common Stock - None
- (5) Preferred Stocks - None
- (6) Mortgage Loans - None
- (7) Loan-backed Securities - None
- (8) Investment in Subsidiaries, Controlled and Affiliated Companies - None
- (9) Joint Ventures, Partnerships, and Limited Liability Companies - None
- (10) Derivatives - None
- (11) Net Investment Income - When interest and principal payments on investments are current, the Company recognizes interest income when it is earned. The Company stops recognizing interest income on bonds when interest payments are 90 days past due. Investment income on these investments is only recognized when interest payments are received.
- (12) Investment Gains and Losses – Unrealized capital gains and losses on investments carried at fair value are reflected directly in unassigned surplus. Realized capital gains and losses resulting from sales, investment asset write-downs and valuation reserves are based on specifically identified assets and are recognized in net income.
- (13) Non-Admitted Assets – In accordance with NAIC SAP, certain assets or certain portions of assets are excluded from the Company's admitted assets on its balance sheet through a direct charge to unassigned surplus. These non-admitted assets include goodwill, capitalized software, furniture and equipment, leasehold improvements, unsecured receivables, prepaid expenses, overdue insurance premiums and subsidiary investments. Certain assets are limited by factors, such as percentage of surplus, as to the amounts that qualify as admitted assets. Such assets include electronic data processing equipment and deferred tax assets.
- (14) Aggregate Policy Reserves – The Company includes an accrual for losses where it is probable that expected future health care costs and maintenance costs under a group of existing contracts will exceed anticipated future premiums and insurance recoveries on those contracts, known as Premium Deficiency Reserve (PDR). Investment income is considered in the calculation of premium deficiency reserves. In addition, the Company includes an accrual for losses on any policy that provides for the Extension of Benefits (EOB) after termination of the policy. Any reserves are included in aggregate health policy reserves in the accompanying Statutory Balance Sheets.
- (15) Claims Payable and Unpaid Claims Adjustment Expenses – Claims payable and unpaid claims adjustment expenses include estimates of payments to be made under health insurance coverage provided by the Company for reported claims and for losses incurred but not yet reported. Management develops these estimates using actuarial methods based upon historical data for claim payment patterns, cost trends, product mix, seasonality, utilization of health care services and other relevant factors. When estimates change, the Company records the adjustment in medical and hospital expenses in the period the change in estimate occurs. Claims payable also includes a reserve for additional administrative expenses associated with unpaid health claims that are in the process of settlement, as well as those that have been incurred but not yet reported. This reserve is based on the historical relationship between claims handling expenses and incurred claims.
- (16) Capitalization Policy - The Company has not modified its capitalization policy from the prior year.
- (17) Pharmaceutical Rebate Receivables – No change
- (18) Income Taxes – The Company is included in the consolidated United States federal income tax return filed by Cigna. Pursuant to the Tax Sharing Agreement with Cigna, federal income taxes are allocated to the Company as if it were filing on a separate return basis. The tax benefit of net operating losses, capital losses and tax credits are funded to the extent they reduce the consolidated federal income tax liability. The Company generally recognizes deferred income taxes when assets and liabilities have different values for financial statement and tax reporting purposes (temporary differences). Limitations of the admitted amount of the deferred tax asset are calculated in accordance with SSAP No. 101,

Income Taxes, a Replacement of SSAP 10R and SSAP 10. More detailed information about the Company's income taxes is disclosed in Note 9.

- (19) Provider Incentives and Other Risk Sharing Arrangements – The Company contracts with physicians or provider groups to provide medical services to its members. The Company pays capitation or negotiated fees for defined services provided by the physicians. The Company and some of the physicians have entered into incentive sharing agreements. Under the terms of these agreements, certain providers are eligible to receive a provider bonus based on qualitative and quantitative factors. Accrued physician incentives were \$0 at December 31, 2014 and \$0 at December 31, 2013.
- (20) Premium Revenues – Amounts charged for health care services are recognized as revenue in the month for which customers are entitled to medical care. Unearned premiums represent that portion of premiums received which are applicable to the unexpired terms of contracts in force. Medical loss ratio rebates required pursuant to the Public Health Services Act are recorded as a reduction to premium revenues.
- (21) Risk Sharing Provisions of the Affordable Care Act – Beginning in 2014, as prescribed by the Patient Protection and Affordable Care Act (ACA), three programs went into effect to reduce the risk for participating health insurance companies selling coverage on the public exchanges. These programs include a three-year (2014-2016) reinsurance program and a premium stabilization program comprised of a permanent component and a temporary component (2014-2016). The Company accounts for these programs in accordance with SSAP 107, *Accounting for Risk Sharing Provisions of the Affordable Care Act*. See Note 24E for additional information.
- (22) Section 9010 Insurer Fee – Effective January 1, 2014, the Company adopted SSAP 106, Affordable Care Act Assessments, for the annual health insurance industry fee imposed under Section 9010 of the ACA. See Note 22 for additional information about this fee and the estimated financial impact to the Company.

2. Accounting Changes and Corrections of Errors

Accounting changes adopted to conform to the provisions of the NAIC SAP are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods.

An error was discovered with 2012 reported operating expenses. After further analysis and review, it was determined that the error was not material for Cigna Healthcare of Florida, Inc. Therefore, the December 31, 2012 financial statements were not restated. The correction of \$36,776 is represented as a prior year correction of error in 2013 capital and surplus.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method – None.
- B. Statutory Merger – None.
- C. Assumption Reinsurance – None.
- D. Impairment Loss – None.

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
None
- B. Debt Restructuring
None
- C. Reverse Mortgages
None

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- D. Loan-Backed Securities
None
- E. Repurchase Agreements and/or Securities Lending Transactions
None
- F. Real Estate
None
- G. Low-Income Housing Tax Credits (LIHTC)
None
- H. Restricted Assets

(1) Restricted Assets (Including Pledged)

The Company had restricted assets of \$2,006,608 and \$2,019,141 on deposit with the Florida Office of Insurance Regulation at December 31, 2014 and 2013, included in bonds in the accompanying Statutory Balance Sheets. The following table presents the restricted assets as a percentage of total assets.

Restricted Asset Category	1 Total Gross Restricted from Current Year	2 Total Gross Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Percentage Gross Restricted to Total Assets	6 Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$% %
b. Collateral held under security lending agreements
c. Subject to repurchase agreements
d. Subject to reverse repurchase agreements
e. Subject to dollar repurchase agreements
f. Subject to dollar reverse repurchase agreements
g. Placed under option contracts
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock
i. FHLB capital stock
j. On deposit with states	2,006,608	2,019,141	(12,533)	2,006,608	45.58%	46.08%
k. On deposit with other regulatory bodies
l. Pledged collateral to FHLB (including assets backing funding agreements)
m. Pledged as collateral not captured in other categories
n. Other restricted assets
o. Total Restricted Assets	2,006,608	2,019,141	(12,533)	2,006,608	45.58%	46.08%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None.

(3) Detail of Other Restricted Assets – None.

- I. Investments for Working Capital Finance Investments – None.
- J. Offsetting and Netting of Assets and Liabilities – None.
- K. Structured Notes – None.

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write down for an investment in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

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

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1) Bonds-If deemed collectable, investment income due and accrued exceeding 90 days past due is nonadmitted.

B. No amounts were excluded from the statutory statements for the years ended December 31, 2014 and December 31, 2013.

8. Derivative Instruments

None

9. Income Taxes

The Company is a member of a consolidated federal income tax sharing agreement and calculates deferred taxes on a separate company reporting entity basis. The Company's deferred tax assets (DTA) and liabilities (DTL) are determined by identifying its temporary differences. These temporary differences are measured using a "balance sheet" approach by comparing statutory and tax basis balance sheets for the Company.

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

1.

	December 31, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTA	57,091	0	57,091	62,299	0	62,299	(5,208)	0	(5,208)
(b) Statutory Valuation allowance	0	0	0	0	0	0	0	0	0
(c) Adjusted gross DTA (1a - 1b)	57,091	0	57,091	62,299	0	62,299	(5,208)	0	(5,208)
(d) Nonadmitted DTA	0	0	0	0	0	0	0	0	0
(e) Subtotal Net Admitted DTA (1c - 1d)	57,091	0	57,091	62,299	0	62,299	(5,208)	0	(5,208)
(f) DTL	(37,489)	0	(37,489)	(83,253)	0	(83,253)	45,764	0	45,764
(g) Net admitted DTA (1e - 1f)	19,602	0	19,602	(20,954)	0	(20,954)	40,556	0	40,556

2.

	December 31, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation under ¶11.a.-¶11.c									
(a) Admitted pursuant to ¶11.a. (loss carrybacks)	51,726	0	51,726	55,226	0	55,226	(3,500)	0	(3,500)
(b) Admitted pursuant to ¶11.b. (realization)	0	0	0	0	0	0	0	0	0
1. Realization per ¶11.b.i.	0	0	0	0	0	0	0	0	0
2. Limitation per ¶11.b.ii.			597,687			620,102			(22,415)
(c) Admitted pursuant to ¶11.c.	5,365	0	5,365	7,073	0	7,073	(1,708)	0	(1,708)
(d) Total admitted adjusted gross deferred tax asset (2a+2b+2c)	57,091	0	57,091	62,299	0	62,299	(5,208)	0	(5,208)

3.

Used in ¶11.b.	2014 Percentage	2013 Percentage
(a) Applicable ratio for realization limitation threshold table	1206%	1245%

4.

	December 31, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Impact of Tax Planning Strategies (TPS) on adjusted gross DTAs and net admitted DTAs	0	0	0	0	0	0	0	0	0
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	0	0	0	0	0	0	0	0	0
(b) Net admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	0	0	0	0	0	0	0	0	0
(c) Do TPS include a reinsurance strategy? Yes or No			No			No			

B. Temporary differences for which a DTL has not been established:

1. All deferred tax liabilities have been properly recognized.

C. Significant components of income taxes incurred

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

	2014	2013
(a) Current federal income tax expenses / (benefit)	(47,962)	105,097
(b) Foreign income tax expense / (benefit)	0	0
(c) Subtotal	(47,962)	105,097
(d) Tax expense / (benefit) on realized capital gains / (losses)	0	55,618
(e) Utilization of capital loss carry-forwards	0	0
(f) Other, including prior year underaccrual (overaccrual)	0	0
Federal and foreign income taxes incurred	(47,962)	160,715

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The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

2. DTAs Resulting From Book/Tax Differences In

	December 31, 2014	December 31, 2013	Change
Unearned premium reserves	365	299	66
Loss reserve discounting	362	366	(4)
Employee Benefits	623	3,122	(2,499)
Other Insurance & Contract Holder Liability	33,121	32,887	234
Bad Debt	80	33	47
Non Admitted Assets	16,849	25,567	(8,718)
Reinsurance Contribution	5,468	0	5,468
Other	223	25	198
Gross DTA	57,091	62,299	(5,208)
Statutory Valuation allowance	0	0	0
Nonadmitted DTA	0	0	0
Admitted DTA	57,091	62,299	(5,208)

3. DTLs Resulting From Book/Tax Differences In

	December 31, 2014	December 31, 2013	Change
Discount of bond premiums/Deferred gain	(36,694)	(82,432)	45,738
Other Insurance & Contract Holder Liability	0	(41)	41
Retroactivity Adjustment	(795)	(780)	(15)
Gross DTL	(37,489)	(83,253)	45,764

4. Net Deferred Tax Assets/Liabilities	19,602	(20,954)	40,556
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The change in net deferred income taxes is comprised of the following. (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	Dec. 31, 2014	Dec. 31, 2013	Change
Total deferred tax assets	57,091	62,299	(5,208)
Total deferred tax liabilities	(37,489)	(83,253)	45,764
Net Deferred tax asset/liabilities	19,602	(20,954)	40,556
Statutory valuation allowance adjustment	0	0	0
Net deferred tax assets/liabilities after SVA	19,602	(20,954)	40,556
Tax effect of unrealized gains (losses)			0
Statutory valuation allowance adjustment allocated to unrealized			0
Other intraperiod allocation of deferred tax movement			0
Change in net deferred income tax			40,556

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

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

	December 31, 2014	Effective Tax Rate
Provision computed at statutory rate	(77,805)	35.00%
Tax exempt interest income (net)	(26,706)	12.01%
PPACA Fee	7,153	-3.22%
Change in nonadmitted assets	8,718	-3.92%
Other	122	-0.06%
Total	(88,518)	39.81%
Federal and foreign income taxes incurred	(47,962)	21.57%
Change in deferred income taxes	(40,556)	18.24%
Total statutory income taxes	(88,518)	39.81%

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E. Carry forwards, recoverable taxes, and IRC Sec. 6603 deposits:

(1) At December 31, 2014, the Company has utilized all its net operating or capital loss carry forwards.

(2) Income taxes, ordinary and capital, available for recoupment in the event of future losses include:

2014	0
2013	132,982

(3) Deposits under IRS Code Section 6603 - not applicable

F. Federal or Foreign Income Tax Loss Contingencies

(1) Cigna's federal income tax returns are routinely audited by the Internal Revenue Services (IRS). In management's opinion, adequate tax liabilities, including related charges should the IRS prevail, have been established to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS. These liabilities could be revised in the near term if estimates of Cigna's ultimate liability change as a result of new developments or a change in circumstances.

(2) The IRS has completed its examination of Cigna's 2009 and 2010 consolidated federal income tax returns. The review, which was completed in 2013, had no material impact on the Company's financial position. The IRS began its examination of the 2011 and 2012 tax years in the third quarter of 2014 and is expected to continue through 2015.

(3) The Company does not expect a significant increase in federal or foreign contingent tax liability within the next twelve months. In addition, the Company recorded a state contingent tax liability. This tax position was taken during 2014 and resulted in an increase of state contingent tax liability of \$119,541. At December 31, 2014, the Company has a total state contingent tax liability of \$119,541.

G. Consolidated Federal Income Tax Return

(1) The Company's Federal Income Tax return is consolidated with CIGNA, and the following subsidiaries of CIGNA.

Allegiance Benefit Plan Management Inc
Allegiance Cobra Services Inc
Allegiance Life & Health Insurance Co
Allegiance Re Inc
Arizona Healthplan Inc
Benefit Management Corp
Bravo Health Mid-Atlantic, Inc.
Bravo Health Pennsylvania, Inc.
CG Individual Tax Benefit Payments Inc
CG Life Pension Benefit Payments Inc
CG LINA Pension Benefit Payments Inc
Choicelinx Corporation
CIGNA Arbor Life Insurance Company
CIGNA Behavioral Health Inc
CIGNA Behavioral Health of California Inc
CIGNA Behavioral Health of Texas
CIGNA Benefits Financing, Inc.
CIGNA Dental Health Inc
CIGNA Dental Health of California Inc
CIGNA Dental Health of Colorado Inc
CIGNA Dental Health of Delaware Inc
CIGNA Dental Health of Florida Inc
CIGNA Dental Health of Illinois Inc
CIGNA Dental Health of Kansas Inc
CIGNA Dental Health of Kentucky Inc
CIGNA Dental Health of Maryland Inc
CIGNA Dental Health of Missouri Inc
CIGNA Dental Health of New Jersey Inc
CIGNA Dental Health of North Carolina Inc
CIGNA Dental Health of Ohio Inc
CIGNA Dental Health of Pennsylvania Inc
CIGNA Dental Health of Texas Inc
CIGNA Dental Health of Virginia Inc
CIGNA Dental Healthplan of Arizona Inc
CIGNA Direct Marketing Company Inc.
CIGNA Federal Benefits Inc

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CIGNA Global Holdings Inc
CIGNA Global Insurance Company Limited
CIGNA Global Reinsurance Company LTD
CIGNA Government Benefits Inc.
CIGNA Health and Life Insurance Company
CIGNA Health Corporation
CIGNA Health Management Inc
CIGNA Healthcare Benefits Inc
CIGNA Healthcare Holdings Inc
CIGNA Healthcare Inc
CIGNA Healthcare Mid-Atlantic Inc
CIGNA Healthcare of Arizona Inc
CIGNA Healthcare of California Inc
CIGNA Healthcare of Colorado Inc
CIGNA Healthcare of Connecticut Inc
CIGNA Healthcare of Florida Inc
CIGNA Healthcare of Georgia Inc
CIGNA Healthcare of Illinois Inc
CIGNA Healthcare of Indiana Inc
CIGNA Healthcare of Maine Inc
CIGNA Healthcare of Massachusetts Inc
CIGNA Healthcare of New Hampshire Inc
CIGNA Healthcare of New Jersey Inc
CIGNA Healthcare of New York Inc
CIGNA Healthcare of North Carolina Inc
CIGNA Healthcare of Pennsylvania Inc
CIGNA Healthcare of South Carolina
CIGNA Healthcare of St Louis Inc
CIGNA Healthcare of Tennessee Inc
CIGNA Healthcare of Texas Inc
CIGNA Healthcare of Utah Inc
CIGNA Holdings Inc
CIGNA Holdings Overseas Inc
CIGNA Integrated Care Inc
CIGNA Intellectual Property Inc
CIGNA International Corporation
CIGNA International Finance Inc
CIGNA International Services Inc
CIGNA Investment Group Inc
CIGNA Investments Inc
CIGNA Life Insurance Company of New York
Cigna Linden Holdings Inc
CIGNA Managed Care Benefits Company
CIGNA Mezzanine Partners III Inc
Cigna Poplar Holdings Inc
CIGNA RE Corporation
CIGNA Resource Manager Inc
CIGNA Worldwide Insurance Company
Connecticut General Benefit Payments Inc.
Connecticut General Corporation
Connecticut General Life Insurance Company
Cottage Grove Real Estate Inc
Former CIGNA Investments Inc
Great West Healthcare of Illinois Inc
Hazard Center Investment Co LLC
Healthsource Benefits Inc
Healthsource Inc
Healthsource Properties Inc
Healthspring Life & Health Insurance Company
Healthspring Management, Inc.
Healthspring of Alabama, Inc.
Healthspring of Florida, Inc.
Healthspring of Tennessee, Inc.
Healthspring, Inc.
IHN Inc.
Intermountain Underwriters Inc
Intracorp, Inc

Kronos Optimal Health Company
Life Ins Co of North America
LINA Benefit Payments Inc
Managed Care Consultants Inc
MCC Independent Practice Assoc of New York Inc
Mediversal Inc
Sagamore Health Network Inc
Tel-Drug Inc
Universal Claims Administration

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. The Company is indirectly owned by Cigna. See Schedule Y, Part 1, for further information.
- B. Except for insurance transactions reported under Part F of this footnote, insurance contracts that were issued by the Company in the ordinary course of its business are not reported in this footnote.
- C. Amounts of Transactions and Effects of any Change of Terms of Intercompany Arrangements:
- (1) The Company paid no dividends to the Parent during the period ended December 31, 2014 and the year ended December 31, 2013.
 - (2) Cigna Health Corporation (CHC) charged the Company \$168,953 and \$95,249 in administrative service fees and fees for other services for the periods ended December 31, 2014 and 2013. The fees charged are based largely on the Company's plan participants as a percentage of total applicable participants for the Company and its affiliates. The Company paid and received \$6,087 and \$4 in interest charges to CHC for the period ended December 31, 2014 and December 31, 2013.
 - (3) Cigna Behavioral Health, Inc. (CBH) is an affiliate of the Company. The CBH Agreement is by and between CBH and CHC on behalf of their respective subsidiaries and affiliates, and arranges for the provision of mental health and/or substance abuse services by CBH, its subsidiaries or affiliates to the enrollees of the HMOs. The expense relating to this contract was \$27,318 at December 31, 2014 and \$19,458 at December 31, 2013.
 - (4) Cigna Health Management, Inc. (CHM), formerly known as International Rehabilitation Associates, Inc. (d/b/a Intracorp), is an affiliate of the Company. The Intercompany Service Agreement is by and between CHM, Connecticut Health and Life Insurance Company (CHLIC) and Cigna Health Care (CHC) on behalf of their respective healthplan subsidiaries and affiliates. CHM provides utilization management, case management, demand management, disease management, care management, and other services to the Company's HMO members. Total expenses incurred for these services totals \$1,736 in 2014 and \$3,095 in 2013.
 - (5) CHC credited the Company \$151 and \$135 for the periods ended December 31, 2014 and 2013 for liability insurance. This program provides protection against liabilities imposed on the Company from allegations of negligence stemming from the management of health care activities.
- D. At December 31, 2014 and at December 31, 2013, the Company reported \$0 as amounts due to (from) parent, subsidiaries and affiliates. Cash settlements are processed according to the terms of the Management Services Agreement.
- E. The Company does not have any guarantees or undertakings for the benefit of an affiliate, which result in a material contingent exposures.
- F. Administrative Services Agreements:
- (1) The Management Services Agreement, as amended, is by and among CHC and each of its subsidiaries or affiliates which are signatories thereto. Under this agreement, CHC and certain affiliates provide management services (as defined and described in said agreement) to the HMO subsidiaries of CHC. The terms of the agreement require that these amounts be settled within 30 days. Effective July 1, 2012, the Management Services Agreement was amended to add an affiliated insurer, Cigna Health And Life Insurance Company, as a party and revise Exhibits A and B. Exhibit A was amended to add "Payment of, and other services in connection with the

payment of “ Medical Loss Ratio Rebates” to the list of services covered under this agreement. Section 1 of Exhibit B was amended to allow for Premium Billing and Collection Services to be performed by both, Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company.

(2) The Network Access Agreement is by and among the Company, Connecticut General Life Insurance Company (CGLIC), an affiliate and the affiliated HMOs. This agreement allows an affiliated HMO as well as CGLIC, an affiliate, to access the Company's provider networks.

(3) The Company currently participates in the Amended and Restated Consolidated Federal Income Tax Agreement by and between Cigna and its subsidiaries adopted as of January 1, 1997 in order to facilitate the filing of a consolidated federal income tax return as an affiliated group under Cigna. Pursuant to this agreement, payments are made to Cigna based on taxable income of the Company. In the case of a taxable loss, Cigna pays the Company a refund based on the said loss to the extent Cigna is able to utilize that loss in the consolidated tax return.

(4) The Participating Mail Order Pharmacy Agreement (also known as the Tel-Drug Agreement) is by and between Tel-Drug, Inc., Tel-Drug of Pennsylvania, LLC and certain subsidiaries of CHC, including the Company. Under this agreement, Tel-Drug, Inc. and Tel-Drug of Pennsylvania, LLC provide mail-order pharmacy services to the Company's enrollees.

(5) The Dental Consultation Agreement is by and between the Company and its affiliated HMOs and Cigna Dental Health, Inc. (CDH). Pursuant to this agreement, CDH provides dental consultations to the Company on selected dental cases relative to services provided under the members' HMO contracts.

(6) The Line of Credit Agreement (also known as the LOC Agreement) is by and between the Company and CHC. Under this agreement, CHC would loan funds to the Company from time to time, to ensure that the Company will be able to meet its operational cash obligations while earning additional investment income. There was no liability associated with this agreement as of December 31, 2014 and December 31, 2013.

(7) The Cigna Health Access Premium Billing Authorization Agreement by and among Cigna and certain subsidiaries, including the Company, enables each HMO to provide its Cigna Health Access customers with a single premium bill.

(8) The Company participates in an Investment Advisory Agreement: pursuant to which Cigna Investments, Inc. serves as the Company's investment advisor.

(9) Fee Sharing Agreement (the “Agreement”) – Several of Cigna's subsidiaries, including the Company, are subject to the Health Insurance Providers Fee, “the Fee”, which is imposed on each covered entity engaged in the business of providing health insurance for any United States health risk. Such entities, along with Cigna, are collectively treated as a single “covered entity” as that term is defined in Section 9010(c) and Treas. Reg. § 57.2(b). By entering into this Agreement, each Party has consented to select Cigna as its “designated entity” for the payment of this Fee. The Agreement allows Cigna to pay each year to the Treasury the Fee owed collectively by all covered entities in the group, and to perform all necessary and appropriate actions that may be required to fulfill Cigna's responsibilities as the designated entity. This Agreement further allows Cigna to delegate to a wholly owned subsidiary the authority to perform these actions on Cigna's behalf. For financial management and reporting purposes, Cigna and the Parties will allocate the Fee for each Fee Year among the Parties in proportion to estimates of each Party's Premiums for that Fee Year. This Agreement was approved by the Florida Office of Insurance Regulation and was effective for Cigna HealthCare of Florida, Inc. on August 4, 2014.

(10) Cigna's indirectly wholly-owned domestic subsidiary insurance companies have entered into a Consolidated Federal Income Tax Agreement (the “Agreement”), which became effective as of April 1, 1982. The Agreement sets forth the method of allocation of federal income taxes for Cigna and its wholly-owned domestic subsidiaries, including insurance subsidiaries. The Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are used to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provisions, are liable for payments determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss or investment tax credit carryovers actually used in the current consolidated return.

G. The Company does not own shares of an upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.

H. The Company does not hold any interest in another company or limited partnership.

I. The Company did not have any impairment and consequently did not write down its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.

J. The Company did not have any investments in foreign subsidiaries.

K. The Company did not have any investments in a downstream non-insurance holding company.

11. Debt

None

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

- A. Defined Benefit Plan – See Note 12(G)
- B. Description of Investment Policies and Strategies – See Note 12(G)
- C. Fair Value of Plan Assets – See Note 12(G)
- D. Rate of Return Assumptions - See Note 12(G)
- E. Deferred Contribution Plans – See Note 12(G)
- F. Multiemployer Plans – NONE
- G. Consolidated/Holding Company Plans

The Company is an indirect wholly-owned subsidiary of Cigna which sponsors a noncontributory, defined benefit pension plan (the Pension Plan) to eligible retired employees, spouses and other eligible dependents through various domestic and foreign plans.

During the first quarter of 2013, Cigna announced two changes to its postretirement medical plan that the Company implemented as follows:

- (1) Effective March 31, 2013, Cigna froze active employees' future benefit accruals. A curtailment of benefits occurred as a result of this action because benefits for future services for active employees in the plan were eliminated. Accordingly, during the first quarter of 2013, the Company recorded a pre-tax curtailment loss in net income to recognize the remaining prior service cost.
- (2) In the first quarter of 2013, Cigna also announced a change in the cost sharing arrangement with retirees for pharmacy subsidy payments received from the U.S. Government effective January 1, 2014. As a result of this plan amendment, the plan was re-measured as of March 31, 2013 resulting in a reduced other postretirement benefit obligation.

On May 8, 2009, Cigna announced a freeze of its primary domestic defined benefit pension plans effective July 1, 2009 that eliminated the accrual of benefits for active employees enrolled in these domestic pension plans. As a result, pension expense is now considered a financing cost similar to interest costs from long-term debt; as a matter of practice at Cigna, financing costs are not allocated to subsidiaries. Therefore, beginning in 2010, pension expense was reported by Cigna and no longer allocated to the Company.

The Company also participates in the Cigna 401(k) Plan (the Savings Plan), which is sponsored by Cigna. Employees are eligible to participate in the Savings Plan immediately upon hire; however, one year of service is required to become eligible to receive company contributions.

Salaried officers and other key employees of the Company are eligible to be awarded shares of Cigna Common Stock in the form of stock options, restricted stock grants, dividend equivalent rights and grants of Cigna Common Stock in lieu of cash payable under various plans.

The People Resources Committee of the Board of Directors of Cigna (the Committee) determines awards under these plans, including grants of restricted stock and stock options and, beginning in 2010, strategic performance shares to certain employees of Cigna and its indirect subsidiaries.

The Committee awarded restricted stock and strategic performance shares to eligible officers and employees under various plans.

The Company offers the Cigna Deferred Compensation Plan to officers and key employees pursuant to which they may defer receipt of all or part of their compensation. The amount of compensation deferred is not funded but represents a general liability of Cigna and participating affiliates, including the Company. Currently, deferred cash compensation is credited with interest at the rate paid on contributions to the Fixed Income Fund of the Savings Plan. Certain

officers and key employees also have the option of selecting to have deferred cash compensation credited with interest at the rate paid under the Savings Plan's other investment funds. Deferred compensation, which would have otherwise been payable in Cigna Common Stock, is hypothetically invested in the same number of Common Stock equivalent units as the number of shares which would have been paid if such compensation had not been deferred. An amount equal to cash dividends that would have been paid on such hypothetically invested Common Stock is deemed to have been paid and hypothetically invested in the same way as deferred cash compensation. At a future date or dates selected by each participant, the aggregate of amounts deferred and hypothetical investment results is distributed either in a lump sum or in installments, in which case unpaid installments continue to be credited with interest. Compensation deferred by officers and key employees that was otherwise payable in Common Stock is distributed in Common Stock.

Effective January 25, 1995, the Committee approved a special program to postpone payments to senior executive officers that would not qualify for a tax deduction because of the provisions of Internal Revenue Code section 162(m), which limits the deductibility of compensation paid to each officer to \$1 million, unless certain exceptions apply.

The deferred compensation obligation for the CHLIC was \$28 million as of December 31, 2014 and \$29 million as of December 31, 2013.

H. Postemployment Benefits and Compensated Absences

None

I. Impact of Medicare Modernization Act on Post Retirement Benefits (INT 04-17)

None

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

- (1) The Company has 1,000 shares authorized, 500 shares issued and outstanding. All shares are Class A common stock shares.
- (2) The Company has no preferred stock outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the state of Florida, and are based on restrictions relating to statutory surplus.
- (4) Company paid no dividends to the Parent during the period ended December 31, 2014 and the year ended December 31, 2013.
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) No advances to surplus not repaid were outstanding at December 31, 2014 and 2013.
- (8) The Company does not hold any stock, including stock of affiliated companies, for special purposes.
- (9) The Company had a change in the balances of special surplus funds from the prior year.
2014 - \$25,386.
2013 - \$0
- (10) The portion of unassigned funds (surplus) reduced by non-admitted asset values is \$48,141 and \$73,049 as of December 31, 2014 and 2013.
- (11) The Company did not issue any surplus debentures or similar obligations.
- (12) & (13) The Company did not experience an impact of any restatement due to prior quasi-reorganizations.

14. Contingencies and Assessments

- A. Contingent Commitments – None.
- B. Assessments – None.
- C. Gain Contingencies – None.

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits.
None

E. Joint and Several Liabilities – None.

F. All Other Contingencies

Health care regulation

The business of administering and insuring employee benefit programs, particularly health care programs, is heavily regulated by federal and state laws and administrative agencies, such as state departments of insurance and the federal Departments of Labor and Justice, as well as the courts. Regulation and judicial decisions have resulted in changes to industry and Cigna's business practices and will continue to do so in the future. In addition, Cigna's subsidiaries are routinely involved with various claims, lawsuits and regulatory audits and investigations that could result in financial liability, changes in business practices, or both. Health care regulation in its various forms could have an adverse effect on Cigna's health care operations if it inhibits Cigna's ability to respond to market demands or results in increased medical or administrative costs without improving the quality of care or services.

Other possible regulatory changes that could have an adverse effect on Cigna's employee benefits businesses include:

- additional mandated benefits or services that increase costs without improving the quality of care;
- legislation that would grant plan participants broader rights to sue their healthplans;
- changes in ERISA regulations resulting in increased administrative burdens and costs;
- additional restrictions on the use of prescription drug formularies;
- additional privacy legislation and regulations that interfere with the proper use of medical information for research, coordination of medical care and disease and disability management;
- additional rules establishing the time periods for payment of health care provider claims that vary from state to state;
- legislation that would exempt independent physicians from antitrust laws; and
- changes in federal laws, such as amendments to income tax laws, which could affect the taxation of employer provided benefits.

The health care industry remains under scrutiny by various state and federal government agencies and could be subject to government efforts to bring criminal actions in circumstances that could previously have given rise only to civil or administrative proceedings.

Litigation and Other Legal Matters

Cigna Corporation and its subsidiaries (including the Company; and collectively known as Cigna Corporation) are routinely involved in numerous claims, lawsuits, regulatory audits, investigations and other legal matters arising, for the most part, in the ordinary course of managing a health services business. These actions may include benefit disputes, breach of contract claims, tort claims, provider disputes, disputes regarding reinsurance arrangements, employment and employment discrimination-related suits, employee benefit claims, wage and hour claims, privacy, intellectual property claims and real estate related disputes. There are currently, and may be in the future, attempts to bring class action lawsuits against the industry. Cigna Corporation and its subsidiaries (including the Company) also are regularly engaged in IRS audits and may be subject to examinations by various state and foreign taxing authorities. Disputed income tax matters arising from these examinations, including those resulting in litigation, are accounted for under the NAIC's accounting guidance for tax loss contingencies. Further information on income tax matters can be found in Note 9.

The business of administering and insuring health services programs, particularly health care and group insurance programs, is heavily regulated by federal and state laws and administrative agencies, such as state departments of insurance and the U.S. Departments of Health and Human Services, Treasury, Labor and Justice, as well as the courts. Health care regulation and legislation in its various forms, including the implementation of Health Care Reform, other regulatory reform initiatives, such as those relating to Medicare programs, or additional changes in existing laws or regulations or their interpretations, could have a material adverse effect on the Company's business, results of operations and financial condition.

In addition, there is heightened review by federal and state regulators of the health care, disability and life insurance industry business and related reporting practices. Cigna and its subsidiaries (including the Company) are frequently the subject of regulatory market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, the CMS and the Office of Inspector General (“OIG”). With respect to Cigna’s Medicare Advantage business, the CMS and OIG perform audits to determine a health plan’s compliance with federal regulations and contractual obligations, including compliance with proper coding practices (sometimes referred to as Risk Adjustment Data Validation audits or RADV audits), that may result in retrospective adjustments to payments made to health plans. Regulatory actions can result in assessments, civil or criminal fines or penalties or other sanctions, including loss of licensing or exclusion from participating in government programs.

Regulation, legislation and judicial decisions have resulted in changes to industry and Cigna and its subsidiaries’ (including the Company) business practices, financial liability or other sanctions and will continue to do so in the future.

When the Cigna Corporation and its subsidiaries (including the Company) (in the course of its regular review of pending litigation and legal or regulatory matters) have determined that a material loss is reasonably possible, the matter is disclosed. In accordance with statutory accounting principles, when litigation and regulatory matters present loss contingencies that are both probable and estimable, the Company accrues the estimated loss by a charge to income. The amount accrued represents the Company’s best estimate of the probable loss at the time. If only a range of estimated losses can be determined, the Company accrues an amount within the range that, in the Company’s judgment, reflects the most likely outcome; if none of the estimates within that range is a better estimate than any other amount, the Company accrues the minimum amount of the range. In cases when the Company has accrued an estimated loss, the accrued amount may differ materially from the ultimate amount of the loss. In many proceedings, it is inherently difficult to determine whether any loss is probable or even possible or to estimate the amount or range of any loss. The Company provides disclosure in the aggregate for material pending litigation and legal or regulatory matters, including accruals, range of loss, or a statement that such information cannot be estimated. As a litigation or regulatory matter develops, the Company monitors the matter for further developments that could affect the amount previously accrued, if any, and updates such amount accrued or disclosures previously provided as appropriate.

The outcome of litigation and other legal or regulatory matters is always uncertain and unfavorable outcomes that are not justified by the evidence or existing law can occur. Cigna Corporation and its subsidiaries (including the Company) believe that it has valid defenses to the matters pending against it and is defending itself vigorously. The Company believes that the legal actions, regulatory matters, proceedings and investigations currently pending against it should not have a material adverse effect on the Company’s results of operation, financial condition or liquidity based upon current knowledge and taking into consideration current accruals. Due to numerous uncertain factors presented in these cases, it is not possible to estimate an aggregate range of loss (if any) for these matters at this time. In light of the uncertainties involved in these matters, there is no assurance that their ultimate resolution will not exceed the amounts currently accrued by the Company. An adverse outcome in one or more of these matters could be material to the Company’s results of operations, financial condition or liquidity for any particular period.

In April 2004, Cigna Corporation (of which, the Company is a subsidiary) was sued in a number of putative nationwide class actions alleging that Cigna Corporation improperly underpaid claims for out-of-network providers through the use of data provided by Ingenix, Inc., a subsidiary of one of the Cigna Corporation’s competitors. These actions were consolidated into *Franco v. Connecticut General Life Insurance Company, et al.*, pending in the U.S. District Court for the District of New Jersey. The consolidated amended complaint, filed in 2009 on behalf of subscribers, health care providers and various medical associations, asserted claims related to benefits and disclosure under ERISA, the Racketeer Influenced and Corrupt Organizations (“RICO”) Act, the Sherman Antitrust Act and New Jersey state law and seeks recovery for alleged underpayments from 1998 through the present. Other major health insurers have been the subject of, or have settled, similar litigation.

In September 2011, the District Court (1) dismissed all claims by the health care provider and medical association plaintiffs for lack of standing; and (2) dismissed the antitrust claims, the New Jersey state law claims and the ERISA disclosure claim. In January 2013 and again in April 2014, the District Court denied separate motions by the plaintiffs to certify a nationwide class of subscriber plaintiffs. The Third Circuit denied plaintiff’s request for an immediate appeal of the January 2013 ruling. As a result, the case is proceeding on behalf of the named plaintiffs only. In June 2014, the District Court granted Cigna Corporation’s motion for summary judgment to terminate all claims, and denied the plaintiffs’ partial motion for summary judgment. In July 2014, the plaintiffs appealed all of the District Court’s decisions in favor of Cigna Corporation, including the class certification decision, to the Third Circuit. Cigna Corporation will continue to vigorously defend its position.

15. Leases

A. The Company participates in lease arrangements with CGLIC for buildings and office equipment. The Company assigned all of its interest in leases to CGLIC. As a result, lease expenses

are paid by CGLIC and are included within administrative expenses, as an allocation from CGLIC, for 2014 and 2013.

B. None

(1) Operating Leases
None

(2) Leveraged Leases
None

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

None

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

A. Transfers of Receivables Reported as Sales
None

B. Transfer and Servicing of Financial Assets
None

C. Wash Sales
None

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

A. ASO Plan:
None

B. ASC Plan
None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:
None

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

None

20. Fair Value Measurement

The Company's financial assets measured at fair value include bonds valued at the lower of cost or fair value when reported at fair value the balance sheet date

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

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

judgment that becomes significant with increasingly complex instruments or pricing models.

Fair Value Measurements at Reporting Date

As of December 31, 2014 and December 31, 2013, the Company had no bonds reported at fair value in the financial statements.

Disclosures about Fair Values of Financial Instruments Not Carried at Fair Value

The following table provides the fair value, carrying value and classification in the fair value hierarchy of the Company's bonds not recorded at fair value as of December 31, 2014 and December 31, 2013.

December 31, 2014					Admitted Value
<i>(In thousands)</i>	Fair Value			Total	Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)		
Bonds	\$0	\$2,230	\$0	\$2,230	\$2,083

December 31, 2013					Admitted Value
<i>(In thousands)</i>	Fair Value			Total	Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)		
Bonds	\$0	\$2,320	\$0	\$2,320	\$2,096

Disclosures about Financial Instruments Not Practicable to Estimate Fair Value - None.

21. Other Items

- A. Extraordinary Items – None.
- B. Troubled Debt Restructuring – None.
- C. Other Disclosures – None.
- D. Business Interruption Insurance Recoveries – None.
- F. State Transferable and Non-transferable Tax Credits – None.
- G. Subprime-Mortgage-Related Risk Exposure – None.
- H. Retained Assets – None.

22. Events Subsequent

The Company is not aware of any Type I or Type II events that occurred subsequent to the close of the books or accounts for this statement which would have had a material effect on the financial condition of the Company. In preparing these financials statements the Company has evaluated events that occurred between the balance sheet date and April 01, 2015.

For the annual reporting period ending December 31, 2014, a reporting entity subject to the assessment under section 9010 of the Affordable Care Act shall provide a disclosure of the assessment payable in 2014 consistent with the guidance provided under SSAP No. 9, Subsequent Events for a Type II subsequent event. The disclosure shall provide information regarding the nature of the assessment and an estimate of its financial impact, including the impact on its risk-based capital position. In accordance with SSAP No. 9, the reporting entity shall also consider whether there is a need to present pro forma financial statements regarding the impact of the assessment, based on its judgment of the materiality of the assessment.

On January 1, 2015, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). Cigna covered entities' share of the annual fee will be based on the

ratio of the amount of their aggregate net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimates its portion of the annual health insurance industry fee payable on September 30, 2015 to be \$25,386. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 0%. Reporting ACA assessment as of December 31, 2014 would not have triggered an RBC action level.

<u>Type II Non-recognized Subsequent Events</u>	<u>Current Year</u>	<u>Prior Year</u>
A. ACA fee assessment payable for the upcoming year	\$ 25,386	\$ 17,093
B. ACA fee assessment paid	\$ 20,437	not applicable
C. Premium written subject to ACA 9010 assessment	\$ 1,300,374	\$ 1,257,368
D. Total Adjusted Capital before surplus adjustment	\$ 4,004,183	
E. Authorized Control Level before surplus adjustment	330,444	
F. Total Adjusted Capital after surplus adjustment	\$ 3,978,797	
G. Authorized Control Level after surplus adjustment	330,466	

H. Would reporting the ACA assessment as of December 31, 2014 have triggered an RBC action level? No.

23. Reinsurance

Effective January 1, 1994, the Company entered into a Reinsurance Agreement (the CGLIC Reinsurance Agreement) with CGLIC. The CGLIC Reinsurance Agreement is administered by CHC. Under the provisions of the CGLIC Reinsurance Agreement, the Company pays a monthly premium based on an established rate per healthplan member. In return for premiums paid, the Company is reimbursed a percentage of costs in excess of a deductible for hospital and related services provided to individual healthplan members. The required deductible per individual healthplan member per calendar year was \$150,000 for the years ended December 31, 2014 and 2013.

Effective January 1, 2011, the Agreement was amended to revise Schedule C and Section IX (2). The revised Schedule C modifies the maximum allowable premium due to CGLIC and the maximum allowable bank account funding obligation. The revision to Section IX (2) of the Agreement modifies the process by which future amendments become effective.

Effective January 1, 2013, the Agreement was amended to change the reinsurer to Cigna Health and Life Insurance Company (CHLIC) for claims incurred January 1, 2013 and after.

Responsibility for covered charges under the CHLIC Reinsurance Agreement per member per year during the periods ended December 31, 2014 and 2013 was as follows:

<u>December 31, 2014 and 2013</u>		
\$150,000 and greater	-	20% the Company 80% CHLIC

Premiums paid to CHLIC and to CHC, as administrator, for this agreement amounted to \$23,443 and \$20,283 for the periods ended December 31, 2014 and 2013 and are reported as an offset to premiums in the accompanying Statutory Statements of Income and Expenses. Recoveries for covered charges amounted to \$0 as of December 31, 2014 and 2013.

A. Ceded Reinsurance Report

Section 1 — General Interrogatories

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

Yes () No (X)

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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? \$0.

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

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

Yes () No (X)

B. Uncollectible Reinsurance
None

C. Commutation of Ceded Reinsurance
None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company has no estimated accrued retrospective premium adjustments
- B. The Company has no recorded accrued retrospective premium.
- C. The Company has no net premiums written.
- D. There were no amounts accrued for Medical Loss Ratio rebate required pursuant to the Public Health Service Act.
- E. Risk Sharing Provisions of the Affordable Care Act

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

- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year amount : Yes [] No [X]

a. Permanent ACA Risk Adjustment Program

Assets

1. Premium adjustments receivable due to ACA Risk Adjustment\$0

Liabilities

2. Risk adjustment user fees payable for ACA Risk Adjustment.....\$0

3. Premium adjustments payable due to ACA Risk Adjustment.....\$0

Operations (Revenue & Expense)

- 4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment.....\$0
- 5. Reported in expenses as ACA risk adjustment user fees (incurred/paid).....\$0

b. Transitional ACA Reinsurance Program

Assets

- 1. Amounts recoverable for claims paid due to ACA Reinsurance.....\$0
- 2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra liabilities)..... \$0
- 3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance\$0

Liabilities

- 4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium
\$15,624
- 5. Ceded reinsurance premiums payable due to ACA Reinsurance.....\$0
- 6. Liability for amounts held under uninsured plans contributions for ACA Reinsurance\$0

Operations (Revenue & Expense)

- 7. Ceded Reinsurance premiums due to ACA Reinsurance.....\$0
- 8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments
\$15,624
- 9. ACA Reinsurance contributions – not reported as ceded premium.....\$0

c. Temporary ACA Risk Corridors Program

Assets

- 1. Accrued retrospective premium due to ACA Risk Corridors.....\$0

Liabilities

- 2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors\$0

Operations (Revenue & Expense)

- 3. Effect of ACA Risk Corridors on net premium income (paid/received).....\$0
- 4. Effect of ACA Risk Corridors on change in reserves for rate credits.....\$0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA HealthCare of Florida, Inc.

	Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	1	2	3	4	Prior Year Accrued Less Payments (Col1-3)	Prior Year Accrued Less Payments (Col2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Year (Col 1-3+7)	Cumulative Balance from Prior Year (Col 2-4+8)	
					5	6	7	8			
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program	0	0	0	0	0	0	0	0		0	0
1. Premium adjustments receivable	0	0	0	0	0	0	0	0	A	0	0
2. Premium adjustments (payable)	0	0	0	0	0	0	0	0	B	0	0
3. Subtotal ACA Permanent Risk Adjustment Program	0	0	0	0	0	0	0	0		0	0
b. Transitional ACA Reinsurance Program	0	0	0	0	0	0	0	0		0	0
1. Amounts recoverable for claims paid	0	0	0	0	0	0	0	0	C	0	0
2. Amounts recoverable for claims unpaid (contra liability)	0	0	0	0	0	0	0	0	D	0	0
3. Amounts receivable relating to uninsured plans	0	0	0	0	0	0	0	0	E	0	0
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	0	0	0	0	0	0	0	0	F	0	0
5. Ceded reinsurance premiums payable	0	0	0	0	0	0	0	0	G	0	0
6. Liability for amounts held under uninsured plans	0	0	0	0	0	0	0	0	H	0	0
7. Subtotal ACA Transitional ACA Reinsurance Program	0	0	0	0	0	0	0	0		0	0
c. Temporary ACA Risk Corridors Program	0	0	0	0	0	0	0	0		0	0
1. Accrued retrospective premium	0	0	0	0	0	0	0	0	I	0	0
2. Reserve for rate credits or policy experience rating refunds	0	0	0	0	0	0	0	0	J	0	0
3. Subtotal ACA Risk Corridors Program	0	0	0	0	0	0	0	0		0	0
d. Total for ACA Risk Sharing Provisions	0	0	0	0	0	0	0	0		0	0

Explanations of Adjustment: None

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2014 were \$115,831. As of December 31, 2014, \$15,000 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive lines of insurance. Therefore, there has been a \$94,721 favorable prior-year development since December 31, 2013 to December 31, 2014. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

Not applicable

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables
None
- B. Risk Sharing Receivables
None

29. Participating Policies

None

30. Premium Deficiency Reserves

Premium deficiencies occur when it is probable that expected claims expense (hospital/medical expenses and administrative expenses) will exceed future premiums on existing insurance contracts. For purposes of estimating premium deficiency losses, contracts are grouped in a manner consistent with the Company's method of acquiring, servicing, and measuring the profitability of such contracts. As of December 31, 2014 and December 31, 2013 the Company had liabilities of \$80,000 related to premium deficiency reserves. The Company considered anticipated investment income when calculating its premium deficiency reserves.

31. Anticipated Salvage and Subrogation

None

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? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A and 2
- 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? Florida
- 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. 12/31/2011
- 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. 12/31/2011
- 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). 01/28/2013
- 3.4 By what department or departments?
Florida Office of Insurance Regulation
- 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? Yes [] No [X]
4.12 renewals? 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? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? 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 or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 PricewaterhouseCoopers LLP 185 Asylum Street, Suite 2400 Hartford, CT 06103-3404
- 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 [X]
 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 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
 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 [X] 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?
 Gregory Malone Cigna Healthcare, Financial Analysis Senior Director 900
 Cottage Grove Rd, C5PRC Bloomfield, CT 06002
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value \$
- 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?

 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 [X] 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 [X] No []
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 All employees of Cigna Corporation and its subsidiaries, including senior managers, are subject to the same code of ethics. That the code has been amended from time to time to enhance clarity and relevance. There is no separate code for senior managers.
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 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? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

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? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? 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)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$
 - 20.12 To stockholders not officers.....\$
 - 20.13 Trustees, supreme or grand (Fraternal Only)\$
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$
 - 20.22 To stockholders not officers.....\$
 - 20.23 Trustees, supreme or grand (Fraternal Only)\$
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$
 - 21.22 Borrowed from others.....\$
 - 21.23 Leased from others\$
 - 21.24 Other\$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$
 - 22.22 Amount paid as expenses\$
 - 22.23 Other amounts paid\$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:\$

INVESTMENT

- 24.01 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 24.03)..... Yes [X] No []
- 24.02 If no, give full and complete information relating thereto
.....
- 24.03 For security 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)
.....
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.\$
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.\$
- 24.07 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]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.09 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]

GENERAL INTERROGATORIES

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

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
24.103 Total payable for securities lending reported on the liability page	\$	0

25.1 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 24.03) Yes [] No []

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

25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Placed under option agreements	\$
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$
25.27 FHLB Capital Stock	\$
25.28 On deposit with states	\$ 2,006,608
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$
25.32 Other	\$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

26.2 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.

27.1 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 []

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

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

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

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

28.02 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)
The Bank of New York Mellon	1 Wall Street, New York, NY 10286	This is a limited custodial arrangement that only allows for the holding/safekeeping of NAIC approved Mutual Funds or cash

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No []

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

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

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
105811	Cigna Investments, Inc.	900 Cottage Grove Road, Bloomfield, CT 06002

GENERAL INTERROGATORIES

- 29.1 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]
- 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

- 29.3 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

30. 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	2,083,030	2,230,486	147,456
30.2 Preferred stocks	0		0
30.3 Totals	2,083,030	2,230,486	147,456

- 30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are based on quoted market prices when available. When market prices are not available, fair value is generally estimated using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality. In instances where there is little or no market activity for the same or similar instruments, the Company estimates fair value using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment by the Company which becomes significant with increasingly complex instruments or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model or input used.

- 31.1 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]
- 31.2 If the answer to 31.1 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 []
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
- 32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$3,814

33.2 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 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any?\$368

34.2 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 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

35.2 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 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]

1.2 If yes, indicate premium earned on U.S. business only. \$ _____

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

1.31 Reason for excluding

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

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ _____ 0

1.6 Individual policies:

Most current three years:

1.61 Total premium earned \$ 0

1.62 Total incurred claims \$ 0

1.63 Number of covered lives 0

All years prior to most current three years:

1.64 Total premium earned \$ 0

1.65 Total incurred claims \$ 0

1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:

1.71 Total premium earned \$ 0

1.72 Total incurred claims \$ 0

1.73 Number of covered lives 0

All years prior to most current three years:

1.74 Total premium earned \$ 0

1.75 Total incurred claims \$ 0

1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	1,276,931	1,237,085
2.2 Premium Denominator	1,276,931	1,237,085
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	196,631	190,531
2.5 Reserve Denominator	196,631	190,531
2.6 Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance? Yes [X] No []

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ 320,000

5.32 Medical Only \$

5.33 Medicare Supplement \$

5.34 Dental & Vision \$

5.35 Other Limited Benefit Plan \$

5.36 Other \$

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

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 78,898

8.2 Number of providers at end of reporting year 89,623

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned:

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

9.22 Business with rate guarantees over 36 months \$

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes No
- 10.2 If yes:
- | | | |
|--|----|-------|
| 10.21 Maximum amount payable bonuses..... | \$ | 0 |
| 10.22 Amount actually paid for year bonuses..... | \$ | 8,399 |
| 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 <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 11.13 An Individual Practice Association (IPA), or, .. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 11.14 A Mixed Model (combination of above)? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes No
- 11.3 If yes, show the name of the state requiring such net worth. Florida
- 11.4 If yes, show the amount required. \$ 1,500,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes No
- 11.6 If the amount is calculated, show the calculation
 Minimum required surplus is the greater of \$1,500,000, 10% of total liabilities or 2% of annualized premiums

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

1 Name of Service Area
Brevard County
Broward County
Clay County
Dade County
Duval County
Hillsborough County
Lake County
Nassau County
Orange County
Osceola County
Palm Beach County
Pasco County
Pinellas County
Polk County
Seminole County
Volusia County

- 13.1 Do you act as a custodian for health savings accounts? Yes No
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 13.3 Do you act as an administrator for health savings accounts? Yes No
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. \$
- 14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes No N/A
- 14.2 If the answer to 14.1 is yes, please provide the following:

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- | | | |
|------------------------------------|----|---|
| 15.1 Direct Premium Written | \$ | 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)

FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	4,354,287	4,643,932	5,122,181	5,560,572	10,980,560
2. Total liabilities (Page 3, Line 24)	350,104	530,873	1,208,820	1,491,393	1,931,212
3. Statutory surplus	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
4. Total capital and surplus (Page 3, Line 33)	4,004,183	4,113,059	3,913,361	4,069,179	9,049,348
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,276,931	1,237,085	5,612,541	8,458,807	12,254,575
6. Total medical and hospital expenses (Line 18)	1,325,907	909,968	4,995,526	6,904,404	8,771,393
7. Claims adjustment expenses (Line 20)	20,612	50,764	212,160	240,773	318,281
8. Total administrative expenses (Line 21)	234,259	58,130	977,939	1,267,114	1,631,799
9. Net underwriting gain (loss) (Line 24)	(303,837)	297,943	(401,934)	173,296	1,089,742
10. Net investment gain (loss) (Line 27)	82,846	28,035	84,269	446,006	1,241,917
11. Total other income (Lines 28 plus 29)	(1,310)	408	(1,204)	0	0
12. Net income or (loss) (Line 32)	(174,339)	221,290	(206,531)	541,796	3,317,039
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(442,282)	(338,831)	(129,164)	595,045	1,223,120
Risk-Based Capital Analysis					
14. Total adjusted capital	4,004,183	4,113,059	3,913,361	4,069,179	9,049,348
15. Authorized control level risk-based capital	330,444	330,459	334,075	457,161	577,348
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	241	238	1,114	1,509	2,622
17. Total members months (Column 6, Line 7)	2,960	2,561	15,276	22,685	34,567
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)	103.8	73.6	89.0	81.6	71.6
20. Cost containment expenses	0.9	2.7	1.6	1.2	1.1
21. Other claims adjustment expenses	0.7	1.4	2.2	1.7	1.5
22. Total underwriting deductions (Line 23)	123.8	75.9	107.2	98.0	91.1
23. Total underwriting gain (loss) (Line 24)	(23.8)	24.1	(7.2)	2.0	8.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	15,000	(5,000)	372,011	637,328	1,023,077
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	109,721	478,509	884,402	1,136,888	2,105,210
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)				0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					0
31. All other affiliated					0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

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

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
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	L	1,300,374						1,300,374	
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	N							0	
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 alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	1,300,374	0	0	0	0	0	1,300,374	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0		
61. Total (Direct Business)	(a) 1	1,300,374	0	0	0	0	0	1,300,374	0	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

Not applicable.

(a) Insert the number of L responses except for Canada and Other Alien.

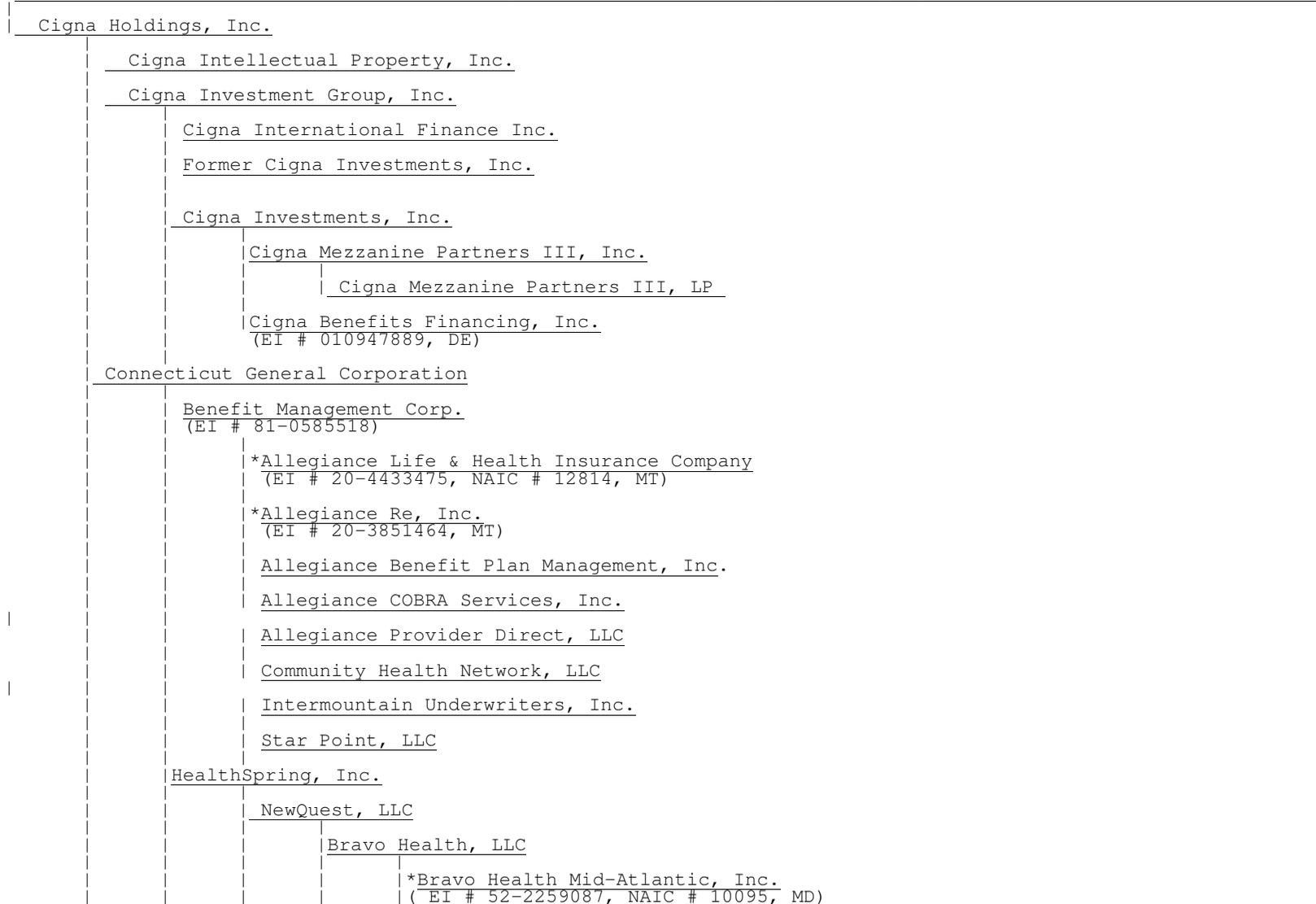
The Company only has Business in the State of Florida.

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

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, as of December 31, 2014:

Cigna CORPORATION

(A Delaware corporation and ultimate parent company)



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

40.1

	<p>*Bravo Health Pennsylvania, Inc. (EI # 52-2363406, NAIC # 11254, PA)</p>
	<p>*HealthSpring Life & Health Insurance Company (EI # 20-8534298, NAIC # 12902, TX)</p>
	<p>*HealthSpring of Alabama, Inc. (EI # 63-0925225, NAIC # 95781, AL)</p>
	<p>*HealthSpring of Florida, Inc. (EI # 65-1129599, NAIC # 11532, FL)</p>
	<p>NewQuest Management of Illinois, LLC</p>
	<p>NewQuest Management of Florida, LLC</p>
	<p>HealthSpring Management of America, LLC</p>
	<p>NewQuest Management of West Virginia, LLC</p>
	<p>TexQuest, LLC</p>
	<p>HouQuest, LLC</p>
	<p>GulfQuest, LP</p>
	<p>NewQuest Management of Alabama, LLC</p>
	<p>HealthSpring USA, LLC</p>
	<p>HealthSpring Management, Inc.</p>
	<p>HealthSpring of Tennessee, Inc. (EI # 62-1593150, NAIC # 11522, MD)</p>
	<p>Tennessee Quest, LLC</p>
	<p>HealthSpring Pharmacy Services, LLC</p>
	<p>HealthSpring Pharmacy of Tennessee, LLC</p>
	<p>Home Physicians Management, LLC</p>
	<p>*Cigna Arbor Life Insurance Company (EI # 03-0452349, NAIC # 13733, CT)</p>
	<p>Cigna Behavioral Health, Inc.</p>
	<p>Cigna Behavioral Health of California, Inc. (EI# 94-3107309)</p>
	<p>Cigna Behavioral Health of Texas, Inc. (EI# 75-2751090)</p>
	<p>MCC Independent Practice Association of New York, Inc.</p>
	<p>Cigna Dental Health, Inc.</p>

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

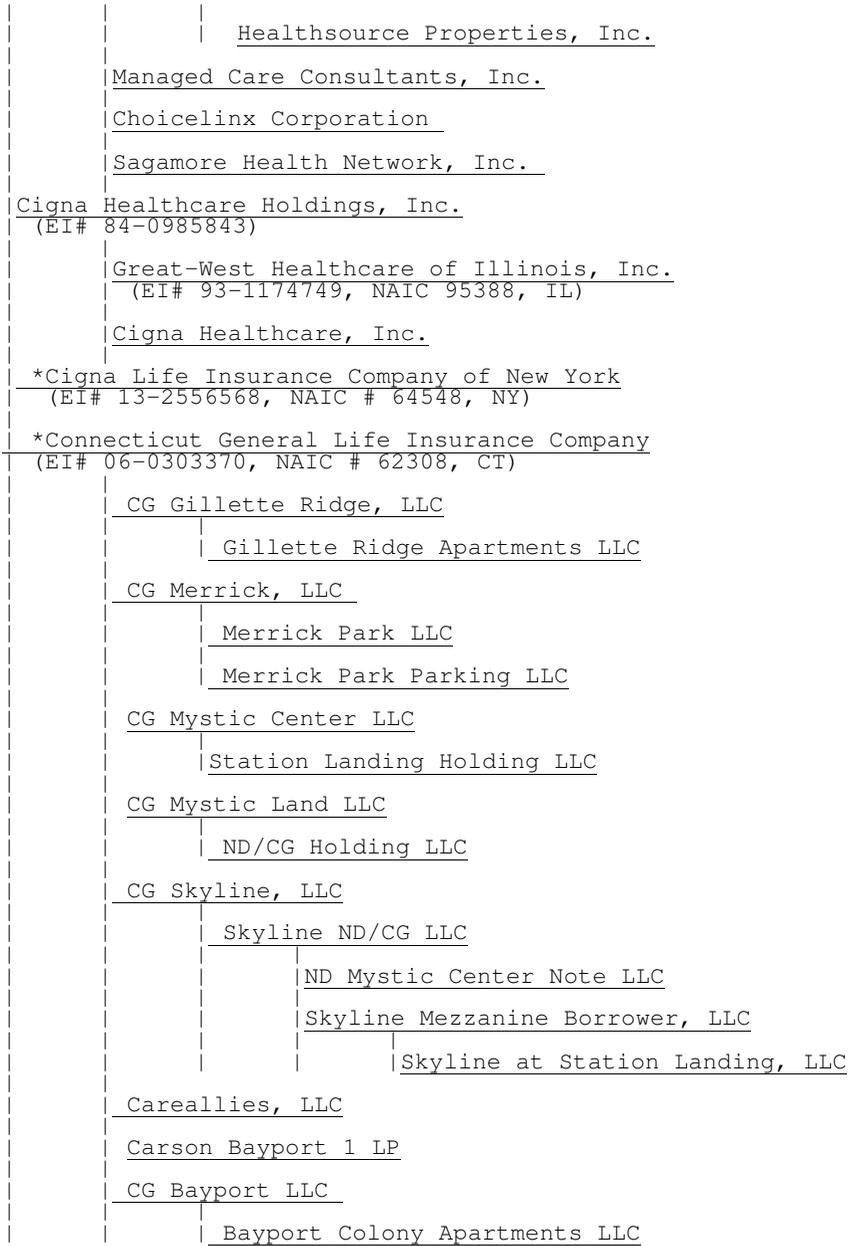
40.2

<u>Cigna Dental Health of California, Inc.</u> (EI# 59-2600475, CA)
<u>Cigna Dental Health of Colorado, Inc.</u> (EI# 59-2675861, NAIC # 11175, CO)
<u>Cigna Dental Health of Delaware, Inc.</u> (EI# 59-2676987, NAIC # 95380, DE)
<u>Cigna Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL)
<u>Cigna Dental Health of Illinois, Inc.</u> (EI# 06-1351097, IL)
<u>Cigna Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS)
<u>Cigna Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY)
<u>Cigna Dental Health of Missouri, Inc.</u> (EI#06-1582068, NAIC # 11160, MO)
<u>Cigna Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167, NJ)
<u>Cigna Dental Health of North Carolina, Inc.</u> (EI# 56-1803464 , NAIC # 95179, NC)
<u>Cigna Dental Health of Ohio, Inc.</u> (EI# 59-2579774, NAIC # 47805, OH)
<u>Cigna Dental Health of Pennsylvania, Inc.</u> (EI# 52-1220578, NAIC # 47041, PA)
<u>Cigna Dental Health of Texas, Inc.</u> (EI# 59-2676977, NAIC # 95037, TX)
<u>Cigna Dental Health of Virginia, Inc.</u> (EI# 52-2188914, NAIC # 52617, VA)
<u>Cigna Dental Health Plan of Arizona, Inc.</u> (EI# 86-0807222, NAIC # 47013, AZ)
<u>Cigna Dental Health of Maryland, Inc.</u> (EI#20-2844020, NAIC #48119, MD)
<u>Cigna Health Corporation</u>
<u>Healthsource, Inc.</u>
<u>Cigna HealthCare of Arizona, Inc.</u> (EI# 86-0334392, NAIC#95125, AZ)
<u>Cigna HealthCare of California, Inc.</u> (EI# 95-3310115, CA)
<u>Cigna HealthCare of Colorado, Inc.</u>

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

(EI# 84-1004500, NAIC # 95604, CO)
Cigna HealthCare of Connecticut, Inc.
(EI# 06-1141174, NAIC # 95660, CT)
Cigna HealthCare of Florida, Inc.
(EI# 59-2089259, NAIC # 95136, FL)
Cigna HealthCare of Illinois, Inc.
(EI# 36-3385638, NAIC # 95602, IL)
Cigna HealthCare of Maine, Inc.
(EI# 01-0418220, NAIC # 95447, ME)
Cigna HealthCare of Massachusetts, Inc.
(EI# 02-0402111, NAIC # 95220, MA)
Cigna HealthCare Mid-Atlantic, Inc.
(EI# 52-1404350, NAIC # 95599, MD)
Cigna HealthCare of New Hampshire, Inc.
(EI# 02-0387749, NAIC # 95493, NH)
Cigna HealthCare of New Jersey, Inc.
(EI# 22-2720890, NAIC # 95500, NJ)
Cigna HealthCare of Pennsylvania, Inc.
(EI# 23-2301807, NAIC # 95121, PA)
Cigna HealthCare of St. Louis, Inc.
(EI# 36-3359925, NAIC # 95635, MO)
Cigna HealthCare of Utah, Inc.
(EI# 62-1230908, NAIC # 95518, UT)
Cigna HealthCare of Georgia, Inc.
(EI# 58-1641057, NAIC # 96229, GA)
Cigna HealthCare of Texas, Inc.
(EI# 74-2767437, NAIC # 95383, TX)
Cigna HealthCare of Indiana, Inc.
(EI# 35-1679172, NAIC # 95525, IN)
Cigna HealthCare of New York, Inc.
(EI# 11-2758941, NAIC # 95488, NY)
Cigna HealthCare of Tennessee, Inc.
(EI# 62-1218053, NAIC # 95606, TN)
Cigna HealthCare of North Carolina, Inc.
(EI# 56-1479515, NAIC# 95132, NC)
Cigna HealthCare of South Carolina, Inc.
(EI# 06-1185590, NAIC # 95708, SC)
*Temple Insurance Company Limited
Arizona Health Plan, Inc.

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



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

40.5

<u>CG-LINA Bayport I LLC</u>
<u>Cigna Onsite Health, LLC</u>
<u>CR Longwood Investors, LP</u>
<u>ND/CR Longwood LLC</u>
<u>ARE/ND/CR Longwood LLC</u>
<u>Gillette Ridge Community Council, Inc.</u>
<u>Gillette Ridge Golf LLC</u>
<u>Hazard Center Investment Company LLC</u>
<u>Secon Properties, LP.</u>
<u>Teal Rock 501 Grant Street GP, LLC</u>
<u>Teal Rock 501 Grant Street, LP</u>
<u>Tel-Drug of Pennsylvania, LLC</u>
<u>CG-LINA Realty Investors LLC</u>
<u>115 Sansome Street Associates, LLC</u>
<u>121 Tasman Apartments LLC</u>
<u>Alto Apartments LLC</u>
<u>CG-LINA Paper Box LLC</u>
<u>GRG Acquisitions LLC</u>
<u>Cigna Affiliates Realty Investment Group, LLC</u> (EI# 27-5402196, DE)
<u>Market Street Residential Holdings LLC</u>
<u>Arborpoint at Market Street LLC</u>
<u>Market Street Retail Holdings LLC</u>
<u>Market Street South LLC</u>
<u>Diamondview Tower CM-CG LLC</u>
<u>CR Washington Street Investors LP</u>
<u>Civic Holding LLC</u>
<u>Dulles Town Center Mall, LLC</u>
<u>AEW/FDG, LP</u>
<u>ND/CR Unicorn LLC</u>

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

40.6

	<u>Union Wharf Apartments LLC</u>
	<u>AMD Apartments Limited Partnership</u>
	<u>SP Newport Crossing LLC</u>
	<u>PUR Arbors Apartments Venture LLC</u>
	<u>CG Seventh Street, LLC</u>
	<u>Ideal Properties II LLC</u>
	<u>Allesandro Partners, LLC</u>
	<u>Mallory Square Partners I, LLC</u>
	<u>Houston Briar Forest Apartments Limited Partnership</u>
	<u>Newtown Partners II, LP</u>
	<u>Newtown Square GP LLC</u>
	<u>AFA Apartments Limited Partnership</u>
	<u>SB-SNH LLC</u>
	<u>680 Investors LLC</u>
	<u>685 New Hampshire LLC</u>
	<u>CGGL 18301 LLC</u>
	<u>Unico/CG Commonwealth LLC</u>
	<u>Commonwealth Acquisition LLC</u>
	<u>Unico-CG Lovejoy LLC</u>
	<u>222 Main Street Caring GP LLC</u>
	<u>222 Main Street Investors LP</u>
	<u>Notch 8 Residential, L.L.C.</u>
	<u>UVL, LLC</u>
	<u>Agua Mansa Partners LLC</u>
	<u>3601 North Fairfax Drive Associates, LLC</u>
	<u>CORAC LLC</u>
	<u>Bridgepoint Office Park Associates, LLC</u> (EI# 27-3923999, DE)
	<u>Fairway Center Associates, LLC</u> (EI# 27-3126102, DE)
	<u>Henry on the Park Associates, LLC</u>

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

```

    | (EI 27-3582688, DE)
    |
    | *Cigna Health and Life Insurance Company
    | (EI # 59-1031071, NAIC # 67369, CT)
    |
    |   | CarePlexus, LLC
    |   | (EI# 45-2681649; DE)
    |   |
    |   | Cigna Corporate Services, LLC
    |   | (EI 27-3396038, DE)
    |   |
    |   | Cigna Insurance Agency, LLC
    |   | (EI # 27-1903785, CT)
    |   |
    |   | Ceres Sales of Ohio, LLC
    |   | (EI # 34-1970892, OH)
    |   |
    |   | Central Reserve Life Insurance Company
    |   | (EI # 34-0970995, NAIC # 61727, OH)
    |   |
    |   |   | Provident American Life & Health Insurance Company
    |   |   | (EI # 23-1335885, NAIC # 67903, OH)
    |   |   |
    |   |   |   | United Benefit Life Insurance Company
    |   |   |   | (EI # 75-2305400, NAIC # 65269, OH)
    |   |   |
    |   |   | Loyal American Life Insurance Company
    |   |   | (EI # 63-0343428, NAIC # 65722, OH)
    |   |   |
    |   |   |   | American Retirement Life Insurance Company
    |   |   |   | (EI # 59-2760189, NAIC # 88366, OH)
    |   |   |
    |   | Cigna Health Management, Inc.
    |   | (EI# 23-1728483, DE)
    |   |
    |   | Kronos Optimal Health Company
    |   | (20-8064696, AZ)
    |   |
    |   | *Life Insurance Company of North America
    |   | (EI# 23-1503749, NAIC # 65498, PA)
    |   |
    |   |   | *Cigna & CMC Life Insurance Company Limited
    |   |   | (remaining interest owned by an unaffiliated party)
    |   |   |
    |   |   | Cigna Direct Marketing Company, Inc.
    |   |   |
    |   | Tel-Drug, Inc.
    |   |
    |   | Vieliflife Holdings Limited
    |   |
    |   |   | Vieliflife Limited
    |   |   | Vieliflife Services, Inc.
    |   |   | Businesshealth UK Limited
    |   |   |
    |   | CG Individual Tax Benefit Payments, Inc.
    |   |
    |   | CG Life Pension Benefits Payments, Inc.
    |   |
    |   | CG LINA Pension Benefits Payments, Inc.
    
```

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

40.8

	<u>Cigna Federal Benefits, Inc.</u>
	<u>Cigna Healthcare Benefits, Inc.</u>
	<u>Cigna Integratedcare, Inc.</u>
	<u>Cigna Managed Care Benefits Company</u>
	<u>Cigna Re Corporation</u>
	<u>Blodget & Hazard Limited</u>
	<u>Cigna Resource Manager, Inc.</u>
	<u>Connecticut General Benefit Payments, Inc.</u>
	<u>Healthsource Benefits, Inc.</u>
	<u>IHN, Inc.</u>
	<u>LINA Benefit Payments, Inc.</u>
	<u>Mediversal, Inc.</u>
	<u>Universal Claims Administration</u>
	<u>Cigna Global Holdings, Inc.</u>
	<u>Cigna International Corporation, Inc.</u>
	<u>Cigna International Services, Inc.</u>
	<u>Cigna International Marketing (Thailand) Limited</u>
	<u>CGO Participatos LTDA</u>
	<u>YCFM Servicios LTDA</u>
	<u>*Cigna Global Reinsurance Company, Ltd.</u>
	<u>Cigna Holdings Overseas, Inc.</u>
	<u>Cigna Bellevue Alpha LLC</u>
	<u>CignaTurkey Consultancy Services, A.S.</u>
	<u>Cigna Linden Holdings, Inc.</u>
	<u>Cigna Laurel Holdings, Ltd.</u>
	<u>Cigna Palmetto Holdings, Ltd.</u>
	<u>Cigna Magnolia Holdings, Ltd.</u>
	<u>Cigna Nederland Alpha Cooperatief U.A.</u>
	<u>Cigna Nederland Beta B.V.</u>
	<u>Cigna Nederland Gamma B.V.</u>
	<u>Cigna Finans Emeklilik Ve Hayat A.S.</u>

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

40.9

```

Cigna Health Solution India Pvt. Ltd.
Cigna Apac Holdings Limited
  Cigna Alder Holdings, LLC
  Cigna Walnut Holdings, Ltd.
    Cigna Chestnut Holdings, Ltd.
      *LINA Life Insurance Company of Korea
      LINA Financial Service
      Cigna Korea Foundation
    Cigna International Services Australia Pty Ltd.
    *Cigna Life Insurance New Zealand Limited
    Cigna Hong Kong Holdings Company Limited
      Cigna Data Services (Shanghai) Company Limited
      Cigna HLA Technology Services Limited
      *Cigna Worldwide General Insurance Company Limited
      *Cigna Worldwide Life Insurance Company Limited
      Vanbreda International Sdn. Bhd.
      *Cigna Life Insurance Company of Canada
      (AA-1560515)
    RHP (Thailand) Limited
      *Cigna Brokerage & Marketing (Thailand) Limited
      KDM (Thailand) Limited
      *Cigna Insurance Public Company Limited
    Cigna Taiwan Life Assurance Company Limited
    Cigna Myrtle Holdings, Ltd
      Cigna Elmwood Holdings, SPRL
        Cigna Beechwood Holdings
          *Cigna Life Insurance Company of Europe S.A.-N.V.
          *Cigna Europe Insurance Company S.A.-N.V.
        Cigna European Services (UK) Limited
  
```


OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 23

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Escheat Liability .....	.18		.18	.0
2305. Patient Centered Outcomes Research Institute Liability	692		692	465
2397. Summary of remaining write-ins for Line 23 from overflow page	710	0	710	465

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA HealthCare of Florida, Inc.
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Analysis of Operations Line 5

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
0504.	0	0	0	0	0	0	0	0	0	XXX
0597. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX

Additional Write-ins for Analysis of Operations Line 6

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
0604.	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0697. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Additional Write-ins for Analysis of Operations Line 13

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1304.	0	0	0	0	0	0	0	0	0	XXX
1397. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX

ALPHABETICAL INDEX

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