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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014

OF THE CONDITION AND AFFAIRS OF THE

HealthSpring of Florida, Inc.

NAIC Group Code 0901 (Current) 0901 (Prior) NAIC Company Code 11532 Employer's ID Number 65-1129599

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 06/12/2001 Commenced Business 08/01/2002

Statutory Home Office 8600 NW 41st Street Suite 201 (Street and Number), Doral , FL, US 33166 (City or Town, State, Country and Zip Code)

Main Administrative Office 8600 NW 41st Street Suite 201 (Street and Number)

Doral , FL, US 33166 (City or Town, State, Country and Zip Code), 305-229-7461 (Area Code) (Telephone Number)

Mail Address 8600 NW 41st Street Suite 201 (Street and Number or P.O. Box), Doral , FL, US 33166 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 8600 NW 41st Street Suite 201 (Street and Number)

Doral , FL, US 33166 (City or Town, State, Country and Zip Code), 305-631-4435 (Area Code) (Telephone Number)

Internet Website Address www.cigna.com/medicare/cigna-healthspring

Statutory Statement Contact Mercedes Marill Kirkpatrick (Name), 305-631-4435 (Area Code) (Telephone Number)

mmarillk@healthspring.com (E-mail Address), 305-631-5068 (FAX Number)

OFFICERS

President and CEO, Chairman of the Board	Albert Raphael Maury	Chief Financial Officer	Ryan Bruce McGroarty #
Co-CEO	Matthew Shawn Morris #	Vice President and Secretary	Gregory James Allen

OTHER

Henry Hernandez Vice President and COO	Richard Alan Appel Compliance Officer	David Bradley Holladay # President - Government Pharmacy Services
Alina de los Angeles Campos Vega MD Medical Director	David Lowell Terry Chief Actuary	Robert Lambdin Dawson Vice President
Maureen Hardiman Ryan Vice President and Assistant Treasurer	Scott Ronald Lambert Vice President and Treasurer	Jumana Nadeem Siddiqui Assistant Treasurer
Kevin James Oleksak Assistant Secretary	Rhiannon Ashley Bernier Assistant Secretary	Anna Krishtul Assistant Secretary
Sheffield Hoover Young Vice President		

DIRECTORS OR TRUSTEES

Albert Raphael Maury	Alina de los Angeles Campos Vega MD	Mercedes Marill Kirkpatrick

State of Florida
County of Miami-Dade SS:

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

Albert Raphael Maury	Ryan Bruce McGroarty #	Gregory James Allen
President and CEO	Chief Financial Officer	Vice President and Secretary

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)	92,897,611		92,897,611	82,325,193
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 (less $ encumbrances)			0	
	4.2 Properties held for the production of income (less $ encumbrances)			0	
	4.3 Properties held for sale (less $ encumbrances)			0	
5.	Cash ($ 1,474,048 , Schedule E - Part 1), cash equivalents ($, Schedule E - Part 2) and short-term investments ($ 417,949 , Schedule DA)	1,891,997		1,891,997	6,436,040
6.	Contract loans, (including $ 0 premium notes)			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	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	94,789,608	0	94,789,608	88,761,233
13.	Title plants less $ 0 charged off (for Title insurers only)			0	
14.	Investment income due and accrued	775,198	0	775,198	817,420
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	10,390		10,390	11,476
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ 0 earned but unbilled premiums)			0	
	15.3 Accrued retrospective premiums	11,456,874		11,456,874	1,670,328
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	0
18.1	Current federal and foreign income tax recoverable and interest thereon	0		0	63,876
18.2	Net deferred tax asset	650,365		650,365	525,226
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)			0	
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	
23.	Receivables from parent, subsidiaries and affiliates	1,361,001	1,361,001	0	0
24.	Health care ($ 11,074,852) and other amounts receivable	11,096,259	21,406	11,074,852	6,616,882
25.	Aggregate write-ins for other than invested assets	4,945,323	0	4,945,323	267,346
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	125,085,017	1,382,407	123,702,610	98,733,787
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28.	Total (Lines 26 and 27)	125,085,017	1,382,407	123,702,610	98,733,787
	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.	Other Receivable - Health Insurance Industry Fee Recoupment	4,945,323		4,945,323	
2502.	State Income Tax Receivable			0	267,346
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)	4,945,323	0	4,945,323	267,346

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less $ 0 reinsurance ceded)	52,822,378	9,799,494	62,621,872	42,980,450
2.	Accrued medical incentive pool and bonus amounts	491,016		491,016	1,524,564
3.	Unpaid claims adjustment expenses	1,102,061		1,102,061	769,708
4.	Aggregate health policy reserves, including the liability of $ 0 for medical loss ratio rebate per the Public Health Service Act	2,319,300		2,319,300	4,296,021
5.	Aggregate life policy reserves			0	0
6.	Property/casualty unearned premium reserves			0	0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance	0		0	2,109
9.	General expenses due or accrued	266,142		266,142	4,676
10.1	Current federal and foreign income tax payable and interest thereon (including $ on realized capital gains (losses))	493,066		493,066	0
10.2	Net deferred tax liability			0	0
11.	Ceded reinsurance premiums payable			0	0
12.	Amounts withheld or retained for the account of others	176,464		176,464	177,619
13.	Remittances and items not allocated	0		0	0
14.	Borrowed money (including $ current) and interest thereon $ (including $ current)			0	0
15.	Amounts due to parent, subsidiaries and affiliates	492,581		492,581	222,830
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	988,520		988,520	84,488
23.	Aggregate write-ins for other liabilities (including $ current)	81,766	0	81,766	211,135
24.	Total liabilities (Lines 1 to 23)	59,233,293	9,799,494	69,032,787	50,273,599
25.	Aggregate write-ins for special surplus funds	XXX	XXX	15,597,129	0
26.	Common capital stock	XXX	XXX	3	3
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	9,008,319	9,008,319
29.	Surplus notes	XXX	XXX	0	
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX	30,064,373	39,451,865
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	54,669,824	48,460,187
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	123,702,610	98,733,787
	DETAILS OF WRITE-INS				
2301.	Amounts due to Centers of Medicare and Medicaid	81,766		81,766	211,135
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	81,766	0	81,766	211,135
2501.	2015 Health Insurance Industry Fee	XXX	XXX	15,597,129	
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	15,597,129	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	565,376	521,870
2.	Net premium income (including $ ...... non-health premium income)	XXX	779,033,843	752,504,801
3.	Change in unearned premium reserves and reserve for rate credits	XXX	0	
4.	Fee-for-service (net of $ ...... medical expenses)	XXX	0	
5.	Risk revenue	XXX	0	
6.	Aggregate write-ins for other health care related revenues	XXX	4,945,323	0
7.	Aggregate write-ins for other non-health revenues	XXX	3	(383)
8.	Total revenues (Lines 2 to 7)	XXX	783,979,169	752,504,417
	Hospital and Medical:			
9.	Hospital/medical benefits	21,879,890	456,122,580	423,538,197
10.	Other professional services		574,850	407,900
11.	Outside referrals	21,892,833	21,892,833	11,894,895
12.	Emergency room and out-of-area	8,465,745	105,365,589	94,614,903
13.	Prescription drugs	5,948,379	96,605,538	84,340,108
14.	Aggregate write-ins for other hospital and medical	0	0	0
15.	Incentive pool, withhold adjustments and bonus amounts	0	(6,712,012)	(1,617,836)
16.	Subtotal (Lines 9 to 15)	58,186,848	673,849,379	613,178,167
	Less:			
17.	Net reinsurance recoveries		0	
18.	Total hospital and medical (Lines 16 minus 17)	58,186,848	673,849,379	613,178,167
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $ 4,727,853 cost containment expenses		8,061,402	7,197,424
21.	General administrative expenses		89,500,779	110,940,778
22.	Increase in reserves for life and accident and health contracts (including $ ...... increase in reserves for life only)		0	0
23.	Total underwriting deductions (Lines 18 through 22)	58,186,848	771,411,561	731,316,370
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	12,567,608	21,188,048
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		2,693,519	1,397,551
26.	Net realized capital gains (losses) less capital gains tax of $ 116,940		217,172	
27.	Net investment gains (losses) (Lines 25 plus 26)	0	2,910,691	1,397,551
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $ ......) (amount charged off $ ......)]		(24,103)	(9,543)
29.	Aggregate write-ins for other income or expenses	0	0	(6,835)
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	15,454,196	22,569,221
31.	Federal and foreign income taxes incurred	XXX	9,047,126	7,752,662
32.	Net income (loss) (Lines 30 minus 31)	XXX	6,407,070	14,816,559
	DETAILS OF WRITE-INS			
0601.	Other Income	XXX	4,945,323	
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	4,945,323	0
0701.	Miscellaneous Other Income	XXX	3	(383)
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	3	(383)
1401.				
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.	Penalties and Fines			(6,835)
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	(6,835)

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	48,460,189	33,509,829
34.	Net income or (loss) from Line 32	6,407,070	14,816,559
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	125,139	(141,667)
39.	Change in nonadmitted assets	(322,574)	275,468
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	0
48.	Net change in capital and surplus (Lines 34 to 47)	6,209,636	14,950,360
49.	Capital and surplus end of reporting period (Line 33 plus 48)	54,669,825	48,460,189
	DETAILS OF WRITE-INS		
4701.			
4702.			
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	767,124,285	756,816,813
2.	Net investment income	3,149,056	1,724,972
3.	Miscellaneous income	3	(383)
4.	Total (Lines 1 through 3)	770,273,344	758,541,402
5.	Benefit and loss related payments	659,557,537	613,631,814
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	95,805,189	116,921,966
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $ tax on capital gains (losses)	8,607,124	7,324,377
10.	Total (Lines 5 through 9)	763,969,850	737,878,157
11.	Net cash from operations (Line 4 minus Line 10)	6,303,494	20,663,245
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	21,875,342	6,065,400
	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)	21,875,342	6,065,400
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	32,526,960	43,786,659
	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)	32,526,960	43,786,659
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)	(10,651,618)	(37,721,259)
	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)	(195,919)	7,649
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(195,919)	7,649
	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)	(4,544,043)	(17,050,365)
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	6,436,040	23,486,405
	19.2 End of year (Line 18 plus Line 19.1)	1,891,997	6,436,040

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	779,033,843						779,033,843			
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	4,945,323	0	0	0	0	0	4,945,323	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3
7. Total revenues (Lines 1 to 6)	783,979,169	0	0	0	0	0	783,979,166	0	0	3
8. Hospital/medical benefits	456,122,580						456,122,580			XXX
9. Other professional services	574,850						574,850			XXX
10. Outside referrals	21,892,833						21,892,833			XXX
11. Emergency room and out-of-area	105,365,589						105,365,589			XXX
12. Prescription drugs	96,605,538						96,605,538			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	(6,712,012)						(6,712,012)			XXX
15. Subtotal (Lines 8 to 14)	673,849,379	0	0	0	0	0	673,849,379	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	673,849,379	0	0	0	0	0	673,849,379	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including $ 4,727,854 cost containment expenses	8,061,402						8,061,402			
20. General administrative expenses	89,500,779						89,500,779			
21. Increase in reserves for accident and health contracts	0									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)	771,411,561	0	0	0	0	0	771,411,561	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	12,567,608	0	0	0	0	0	12,567,605	0	0	3
DETAILS OF WRITE-INS										
0501. Other Income	4,945,323						4,945,323			XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	4,945,323	0	0	0	0	0	4,945,323	0	0	XXX
0601. Miscellaneous Other Income	3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	3	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	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)				0
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	779,033,843			779,033,843
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	779,033,843	0	0	779,033,843
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	779,033,843	0	0	779,033,843

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	665,236,001						665,236,001			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	665,236,001	0	0	0	0	0	665,236,001	0	0	0
2. Paid medical incentive pools and bonuses	(5,678,465)						(5,678,465)			
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	62,621,872	0	0	0	0	0	62,621,872	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	62,621,872	0	0	0	0	0	62,621,872	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	491,017						491,017			
6. Net healthcare receivables (a)	4,316,032						4,316,032			
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	42,980,450	0	0	0	0	0	42,980,450	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	42,980,450	0	0	0	0	0	42,980,450	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	1,524,564						1,524,564			
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	680,561,390	0	0	0	0	0	680,561,390	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	680,561,390	0	0	0	0	0	680,561,390	0	0	0
13. Incurred medical incentive pools and bonuses	(6,712,012)	0	0	0	0	0	(6,712,012)	0	0	0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	5,424,274						5,424,274			
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	5,424,274	0	0	0	0	0	5,424,274	0	0	0
2. Incurred but Unreported:										
2.1 Direct	57,197,598						57,197,598			
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	57,197,598	0	0	0	0	0	57,197,598	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	62,621,872	0	0	0	0	0	62,621,872	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	62,621,872	0	0	0	0	0	62,621,872	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

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

	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)					0	0
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	34,161,968	631,074,033	1,705,046	60,916,825	35,867,014	42,980,450
7 Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	34,161,968	631,074,033	1,705,046	60,916,825	35,867,014	42,980,450
10. Healthcare receivables (a)		0		11,096,258	0	6,780,226
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	1,501,880	(7,180,345)	220,124	270,893	1,722,005	1,524,564
13. Totals (Lines 9 - 10 + 11 + 12)	35,663,848	623,893,688	1,925,171	50,091,459	37,589,019	37,724,788

(a) Excludes $ 0 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 - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid 1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	27,928	28,083	30,311	30,312	30,312
2. 2010	404,461	432,883	449,752	449,753	449,753
3. 2011	XXX	460,386	473,342	473,421	473,576
4. 2012	XXX	XXX	544,421	577,863	577,961
5. 2013	XXX	XXX	XXX	577,419	612,830
6. 2014	XXX	XXX	XXX	XXX	619,578

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year 1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	28,441	28,093	30,312	30,312	30,312
2. 2010	442,807	433,477	449,756	449,753	449,753
3. 2011	XXX	496,642	474,036	473,423	473,577
4. 2012	XXX	XXX	585,990	578,753	577,969
5. 2013	XXX	XXX	XXX	621,032	614,746
6. 2014	XXX	XXX	XXX	XXX	680,765

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

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	541,091	449,753	83	0.0	449,836	83.1	0	0	449,836	83.1
2. 2011	613,573	473,576	777	0.2	474,353	77.3	1	0	474,354	77.3
3. 2012	711,149	577,961	7,124	1.2	585,085	82.3	8	0	585,093	82.3
4. 2013	752,505	612,830	7,240	1.2	620,070	82.4	1,916	33	622,019	82.7
5. 2014	779,034	619,578	6,798	1.1	626,376	80.4	61,188	1,068	688,632	88.4

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	27,928	28,083	30,311	30,312	30,312
2. 2010	404,461	432,883	449,752	449,753	449,753
3. 2011	XXX	460,386	473,342	473,421	473,576
4. 2012	XXX	XXX	544,421	577,863	577,961
5. 2013	XXX	XXX	XXX	577,419	612,830
6. 2014	XXX	XXX	XXX	XXX	619,578

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	28,441	28,093	30,312	30,312	30,312
2. 2010	442,807	433,477	449,756	449,753	449,753
3. 2011	XXX	496,642	474,036	473,423	473,577
4. 2012	XXX	XXX	585,990	578,753	577,969
5. 2013	XXX	XXX	XXX	621,032	614,746
6. 2014	XXX	XXX	XXX	XXX	680,765

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	541,091	449,753	83	0.0	449,836	83.1	0	0	449,836	83.1
2. 2011	613,573	473,576	777	0.2	474,353	77.3	1	0	474,354	77.3
3. 2012	711,149	577,961	7,124	1.2	585,085	82.3	8	0	585,093	82.3
4. 2013	752,505	612,830	7,240	1.2	620,070	82.4	1,916	33	622,019	82.7
5. 2014	779,034	619,578	6,798	1.1	626,376	80.4	61,188	1,068	688,632	88.4

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including $) for investment income	2,319,300						2,319,300		
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	2,319,300	0	0	0	0	0	2,319,300	0	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	2,319,300	0	0	0	0	0	2,319,300	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 1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
1. Rent ($ .... for occupancy of own building)	6	704,937	4,139,380		4,844,324
2. Salary, wages and other benefits	4,369,214	1,602,085	38,745,700		44,716,999
3. Commissions (less $ .... ceded plus $ .... assumed)			929,250		929,250
4. Legal fees and expenses		202	370,762		370,963
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	0	231,947	8,145,317		8,377,264
7. Traveling expenses	47,502	9,811	721,933		779,247
8. Marketing and advertising			9,099,356		9,099,356
9. Postage, express and telephone		199,744	2,428,679		2,628,423
10. Printing and office supplies	40,652	40,886	2,362,565		2,444,102
11. Occupancy, depreciation and amortization					0
12. Equipment	66	54,198	142,239		196,503
13. Cost or depreciation of EDP equipment and software		103	443,762		443,865
14. Outsourced services including EDP, claims, and other services	1,836	50,726	3,929,596		3,982,158
15. Boards, bureaus and association fees	1,398	858	31,322		33,578
16. Insurance, except on real estate					0
17. Collection and bank service charges			67,780		67,780
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			4,175		4,175
22. Real estate taxes		(11)	40,205		40,195
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes		8,428	1,384,390		1,392,818
23.2 State premium taxes					0
23.3 Regulatory authority licenses and fees			241,949	611	242,560
23.4 Payroll taxes	266,282	94,561	2,258,601		2,619,444
23.5 Other (excluding federal income and real estate taxes)			11,643,276		11,643,276
24. Investment expenses not included elsewhere				116,185	116,185
25. Aggregate write-ins for expenses	898	335,073	2,370,544	0	2,706,515
26. Total expenses incurred (Lines 1 to 25)	4,727,853	3,333,549	89,500,779	116,796	(a) 97,678,978
27. Less expenses unpaid December 31, current year		1,102,061	266,142		1,368,203
28. Add expenses unpaid December 31, prior year		769,708	4,676		774,384
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	4,727,853	3,001,196	89,239,314	116,796	97,085,159
DETAILS OF WRITE-INS					
2501. Other General Expenses	898	2,720	2,370,544		2,374,161
2502. Claim Adjustment expense-Other		332,353			332,353
2503.					
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)	898	335,073	2,370,544	0	2,706,515

(a) Includes management fees of $ 84,759,522 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)	94,743	89,015
1.1	Bonds exempt from U.S. tax	(a)		
1.2	Other bonds (unaffiliated)	(a)	2,743,837	2,707,342
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)	13,958	13,958
7	Derivative instruments	(f)		
8.	Other invested assets			
9.	Aggregate write-ins for investment income		0	0
10.	Total gross investment income		2,852,538	2,810,315
11.	Investment expenses			(g) 116,185
12.	Investment taxes, licenses and fees, excluding federal income taxes			(g) 611
13.	Interest expense			(h)
14.	Depreciation on real estate and other invested assets			(i)
15.	Aggregate write-ins for deductions from investment income			0
16.	Total deductions (Lines 11 through 15)			116,796
17.	Net investment income (Line 10 minus Line 16)			2,693,519
	DETAILS OF WRITE-INS			
0901.				
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)		0	0
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 $ 79,375 accrual of discount less $ 492,690 amortization of premium and less $ 43,655 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 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	78,647	0	78,647	0	0
1.1	Bonds exempt from U.S. tax			0		
1.2	Other bonds (unaffiliated)	255,467	0	255,467	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans		0	0	0	0
4.	Real estate		0	0		0
5.	Contract loans			0		
6.	Cash, cash equivalents and short-term investments			0		
7.	Derivative instruments			0		
8.	Other invested assets		0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	334,114	0	334,114	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 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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		0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			0
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	1,361,001	896,490	(464,511)
24. Health care and other amounts receivable	21,406	163,344	141,938
25. Aggregate write-ins for other than invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,382,407	1,059,834	(322,574)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	1,382,407	1,059,834	(322,574)
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.			
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	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

	Source of Enrollment	Total Members at End of 1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	6 Current Year Member Months
1.	Health Maintenance Organizations	44,088	45,808	46,790	48,057	49,316	565,376
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
7.	Total	44,088	45,808	46,790	48,057	49,316	565,376
	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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

   A. Accounting Practices

      The financial statements of HealthSpring of Florida, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the Florida Department of Financial Services, Office of Insurance Regulation (the Department).

      The Department 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 solvency under Florida Insurance Law. The National Association of Insurance Commissioners' (the NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Florida.

      The state of Florida has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. The Department requires amounts due from parents, subsidiaries, and affiliates be classified as non-admitted assets.

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

	State of Domicile	2014	2013
Net income:			
(1) State basis (Page 4, Line 32)	FL	$ 6,407,070	$ 14,816,559
(2) State Prescribed Practices that increase/(decrease) SAP:			
None	FL	-	-
(3) State Permitted Practices that increase/(decrease) SAP:			
None	FL	-	-
(4) NAIC SAP	FL	$ 6,407,070	$ 14,816,559
Surplus:			
(5) State basis (Page 3, line 33)	FL	$ 54,669,824	$ 48,460,187
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:			
Receivable from parent & affiliates	FL	1,361,001	896,490
(7) State Permitted Practices that increase/(decrease) NAIC SAP:			
None	FL	-	-
(8) NAIC SAP	FL	$ 56,030,825	$ 49,356,677

   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. It 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. Actual results could differ from those estimates. The most significant item subject to estimates and assumptions is the actuarially determined medical claims liabilities included in the financial statements. Other significant estimates are the estimated risk adjustment payments receivable from CMS, certain amounts recorded related the Medicare Part D program (Part D), and unpaid claims adjustment expenses.

      Claims payable and liabilities for incurred but unreported claims are estimated by utilizing historical claims data and actuarial determined data, and adjusting the trend factors. Because actuarial information is utilized to project future liabilities, it is reasonably possible that the estimated liability may be adjusted in future periods upon receipt of more current information.

C. Accounting Policies

Net premium income on Medicare Advantage and Medicaid is due monthly from the Centers of Medicare and Medicaid Services (CMS) and the states of Illinois and Texas and is recognized as revenue during the period in which the Company is obligated to provide services to members. Premiums collected in advance are deferred and recorded as advance payments.

Medicare Advantage premium revenue is subject to adjustment based on the health risk of its members. This process for adjusting premiums is referred to as the CMS risk adjustment payment methodology. Under the risk adjustment payment methodology, managed care plans must capture, collect, and report diagnosis code information to CMS. After reviewing the respective submissions, CMS establishes the payments to Medicare plans generally at the beginning of the calendar year, and then adjusts premium levels on two separate occasions on a retroactive basis. The first retroactive risk premium adjustment for a given fiscal year generally occurs during the third quarter of such fiscal year. This initial settlement (the Initial CMS Settlement) represents the updating of risk scores for the current year based on the prior year's dates of service. CMS then issues a final retroactive risk premium adjustment settlement for the fiscal year in the following year (the Final CMS Settlement). The Company estimates and records on a monthly basis both the Initial CMS Settlement and the Final CMS Settlement for the current CMS plan year. All such estimated amounts are periodically updated as necessary as additional diagnosis code information is reported to CMS and adjusted to actual amounts when the ultimate adjustment settlements are either received from CMS or the Company receives notification from CMS of such settlement amounts.

As a result of the variability of factors, including plan risk scores, that determine such estimations, the actual amount of CMS's retroactive risk premium settlement adjustments could be materially more or less than the Company's estimates. The Company's risk adjustment payments are subject to review and audit by CMS, which can potentially take several years to resolve completely. Any adjustment to net premium income and the related medical expense for risk-sharing arrangements with providers as a result of such review and audit would be recorded when estimable. There can be no assurance that any retroactive adjustment to previously recorded income or expenses will not have a material effect on future net income.

Net income may include an adjustment to reflect the estimated effect of rebates due to CMS under the Medicare Advantage and Medicare Part D minimum medical loss ratio provisions of Health Care Reform. Additional information related to the minimum medical loss ratio is disclosed in Note 24D.

The Company provides prescription drug benefits pursuant to Part D. The Company refers to these plans collectively as Medicare Advantage plans and separately as Medicare Advantage (without Part D prescription drug benefits) and Medicare Advantage Part D (including Part D prescription drug benefits), or MA-PD plans.

Prescription drug benefits under Medicare Advantage plans vary in terms of coverage levels and out-of-pocket costs for premiums, deductibles, and coinsurance. All Part D plans are required by law to offer either standard coverage or its actuarial equivalent (with out-of-pocket threshold and deductible amounts that do not exceed those of standard coverage). In addition to standard coverage plans, the Company offers supplemental benefits in excess of the standard coverage.

To participate in Part D, the Company was required to provide written bids to CMS, which among other items, included the estimated costs of providing prescription drug benefits. Payments from CMS are based on these estimated costs. The monthly Part D payments the Company receives from CMS for Part D plans generally represent the Company's bid amount for providing insurance coverage, both standard and supplemental, and is recognized monthly as net premium income. The amount of CMS payments relating to the Part D standard coverage for MA-PD and PDP plans is subject to adjustment, positive or negative, based upon the application of risk corridors that compare the Company's prescription drug costs in its bids to CMS to the Company's actual prescription drug costs. Variances exceeding certain thresholds may result in CMS making additional payments to the Company or the Company's refunding to CMS a portion of the premium payments it previously received. The Company estimates and recognizes an adjustment to net premium income related to estimated risk corridor payments based upon its actual prescription drug cost for each reporting period as if the annual contract were to end at the end of each reporting period, in accordance with NAIC Interpretation No. 05-05, *Accounting for Revenues under Medicare Part D Coverage*. Risk corridor adjustments do not take into account estimated future prescription drug costs.

The Company recognizes net premium income for the Part D payments received from CMS for which it assumes risk. Certain Part D payments from CMS represent payments for claims the Company pays for which it assumes no risk. The Company accounts for these subsidies as amounts receivable relating to uninsured plans or liability for amounts held under uninsured plans on the balance sheet. The Company does not recognize premium income or hospital, medical, and pharmaceutical expenses for these subsidies as these amounts represent pass-through payments from CMS to fund deductibles, copayments, and other member benefits.

The Company recognizes prescription drug costs as incurred, net of rebates from drug companies. The Company has subcontracted the prescription drug claims administration to a third-party pharmacy benefit manager.

Cost of care that is paid on a fee-for-service basis, a per diem basis, or other basis includes actual reported claims and an estimate of incurred but not reported (IBNR) claims. IBNR claims are estimated by using historical trends, current membership statistics, and other information. Cost of care paid on a capitation basis is recognized in the month of coverage. Cost of pharmaceuticals is recognized in the month incurred.

Acquisition costs are certain marketing costs that vary with, and are primarily related to, the acquisition of member contracts. These costs are expensed as incurred and are included in general and administrative expenses in the accompanying statement of revenue and expenses.

In the normal course of business, the Company enters into transactions involving various types of financial instruments. These financial instruments primarily include bonds on the balance sheet. 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. The Company did not have any off-balance sheet financial instruments as of December 31, 2014 and 2013.

Fair values of financial instruments 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 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.

Cash and cash equivalents consist of cash and short-term investments that will mature in three months or less from the time of purchase.

Health premiums due and uncollected are recorded during the period the Company is obligated to provide services to members and do not bear interest. The allowance for doubtful accounts is the Company's best estimate of the amount of probable losses in the Company's existing health premiums due and unpaid and is based on past-due balances greater than 90 days. Balances greater than 90 days past due which are not reserved are included as non-admitted assets. Account balances are charged off after all means of collection have been exhausted and the potential for recovery is considered remote. Health premiums under government insured plans, including amounts over 90 days due that qualify as accident and health contracts in accordance with SSAP No. 50, *Classifications and Definitions of Insurance or Managed Care Contracts in* Force, are included in admitted assets.

When interest and principal payments on bonds are current, the Company recognizes interest income when it is earned. The Company stops recognizing interest income when interest payments are 90 days past due or when certain terms (interest rate or maturity date) of the bond have been restructured. Investment income on these bonds is only recognized when interest payments are received.

Investments and investment income due and accrued are evaluated in accordance with SSAP No. 5R, *Liabilities, Contingencies, and Impairments of Assets – Revised* (SSAP 5R), to determine whether impairment exists. Any amounts determined to be uncollectible are written off through the statutory basis statements of income. No amounts were written off during 2014 or 2013.

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 and investment asset write-downs are based on specifically identified assets and are recognized in net income. The Company had no write-downs of investment assets in 2014 or 2013.

The Company is included in the consolidated United States federal income tax return filed by Cigna Corporation, Inc. (Cigna or Ultimate Parent). 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 No. 10R and SSAP No. 10* (SSAP 101). Additional detailed information about the Company's income taxes is disclosed in Note 9.

In accordance with various SSAP's, 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 nonadmitted assets may include intangible assets, 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 a percentage of surplus, as to the amounts that qualify as admitted assets. Such assets may include electronic data processing equipment and deferred taxes.

The Company elected to use rounding in reporting certain amounts within the statement. The amounts in this statement pertain to the entire Company's business.

In addition, the Company uses the following accounting policies:

1. Investments with a maturity greater than three months but less than one year at the time of purchase are included in short-term investments and are carried at amortized cost.

2. Investments in bonds and short-term investments designated highest quality (NAIC-1) and high quality (NAIC-2) are carried at amortized cost. All others 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 value/date which produces the lowest asset value (yield to worst). Investments with original maturities of less than one year 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 income, when management expects a decline in value to persist (i.e., the decline is other-than-temporary).

3. Common stocks – not applicable.

4. Preferred stocks – not applicable.

5. Mortgage loans – not applicable.

6. Loan-backed bonds and structured securities are stated at amortized cost using the constant yield method. Significant changes in estimated cash flows from the original purchase assumptions are accounted for generally using the retrospective method. Significant changes in estimated cash flows from the original purchase assumptions for loan-backed and structured securities that have potential for loss of a significant portion of the original investment are accounted for using the prospective method. These securities are presented on the balance sheet as bonds.

7. Investments in subsidiaries, controlled, and affiliated (SCA) entities – not applicable.

8. Investments in joint ventures, partnerships, and limited liabilities companies – not applicable.

9. Derivatives – not applicable.

10. 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). The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.

11. Unpaid claims and claims adjustment expenses represent the Company's liability for services that have been performed by providers for members that have not been settled. These liabilities include medical claims reported to the Company, as well as an actuarially determined estimate of claims that have been incurred but not yet reported to the Company. The IBNR component is based upon the Company's historical claims data, current enrollment, health services utilization statistics and other related information. Estimating IBNR is complex and involves a significant amount of judgment. Changes in this estimate can materially affect, either favorably or unfavorably, the Company's statement of revenues and expenses or overall financial position.

    The Company develops its estimate of IBNR using standard actuarial development methodologies, including the completion factor method. This method estimates liabilities for claims based upon the historical lag between the month when services are rendered and the month claims are paid and takes into consideration factors such as expected medical cost inflation, seasonality patterns, product mix, and membership changes. The completion factor is a measure of how complete the claims paid to data are relative to the estimate of the total claims for services rendered for a given reporting period. Although the completion factors are generally reliable for older service periods, they are more volatile, and hence less reliable, for more recent periods, given that the typical billing lag for services can range from a week to as much as 90 days from the date of service. As a result, for the most recent two to four months, the estimate for incurred claims is developed from a trend factor analysis based upon per member per month claims trends experienced in the preceding months.

    Each period, the Company reexamines the previously established estimates of claims payable and liabilities for incurred but unreported claims based on actual claim submissions and other relevant changes in facts and circumstances. As the estimated liabilities recorded in prior periods become more exact, the Company increases or decreases the amount of the estimates and includes the changes in hospital and medical expenses in the period in which the change is identified. In every annual reporting period, the Company's operating results include the effects of more completely developed estimates associated with prior years.

    The Company contracts with physicians or provider groups to provide medical services to their 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. Incentive sharing balances are estimated using current experience to calculate the current receivable or payable for each contract. These estimates may be adjusted based on actual experience and contract terms. The incentive sharing receivables and payables are reported gross on the balance sheet. Incentive sharing receivables are admitted in accordance with SSAP No. 84, *Certain Health Care Receivables and Receivables Under Government Insured Plans*.

    Included in hospital, medical, and pharmaceutical expenses are claim payments, capitation payments, risk-sharing payments, and pharmacy costs, net of rebates, as well as estimates of future payments of claims provided for services rendered prior to year-end. Capitation payments represent monthly contractual fees disbursed to physicians and other providers who are responsible for providing medical care to members. Risk sharing payments represent amounts paid under risk sharing arrangements with providers including independent physician associations. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers. Rebates are recognized when the rebates are earned according to the contractual arrangements with the respective vendors.

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

13. Pharmacy rebate receivables consist of reasonably estimable amounts, based upon utilization data and past history, and billed amounts to pharmaceutical companies and the pharmacy benefits manager. The income from pharmacy rebates is reported as a reduction of claims expense in the statutory basis statements of income. Generally, rebate amounts are invoiced within fifteen days after each quarter-end and settled within 85 days of the invoice date. Pharmaceutical rebates collected within 90 days of invoice date have been admitted.

14. Claims overpayment receivables invoiced and expected to be collected within 90 days of invoice date have been admitted.

15. Effective January 1, 2014, the Company adopted SSAP No. 106, Affordable Care Act Assessments, for the annual health insurance industry fee imposed under Section 9010 of the Affordable Care Act. Refer to Note 22 for additional information about this fee and the estimated financial impact to the Company.

2. Accounting Changes and Corrections of Errors

A. Material Changes in Accounting Principles and/or Correction of Errors

Changes in Accounting Principles – not applicable.

Corrections of Errors – not applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method – not applicable.

B. Statutory Merger – not applicable.

C. Assumption Reinsurance – not applicable.

D. Impairment Loss – not applicable.

4. Discontinued Operations

1. Identity of Segment Discontinued – not applicable.

2. Expected Disposal Date – not applicable.

3. Expected Manner of Disposal – not applicable.

4. Description of Remaining Assets and Liabilities – not applicable.

5. Amounts Related to Discontinued Operations – not applicable.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans – not applicable.

B. Debt Restructuring – not applicable.

C. Reverse Mortgages – not applicable.

D. Loan-Backed Securities

1. Prepayment assumptions for loan-backed securities and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.

2. As of December 31, 2014, there were no loan-backed securities or structured securities that have been adjusted to recognize an other-than-temporary impairment.

3. During the twelve months ended December 31, 2014, there were no loan-backed or structured securities with a recognized other-than-temporary impairment.

4. There were no loan-backed and structured securities with a fair value lower than amortized as of December 31, 2014.
5. Management reviews loan-backed and other structured securities with a decline in fair value from cost for impairment based on criteria that include:
    - length of time and severity of decline;
    - financial and specific near term prospects of the issuer;
    - changes in the regulatory, economic or general market environment of the issuer's industry or geographic region; and
    - the Company's intent to sell or the inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost.

E. Repurchase Agreements and/or Securities Lending Transactions – not applicable.

F. Real Estate – not applicable.

G. Investments in Low Income Housing Tax Credits – not applicable.

H. Restricted Assets
(1) Restricted Assets (Including Pledged)

The Company has restricted assets of $573,530 and $584,464 on deposit with various regulatory agencies for the projection or benefit of enrolled members as of December 31, 2014 and 2013, respectively. These amounts are reflected as bonds and cash in the accompanying Balance Sheets. The following table presents the restricted assets as a percentage of total gross assets and total admitted assets.

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	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	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	573,530	584,464	(10,934)	573,530	0.5%	0.5%
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	$ 573,530	$ 584,464	$ (10,934)	$ 573,530	0.5%	0.5%

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

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

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

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

7. Investment Income

A. Any investment income due and accrued with amounts that are over 90 days past due are nonadmitted and excluded from surplus.

B. As of December 31, 2014 and 2013, the Company had no investment income due and accrued with admitted amounts that are over 90 days past due.

8. Derivative Instruments

A. Market Risk, Credit Risk, and Cash Requirements for Derivatives – not applicable.

B. Objectives for the Use of Derivatives – not applicable.

C. Description of Accounting Policies for Derivatives – not applicable.

D&E. Net Gain or Loss from Derivatives – not applicable.

F. Cash Flow Hedges – not applicable.

9. Income Taxes

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.

SSAP No. 101, Income Taxes – A Replacement of SSAP No. 10R and SSAP No. 10 became effective January 1, 2012 and included revised disclosures requirements.

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

1. Components of net admitted deferred tax assets.

	December 31, 2014		
	Ordinary	Capital	Total
(a) Gross DTA	$ 686,598	$ -	$ 686,598
(b) Statutory valuation allowance adj.	-	-	-
(c) Adjusted gross DTA (1a - 1b)	686,598	-	686,598
(d) DTA nonadmitted	-	-	-
(e) Subtotal net admitted DTA (1c - 1d)	686,598	-	686,598
(f) DTL	36,233	-	36,233
(g) Net admtted DTA/(DTL) (1e - 1f)	$ 650,365	$ -	$ 650,365

	December 31, 2013		
	Ordinary	Capital	Total
(a) Gross DTA	$ 533,879	$ -	$ 533,879
(b) Statutory valuation allowance adj.	-	-	-
(c) Adjusted gross DTA (1a - 1b)	533,879	-	533,879
(d) DTA nonadmitted	-	-	-
(e) Subtotal net admitted DTA (1c - 1d)	533,879	-	533,879
(f) DTL	8,653	-	8,653
(g) Net admtted DTA/(DTL) (1e - 1f)	$ 525,226	$ -	$ 525,226

	Change		
	Ordinary	Capital	Total
(a) Gross DTA	$ 152,719	$ -	$ 152,719
(b) Statutory valuation allowance adj.	-	-	-
(c) Adjusted gross DTA (1a - 1b)	152,719	-	152,719
(d) DTA nonadmitted	-	-	-
(e) Subtotal net admitted DTA (1c - 1d)	152,719	-	152,719
(f) DTL	27,580	-	27,580
(g) Net admtted DTA/(DTL) (1e - 1f)	$ 125,139	$ -	$ 125,139

2. Admission Calculation Components of SSAP No. 101

	December 31, 2014					
	Ordinary		Capital		Total	
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	$	686,598	$	-	$	686,598
(b) Admitted gross DTAs expected to be realized (excluding the amount of DTAs from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)		-		-		-
1. Adjusted gross DTAs expected to be realized following the balance sheet date.		-		-		-
2. Adjusted gross DTAs allowed per limitation threshold.		xxx		xxx		8,102,919
(c) Adjusted gross DTAs (excluding the amount of DTAs from 2(a) and 2(b) above) offset by gross DTLs		-		-		-
(d) DTAs admitted as the result of application of SSAP No. 101 Total 2(a) + 2(b) + 2(c)	$	686,598	$	-	$	686,598

	December 31, 2013					
	Ordinary		Capital		Total	
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	$	533,879	$	-	$	533,879
(b) Admitted gross DTAs expected to be realized (excluding the amount of DTAs from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)		-		-		-
1. Adjusted gross DTAs expected to be realized following the balance sheet date.		-		-		-
2. Adjusted gross DTAs allowed per limitation threshold.		xxx		xxx		7,190,244
(c) Adjusted gross DTAs (excluding the amount of DTAs from 2(a) and 2(b) above) offset by gross DTLs		-		-		-
(d) DTAs admitted as the result of application of SSAP No. 101 Total 2(a) + 2(b) + 2(c)	$	533,879	$	-	$	533,879

	Change					
	Ordinary		Capital		Total	
(a) Federal income taxes paid in prior years recoverable through loss carrybacks	$	152,719	$	-	$	152,719
(b) Admitted gross DTAs expected to be realized (excluding the amount of DTAs from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below)		-		-		-
1. Adjusted gross DTAs expected to be realized following the balance sheet date.		-		-		-
2. Adjusted gross DTAs allowed per limitation threshold.		xxx		xxx		912,675
(c) Adjusted gross DTAs (excluding the amount of DTAs from 2(a) and 2(b) above) offset by gross DTLs		-		-		-
(d) DTAs admitted as the result of application of SSAP No. 101 Total 2(a) + 2(b) + 2(c)	$	152,719	$	-	$	152,719

3. Information for Recovery Period and Threshold Limitation

	2014	2013
(a) Ratio percentage used to determine recovery period and threshold limitation amount	347%	319%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	$54,019,459	$47,934,961

The Company is not subject to Risk-based capital requirements and is not required to file a Risk-based capital report with it domiciliary state. Adjusted Gross DTA was less than 50% of adjusted capital and surplus as of December 31, 2014 and 2013.

4. Impact of Tax-Planning Strategies – not applicable.

B. Regarding Deferred Tax Liabilities that are not recognized:

All deferred tax liabilities have been properly recognized.

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

	December 31, 2014	December 31, 2013	Change
1. Current Income Taxes:			
(a) Federal	$ 9,047,126	$ 7,752,662	$ 1,294,464
(b) Foreign	-	-	-
(c) Subtotal	9,047,126	7,752,662	1,294,464
(d) Federal income tax on net capital gains	116,940	-	116,940
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	$ 9,164,066	$ 7,752,662	$ 1,411,404
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	$ 194,388	$ 159,985	$ 34,403
(2) Unearned premium reserve	-	148	(148)
(3) Policyholder reserves	-	-	-
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	-	-	-
(8) Compensation and benefits accrual	-	-	-
(9) Pension accrual	-	-	-
(10) Receivables - nonadmitted	483,841	370,942	112,899
(11) Net operating loss carry-forward	-	-	-
(12) Tax credit carry-forward	-	-	-
(13) Other	-	-	-
(14) Deferred gain related to intangibles	-	-	-
(15) Allowance for doubtful accounts	8,369	2,804	5,565
(16) Premium deficiency reserve	-	-	-
(99) Subtotal	$ 686,598	$ 533,879	$ 152,719
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary DTAs (2a99 - 2b - 2c)	$ 686,598	$ 533,879	$ 152,719
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other	-	-	-
(99) Subtotal	$ -	$ -	$ -
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital DTAs (2a99 - 2f - 2g)	$ -	$ -	$ -
(i) Admitted DTAs (2d + 2h)	$ 686,598	$ 533,879	$ 152,719

	December 31, 2014		2013		Change
3. Deferred Tax Liabilities:					
(a) Ordinary					
(1) Investments	$ 36,233	$	8,653	$	27,580
(2) Fixed assets	-		-		-
(3) Deferred and uncollected premium	-		-		-
(4) Policyholder reserves	-		-		-
(5) Other	-		-		-
(6) Deferred intercompany gain	-		-		-
(7) Pharmacy rebates	-		-		-
(8) Revenue, due to timing	-		-		-
(9) Section 481 adjustments	-		-		-
(8) Other ins & contract holder liability	-		-		-
(99) Subtotal	$ 36,233	$	8,653	$	27,580
(b) Capital:					
(1) Investments	$ -	$	-	$	-
(2) Real estate	-		-		-
(3) Other	-		-		-
(99) Subtotal	$ -	$	-	$	-
(c) Deferred tax liabilities (3a99 + 3b99)	$ 36,233	$	8,653	$	27,580
4. Net deferred tax assets/(liabilities) (2i - 3c)	$ 650,365	$	525,226	$	125,139

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted deferred tax assets which were reported separately as a part of the Change in Nonadmitted Assets on Page 5, Statement of Revenue and Expenses, line 39:

	December 31, 2014		2013		Change
Total gross deferred tax assets	$ 686,598	$	533,879	$	152,719
Total deferred tax liabilities	36,233		8,653		27,580
Net deferred tax assets/(deferred tax liabilities)	$ 650,365	$	525,226	$	125,139
Statutory valuation allowance	-		-		-
Net DTA/(DTL) after SVA	$ 650,365	$	525,226	$	125,139
Tax effect of unrealized gains (losses)					-
Change in net deferred income tax				$	125,139

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The significant items causing a difference between the statutory federal income tax rate and the Company's effective income tax rate are as follows:

	December 31, 2014	Effective Tax Rate
Provision computed at statutory rate	$ 5,449,898	35.0%
Change in nonadmitted assets	(112,899)	-0.7%
Investment income	(111,246)	-0.7%
PPACA Fee	3,813,174	24.5%
Total	$ 9,038,927	58.0%
Federal and foreign income taxes incurred	$ 9,164,066	58.9%
Change in net deferred income taxes	(125,139)	-0.8%
Total statutory income taxes	$ 9,038,927	58.0%

E. Operating Loss and Tax Credit Carry forwards

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

(2) The following are the income taxes incurred in the current and prior years that will be be available for recoupment in the event of future net losses:

Year		Amount
2014	$	9,164,066
2013	$	7,734,124

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

F. Consolidated Federal Income Tax Return

(1) As of February 1, 2012, the Company's Federal Income Tax return is consolidated with Cigna Corporation ("Cigna"). As of December 31, 2014, the following subsidiaries were included in the consolidated return:

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 Payements 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
CIGNA Global Holdings Inc
CIGNA Global Insurance Compay 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
GreatWest Healthcare of Illinois Inc
Hazard Center Investment Co LLC
Healthsource Benefits Inc
Healthsource Inc
Healthsource Properties Inc
Healthspring Life & Health Insurance Company, Inc
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

As of February 1, 2012, the Company entered into a Consolidated Federal Income Tax Agreement (the "Agreement") with Cigna and its domestic subsidiaries. Pursuant to the Agreement, 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.

(2) CIGNA's federal income tax returns are routinely audited by the Internal Revenue Service (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.

The IRS 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 condition. 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.

G. Federal or Foreign Income Tax Loss Contingencies

In management's opinion, adequate tax liabilities have been established to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. B. and C.

In 2014 and 2013, no dividends were paid and no capital contributions were received.

D. At December 31, 2014 and 2013, the Company reported $492,581 and $222,830, respectively, as the net amounts due to the parent, subsidiaries and affiliates. These amounts are settled periodically, usually monthly.

E. Guarantees Resulting in a Material Contingent Exposure – not applicable.

F. Management Services Agreement

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

The Company has contracted for managerial, administrative, and financial support services through an administrative service contract based on a percentage of premium revenue with NewQuest Management of Florida, LLC. For the years-end December 31, 2014 and 2013, the Company paid approximately $84,759,522 and $116,667,635, respectively, in exchange for these services.

The Company contracts with Leon Medical Centers (LMC) whereby LMC provides or arranges for the provision of certain medical services to the Company's members in Miami-Dade county area. Mr. Leon is the majority owner and chairman of the board of directors of LMC as well as director of the Parent. Payments for medical services are based on agree-upon rates for each service, multiplied by the number of plan members as of the first day of each month. Payments made to LMC by the Company for medical services for the years ended December 31, 2014 and 2013 were $335,822,864 and $316,622,458, respectively.

The Company also has a risk-sharing agreement with LMC based on the Company's annual medical loss ratio (MLR) whereby the parties share equally any surplus or deficit up to an agreed-upon percentage. Such amounts are included in healthcare receivables and accrued medical incentive pool and bonus amounts in the accompanying statutory basis statements of admitted assets, liabilities, and capital and surplus. As of December 31, 2014 and 2013, the Company had a net receivable of $6,852,812 and $2,843,487, respectively.

The Company has entered into a line of credit agreement with Cigna Holdings, Inc. under which the Company may borrow up to $30,000,000. The Company did not borrow from this line of credit during 2014 or 2013. As of December 31, 2014 and 2013, there was no outstanding payable balance to Cigna Holdings, Inc.

The Company has entered into a line of credit agreement with Cigna Corporation, Inc. (Cigna) under the Company may lend up to $30,000,000. Cigna did not borrow from this line of credit during 2014 or 2013. As of December 31, 2014 and 2013, there was no outstanding receivable balance from Cigna.

The Company has contracted with Cigna Investment, Inc. (CII) for investment advisory services. The Company and CII are indirect subsidiaries of Cigna Holdings, Inc., which is a direct wholly-owned subsidiary of Cigna Corporation, Inc. The Company paid $116,796 and $90,404, in 2014 and 2013, respectively, for these services.

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 payment determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss or investment tax credit carryovers actually used in the current consolidated return. The Company participates as a party to the agreement and, as of December 31, 2014 and 2013, the Company had $493,066 payable and $63,876 recoverable under the agreement, respectively.

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

G. Ownership

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

H. Upstream Intermediate Entity – not applicable.

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

J. Investments in Impaired SCA's – not applicable.

K. Investments in Foreign Insurance Subsidiaries – not applicable.

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

11. Debt

A. Debt and Capital Notes – not applicable.

B. FHLB Agreements – not applicable.

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

A. Defined Benefit Plan – not applicable.

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

C. Fair Value Measurement of Plan Assets – not applicable.

D. Rate of Return on Plan Assets – not applicable.

E. Defined Contribution Plan – not applicable.

F. Multi-Employer Plan – not applicable.

G. Consolidated/Holding Company Plans – not applicable.
H. Postemployment Benefits and Compensated Absences – not applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits – not applicable.

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

1. The Company has 1,000 shares authorized, 250 shares issued and outstanding of $.01 par value Common Stock, owned entirely by NewQuest, LLC.

2. The Company has no preferred stock outstanding.

3. The payment of dividends by the Company to the shareholder is limited and can only be made from earned profits unless prior approval is received from the Department. The maximum amount of dividends that may be paid by insurance companies without prior approval is also subject to restrictions relating to statutory surplus and net income. The maximum ordinary dividend distribution allowed by the Company in 2015 is $6,407,070. The Company's dividends are noncumulative.

4. The Company did not pay any dividends in 2014 and 2013 to its Parent.

5. Within the limits of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

6. Restrictions on Unassigned Surplus – none

7. For Mutual Companies, Advances to Surplus Not Repaid – not applicable.

8. Stock Held by the Company, Including Stock of Affiliated Companies – not applicable.

9. Special Surplus Funds – The change in special surplus funds is the recognition of the 2015 Health Insurance Industry Fee of $15,597,129.

10. Cumulative Unrealized Gains and Losses in Surplus – none.

11. Surplus Note – none.

12. Quasi-Reorganization – not applicable.

13. Date of a Quasi –Reorganization – not applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments – none.

B. Assessments – none.

C. Gain Contingencies – none.

D. Claims-Related Extra Contractual Obligations – none.

E. Joint and Several Liabilities – none.

F. All Other Liabilities:

Litigation and Other Legal Matters: Cigna and its subsidiaries (including the Company) are routinely involved in numerous claims, lawsuits, regulatory and IRS audits, investigations and other legal matters arising, for the most part, in the ordinary course of managing a health services business, including payments to providers and benefit level disputes. Such legal matters include benefit claims, breach of contract claims, tort claims, disputes regarding reinsurance arrangements, employment related suits, employee benefit claims, wage and hour claims, and intellectual property and real estate related disputes. Litigation of income tax matters is accounted for under the NAIC's accounting guidance for loss contingencies. Further information can be found in Note 9. The outcome of litigation and other legal matters is always uncertain, and unfavorable outcomes that are not justified by the evidence can occur. The Company believes that it has valid defenses to the legal matters pending against it and is defending itself vigorously.

When the Company (in the course of its regular review of pending litigation and legal matters) has determined that a material loss is reasonably possible, the matter is disclosed. In accordance with applicable accounting guidance, 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. In cases that the Company has accrued an estimated loss, the accrued amount may differ materially from the ultimate amount of the relevant costs. In many proceedings, it is inherently difficult to determine whether any loss is probable or even possible or to estimate the amount of any loss. 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.

Except as otherwise noted, the Company believes that the legal actions, 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 other than possibly the matters referred to in the following paragraphs. However, 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 and that an adverse outcome in one or more of these matters could be material to the Company's results of operation, financial condition or liquidity for any particular period.

Risk Adjustment Data Validation Audits: In connection with CMS's continuing statutory obligation to review risk score coding practices by Medicare Advantage plans, CMS is conducting audits of Medicare Advantage plans for compliance by the plans and their providers with proper coding practices (sometimes referred to as Risk Adjustment Data Validation Audits or RADV Audits. There can be no assurance that the Company will not be randomly selected or targeted for audit by CMS or that the outcome of such audit will not result in a material impact to the Company's results of operations and cash flows. To date, the Company's Medicare Advantage contracts have not been selected for a RADV audit.

In February 2012, CMS released a notice of final payment error calculation methodology for Medicare Advantage RADV audits. Among other matters, the notice provided that (i) CMS would perform its next round of Medicare Advantage contract-level audits on payment year 2011; (ii) payment year 2011 is the first year that CMS will conduct payment recovery based on extrapolated estimates; (iii) CMS expects to audit about 30 Medicare Advantage contracts each year; and (iv) payment recovery amounts will be subject to a fee-for-service adjuster that accounts for the fact that the documentation standard used in RADV audits to determine a contract's payment error is different from the documentation standard used to develop the Part C risk-adjustment model.

The Company is currently assessing the payment error calculation methodology and awaiting further guidance from CMS regarding, among other matters, the application of a Fee For Service Adjuster to the audit recovery amounts. Because of the ongoing uncertainty, the Company remains unable to reasonably estimate the probability of CMS's assertion of a claim for recoupment of overpaid premium or the amount of loss, or range of potential losses, associated with RADV Audits. Accordingly, the Company has not made an accrual related thereto.

Heath Care Regulation: As a managed care organization, the Company's operations are and will continue to be subject to pervasive federal, state, and local government regulation, which will have a material impact on our operations. The laws and regulations affecting our industry give state and federal regulatory authorities broad discretion in their exercise of supervisory, regulatory, and administrative powers. These laws and regulations are intended primarily for the benefit of members of and providers to the Company.

Health care regulation in its various forms could have an adverse effect on Company's health care operations if it inhibits the Company's ability to respond to market demands or results in increased medical or administrative costs without improving the quality of care or services.

Certain provisions of Health Care Reform have been subject to legal challenge, including the case currently pending before the U.S. Supreme Court as to whether premium subsidies are available for eligible residents in states that have not established state-based exchanges. Other provisions of Health Care Reform have been amended or delayed, such as the employer mandate, which will be phased in during 2015 and 2016 based on employer size. The employer mandate requires employers with 50 or more full-time employees to offer health insurance that is affordable and provides minimum value (each as defined under Health Care Reform) to full-time employees and children up to age 26 or be subject to penalties.

G. Uncollectible Amounts – none.

15. Leases

A. Lessee Operating Leases – none.

B. Lessor Leases – none.

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

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

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

3. Amount of Loss – not applicable.

4. Policy for Requiring Collateral – not applicable.

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

A. Transfer of Receivables Reported as Sales – not applicable.

B. Transfer and Servicing of Financial Assets – not applicable.

C. Wash Sales – none.

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

A. ASO Plans – not applicable.

B. ASC Plans – not applicable.

C. Medicare or Similarly Structured Cost Based Reimbursement Contracts – not applicable.

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

Not applicable.

20. Fair Value Measurements

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

Level 1 Financial Assets
Unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets. Assets in Level 1 include exchange-listed equity securities.

Level 2 Financial Assets
Quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates, spreads, and yield curves. An instrument is in Level 2 if the Company determines that unobservable inputs are insignificant.

Level 2 assets primarily include corporate and structure bonds value using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates, and actively-traded institutional and retail mutual fund investments.

Level 3 Financial Assets
Unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset at the report date.

Level 3 assets include asset-backed securities and industrial and miscellaneous corporate bonds valued using pricing models that incorporate the specific characteristics of each asset and related assumptions including the investment type and structure, credit quality, industry and maturity date in comparison to current market indices, spreads and liquidity of assets with similar characteristics. For asset-backed securities, inputs and assumptions to pricing may also include collateral attributes and prepayment speeds.

(1) The Company does not have any financial assets with a fair value hierarchy of level 3 carried at fair value in the financial statements.

(2) Bonds with NAIC designation 6 or 6* are carried at the lower of amortized cost or fair value. The Company maximizes the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. Whenever available, the Company obtains quoted prices in active markets for identical assets at the balance sheet date to measure at fair value. Market price data generally is obtained from exchange or dealer markets.

A. Fair Value Measurements at Reporting Date

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

B. Disclosures about Financial Instruments Not Carried at Fair Value.

(1) The following tables provide 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 2013.

December 31, 2014						
Type of Financial Instrument	Aggregate Fair Value	Admitted Value	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservabl e Inputs Level 3	Not Practicable (Carrying Value)
Bonds	$ 95,584,069	$ 92,897,611	$ 3,132,700	$ 92,451,369	$ -	$ -

December 31, 2013						
Type of Financial Instrument	Aggregate Fair Value	Admitted Value	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservabl e Inputs Level 3	Not Practicable (Carrying Value)
Bonds	$ 82,912,728	$ 82,325,192	$ 3,149,400	$ 79,763,328	$ -	$ -

21. Other Items

A. Extraordinary Items – none.

B. Troubled Debt Restructuring: Debtors – none.

C. Other Disclosures and Unusual Items – none.

D. Business Interruption Insurance Recoveries – none.

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

F. Subprime Mortgage-Related Risk Exposure

1. The Company did not hold mortgage loans in 2014 and 2013 and, therefore, is not subject to the related risk exposure pertaining to subprime mortgages.

2. Direct Exposure through Investments in Subprime Loans – not applicable.

3. Direct Exposure through Other Investments – not applicable.

4. Underwriting Exposure to Subprime Mortgage Risk – not applicable.

G. Retained Assets – none.

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 a material effect on the financial condition of the Company. In preparing these financial statements, the Company evaluated events that occurred between the balance sheet date and March 27, 2015 for the statutory statement filed on March 27, 2015.

On January 1, 2014, the Company was subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). Cigna covered entities' share of the annual fee was 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 $15,597,129. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 77%. Reporting the ACA assessment as of December 31, 2014, would not have triggered an RBC action level.

	Current Year	Prior Year
A. ACA fee assessment payable for the upcoming year	$ 15,597,129	$ 9,474,746
B. ACA fee assessment paid	$ 10,853,277	$ -
C. Premium written subject to ACA 9010 assessment	$ 779,033,843	$ 752,504,801
D. Total Adjusted Capital before surplus adjustment	$ 54,669,822	xxx
E. Authorized Control Level before surplus adjustment	$ 20,258,135	xxx
F. Total Adjusted Capital after surplus adjustment	$ 39,072,693	xxx
G. Authorized Control Level after surplus adjustment	$ 20,292,208	xxx
H. Would reporting the ACA assessment as of December 31, 2014, have triggered an RBC action level (Yes/No)?	No	xxx

On February 20, 2015, CMS issued its Advance Notice of Methodological Changes for Calendar Year 2016 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies (the "Notice"). The final terms are expected to be published on April 6, 2015. While the terms contained within the Notice are within the range of our expectations, there remain numerous open issues and substantial uncertainties regarding the final terms of the Notice. We expect that CMS will receive a significant number of comments from interested parties (including Cigna) prior to issuing the final terms; however, there can be no assurance that CMS will amend its current positions. Given the uncertainty regarding the final terms of the Notice, we cannot reliably estimate the impact on our business, revenues or results of operations in 2016 and beyond; under certain circumstances, it is possible that the impact could be materially adverse. In addition, we expect to adjust our programs and services in response to the proposed 2016 terms.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1- General Interrogatories

(1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee or director of the Company?
Yes ( ) No (X)

(2) Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?
Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

(1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?
Yes ( ) No (X)

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?
Yes ( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?
Yes ( ) No (X)

B. Uncollectible Reinsurance – none.

C. Commutation of Ceded Reinsurance – none.

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

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

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

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

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

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

As of December 31, 2014, the Company did not accrue a rebate.

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

25. Change in Incurred Claims and Claim Adjustment Expenses

The liability for claims unpaid as of December 31, 2013 was $42,890,450. During 2014, $40,942,194 has been paid on these liabilities. Reserves remaining for prior years are now $1,705,046, as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a favorable prior year development of $333,210 since December 31, 2013. This release is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

	Unpaid Claims	Accrued Medical Incentive Pool & Bonus	Healthcare Receivable	Total
12/31/2013 Balance	$ 42,980,450	$ 1,524,564	$ 6,780,226	$ 37,724,787
Paid/(Received)	40,942,194	1,501,880	6,914,460	35,529,614
Favorable/(Unfav) Development	333,210	(197,441)	(134,234)	270,003
12/31/2014 Balance for 2013 & Prior	$ 1,705,046	$ 220,124	$ 0	$ 1,925,171

26. Intercompany Pooling Arrangements

A.-G. – none.

27. Structured Settlements

Not applicable.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

The Estimated Pharmacy Rebates as Reported on Financial Statements for December 31, 2014 and 2013.

Quarter Ended	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received Within More Than 180 Days of Billing
12/31/14	$ 4,001,915	$ 2,698,159	$ -	$ -	$ -
09/30/14	3,982,791	2,676,014	1,372,258		-
06/30/14	4,460,780	2,693,571	1,378,141	1,315,430	-
03/31/14	2,735,167	3,072,554	1,587,923	1,484,631	-
12/31/13	2,391,364	2,374,375	2,371,547	2,827	-
09/30/13	2,559,263	2,361,532	2,356,281	3,125	2,126
06/30/13	2,339,895	2,300,597	2,301,583	(986)	-
03/31/13	2,061,375	2,071,580	2,064,786	7,757	(963)
12/31/12	1,940,063	1,954,402	1,927,633	5,657	21,111
09/30/12	1,775,940	1,715,961	1,706,166	4,300	5,496
06/30/12	1,791,065	1,632,175	1,624,926	4,071	3,178
03/31/12	1,747,867	1,622,547	1,414,329	208,293	(75)

B. Risk Sharing Receivables

Calendar Year	Evaluation Period	Risk Sharing Receivable as Estimated in the Prior Year	Risk Sharing Receivable as Estimated in the Current Year	Risk Sharing Receivable Billed	Risk Sharing Receivable Not Yet Billed
2014	2014	$ -	$ 7,072,937	$ -	$ 7,072,937
	2015	xxx	$ -	xxx	-
2013	2013	$ 4,225,518	$ -	$ 4,332,927	$ -
	2014	xxx	$ -	xxx	-
2012	2012	$ 1,660,563	$ -	$ 703,170	$ -
	2013	xxx	$ -	xxx	-

Calendar Year	Evaluation Period	Actual Risk Sharing Amounts Collected in Year Invoiced	Actual Risk Sharing Receivable First Year Subsequent	Actual Risk Sharing Amounts Received Second Year Subsequent	Actual Risk Sharing Amounts Received - All Other
2014	2014	$ -	$ -	$ -	$ -
	2015	xxx	xxx	xxx	xxx
2013	2013	$ 4,332,927	$ -	$ -	$ -
	2014	xxx	xxx	$ -	$ -
2012	2012	$ 703,170	$ -	$ -	$ -
	2013	xxx	xxx	xxx	xxx

C. Other Healthcare Receivables

None.

29. Participating Policies

None.

30. Premium Deficiency Reserves

None.

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. 12/31/2014

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. 12/31/2010

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). 05/21/2012

3.4 By what department or departments?
Florida Office of Insurance Regulations, Department of Life and Health Financial Oversight

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 [X] No [ ] N/A [ ]

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

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; 0.0 %
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, LLC, 830 Cresent Center Drive, Suite 260, Nashville, TN 37067

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:
N/A

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:
N/A

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
N/A

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?
David Terry, Cigna HealthSpring Inc 530 Great Circle Road, Nashville, TN 37228

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 $ 0

12.2 If, yes provide explanation:

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

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:
N/A

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
N/A

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).
N/A

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 $ 0
- 20.12 To stockholders not officers $ 0
- 20.13 Trustees, supreme or grand (Fraternal Only) $ 0

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 $ 0
- 20.22 To stockholders not officers $ 0
- 20.23 Trustees, supreme or grand (Fraternal Only) $ 0

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 $ 0
- 21.22 Borrowed from others $ 0
- 21.23 Leased from others $ 0
- 21.24 Other $ 0

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 $ 0
- 22.22 Amount paid as expenses $ 0
- 22.23 Other amounts paid $ 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No [ ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 1,361,001

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
N/A

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)
N/A

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. $ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. $ 0

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 [X] 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 $ 573,530

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 [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]
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 [X]

27.2 If yes, state the amount thereof at December 31 of the current year. $ 0

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 [X] 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
JP Morgan Chase	4 Chase Metro Tech 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)
		N/A

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

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
JP Morgan Chase One Chase Manhattan Plaza, New York, New York 10081	JP Morgan Chase 4 Chase Metro Tech Center Brookly, New York 11245	12/31/2013	JPMC address changed

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 Investment, 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	93,315,564	96,002,019	2,686,455
30.2 Preferred stocks	0		0
30.3 Totals	93,315,564	96,002,019	2,686,455

30.4 Describe the sources or methods utilized in determining the fair values:
Failr values are based on quoted market prices.

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:
N/A

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:
N/A

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? $ 0

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? $ 0

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. $ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $ 0

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above $ 0

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

1.6 Individual policies:

Most current three years:
- 1.61 Total premium earned $ 0
- 1.62 Total incurred claims $ 0
- 1.63 Number of covered lives 0

All years prior to most current three years:
- 1.64 Total premium earned $ 0
- 1.65 Total incurred claims $ 0
- 1.66 Number of covered lives 0

1.7 Group policies:

Most current three years:
- 1.71 Total premium earned $ 0
- 1.72 Total incurred claims $ 0
- 1.73 Number of covered lives 0

All years prior to most current three years:
- 1.74 Total premium earned $ 0
- 1.75 Total incurred claims $ 0
- 1.76 Number of covered lives 0

2. Health Test:

		1 Current Year	2 Prior Year
2.1	Premium Numerator	779,033,843	752,504,801
2.2	Premium Denominator	779,033,843	752,504,801
2.3	Premium Ratio (2.1/2.2)	1.000	1.000
2.4	Reserve Numerator	65,432,190	48,801,035
2.5	Reserve Denominator	65,432,188	48,801,035
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 [X] No [ ]

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

5.2 If no, explain:
The company is self-insured.

5.3 Maximum retained risk (see instructions)
- 5.31 Comprehensive Medical $ 0
- 5.32 Medical Only $ 0
- 5.33 Medicare Supplement $ 0
- 5.34 Dental & Vision $ 0
- 5.35 Other Limited Benefit Plan $ 0
- 5.36 Other $ 0

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

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 1,357
- 8.2 Number of providers at end of reporting year 1,666

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

9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months $ 0
- 9.22 Business with rate guarantees over 36 months $ 0

GENERAL INTERROGATORIES

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

10.2 If yes:

10.21 Maximum amount payable bonuses $ 18,420,949
10.22 Amount actually paid for year bonuses $ (5,678,465)
10.23 Maximum amount payable withholds $ 0
10.24 Amount actually paid for year withholds $ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [ ] No [X]
11.13 An Individual Practice Association (IPA), or, Yes [X] No [ ]
11.14 A Mixed Model (combination of above)? Yes [ ] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No [ ]
11.3 If yes, show the name of the state requiring such net worth. Florida
11.4 If yes, show the amount required. $ 15,580,677
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [ ] No [X]
11.6 If the amount is calculated, show the calculation
779,033,842.54 x 2%

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

1 Name of Service Area
Selected zip codes in Florida, primarily in Miami-Dade County and Panhandle area.

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

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. $ 0

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

13.4 If yes, please provide the balance of funds administered as of the reporting date. $ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [ ] No [ ] N/A [ ]
14.2 If the answer to 14.1 is yes, please provide the following:

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

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

15.1 Direct Premium Written $
15.2 Total Incurred Claims $
15.3 Number of Covered Lives

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

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)	123,702,610	98,733,787	78,289,045	66,347,273	59,876,232
2.	Total liabilities (Page 3, Line 24)	69,032,787	50,273,599	44,779,218	39,198,884	33,375,891
3.	Statutory surplus	15,580,677	15,050,096	14,222,982	12,271,454	10,821,823
4.	Total capital and surplus (Page 3, Line 33)	54,669,824	48,460,187	33,509,827	27,148,390	26,500,342
	Income Statement (Page 4)					
5.	Total revenues (Line 8)	783,979,169	752,504,417	711,150,330	613,572,676	541,091,172
6.	Total medical and hospital expenses (Line 18)	673,849,379	613,178,167	580,488,555	495,030,922	433,191,332
7.	Claims adjustment expenses (Line 20)	8,061,402	7,197,424	7,120,139	6,545,317	8,466,729
8.	Total administrative expenses (Line 21)	89,500,779	110,940,778	114,396,797	99,281,164	84,627,150
9.	Net underwriting gain (loss) (Line 24)	12,567,608	21,188,048	9,144,839	12,715,272	14,805,961
10.	Net investment gain (loss) (Line 27)	2,910,691	1,397,551	1,310,735	1,228,587	949,316
11.	Total other income (Lines 28 plus 29)	(24,103)	(16,378)	2,586	(16,125)	0
12.	Net income or (loss) (Line 32)	6,407,070	14,816,559	6,876,902	8,225,338	9,773,534
	Cash Flow (Page 6)					
13.	Net cash from operations (Line 11)	6,303,494	20,663,245	14,945,477	8,956,622	12,749,745
	Risk-Based Capital Analysis					
14.	Total adjusted capital	54,669,824	48,460,187	33,509,827	27,148,389	26,500,342
15.	Authorized control level risk-based capital	20,258,135	17,999,761	17,053,492	23,492,191	23,448,484
	Enrollment (Exhibit 1)					
16.	Total members at end of period (Column 5, Line 7)	49,316	44,088	42,106	39,470	37,022
17.	Total members months (Column 6, Line 7)	565,376	521,870	495,206	462,866	432,896
	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)	86.5	81.5	81.6	80.7	80.1
20.	Cost containment expenses	0.6	0.5	0.7	0.7	0.8
21.	Other claims adjustment expenses	0.4	0.4	0.3	0.4	0.8
22.	Total underwriting deductions (Line 23)	99.0	97.2	98.7	97.9	97.3
23.	Total underwriting gain (loss) (Line 24)	1.6	2.8	1.3	2.1	2.7
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 13, Col. 5)	37,589,019	35,913,637	32,265,226	29,180,890	24,035,151
25.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	37,724,788	38,178,434	34,167,996	28,552,474	24,179,553
	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)					0
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					0
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

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
	States, etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama AL	N							0	
2.	Alaska AK	N							0	
3.	Arizona AZ	N							0	
4.	Arkansas AR	N							0	
5.	California CA	N							0	
6.	Colorado CO	N							0	
7.	Connecticut CT	N							0	
8.	Delaware DE	N							0	
9.	District of Columbia DC	N							0	
10.	Florida FL	L		779,033,843					779,033,843	
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	0	779,033,843	0	0	0	0	779,033,843	0
60.	Reporting entity contributions for Employee Benefit Plans	XXX							0	
61.	Total (Direct Business)	(a) 1	0	779,033,843	0	0	0	0	779,033,843	0
	DETAILS OF WRITE-INS									
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(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.

All Premiums written within the State of Florida.

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

PART 1 -- ORGANIZATION 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)

- Cigna Holdings, Inc.
  - Cigna Intellectual Property, Inc.
  - Cigna Investment Group, Inc.
    - Cigna International Finance Inc.
    - Former Cigna Investments, Inc.
    - Cigna Investments, Inc.
      - Cigna Mezzanine Partners III, Inc.
        - Cigna Mezzanine Partners III, LP
      - Cigna Benefits Financing, Inc. (EI # 010947889, DE)
  - Connecticut General Corporation
    - Benefit Management Corp. (EI # 81-0585518)
      - *Allegiance Life & Health Insurance Company (EI # 20-4433475, NAIC # 12814, MT)
      - *Allegiance Re, Inc. (EI # 20-3851464, MT)
      - Allegiance Benefit Plan Management, Inc.
      - Allegiance COBRA Services, Inc.
      - Allegiance Provider Direct, LLC
      - Community Health Network, LLC
      - Intermountain Underwriters, Inc.
      - Star Point, LLC
    - HealthSpring, Inc.
      - NewQuest, LLC
        - Bravo Health, LLC
          - *Bravo Health Mid-Atlantic, Inc. (EI # 52-2259087, NAIC # 10095, MD)
          - *Bravo Health Pennsylvania, Inc. (EI # 52-2363406, NAIC # 11254, PA)
        - *HealthSpring Life & Health Insurance Company (EI # 20-8534298, NAIC # 12902, TX)
        - *HealthSpring of Alabama, Inc. (EI # 63-0925225, NAIC # 95781, AL)
        - *HealthSpring of Florida, Inc. (EI # 65-1129599, NAIC #11532, FL)
        - NewQuest Management of Illinois, LLC
        - NewQuest Management of Florida, LLC
        - HealthSpring Management of America, LLC
        - NewQuest Management of West Virginia, LLC
        - TexQuest, LLC
        - HouQuest, LLC
          - GulfQuest, LP
        - NewQuest Management of Alabama, LLC
        - HealthSpring USA, LLC
        - HealthSpring Management, Inc.
          - HealthSpring of Tennessee, Inc. (EI # 62-1593150, NAIC # 11522, MD)
          - Tennessee Quest, LLC
        - HealthSpring Pharmacy Services, LLC
          - HealthSpring Pharmacy of Tennessee, LLC
        - Home Physicians Management, LLC
    - *Cigna Arbor Life Insurance Company (EI # 03-0452349, NAIC # 13733, CT)
    - Cigna Behavioral Health, Inc.
      - Cigna Behavioral Health of California, Inc.

(EI# 94-3107309)

Cigna Behavioral Health of Texas, Inc.
(EI# 75-2751090)

MCC Independent Practice Association of New York, Inc.

Cigna Dental Health, Inc.

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

Cigna Health Corporation

- Healthsource, Inc.
  - Cigna HealthCare of Arizona, Inc. (EI# 86-0334392, NAIC#95125, AZ)
  - Cigna HealthCare of California, Inc. (EI# 95-3310115, CA)
  - Cigna HealthCare of Colorado, Inc. (EI# 84-1004500, NAIC # 95604, CO)
  - Cigna HealthCare of Connecticut, Inc. (EI# 06-1141174, NAIC # 95660, CT)
  - Cigna HealthCare of Florida, Inc. (EI# 59-2089259, NAIC # 95136, FL)
  - Cigna HealthCare of Illinois, Inc. (EI# 36-3385638, NAIC # 95602, IL)
  - Cigna HealthCare of Maine, Inc. (EI# 01-0418220, NAIC # 95447, ME)
  - Cigna HealthCare of Massachusetts, Inc. (EI# 02-0402111, NAIC # 95220, MA)
  - Cigna HealthCare Mid-Atlantic, Inc. (EI# 52-1404350, NAIC # 95599, MD)
  - Cigna HealthCare of New Hampshire, Inc. (EI# 02-0387749, NAIC # 95493, NH)
  - Cigna HealthCare of New Jersey, Inc. (EI# 22-2720890, NAIC # 95500, NJ)
  - Cigna HealthCare of Pennsylvania, Inc. (EI# 23-2301807, NAIC # 95121, PA)
  - Cigna HealthCare of St. Louis, Inc. (EI# 36-3359925, NAIC # 95635, MO)
  - Cigna HealthCare of Utah, Inc. (EI# 62-1230908, NAIC # 95518, UT)
  - Cigna HealthCare of Georgia, Inc. (EI# 58-1641057, NAIC # 96229, GA)
  - Cigna HealthCare of Texas, Inc. (EI# 74-2767437, NAIC # 95383, TX)
  - Cigna HealthCare of Indiana, Inc. (EI# 35-1679172, NAIC # 95525, IN)

- 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.
- Healthsource Properties, Inc.

Managed Care Consultants, Inc.

Choicelinx Corporation

Sagamore Health Network, Inc.

Cigna Healthcare Holdings, Inc.
(EI# 84-0985843)

- Great-West Healthcare of Illinois, Inc.
  (EI# 93-1174749, NAIC 95388, IL)
- Cigna Healthcare, Inc.

*Cigna Life Insurance Company of New York
(EI# 13-2556568, NAIC # 64548, NY)

*Connecticut General Life Insurance Company
(EI# 06-0303370, NAIC # 62308, CT)

- CG Gillette Ridge, LLC
  - Gillette Ridge Apartments LLC
- CG Merrick, LLC
  - Merrick Park LLC
  - Merrick Park Parking LLC
- CG Mystic Center LLC
  - Station Landing Holding LLC
- CG Mystic Land LLC
  - ND/CG Holding LLC
- CG Skyline, LLC
  - Skyline ND/CG LLC
    - ND Mystic Center Note LLC
    - Skyline Mezzanine Borrower, LLC
      - Skyline at Station Landing, LLC
- Careallies, LLC
- Carson Bayport 1 LP
- CG Bayport LLC
  - Bayport Colony Apartments LLC
- CG-LINA Bayport I LLC
- Cigna Onsite Health, LLC
- CR Longwood Investors, LP
  - ND/CR Longwood LLC
    - ARE/ND/CR Longwood LLC
- Gillette Ridge Community Council, Inc.
- Gillette Ridge Golf LLC
- Hazard Center Investment Company LLC
- Secon Properties, LP.
- Teal Rock 501 Grant Street GP, LLC
- Teal Rock 501 Grant Street, LP
- Tel-Drug of Pennsylvania, LLC
- CG-LINA Realty Investors LLC
  - 115 Sansome Street Associates, LLC
  - 121 Tasman Apartments LLC
  - Alto Apartments LLC
  - CG-LINA Paper Box LLC
- GRG Acquisitions LLC
- Cigna Affiliates Realty Investment Group, LLC
  (EI# 27-5402196, DE)

    - Market Street Residential Holdings LLC
        - Arborpoint at Market Street LLC
    - Market Street Retail Holdings LLC
        - Market Street South LLC
    - Diamondview Tower CM-CG LLC
    - CR Washington Street Investors LP
    - Civic Holding LLC
    - Dulles Town Center Mall, LLC
    - AEW/FDG, LP
    - ND/CR Unicorn LLC
    - Union Wharf Apartments LLC
    - AMD Apartments Limited Partnership
    - SP Newport Crossing LLC
    - PUR Arbors Apartments Venture LLC
    - CG Seventh Street, LLC
    - Ideal Properties II LLC
    - Allesandro Partners, LLC
    - Mallory Square Partners I, LLC
    - Houston Briar Forest Apartments Limited Partnership
    - Newtown Partners II, LP
    - Newtown Square GP LLC
    - AFA Apartments Limited Partnership
    - SB-SNH LLC
        - 680 Investors LLC
        - 685 New Hampshire LLC
    - CGGL 18301 LLC
    - Unico/CG Commonwealth LLC
        - Commonwealth Acquisition LLC
    - Unico-CG Lovejoy LLC
    - 222 Main Street Caring GP LLC
    - 222 Main Street Investors LP
    - Notch 8 Residential, L.L.C.
    - UVL, LLC
    - Agua Mansa Partners LLC
    - 3601 North Fairfax Drive Associates, LLC
- CORAC LLC
    - Bridgepoint Office Park Associates, LLC (EI# 27-3923999, DE)
    - Fairway Center Associates, LLC (EI# 27-3126102, DE)
    - Henry on the Park Associates, LLC (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.
  - Vielife Holdings Limited
    - Vielife Limited
    - Vielife Services, Inc.
    - Businesshealth UK Limited
  - CG Individual Tax Benefit Payments, Inc.
  - CG Life Pension Benefits Payments, Inc.
  - CG LINA Pension Benefits Payments, Inc.
  - Cigna Federal Benefits, Inc.
  - Cigna Healthcare Benefits, Inc.
  - Cigna Integratedcare, Inc.
  - Cigna Managed Care Benefits Company
  - Cigna Re Corporation
    - Blodget & Hazard Limited
  - Cigna Resource Manager, Inc.
  - Connecticut General Benefit Payments, Inc.
  - Healthsource Benefits, Inc.
  - IHN, Inc.
  - LINA Benefit Payments, Inc.
  - Mediversal, Inc.
    - Universal Claims Administration
- Cigna Global Holdings, Inc.
  - Cigna International Corporation, Inc.
  - Cigna International Services, Inc.
  - Cigna International Marketing (Thailand) Limited
  - CGO Participatos LTDA
  - YCFM Servicos LTDA
  - *Cigna Global Reinsurance Company, Ltd.
    - Cigna Holdings Overseas, Inc.
      - Cigna Bellevue Alpha LLC
      - CignaTurkey Consultancy Services, A.S.
      - Cigna Linden Holdings, Inc.
        - Cigna Laurel Holdings, Ltd.
        - Cigna Palmetto Holdings, Ltd.
          - Cigna Magnolia Holdings, Ltd.
      - Cigna Nederland Alpha Cooperatief U.A.
        - Cigna Nederland Beta B.V.
        - Cigna Nederland Gamma B.V.
          - Cigna Finans Emeklilik Ve Hayat A.S.
      - 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

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       |      |      |      |      |      |      |
       |      |      |      |      |      |      |      |*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
       |      |      |      |      |      |
       |      |      |      |      |      |             |Cigna 2000 UK Pension LTD
       |      |      |      |      |      |
       |      |      |      |      |      |      |FirstAssist Group Holdings Limited
       |      |      |      |      |      |             |FirstAssist Group Limited
       |      |      |      |      |      |             |FirstAssist Administration Limited
       |      |      |                                   |First Assist Legal Protection Limited
       |      |      |      |      |      |             |Cigna Insurance Services (Europe) Ltd.
       |      |      |      |      |      |      |Cigna International Health Services, BVBA
       |      |      |      |      |      |      |      |
       |      |      |      |      |      |      |      |Vanbreda International, LLC
       |
       |      |      |      |Cigna Poplar Holdings, Inc.

       |      |      |      |Cigna Sequoia Holdings, SPRL
       |      |      |      |
       |      |      |      |PT GAR Indonesia
       |      |      |      |      |
       |      |      |      |      |PT PGU Indonesia
       |      |      |      |
       |      |      |      |*Cigna Global Insurance Company Limited
       |      |      |      |
       |      |      |      |
       |      |      |      |Cigna TTK Health Insurance Company Limited
       |      |      |      |
       |      |      |      | Cigna Saico Benefits Services W.L.L.
       |      |      |      |
       |      |      |*Cigna Worldwide Insurance Company
       |      |      | (EI# 23-2088429, NAIC # 90859, DE)
       |      |      |      |
       |      |      |      |*PT. Asuransi Cigna
       |      |Cigna Teak Holdings, LLC
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OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

ANNUAL STATEMENT BLANK (Continued)