



# HEALTH ANNUAL STATEMENT

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

## Cigna HealthCare of New Jersey, Inc.

NAIC Group Code 0901 0901 NAIC Company Code 95500 Employer's ID Number 22-2720890  
(Current) (Prior)  
 Organized under the Laws of New Jersey, State of Domicile or Port of Entry NJ  
 Country of Domicile United States of America  
 Licensed as business type: Health Maintenance Organization  
 Is HMO Federally Qualified? Yes [ ] No [ X ]  
 Incorporated/Organized 09/30/1986 Commenced Business 02/01/1988  
 Statutory Home Office 499 Washington Boulevard, 5th Floor, Jersey City, NJ, US 07310-1608  
(Street and Number) (City or Town, State, Country and Zip Code)  
 Main Administrative Office 900 Cottage Grove Road  
(Street and Number) Bloomfield, CT, US 06002 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
 Mail Address 900 Cottage Grove Road, Bloomfield, CT, US 06002  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  
 Primary Location of Books and Records 900 Cottage Grove Road  
(Street and Number) Bloomfield, CT, US 06002 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
 Internet Website Address www.cigna.com  
 Statutory Statement Contact John Satkowski, 860-226-5634  
(Name) (Area Code) (Telephone Number)  
John.Satkowski@cigna.com, 860-226-6792  
(E-mail Address) (FAX Number)

### OFFICERS

President Vacant Vacant Treasurer Scott Ronald Lambert  
 Secretary Anna Krishtul

### OTHER

<u>Thomas John Garvey, Vice President</u>	<u>Glenn Michael Gerhard, Vice President</u>	<u>Daniel Jules Nicoll, Vice President</u>
<u>Maureen Hardiman Ryan, Vice President</u>	<u>Edward Vincent Stacey, Jr., Vice President</u>	<u>Mark Paul Fleming, Vice President</u>
<u>Joanne Ruth Hart, Vice President</u>	<u>Michael Todd Crompton, Vice President</u>	<u>Kathleen O'Neil #, Vice President</u>
<u>Timothy Sheridan #, Vice President</u>		

### DIRECTORS OR TRUSTEES

Michael Todd Crompton Peter Wesley McCauley, M.D.

State of Connecticut SS:  
 County of Hartford

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

Michael Todd Crompton Anna Krishtul Scott Ronald Lambert  
 Vice President Secretary Vice President & Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	2,081,964		2,081,964	3,486,989
2. Stocks (Schedule D):				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ .....			0	0
encumbrances) .....				
4.2 Properties held for the production of income (less				
\$ .....			0	0
encumbrances) .....				
4.3 Properties held for sale (less \$ .....			0	0
encumbrances) .....				
5. Cash (\$ .....(62,395) , Schedule E - Part 1), cash equivalents				
(\$ .....7,762,545 , Schedule E - Part 2) and short-term				
investments (\$ .....1 , Schedule DA) .....	7,700,150		7,700,150	501,112
6. Contract loans, (including \$ .....0 premium notes) .....			0	0
7. Derivatives (Schedule DB) .....			0	0
8. Other invested assets (Schedule BA) .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	9,782,114	0	9,782,114	3,988,111
13. Title plants less \$ .....0 charged off (for Title insurers				
only) .....			0	0
14. Investment income due and accrued .....	14,311	0	14,311	21,776
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	83,840	72,398	11,442	17,824
15.2 Deferred premiums and agents' balances and installments booked but				
deferred and not yet due (including \$ .....0				
earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ .....3,234,452 ) and				
contracts subject to redetermination (\$ ..... ) .....	3,234,452	0	3,234,452	2,163,131
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	343,005	0	343,005	254,168
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....	528,574	0	528,574	287,987
18.2 Net deferred tax asset .....			0	243,462
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets				
(\$ .....0 ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	500,000
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25) .....	13,986,296	72,398	13,913,898	7,486,459
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts .....			0	0
28. Total (Lines 26 and 27) .....	13,986,296	72,398	13,913,898	7,486,459
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0	0

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ _____ reinsurance ceded) .....	1,706,510	0	1,706,510	1,594,705
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses.....	27,576	0	27,576	10,371
4. Aggregate health policy reserves, including the liability of \$ _____0 for medical loss ratio rebate per the Public Health Service Act .....	2,135,490	0	2,135,490	3,713,490
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....	5,215	0	5,215	12,742
9. General expenses due or accrued.....			0	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ _____0 on realized capital gains (losses)) .....			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable.....	990	0	990	1,552
12. Amounts withheld or retained for the account of others.....	1,263	0	1,263	1,263
13. Remittances and items not allocated.....			0	0
14. Borrowed money (including \$ _____0 current) and interest thereon \$ _____0 (including \$ _____ current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....	4,336	0	4,336	23,718
16. Derivatives.....			0	0
17. Payable for securities.....			0	0
18. Payable for securities lending .....			0	0
19. Funds held under reinsurance treaties (with \$ _____0 authorized reinsurers, \$ _____0 unauthorized reinsurers and \$ _____0 certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ _____0 ) companies .....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
22. Liability for amounts held under uninsured plans.....			0	0
23. Aggregate write-ins for other liabilities (including \$ _____1,067 current).....	1,181	0	1,181	6,685
24. Total liabilities (Lines 1 to 23).....	3,882,561	0	3,882,561	5,364,526
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	98,613
26. Common capital stock.....	XXX	XXX	1,000	1,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	21,597,365	12,597,365
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(11,567,028)	(10,575,045)
32. Less treasury stock, at cost:				
32.1 _____0 shares common (value included in Line 26 \$ _____ ).....	XXX	XXX		
32.2 _____0 shares preferred (value included in Line 27 \$ _____ ).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	10,031,337	2,121,933
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	13,913,898	7,486,459
<b>DETAILS OF WRITE-INS</b>				
2301. Credit Balance Due Policyholders .....	597	0	597	5,279
2302. Patient Centered Outcomes Research Institute Liability .....	584	0	584	579
2303. Commission Payable .....	0	0	0	827
2390. 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)	1,181	0	1,181	6,685
2501. Surplus appropriated for CY ACA Section 9010 Fee .....	XXX	XXX	0	98,613
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	0	98,613
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	1,558	2,195
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	4,841,316	4,382,619
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX		
5. Risk revenue .....	XXX		
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	4,841,316	4,382,619
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		10,328,034	6,216,317
10. Other professional services .....		48,146	55,741
11. Outside referrals .....		17,840	24,973
12. Emergency room and out-of-area .....		89,205	131,770
13. Prescription drugs .....		183,618	183,444
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		1,802	1,227
16. Subtotal (Lines 9 to 15) .....	0	10,668,645	6,613,472
<b>Less:</b>			
17. Net reinsurance recoveries .....		3,152,490	908,185
18. Total hospital and medical (Lines 16 minus 17) .....	0	7,516,155	5,705,287
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....38,594 cost containment expenses .....		64,196	19,252
21. General administrative expenses .....		277,468	297,534
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		(1,578,000)	2,399,330
23. Total underwriting deductions (Lines 18 through 22).....	0	6,279,819	8,421,403
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(1,438,503)	(4,038,784)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		97,374	75,997
26. Net realized capital gains (losses) less capital gains tax of \$ .....(4,313) .....		(18,257)	(77)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	79,117	75,920
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....26,000 )] .....		(26,000)	(10,425)
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(1,385,386)	(3,973,289)
31. Federal and foreign income taxes incurred .....	XXX	(597,289)	(551,973)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(788,097)	(3,421,316)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
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. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	2,121,933	7,222,940
34. Net income or (loss) from Line 32.....	(788,097)	(3,421,316)
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.....	(243,462)	(179,691)
39. Change in nonadmitted assets.....	(59,037)	0
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.....	9,000,000	500,000
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		(2,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	7,909,404	(5,101,007)
49. Capital and surplus end of reporting period (Line 33 plus 48)	10,031,337	2,121,933
<b>DETAILS OF WRITE-INS</b>		
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	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	2,131,251	6,636,997
2. Net investment income .....	140,307	111,828
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	2,271,558	6,748,825
5. Benefit and loss related payments .....	5,915,187	6,572,849
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	350,459	332,477
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	(356,702)	961,998
10. Total (Lines 5 through 9) .....	5,908,944	7,867,324
11. Net cash from operations (Line 4 minus Line 10) .....	(3,637,386)	(1,118,499)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	1,357,002	0
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(6)	0
12.7 Miscellaneous proceeds .....	4,313	(78)
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,361,309	(78)
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	0
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	1,361,309	(78)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	9,000,000	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	2,000,000
16.6 Other cash provided (applied) .....	475,115	81,716
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	9,475,115	(1,918,284)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	7,199,038	(3,036,861)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	501,112	3,537,973
19.2 End of year (Line 18 plus Line 19.1) .....	7,700,150	501,112

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

20.0001. Non-Cash Capital Contribution .....		500,000
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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	4,841,316	4,841,316	0	0	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	4,841,316	4,841,316	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	10,328,034	10,328,034	0	0	0	0	0	0	0	XXX
9. Other professional services	48,146	48,146	0	0	0	0	0	0	0	XXX
10. Outside referrals	17,840	17,840	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	89,205	89,205	0	0	0	0	0	0	0	XXX
12. Prescription drugs	183,618	183,618	0	0	0	0	0	0	0	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	1,802	1,802	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	10,688,645	10,688,645	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	3,152,490	3,152,490	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	7,516,155	7,516,155	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 38,594 cost containment expenses	54,196	54,196	0	0	0	0	0	0	0	0
20. General administrative expenses	277,468	277,468	0	0	0	0	0	0	0	0
21. Increase in reserves for accident and health contracts	(1,578,000)	(1,578,000)	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	6,279,819	6,279,819	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(1,438,503)	(1,438,503)	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**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) .....	4,853,655	0	12,339	4,841,316
2. Medicare Supplement .....				0
3. Dental only .....				0
4. Vision only .....				0
5. Federal Employees Health Benefits Plan .....	0			0
6. Title XVIII - Medicare .....	0			0
7. Title XIX - Medicaid .....	0			0
8. Other health .....				0
9. Health subtotal (Lines 1 through 8) .....	4,853,655	0	12,339	4,841,316
10. Life .....	0			0
11. Property/casualty .....	0			0
12. Totals (Lines 9 to 11)	4,853,655	0	12,339	4,841,316



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	10,555,038	10,555,038								
1.2 Reinsurance assumed	0	0								
1.3 Reinsurance ceded	3,063,653	3,063,653								
1.4 Net	7,491,385	7,491,385	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	1,802	1,802								
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,706,510	1,706,510	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0								
3.3 Reinsurance ceded	0	0								
3.4 Net	1,706,510	1,706,510	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0								
4.2 Reinsurance assumed	0	0								
4.3 Reinsurance ceded	0	0								
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0	0								
6. Net healthcare receivables (a)	0	0								
7. Amounts recoverable from reinsurers December 31, current year	343,005	343,005								
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	1,594,705	1,594,705	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	1,594,705	1,594,705	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0								
9.2 Reinsurance assumed	0	0								
9.3 Reinsurance ceded	0	0								
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0								
11. Amounts recoverable from reinsurers December 31, prior year	254,168	254,168	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	10,666,843	10,666,843	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	3,152,490	3,152,490	0	0	0	0	0	0	0	0
12.4 Net	7,514,353	7,514,353	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	1,802	1,802	0	0	0	0	0	0	0	0

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
<b>1. Reported in Process of Adjustment:</b>										
1.1 Direct .....	204,000	204,000								
1.2 Reinsurance assumed .....	0									
1.3 Reinsurance ceded .....	0									
1.4 Net .....	204,000	204,000	0	0	0	0	0	0	0	0
<b>2. Incurred but Unreported:</b>										
2.1 Direct .....	1,502,510	1,502,510								
2.2 Reinsurance assumed .....	0									
2.3 Reinsurance ceded .....	0									
2.4 Net .....	1,502,510	1,502,510	0	0	0	0	0	0	0	0
<b>3. Amounts Withheld from Paid Claims and Capitations:</b>										
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
<b>4. TOTALS:</b>										
4.1 Direct .....	1,706,510	1,706,510	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	1,706,510	1,706,510	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	920,000	6,482,547	9,994	1,696,516	929,994	1,594,705
2. Medicare Supplement .....					.0	.0
3. Dental Only .....					.0	.0
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8) .....	920,000	6,482,547	9,994	1,696,516	929,994	1,594,705
10. Healthcare receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....	1,511	291	.0	.0	1,511	.0
13. Totals (Lines 9 - 10 + 11 + 12) .....	921,511	6,482,838	9,994	1,696,516	931,505	1,594,705

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(\$000 Omitted)

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

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	131	130	130	130	130
2. 2014	1,773	1,798	1,798	1,798	1,798
3. 2015	XXX	2,245	2,212	2,212	2,212
4. 2016	XXX	XXX	2,271	2,144	2,144
5. 2017	XXX	XXX	XXX	4,732	5,654
6. 2018	XXX	XXX	XXX	XXX	6,483

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

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	131	130	130	130	130
2. 2014	1,983	2,011	2,011	1,798	1,798
3. 2015	XXX	2,226	2,007	2,212	2,212
4. 2016	XXX	XXX	2,757	2,155	2,155
5. 2017	XXX	XXX	XXX	6,314	5,663
6. 2018	XXX	XXX	XXX	XXX	8,179

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2014	1,369	1,798	20	1.1	1,818	132.8	0	0	1,818	132.8
2. 2015	1,637	2,212	17	0.8	2,229	136.2	0	0	2,229	136.2
3. 2016	3,891	763	30	3.9	793	20.4	0	0	793	20.4
4. 2017	4,383	4,732	21	0.4	4,753	108.4	10	0	4,763	108.7
5. 2018	4,841	6,483	47	0.7	6,530	134.9	1,697	28	8,255	170.5

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	131	130	130	130	130
2. 2014	1,773	1,798	1,798	1,798	1,798
3. 2015	XXX	2,245	2,212	2,212	2,212
4. 2016	XXX	XXX	2,271	2,144	2,144
5. 2017	XXX	XXX	XXX	4,732	5,654
6. 2018	XXX	XXX	XXX	XXX	6,483

**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 2014	2 2015	3 2016	4 2017	5 2018
1. Prior	131	130	130	130	130
2. 2014	1,983	2,011	2,011	1,798	1,798
3. 2015	XXX	2,226	2,007	2,212	2,212
4. 2016	XXX	XXX	2,757	2,155	2,155
5. 2017	XXX	XXX	XXX	6,314	5,663
6. 2018	XXX	XXX	XXX	XXX	8,179

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

Years in which Premiums were Earned and Claims were Incurred	1 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. 2014	1,369	1,798	.20	1.1	1,818	132.8	.0	.0	1,818	132.8
2. 2015	1,637	2,212	.17	0.8	2,229	136.2	.0	.0	2,229	136.2
3. 2016	3,891	763	.30	3.9	793	20.4	.0	.0	793	20.4
4. 2017	4,383	4,732	.21	0.4	4,753	108.4	.10	.0	4,763	108.7
5. 2018	4,841	6,483	.47	0.7	6,530	134.9	1,697	28	8,255	170.5

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	.0								
2. Additional policy reserves (a) .....	2,120,000	2,120,000	.0	.0	.0	.0	.0	.0	.0
3. Reserve for future contingent benefits .....	15,490	15,490	.0	.0	.0	.0	.0	.0	.0
4. Reserve for rate credits or experience rating refunds (including \$ ..... ) for investment income .....	.0								
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (gross) .....	2,135,490	2,135,490	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0								
8. Totals (Net)(Page 3, Line 4) .....	2,135,490	2,135,490	.0	.0	.0	.0	.0	.0	.0
9. Present value of amounts not yet due on claims .....	.0								
10. Reserve for future contingent benefits .....	.0								
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0								
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>									
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 \$ .....2,120,000 premium deficiency reserve.

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

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....	1	120	1,239	0	1,360
2. Salary, wages and other benefits .....	725	4,446	46,065	0	51,236
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....	0	0	9,267	0	9,267
4. Legal fees and expenses .....	0	17	170	0	187
5. Certifications and accreditation fees .....	0	3	25	0	28
6. Auditing, actuarial and other consulting services .....	1	(237)	(2,226)	0	(2,462)
7. Traveling expenses .....	9	126	1,321	0	1,456
8. Marketing and advertising .....	0	50	1,343	0	1,393
9. Postage, express and telephone .....	1	228	2,414	0	2,643
10. Printing and office supplies .....	1	27	322	0	350
11. Occupancy, depreciation and amortization .....	18	839	9,649	0	10,506
12. Equipment .....	0	55	618	0	673
13. Cost or depreciation of EDP equipment and software .....	0	0	0	0	0
14. Outsourced services including EDP, claims, and other services .....	0	0	0	0	0
15. Boards, bureaus and association fees .....	0	20	204	0	224
16. Insurance, except on real estate .....	0	29	(8,861)	0	(8,832)
17. Collection and bank service charges .....	44	82	868	0	994
18. Group service and administration fees .....	0	0	0	0	0
19. Reimbursements by uninsured plans .....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	0	0	0	0	0
22. Real estate taxes .....	0	1	7	0	8
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	3	2,393	0	2,396
23.2 State premium taxes .....	0	0	1	0	1
23.3 Regulatory authority licenses and fees .....	0	757	36,497	0	37,254
23.4 Payroll taxes .....	0	231	2,399	0	2,630
23.5 Other (excluding federal income and real estate taxes) .....	0	(1,127)	69,720	0	68,593
24. Investment expenses not included elsewhere .....	0	11	(2)	9,186	9,195
25. Aggregate write-ins for expenses .....	37,794	19,921	104,035	0	161,750
26. Total expenses incurred (Lines 1 to 25) .....	38,594	25,602	277,468	9,186	(a) 350,850
27. Less expenses unpaid December 31, current year .....		27,576	0		27,576
28. Add expenses unpaid December 31, prior year .....	0	10,371	0	0	10,371
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	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) .....	38,594	8,397	277,468	9,186	333,645
<b>DETAILS OF WRITE-INS</b>					
2501. Other Corporate Expenses .....	37,474	1,645	(10,643)	0	28,476
2502. Other Non-Managed .....	54	981	113,966	0	115,001
2503. Claims Handling Reserve .....	266	17,295	712	0	18,273
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) .....	37,794	19,921	104,035	0	161,750

(a) Includes management fees of \$ 11,906 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) 34,268	26,803
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 19,010	19,010
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b) 0	0
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) 61,963	61,963
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	322	322
10. Total gross investment income	115,563	108,098
11. Investment expenses		(g) 9,186
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 1,538
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		10,724
17. Net investment income (Line 10 minus Line 16)		97,374
<b>DETAILS OF WRITE-INS</b>		
0901. Commitment Fee Income	322	322
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)	322	322
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ ..... accrual of discount less \$ .....35,468 amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (b) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued dividends on purchases.
- (c) Includes \$ ..... accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (d) Includes \$ ..... for company's occupancy of its own buildings; and excludes \$ ..... interest on encumbrances.
- (e) Includes \$ .....61,963 accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.
- (f) Includes \$ ..... accrual of discount less \$ ..... amortization of premium.
- (g) Includes \$ ..... investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ ..... interest on surplus notes and \$ ..... interest on capital notes.
- (i) Includes \$ ..... depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(22,564)	0	(22,564)	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	0	0	0	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	(6)	0	(6)	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(22,570)	0	(22,570)	0	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0



**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			.0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			.0
2.2 Common stocks .....			.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			.0
3.2 Other than first liens .....			.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			.0
4.2 Properties held for the production of income .....			.0
4.3 Properties held for sale .....			.0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			.0
6. Contract loans .....			.0
7. Derivatives (Schedule DB) .....			.0
8. Other invested assets (Schedule BA) .....			.0
9. Receivables for securities .....			.0
10. Securities lending reinvested collateral assets (Schedule DL) .....			.0
11. Aggregate write-ins for invested assets .....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	.0	.0	.0
13. Title plants (for Title insurers only) .....			.0
14. Investment income due and accrued .....	.0		.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	72,398	13,361	(59,037)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....			.0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	.0		.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	.0		.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		.0
18.2 Net deferred tax asset .....			.0
19. Guaranty funds receivable or on deposit .....			.0
20. Electronic data processing equipment and software .....			.0
21. Furniture and equipment, including health care delivery assets .....			.0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0
23. Receivable from parent, subsidiaries and affiliates .....			.0
24. Health care and other amounts receivable .....			.0
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) .....	72,398	13,361	(59,037)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			.0
28. Total (Lines 26 and 27) .....	72,398	13,361	(59,037)
<b>DETAILS OF WRITE-INS</b>			
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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	200	138	139	129	128	1,558
2. Provider Service Organizations .....	0					
3. Preferred Provider Organizations .....	0					
4. Point of Service .....	0					
5. Indemnity Only .....	0					
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	200	138	139	129	128	1,558
<b>DETAILS OF WRITE-INS</b>						
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

# Cigna HealthCare of New Jersey, Inc.

(Indirect wholly-owned subsidiary of Cigna Corporation)  
Statutory Financial Statements  
December 31, 2018 and 2017

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

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**Note 1. Summary of Significant Accounting Policies**

**Organization and Operation**

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

**Acquisition of Express Scripts**

The Company’s ultimate parent entity, Cigna, acquired Express Scripts on December 20, 2018 in a cash and stock transaction valued at \$52.8 billion.

The acquired Express Scripts business accelerates Cigna’s strategy by increasing its ability to put medicine within reach of customers while also helping to make it more affordable. Cigna can improve patient outcomes and help control the cost of the drug benefit by: 1) identifying products and offering solutions that improve patient outcomes and assist in controlling costs; 2) evaluating drugs for efficacy, value and price to select a cost-effective formulary; 3) offering cost-effective home delivery pharmacy and specialty services that produce cost savings for plan sponsors and better care for members; 4) leveraging purchasing volume to provide discounts to health benefit providers; and 5) promoting generic and lower-cost brands.

**U.S. Tax Reform Legislation**

Major U.S. tax reform legislation was signed into law on December 22, 2017, reducing the corporate income tax rate from 35% to 21% effective January 1, 2018, among other things.

**Health Care Reform Act Taxes and Fees**

Federal legislation imposed a moratorium on the health insurance industry tax for 2017 and 2019. The industry tax was assessed in 2018 and, under current law, will be imposed in 2020. The industry tax for the Company in 2018 was \$93 thousand. Because this tax is not deductible for federal income tax purposes, it negatively impacted the Company’s effective tax rate in 2018.

**A. Accounting Practices**

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

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

The Company obtained the explicit permission of the Department on February 9, 2018 to recognize a \$500,000 capital contribution, received by the Company on February 27, 2018 as an asset and in surplus as of December 31, 2018. If the capital contribution had not been recorded in the financial statements, receivables from parent, subsidiaries and affiliates and statutory surplus would have been lower by \$500,000 as of December 31, 2018. There was no impact to net income. The capital infusion receivable is disclosed as a non-cash item on the Statutory Statement of Cash Flows.

If the reporting entity had not used the above permitted practice that differs from the NAIC basis of accounting, a risk based capital regulatory event would have been triggered. The Company’s total adjusted capital would have been lower by \$500,000 which would have moved the Company into a risk based capital company action level.

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.**

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

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	2018	2017
<u>NET INCOME</u>					
(1) State basis				\$ (788,097)	\$ (3,421,316)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$ -	\$ -
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$ -	\$ -
(4) NAIC SAP (1-2-3=4)				<u>\$ (788,097)</u>	<u>\$ (3,421,316)</u>
<u>SURPLUS</u>					
(5) State Basis				\$ 10,031,337	\$ 2,121,933
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$ -	\$ -
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP	72	2	23	\$ -	\$ 500,000
(8) NAIC SAP (5-6-7=8)				<u>\$ 10,031,337</u>	<u>\$ 1,621,933</u>

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

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

**C. Accounting Policy**

The Company uses the following accounting policies:

- (1) **Cash, Cash Equivalents and Short-term Investments:** Cash equivalents consist of investments with original maturities of three months or less from the time of purchase. Investments with original maturities of one year or less from the time of purchase are classified as short term. Cash equivalents and short-term investments are carried at cost.
- (2) **Bonds:** Bonds designated highest quality and high quality are carried at amortized cost. All other bonds are carried at the lower of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). Bonds are considered impaired and their cost basis is written down to fair value through net realized gains (losses), when management expects a decline in value to persist (i.e., the decline is other than temporary).

The Company holds no mandatory convertible securities or Securities Valuation Office ("SVO") Identified bond ETF's as of December 31, 2018 and 2017.

- (3) **Common Stocks:** The Company holds no common stocks as of December 31, 2018 and 2017.
- (4) **Preferred Stocks:** The Company holds no preferred stocks as of December 31, 2018 and 2017.
- (5) **Mortgage Loans:** The Company holds no mortgage loans as of December 31, 2018 and 2017.
- (6) **Loan-Backed Securities:** The Company holds no loan-backed securities as of December 31, 2018 and 2017.
- (7) **Investments in Subsidiaries, Controlled and Affiliated Entities ("SCA"):** The Company holds no investments in subsidiaries, controlled and affiliated entities as of December 31, 2018 and 2017.
- (8) **Joint Ventures, Partnerships and Limited Liability Companies:** The Company holds no investments in joint ventures, controlled and affiliated entities as of December 31, 2018 and 2017.
- (9) **Derivatives:** The Company has no derivative instruments as of December 31, 2018 and 2017.
- (10) **Premium Deficiency Reserves:** The Company anticipates investment income as a factor in its premium deficiency calculations.
- (11) **Claims Unpaid and Unpaid Claims Adjustment Expenses:** Claims unpaid and unpaid claims adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined. Management develops these estimates using actuarial methods based upon historical data for claim payment patterns, cost trends, product mix, seasonality, utilization of health care services and other relevant factors. When estimates change, the Company records the adjustment in medical and hospital expenses in the period the change in estimate occurs. Unpaid claim adjustment expenses represents a reserve for additional administrative expenses associated with unpaid health claims that are in the process of settlement, as well as those that have been incurred but not yet reported. This reserve is based on the historical relationship between claims handling expenses and incurred claims.
- (12) **Asset Capitalization Policy:** The Company made no changes to its asset capitalization policies during the years ended December 31, 2018 or 2017.

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

- (13) **Pharmaceutical Rebate Receivables:** The Company does not hold any pharmaceutical rebate receivables as of December 31, 2018 and 2017.
- (14) **Net Investment Income:** When interest and principal payments on investments are current, the Company recognizes interest income when it is earned. The Company stops recognizing interest income on bonds when interest payments are 90 days past due. Investment income on these investments is only recognized when interest payments are received. See Note 7 for further information.
- (15) **Investment Gains and Losses:** Unrealized capital gains and losses on investments carried at fair value are reflected directly in unassigned surplus. Realized capital gains and losses resulting from sales, investment asset write-downs and changes in valuation reserves are based on specifically identified assets and are recognized in net income.
- (16) **Nonadmitted Assets:** In accordance with NAIC SAP, certain assets or certain portions of assets are excluded from the Company's admitted assets on its Statutory Balance Sheet through a direct charge to unassigned surplus. Certain assets are limited by factors, such as percentage of surplus, as to the amounts that qualify as admitted assets. Such assets may include electronic data processing equipment and deferred tax assets.
- (17) **Aggregate Health Policy Reserves:** The Company includes an accrual for losses where it is probable that expected future health care costs and maintenance costs under a group of existing contracts will exceed anticipated future premiums and insurance recoveries on those contracts, known as Premium Deficiency Reserve ("PDR"). Investment income is considered in the calculation of premium deficiency reserves. The Company also includes the Minimum Medical Loss Ratio Rebate Accrual, if any, described below. In addition, the Company includes an accrual for losses on any policy that provides for the Extension of Benefits ("EOB") after termination of the policy. Any reserves are included in aggregate health policy reserves in the accompanying Statutory Balance Sheets.
- (18) **Income Taxes:** The Company is included in the consolidated United States federal income tax return filed by Cigna. Pursuant to the Tax Sharing Agreement with Cigna, federal income taxes are allocated to the Company as if it were filing on a separate return basis. The tax benefit of net operating losses, capital losses and tax credits are funded to the extent they reduce the consolidated federal income tax liability. The Company generally recognizes deferred income taxes when assets and liabilities have different values for financial statement and tax reporting purposes (temporary difference). Limitations of the admitted amount of the deferred tax asset are calculated in accordance with SSAP No. 101. See Note 9 for more detailed information about the Company's income taxes.
- (19) **Provider Incentives and Other Risk Sharing Arrangements:** The Company contracts with physicians or provider groups (collectively known as providers) to provide medical services to its members. The Company pays capitation or negotiated fees for defined services provided by the providers. The Company and some of the providers have entered into incentive sharing agreements. Under the terms of these agreements, certain providers are eligible to receive or owe a provider bonus/refund based on qualitative and quantitative factors. Risk sharing balances are estimated using current experience to calculate the receivable or payable balances for each contract. These estimates may be adjusted based on actual experience, contract terms, and the offsetting of receivables against payables.
- (20) **Net Premium Income:** Amounts charged for health care services are recognized as revenue in the month for which customers are entitled to medical care. Unearned premiums represent that portion of premiums received which are applicable to the unexpired terms of contracts in force. Medical loss ratio rebates required pursuant to the Public Health Service Act are recorded as a reduction to net premium income.
- (21) **Minimum Medical Loss Ratio Rebate Accrual:** The Company records its rebate accrual based on year-to-date estimated medical loss ratios calculated as prescribed by the interim final rule issued by the Department of Health & Human Services using year-to-date premium and claim information by state and market segment. Further information on the minimum medical loss ratio rebate can be found in Note 24.
- (22) **Risk Sharing Provisions of the Affordable Care Act:** Beginning in 2014, as prescribed by the Patient Protection and Affordable Care Act ("ACA"), three programs went into effect to reduce the risk for participating health insurance companies selling coverage on the public exchanges. These programs include a three-year (2014-2016) reinsurance program and a premium stabilization program comprised of a permanent component and a temporary component (2014-2016). The Company accounts for these programs in accordance with SSAP 107, *Accounting for the Risk-Sharing Provisions of the Affordable Care Act*. See Note 24 for additional information.
- (23) **Section 9010 Insurer Fee:** Federal legislation imposed a moratorium on the Affordable Care Act ("ACA") Section 9010 insurer fee for 2017 and 2019. The industry tax was assessed in 2018 and, under current law, will be imposed in 2020.

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

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2018 and 2017.

### **Note 3. Business Combinations and Goodwill**

The Company was not party to a business combination during the years ended December 31, 2018 and 2017, and does not carry goodwill in its statutory balance sheets.

**Note 4. Discontinued Operations**

The Company did not discontinue any operations during 2018 and 2017.

**Note 5. Investments**

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

(1) Restricted Assets (Including Pledged):

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	3 Increase (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted and Nonadmitted) Restricted to Total Asset (a)	7 Admitted Restricted to Total Admitted Assets (b)
A. Subject to contractual obligation for which liability is not shown	-	-	-	-	-	-	-
B. Collateral held under security lending agreements	-	-	-	-	-	-	-
C. Subject to repurchase agreements	-	-	-	-	-	-	-
D. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
E. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
F. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
G. Placed under option contracts	-	-	-	-	-	-	-
H. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	-	-
I. FHLB capital stock	-	-	-	-	-	-	-
J. On deposit with states	1,959,672	1,990,984	(31,312)	-	1,959,672	14.08%	14.08%
K. On deposit with other regulatory bodies	-	-	-	-	-	-	-
L. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
M. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
N. Other restricted assets	-	-	-	-	-	-	-
O. Total restricted assets	1,959,672	1,990,984	(31,312)	-	1,959,672	14.08%	14.08%

(a) Column 6 divided by Asset Page, Column 1, Line 28  
 (b) Column 5 divided by Asset Page, Column 3, Line 28

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

(3) The Company has no other restricted assets.

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

- M. The Company has no working capital finance investments.
- N. The Company has no offsetting and netting of assets and liabilities related to derivatives, repurchase and reverse repurchase agreements or security borrowing and lending activities.
- O. The Company has no structured notes.
- P. The Company holds no 5\* securities. NAIC 5\* is a designation assigned by the SVO for certain obligations when an insurer certifies: (1) that documentation necessary to permit a full credit analysis of a security does not exist and (2) the issuer or obligor is current on all contracted interest and principal payments and (3) the insurer has an actual expectation of ultimate repayment of all contracted interest and principal.
- Q. The Company has no short sales.
- R. The Company has no prepayment penalty and acceleration fees.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

S. Bonds

As of December 31, 2018, the amortized cost and estimated fair values for the Company's bonds, including short-term investments and cash equivalents, by contractual maturity period were as follows:

	Amortized Cost	Fair Value
Due in one year or less	\$ 7,762,545	\$ 7,762,545
Due after one year through five years	2,081,964	2,069,529
Total	<u>\$ 9,844,509</u>	<u>\$ 9,832,074</u>

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

As of December 31, 2018 and December 31, 2017, the gross unrealized appreciation (depreciation) for bonds by type of issuer, were as follows:

	Amortized Cost	Appreciation	Depreciation	Fair Value
US Government	1,002,602	-	11,977	990,625
Special revenue and assessment obligations	1,079,363	-	458	1,078,904
Total	<u>2,081,964</u>	<u>-</u>	<u>12,435</u>	<u>2,069,529</u>
2017				
	Amortized Cost	Appreciation	Depreciation	Fair Value
US Government	2,383,358	-	7,244	2,376,114
Special revenue and assessment obligations	1,113,641	-	8,509	1,105,132
Total	<u>3,496,999</u>	<u>-</u>	<u>15,753</u>	<u>3,481,246</u>

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

As of December 31, 2018, bonds with a decline in fair value from cost (primarily investment grade corporate bonds) were as follows, including the length of time of such decline:

	Fair Value	Amortized Cost	Unrealized Depreciation	Count
One year or less:				
Investment grade	2,069,529	2,081,964	12,435	2
More than one year:				
Investment grade	-	-	-	-

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

There were no other-than-temporary impairments of bonds as of December 31, 2018 and 2017.

The net unrealized depreciation on bonds that are carried at amortized cost of \$12,435 at December 31, 2018 and \$15,753 at December 31, 2017, is not reflected in the statutory financial statements.

There were no disposals of bonds for the years December 31, 2018 and December 31, 2017

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

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

**Note 7. Investment Income**

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

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

B. No amounts due and accrued were excluded from the statutory statements for the years ended December 31, 2018 and 2017.

**Note 8. Derivative Instruments**

The Company has no derivative instruments.



**Note 9. Income Taxes**

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

	12/31/2018			12/31/2017			Change	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Ordinary	Capital	(Col 1+2)	Ordinary	Capital	(Col 4+5)	Ordinary	(Col 2-3)
(a) Gross Deferred Tax Assets	483,320	-	483,320	796,609	-	796,609	(313,289)	-
(b) Statutory Valuation Allowance Adjustments	(480,962)	-	(480,962)	(551,495)	-	(551,495)	70,533	-
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	2,358	-	2,358	245,114	-	245,114	(242,756)	-
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c-1d)	2,358	-	2,358	245,114	-	245,114	(242,756)	-
(f) Deferred Tax Liabilities	(2,358)	-	(2,358)	(1,652)	-	(1,652)	(706)	-
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	-	-	-	246,766	-	246,766	(243,462)	-

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

2.

	12/31/2018			12/31/2017			Change	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Ordinary	Capital	(Col 1+2)	Ordinary	Capital	(Col 4+5)	Ordinary	(Col 2-3)
Admission Calculation Components SSAP No. 101								
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	-	-	-	243,462	-	243,462	(243,462)	-
(b) Adjusted Gross Deferred Tax Assets Expected to Be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	-	-	-	-	-	-	-	-
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date	-	-	-	-	-	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	-	-	1,504,701	-	-	281,771	-	1,222,930
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	2,358	-	2,358	1,652	-	1,652	706	-
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total 2(a) + 2(b) - 2(c)	2,358	-	2,358	245,114	-	245,114	(242,756)	-

3.

	2018	2017
Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	1979%	487%
Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above	10,031,338	1,878,472

4.

	12/31/2018		12/31/2017		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	(Col 1-3)	(Col 2-4)
Impact of Tax-Planning Strategies						
Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage						
1. Adjusted Gross DTAs Amount from Note 9A1C	-	-	-	-	-	-
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	-	-	-	-	-	-
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1E	-	-	-	-	-	-
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
Does the Company's tax-planning strategies include the use of reinsurance?	Yes	No	No	X		

B. The Company has no deferred tax liabilities that are not recognized.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

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

	(1) 12/31/2018	(2) 12/31/2017	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	(597,289)	(551,973)	(45,316)
(b) Foreign	-	-	-
(c) Subtotal	(597,289)	(551,973)	(45,316)
(d) Federal income tax on net capital gains	(4,313)	(42)	(4,271)
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	(601,602)	(552,015)	(49,587)

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

	(1) 12/31/2018	(2) 12/31/2017	(3) (Col 1-2) Change
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unearned premium reserve	219	535	(316)
(2) Loss Reserve Discounting	5,535	4,079	1,456
(3) Solvency Reserves	445,200	777,000	(331,800)
(4) Other Insurance & Contract Holder Liability	3,253	2,833	420
(5) Bad Debt	13,886	9,300	4,586
(6) Depreciation and Amortization	-	-	-
(7) Non Admitted Assets	15,204	2,806	12,398
(8) DOI Audit Accrual	-	-	-
(9) Reinsurance Contribution	-	-	-
(10) Other	23	56	(33)
(99) Subtotal	483,320	796,609	(313,289)
(b) Statutory valuation allowance adjustment	(480,962)	(551,495)	70,533
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets	2,358	245,114	(242,756)
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	-
(99) Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets	-	-	-
(i) Admitted deferred tax assets	2,358	245,114	(242,756)

	(1) 12/31/2018	(2) 12/31/2017	(3) (Col 1-2) Change
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Discount of bond premiums/Deferred gain	(0)	-	(0)
(2) Retroactivity Adjustment	-	-	-
(3) Other Insurance & Contract Holder Liability	(2,358)	(1,652)	(706)
(99) Subtotal	(2,358)	(1,652)	(706)
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	-	-	-
(c) Deferred tax liabilities	(2,358)	(1,652)	(706)

	(1) 12/31/2018	(2) 12/31/2017	(3) (Col 1-2) Change
4. Net deferred tax assets/liabilities	(0)	243,462	(243,462)

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The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Statutory Statements of Capital and Surplus):

	12/31/2018	12/31/2017	(Col 1-2) Change
Total deferred tax assets	483,320	796,609	(313,289)
Total deferred tax liabilities	(2,358)	(1,652)	(706)
Net deferred tax asset (liability)	480,962	794,957	(313,995)
Statutory valuation allowance adjustment	(480,962)	(551,495)	70,533
Net deferred tax assets/liabilities after SVA	-	243,462	(243,462)
Tax effect of unrealized gains (losses)			-
Statutory valuation allowance adjustment allocated to unrealized			-
Other intraperiod allocation of deferred tax movement			-
Change in net deferred income tax			(243,462)

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

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

	12/31/2018	Effective Tax Rate	12/31/2017	Effective Tax Rate
Provision computed at statutory rate	\$ (291,837)	21.0%	\$ (1,390,666)	35.0%
Nondeductible goodwill	1	0.0%	0	0.0%
Tax exempt interest income (net)	(2,994)	0.2%	(5,829)	0.2%
Meals and entertainment	20	0.0%	52	0.0%
Lobbying Expense	17	0.0%	43	0.0%
Health Industry Fee	19,581	-1.4%	-	0.0%
Spousal Travel and Other Nondeductible	9	0.0%	9	0.0%
Change in non-admitted assets	(12,398)	0.9%	-	0.0%
Valuation Allowance	(70,533)	5.1%	494,096	-12.4%
Tax Reform Impact	-	0.0%	529,971	-13.4%
Total	\$ (358,134)	25.8%	\$ (372,324)	9.4%
Federal and foreign income taxes incurred	\$ (601,602)	43.3%	\$ (552,015)	13.9%
Change in net deferred income taxes	243,462	-17.5%	179,691	-4.5%
Total statutory income taxes	\$ (358,140)	25.8%	\$ (372,324)	9.4%

On December 22, 2017, the president signed into law H.R. 1/Public Law 115-97, commonly known as the Tax Cuts and Jobs Act (the "Act"). The Act is highlighted by a reduction in the corporate income tax rate from the current 35% to 21% effective January 1, 2018. The remaining provisions of the law, most of which take effect on January 1, 2018, are not expected to have a material impact on the Company's results of operations beginning in 2018. Deferred income tax balances as of December 31, 2017 have been adjusted to reflect the reduced statutory tax rate that took effect as of January 1, 2018 pursuant to the Act. The tax reform impact amount disclosed in the above table represents the total revaluation of the gross deferred tax assets and liabilities to reflect the reduction in the corporate tax before consideration of admissibility. This amount is considered provisional as certain adjustments used to calculate the tax at year-end were based on estimates where additional guidance and information is required. This includes estimated adjustments to reflect modifications to the discounted tax basis of unpaid loss reserves. These provisions have no effect on the net deferred tax balance before consideration of admissibility as of December 31, 2017.

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

(1) At December 31, 2018 and 2017, the Company has utilized all its net operating or capital loss carry forwards.

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

Ordinary		Capital	
2018	-	2018	-
2017	-	2017	-
2016	N/A	2016	-

(3) The Company has no deposits under IRS Code Section 6603.

F. Federal or Foreign Income Tax Loss Contingencies:

The statute of limitations for Cigna's consolidated income tax returns through 2014 have closed, and there are no pending examinations. Cigna has filed an amended 2014 consolidated tax return and the pending refund is subject to Internal Revenue Service (IRS) review. The IRS has examined ESI's tax returns for 2010 through 2012 for which there is a significant disputed tax matter, and currently under examination for 2013 through 2015. No material impacts are anticipated for the Company.

In management's opinion, the Company has adequate tax liabilities to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS upon audit. These liabilities could be revised in the near term if estimates of Cigna's ultimate liability change as a result of new developments or a change in circumstances. No material contingent tax liability is included in the Company's current federal income tax payable. The Company does not expect a significant increase in federal or foreign contingent tax liability within the next twelve months.

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G. Consolidated Federal Income Tax Return:

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

Accredo Health Group, Inc.	Cigna Healthcare of California Inc	Express Scripts Sales Operations, Inc.	Accredo Health Group, Inc.
Accredo Health, Inc.	Cigna Healthcare of Colorado Inc	Express Scripts Senior Care Holdings, Inc.	Accredo Health, Inc.
AHG of New York, Inc.	Cigna Healthcare of Connecticut Inc	Express Scripts Senior Care, Inc.	AHG of New York, Inc.
Allegiance Benefit Plan Management Inc	Cigna Healthcare of Florida Inc	Express Scripts Services Company, Inc.	Allegiance Benefit Plan Management Inc
Allegiance Cobra Services Inc	Cigna Healthcare of Georgia Inc	Express Scripts Specialty Distribution Services, Inc.	Allegiance Cobra Services Inc
Allegiance Life & Health Insurance Co	Cigna Healthcare of Illinois Inc	Express Scripts Strategic Development, Inc.	Allegiance Life & Health Insurance Co
Allegiance Re Inc	Cigna Healthcare of Indiana Inc	Express Scripts Utilization Management, Inc.	Allegiance Re Inc
American Retirement Life Insurance Company	Cigna Healthcare of Maine Inc	Express Scripts, Inc.	American Retirement Life Insurance Company
Arizona Healthplan Inc	Cigna Healthcare of Massachusetts Inc	Former Cigna Investments Inc	Arizona Healthplan Inc
Benefit Management Corp	Cigna Healthcare of New Hampshire Inc	Freco, Inc.	Benefit Management Corp
BioPartners in Care, Inc.	Cigna Healthcare of New Jersey Inc	GreatWest Healthcare of Illinois Inc	BioPartners in Care, Inc.
Bravo Health Mid-Atlantic, Inc.	Cigna Healthcare of North Carolina Inc	Hazard Center Investment Co LLC	Bravo Health Mid-Atlantic, Inc.
Bravo Health Pennsylvania, Inc.	Cigna Healthcare of Pennsylvania Inc	Healthbridge Reimbursement & Product Support, Inc.	Bravo Health Pennsylvania, Inc.
Brighter, Inc.	Cigna Healthcare of South Carolina	Healthbridge, Inc.	Brighter, Inc.
Care Continuum, Inc.	Cigna Healthcare of St Louis Inc	Healthsource Benefits Inc	Care Continuum, Inc.
CareAllies, Inc.	Cigna Healthcare of Tennessee Inc	Healthsource Inc	CareAllies, Inc.
CG Individual Tax Benefit Payments Inc	Cigna Healthcare of Texas Inc	Healthsource Properties Inc	CG Individual Tax Benefit Payments Inc
CG Life Pension Benefit Payments Inc	Cigna Healthcare of Utah Inc	Healthspring Life & Health Insurance Company	CG Life Pension Benefit Payments Inc
CG LINA Pension Benefit Payments Inc	Cigna Holding Company	Healthspring of Florida, Inc.	CG LINA Pension Benefit Payments Inc
Cigna Arbor Life Insurance Company	Cigna Holdings Inc	Healthspring, Inc.	Cigna Arbor Life Insurance Company
Cigna Behavioral Health Inc	Cigna Holdings Overseas Inc	IHN Inc.	Cigna Behavioral Health Inc
Cigna Behavioral Health of California Inc	Cigna Integrated Care Inc	Intermountain Underwriters Inc	Cigna Behavioral Health of California Inc
Cigna Behavioral Health of Texas	Cigna Intellectual Property Inc	Kronos Optimal Health Company	Cigna Behavioral Health of Texas
Cigna Benefit Technology Solutions, Inc.	Cigna International Corporation	Life Ins Co of North America	Cigna Benefit Technology Solutions, Inc.
Cigna Benefits Financing, Inc.	Cigna International Finance Inc	LINA Benefit Payments Inc	Cigna Benefits Financing, Inc.
Cigna Dental Health Inc	Cigna International Services Inc	Loyal American Life Insurance Company	Cigna Dental Health Inc
Cigna Dental Health of California Inc	Cigna Investment Group Inc	Lynnfield Compounding Center, Inc.	Cigna Dental Health of California Inc
Cigna Dental Health of Colorado Inc	Cigna Investments Inc	Lynnfield Drug, Inc.	Cigna Dental Health of Colorado Inc
Cigna Dental Health of Delaware Inc	Cigna Life Insurance Company of New York	MAH Pharmacy, LLC	Cigna Dental Health of Delaware Inc
Cigna Dental Health of Florida Inc	Cigna Linden Holdings Inc	Managed Care Consultants Inc	Cigna Dental Health of Florida Inc

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

- A. The Company is indirectly owned by Cigna.
- B. Except for transactions reported under Part F of this footnote, insurance contracts that were issued by the Company in the ordinary course of its business are not reported in this footnote.
- C. See Part F of this footnote for the dollar amounts of material transactions with affiliates.
- D. At December 31, 2018 and at December 31, 2017, the Company reported \$4,336 and \$23,718 as amounts due to parent, subsidiaries and affiliates and \$0 and \$500,000 as amounts due from parent, subsidiaries and affiliates. Cash settlements are processed according to the terms of the agreement, generally within 30 days of the balance sheet date.
- E. The Company does not have any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party that result in a material contingent exposure.
- F. Administrative Services Agreements:
  - (1) The Management Services Agreement, as amended, is by and among CHC and each of its subsidiaries or affiliates which are signatories thereto. Under this agreement, CHC and certain affiliates provide Management Services (as defined and described in said agreement) to the Company. The terms of the agreement require that these amounts be settled within 30 days. The fees charged are based largely on the Company's plan participants as a percentage of total applicable participants for the Company and its affiliates. CHC charged the Company \$91,952 and \$179,574 in administrative service fees for the periods ended December 31, 2018 and 2017.
  - (2) CHC credited the Company \$57 in 2018 and \$2 in 2017 for liability insurance. This program provides protection against liabilities imposed on the Company from allegations of negligence stemming from the management of health care activities.
  - (3) The Line of Credit Agreement (also known as the LOC Agreement) is by and between the Company and CHC. Under this agreement, CHC would loan funds to the Company from time to time, to ensure that the Company

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will be able to meet its operational cash obligations while earning additional investment income. There was no liability associated with this agreement as of December 31, 2018 and December 31, 2017.

- (4) The Network Access Agreement is by and among the Company, Connecticut General Life Insurance Company (“CGLIC”), Cigna Health and Life Insurance Company (“CHLIC”) and the affiliated HMOs. This agreement allows CGLIC, CHLIC and the affiliated HMOs to access the Company's provider networks. There were no charges related to this agreement in 2018 and 2017.
  - (5) Cigna Behavioral Health, Inc. (“CBH”) is an affiliate of the Company. The CBH Agreement is by and between CBH and CHC on behalf of their respective subsidiaries and affiliates, and arranges for the provision of mental health and substance use services by CBH, its subsidiaries or affiliates to the enrollees of the HMOs. The expense relating to this contract was \$27,400 in 2018 and \$41,677 in 2017.
  - (6) The Company entered into a contract with its affiliate, CBH, to provide disease management and other services offered by CBH in conjunction with the administration of the Company's plans. These services include programs such as “Your Health First” and lifestyle management programs. There were no charges related to this agreement in 2018 and 2017.
  - (7) Cigna Health Management, Inc. (“CHM”) formerly known as International Rehabilitation Associates, Inc. (d/b/a Intracorp), is an affiliate of the Company. The Intercompany Service Agreement is by and between CHM, CGLIC, and CHC on behalf of their respective health plan subsidiaries and affiliates. CHM provides utilization management, case management, demand management, disease management, care management and other services to the Company's enrollees of the HMOs. The expense relating to this contract was \$1,573 in 2018 and \$1,867 in 2017.
  - (8) The Participating Mail Order Pharmacy Agreement (also known as the Tel-Drug Agreement) is by and among Tel-Drug, Inc, Tel-Drug of Pennsylvania, LLC and certain subsidiaries of CHC, including the Company. Under this agreement, Tel-Drug, Inc. and Tel-Drug of Pennsylvania, LLC provide mail-order pharmacy services to the Company's enrollees. There were no charges related to this agreement in 2018 and 2017.
  - (9) The Dental Consultation Agreement is by and between the Company and its affiliated HMOs and Cigna Dental Health, Inc. (“CDH”). Pursuant to this agreement, CDH provides dental consultations to the Company on selected dental cases relative to services provided under the members' HMO contracts. There were no charges related to this agreement in 2018 and 2017.
  - (10) The Cigna Health Access Premium Billing Authorization Agreement by and among Cigna and certain subsidiaries, including the Company, enables each HMO to provide its Cigna Health Access customers with a single premium bill. There were no charges related to this agreement in 2018 and 2017.
  - (11) The Company participates in an Investment Advisory Agreement pursuant to which Cigna Investments, Inc. serves as the Company's investment advisor. The expense related to this agreement was \$9,074 in 2018 and \$4,954 in 2017.
  - (12) Several of Cigna's 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 Fee Sharing Agreement (the “Agreement”), each subsidiary 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 United States Department of 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 subsidiaries will allocate the Fee for each Fee Year among the subsidiaries in proportion to estimates of each subsidiary's Premiums for that Fee Year. This Agreement was approved by the Department. There were no charges related to this agreement in 2018 and 2017.
  - (13) The Company currently participates in the Amended and Restated Consolidated Federal Income Tax Agreement by and between Cigna and its subsidiaries in order to facilitate the filing of a consolidated federal income tax return as an affiliated group under Cigna. Pursuant to this agreement, payments are made to Cigna based on taxable income of the Company. In the case of a taxable loss, Cigna pays the Company a refund to the extent Cigna is able to utilize that loss in the consolidated tax return. There were no charges related to this agreement in 2018 and 2017.
- G. All outstanding shares of the Company are owned by its Parent.
- H. The Company does not own shares of an upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.
- I. The Company does not hold any investments in subsidiary, controlled or affiliated companies that exceeds 10% of admitted assets.
- J. The Company does not hold any investments in impaired subsidiary, controlled or affiliated companies.
- K. The Company has no investments in foreign subsidiaries.
- L. The Company has no investments in a downstream non-insurance holding company.

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M. The Company has no investments in SCA entities.

N. The Company has no investments in Insurance SCAs.

**Note 11. Debt**

The Company had no outstanding debt with third parties or outstanding federal home loan bank agreements during 2018 and 2017.

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

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

CHLIC provides certain postretirement benefits to retired employees, spouses and other eligible dependents through a plan sponsored by Cigna. CHLIC also participates in a capital accumulation 401(k) plan sponsored by Cigna in which employee contributions are supplemented by the Company's matching contributions. The Company has no legal obligation for benefits under these plans. CHLIC allocates amounts to the Company based on salary ratios and member months. The Company's expense credit for such benefits, included within general administrative expenses, was \$84 and \$1,501 for 2018 and 2017, respectively.

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

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

- (1) The Company has 1,000 Class A shares authorized, issued and outstanding as of December 31, 2018 with a par value of \$1 per share.
- (2) The Company has no preferred stock outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation and are based on restrictions relating to statutory surplus. The Department restricts dividend payments to the greater of 10% of prior year's surplus or net gain from operations from the prior year. Net gain from operations is defined as income after taxes but prior to realized capital gains, as reported on the Statutory Statements of Revenue and Expenses. Dividends may only be paid out of unassigned surplus, adjusted for a portion of cumulative unrealized capital gains. Dividends may only be paid out of unassigned surplus, adjusted for a portion of cumulative unrealized capital gains.
- (4) The Company paid dividends to the Parent of \$0 and \$2,000,000 during the years ended December 31, 2018 and December 31, 2017.
- (5) The amount of ordinary dividends that may be paid out during any given period are subject to certain restrictions as specified by state statute.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) No advances to surplus not repaid were outstanding at December 31, 2018 and 2017.
- (8) The Company does not hold any stock, including stock of affiliated companies, for special purposes.
- (9) Special surplus funds are used to segregate surplus for the subsequent year's ACA industry fee. The prior year balance of \$98,613 represented an estimate of the 2018 payment, and the current balance is zero due to the federal appropriations legislation which imposed a one-year moratorium on the Section 9010 insured fee.
- (10) The portion of unassigned funds (surplus) reduced by non-admitted asset values was \$72,398 and \$13,361 as of December 31, 2018 and December 31, 2017, respectively.

The Company received a capital infusion from the Parent of \$9,000,000 and \$500,000 for the years ended December 31, 2018 and December 31, 2017, respectively.

- (11) The Company has no outstanding surplus notes.
- (12) The Company has not restated due to a quasi-reorganization.
- (13) The Company has never been a party to a quasi-reorganization.

**Note 14. Liabilities, Contingencies and Assessments**

- A. The Company has no contingent commitments.
- B. The Company is not aware of any assessments, potential or accrued, that could have a material financial effect on the operations of the entity.
- C. The Company is not aware of any gain contingencies that should be disclosed in the statutory basis financial statements.

- D. The Company is not aware of any claims related to extra contractual obligations or bad faith losses stemming from lawsuits that should be disclosed in the statutory basis financial statements.
- E. The Company is not aware of any joint and several liabilities that should be disclosed in the statutory basis financial statements.
- F. All Other Contingencies

Litigation and Other Legal Matters

Cigna and its subsidiaries (including the Company, and collectively known as Cigna) are routinely involved in numerous claims, lawsuits, regulatory audits, investigations and other legal matters arising, for the most part, in the ordinary course of managing a global health services business. Except for the specific matters noted below, Cigna believes that the legal actions, regulatory matters, proceedings and investigations currently pending against it should not have a material adverse effect on Cigna's results of operations, financial condition or liquidity based upon our current knowledge and taking into consideration current accruals. Disputed tax matters arising from audits by the Internal Revenue Service ("IRS") or other state and foreign jurisdictions, including those resulting in litigation, are accounted for under the NAIC's accounting guidance for tax loss contingencies.

Pending litigation and legal or regulatory matters that Cigna has identified with a reasonably possible material loss are described below. When litigation and regulatory matters present loss contingencies that are both probable and estimable, Cigna accrues the estimated loss by a charge to shareholders' net income. The estimated loss is Cigna's best estimate of the probable loss at the time or an amount within a range of estimated losses reflecting the most likely outcome or the minimum amount of the range (if no amount is better than any other estimated amount in the range.) Cigna provides disclosure in the aggregate for material pending litigation and legal or regulatory matters, including accruals, range of loss, or a statement that such information cannot be estimated. Due to numerous uncertain factors presented in these cases, it is not possible to estimate an aggregate range of loss (if any) for these matters at this time. In light of the uncertainties involved in these matters, there is no assurance that their ultimate resolution will not exceed the amounts currently accrued. An adverse outcome in one or more of these matters could be material to Cigna's results of operations, financial condition or liquidity for any particular period.

**Cigna Litigation with Anthem.** In February 2017, Cigna delivered a notice to Anthem terminating the 2015 merger agreement, and notifying Anthem that it must pay Cigna the \$1.85 billion reverse termination fee pursuant to the terms of the merger agreement. Also in February 2017, Cigna filed suit against Anthem in the Delaware Court of Chancery (the "Chancery Court") seeking declaratory judgments that Cigna's termination of the merger agreement was valid and that Anthem was not permitted to extend the termination date. The complaint also sought payment of the reverse termination fee and additional damages in an amount exceeding \$13 billion, including the lost premium value to Cigna's shareholders caused by Anthem's willful breaches of the merger agreement.

On February 15, 2017, the Chancery Court granted Anthem's motion for a temporary restraining order and temporarily enjoined Cigna from terminating the merger agreement. In May 2017, the Chancery Court denied Anthem's motion for a preliminary injunction to enjoin Cigna from terminating the merger agreement but stayed its ruling pending Anthem's determination as to whether to seek an appeal. Anthem subsequently notified Cigna and the Chancery Court that it did not intend to appeal the Chancery Court's decision. As a result, the merger agreement was terminated.

The litigation between the parties remains pending. Trial is scheduled for February 2019. Cigna believes in the merits of its claims and dispute Anthem's claims, and Cigna intends to vigorously defend itself and pursue its claims. The outcomes of lawsuits are inherently unpredictable, and Cigna may be unsuccessful in the ongoing litigation or any future claims or litigation.

**Express Scripts Litigation with Anthem.** In March 2016, Anthem filed a lawsuit in the United States District Court for the Southern District of New York alleging various breach of contract claims against Express Scripts relating to the parties' rights and obligations under the periodic pricing review section of the pharmacy benefit management agreement between the parties, including allegations that Express Scripts failed to negotiate new pricing concessions in good faith, as well as various alleged service issues. Anthem requests the court enter declaratory judgment that Express Scripts is required to provide Anthem competitive benchmark pricing, that Anthem can terminate the agreement, and that Express Scripts is required to provide Anthem with post-termination services at competitive benchmark pricing for one year following any termination by Anthem. Anthem claims it is entitled to \$13.0 billion in additional pricing concessions over the remaining term of the agreement as well as \$1.8 billion for one year following any contract termination by Anthem, and \$150 million in damages for service issues ("Anthem's Allegations"). On April 19, 2016, in response to Anthem's complaint, Express Scripts filed its answer denying Anthem's Allegations in their entirety and asserting affirmative defenses and counterclaims against Anthem. The court subsequently granted Anthem's motion to dismiss two of six counts of Express Scripts, amended counterclaims. The current scheduling order runs through the completion of summary judgment briefing in December 2019. There is no tentative trial date.

Note 15. Leases

The Company was not a party to any lease agreements in 2018 and 2017.

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

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

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

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

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

The Company has no uninsured or partially insured plans.

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

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

### **Note 20. Fair Value Measurements**

#### **A. Fair Value Measurements**

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

Updates to SSAP 100 that became effective on January 1, 2018 allow the use of net asset value (NAV) as a practical expedient to fair value for investments in investment companies where there is no readily determinable fair value. There were no such investments owned by the Company for either period presented.

Level 1 Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets.

Level 2 Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if the Company determines that unobservable inputs are insignificant. Level 2 assets primarily include corporate bonds valued using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates.

Level 3 Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

1. **Fair Value Measurements at Reporting Date** – The Company has no financial instruments measured at fair value on the Statutory Statements of Assets and Liabilities, Capital and Surplus.
2. **Fair Value Measurements in Level 3 of the Fair Value Hierarchy** – None.
3. **Level 3 Transfers** – None.
4. **Valuation Techniques and Inputs** – The Company has no financial instruments measured at fair value on the Statutory Statements of Assets and Liabilities, Capital and Surplus.

#### **B. Other Fair Value Disclosures**

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



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

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2018 and 2017.

Type of Financial Instrument	<u>2018</u>					Net Asset Val (NAV)	Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)		
Bonds	\$ 2,069,529	\$ 2,081,964	\$ 990,625	\$ 1,078,904	\$ -	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	7,700,150	7,700,150	(62,395)	7,762,545	-	-	-
<b>Total</b>	<b>\$ 9,769,679</b>	<b>\$ 9,782,114</b>	<b>\$ 928,230</b>	<b>\$ 8,841,449</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Type of Financial Instrument	<u>2017</u>					Net Asset Val (NAV)	Not Practicable (Carrying Value)
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)		
Bonds	\$ 3,481,246	\$ 3,496,999	\$ 2,376,113	\$ 1,105,133	\$ -	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	501,112	501,112	101,420	399,692	-	-	-
<b>Total</b>	<b>\$ 3,982,358</b>	<b>\$ 3,998,111</b>	<b>\$ 2,477,533</b>	<b>\$ 1,504,825</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

The following valuation methodologies and significant assumptions are used by the Company to determine fair value for each instrument.

**Bonds**

The Company estimates fair values using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available, and other market information that a market participant may use to estimate fair value. Such other inputs include market interest rates and volatilities, spreads, and yield curves. 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 or 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.

**Cash, Cash Equivalents, and Short-Term Investments**

Short-term investments, cash equivalents, and cash are carried at cost which approximates fair value. Short-term investments and cash equivalents are classified in Level 2, and cash is classified in Level 1.

**D. Disclosures about Financial Instruments Not Practicable to Estimate Fair Value – None.**

**Note 21. Other Items**

The Company has no extraordinary items, troubled debt restructurings, unusual items, business interruption insurance recoveries, state tax credits, subprime-mortgage-related risk exposure, retained asset accounts for beneficiaries, or insurance-linked securities contracts.

**Note 22. Events Subsequent**

The Company is not aware of any Type 1 or Type 2 event that occurred subsequent to the close of the books or accounts for these financial statements which would have had a material effect on the financial condition of the Company. In preparing these financials statements the Company has evaluated events that occurred between the balance sheet date and February 28, 2019.

**Note 23. Reinsurance**

Reinsurance is ceded primarily to limit losses from large exposures and to permit recovery of a portion of direct losses. Reinsurance does not relieve the originating insurer of liability.

Effective January 1, 1994, the Company entered into the CGLIC Reinsurance Agreement ("the Agreement") with CGLIC. Effective January 1, 2013, the Agreement was amended to change the reinsurer to CHLIC for claims incurred on January 1, 2013 and after. The Agreement is administered by CHC. Under the provisions of the Agreement, the Company pays a monthly premium based on an established rate per commercial health plan member. In return for premiums paid, the Company is reimbursed a percentage of costs in excess of a deductible for hospital and related services provided to individual health plan members. The required deductible per individual commercial health plan member per calendar year was \$150,000 for the years ended December 31, 2018 and 2017.

Responsibility for covered charges under the CHLIC Reinsurance Agreement per member per year during the periods ended December 31, 2018 and 2017 were as follows:

<u>December 31, 2018 and 2017</u>	
\$150,000 and greater	- 20% the Company 80% CHLIC

A. Ceded Reinsurance Report

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

Section 1 — General Interrogatories

- (1) Are any non-affiliated reinsurers 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 in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate \$0.

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

Yes ( ) No (X)

B. The Company has no uncollectible reinsurance recoverables.

C. There was no commutation of reinsurance in 2018 or 2017.

D. The Company has no reinsurers with rating downgrades or with status subject to revocation.

**Note 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

A. The Company has no estimated accrued retrospective premium adjustments other than further disclosed in Part E of this note.

B. The Company has no recorded accrued retrospective premium other than further disclosed in Part E of this note.

C. The Company has no net premiums written that are subject to retrospective rating features other than further disclosed in Part E of this note.

D. Medical Loss Ratio Rebates Pursuant to the Public Health Services Act:

	1	2	3	4	5
	Individual	Small Group Employer	Large Group Employer	Other Categories with Rebates	Total
Prior Reporting Year					
(1) Medical loss ratio rebates incurred	-	34,272	-	-	34,272
(2) Medical loss ratio rebates paid	-	3,422	-	-	3,422
(3) Medical loss ratio rebates unpaid	-	-	-	-	-
(4) Plus reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(5) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(6) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	-
Current Reporting Year-to-Date					
(7) Medical loss ratio rebates incurred	-	11,868	-	-	11,868
(8) Medical loss ratio rebates paid	-	11,868	-	-	11,868
(9) Medical loss ratio rebates unpaid	-	-	-	-	-
(10) Plus reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	-

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk-sharing provisions? Yes
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year:

<b>Assets</b>	
1. Premium adjustments receivable due to ACA Risk Adjustment	3,664,515
<b>Liabilities</b>	
2. Risk adjustment user fees payable for ACA Risk Adjustment	-
3. Premium adjustments payable due to ACA Risk Adjustment	-
<b>Operations (Revenue &amp; Expense)</b>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	3,234,452
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	-

**B. Transitional ACA Reinsurance Program**

<b>Assets</b>	
1. Amounts recoverable for claims paid due to ACA Reinsurance	-
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	-
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
<b>Liabilities</b>	
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	-
5. Ceded reinsurance premiums payable due to ACA Reinsurance	-
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	-
<b>Operations (Revenue &amp; Expense)</b>	
7. Ceded reinsurance premiums due to ACA Reinsurance	-
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	-
9. ACA Reinsurance contributions - not reported as ceded premium	-

**C. Temporary ACA Risk Corridors Program**

<b>Assets</b>	
1. Accrued retrospective premium due to ACA Risk Corridors	-
<b>Liabilities</b>	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
<b>Operations (Revenue &amp; Expense)</b>	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	-
4. Effect of ACA Risk Corridors on change in reserves for rate credits	-

- (3) Roll forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with reasons for adjustments to prior year balance.

	Accrued During the Prior Year on		Received or Paid as of the Current Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date			
	Business Written Before December 31 of the Prior Year		on Business Written Before December 31 of the Prior Year		Prior Year	Prior Year	To Prior Year	To Prior Year	Cumulative Balance	Cumulative Balance		
	1	2	3	4	5	6	7	8	9	10		
	Receivable	(Payable)	Receivable	(Payable)	Payments (Col 1-3)	Payments (Col 2-4)	Receivable	(Payable)	Ref	Receivable	(Payable)	
<b>A. Permanent ACA Risk Adjustment Program</b>												
1. Premium adjustments receivable	2,163,131	-	3,664,515	-	(1,501,384)	-	-	-	A	(1,501,384)	-	
2. Premium adjustments (payable)	-	-	-	-	-	-	-	-	-	-	-	
3. Subtotal ACA Permanent Risk Adjustment Program	2,163,131	-	3,664,515	-	(1,501,384)	-	-	-	-	(1,501,384)	-	
<b>B. Transitional ACA Reinsurance Program</b>												
1. Amounts recoverable for claims paid	-	-	-	-	-	-	-	-	-	-	-	
2. Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	-	-	-	
3. Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	-	-	-	
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	-	-	-	-	-	-	-	-	-	-	-	
5. Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	-	-	-	
6. Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	-	-	-	
7. Subtotal ACA Transitional Reinsurance Program	-	-	-	-	-	-	-	-	-	-	-	
<b>C. Temporary ACA Risk Corridors Program</b>												
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	-	-	-	
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	-	-	-	
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-	-	
<b>D. Total for ACA Risk-Sharing Provisions</b>	2,163,131	-	3,664,515	-	(1,501,384)	-	-	-	-	(1,501,384)	-	

Explanations of Adjustments  
A. Update to estimate reflecting additional info received in 2017.  
B. Update to estimate reflecting additional info received in 2017.  
C. Final 2016 Payment was lower than estimated accrued amount.

- (4) The Company has no risk corridor receivables at December 31, 2017
- (5) The Company has no risk corridor receivables at December 31, 2018.

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

The following table presents an analysis of reserves for claims payable and unpaid claims adjustment expenses and a reconciliation of beginning and ending reserve balances for 2018 and 2017. Reserves are stated on a net basis after deductions from reinsurers on unpaid losses.

	<u>2018</u>	<u>2017</u>
Balances at January 1	1,605,076	505,625
Incurred related to:		
Current year	8,253,921	6,343,314
Prior year	<u>(673,570)</u>	<u>(618,775)</u>
Total incurred	7,580,351	5,724,539
Paid related to:		
Current year	6,529,830	4,752,514
Prior year	<u>921,511</u>	<u>(127,426)</u>
Total payments	7,451,341	4,625,088
Balances at December 31	<u>1,734,086</u>	<u>1,605,076</u>

Unpaid claims and claims adjustment expenses attributable to insured events of prior years decreased by \$673,570 in 2018 and by \$618,775 in 2017, as a result of re-estimation of unpaid claims and claims adjustment expenses. The estimation process for determining these liabilities inherently results in adjustments each year for claims incurred (but not paid) in preceding years. Negative amounts reported for incurred related to prior years results from claims ultimately being settled for amounts less than originally estimated (favorable development). Positive amounts reported for incurred related to prior years result from claims ultimately being settled for amounts greater than originally estimated (unfavorable development). During 2018 and 2017, there were no significant changes in the methodologies and assumptions used in calculating the liability for claims unpaid and unpaid claims adjustment expenses.

**Note 26. Intercompany Pooling Arrangements**

The Company had no intercompany pooling arrangements in 2018 or 2017.

**Note 27. Structured Settlements**

The Company had no structured settlements in 2018 or 2017.

**Note 28. Health Care Receivables****A. Pharmaceutical Rebate Receivables**

The Company has no pharmacy rebates receivables.

**B. Risk Sharing Receivables**

The Company has no risk-sharing receivables.

**Note 29. Participating Policies**

The Company did not have any participating contracts in 2018 or 2017.

**Note 30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$2,120,000
2. Date of the most recent evaluation of this liability	12/31/2018
3. Was anticipated investment income utilized in the calculation?	Yes <u>X</u> No <u>    </u>

The liability carried for premium deficiency reserves as of December 31, 2017 was \$3,700,000.

**Note 31. Anticipated Salvage and Subrogation**

The Company does not anticipate any salvage or subrogation in 2018 or 2017.

# 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? New Jersey
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group?  Yes [ X ] No [ ]
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 0000701221
- 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. 12/31/2015
- 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. 12/31/2015
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/19/2017
- 3.4 By what department or departments?  
State of New Jersey
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?  Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with?  Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business?  Yes [ ] No [ X ]  
4.12 renewals?  Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business?  Yes [ ] No [ X ]  
4.22 renewals?  Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ] No [ X ]  
If yes, complete and file the merger history data file with the NAIC.
- 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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|                     |                        |                        |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?  Yes [ ] No [ X ]
- 6.2 If yes, give full information: \_\_\_\_\_
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?  Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control: \_\_\_\_\_ %  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

**GENERAL INTERROGATORIES**

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. ....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
PricewaterhouseCoopers LLP 185 Asylum Street, Suite 2400 Hartford, CT 06103-3404
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption: .....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption: .....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain .....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Gregory Malone Cigna Healthcare, Financial Analysis Senior Director 900  
Cottage Grove Rd, C5PRC Bloomfield, CT 06002 .....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company ....
- 12.12 Number of parcels involved .....
- 12.13 Total book/adjusted carrying value ..... \$ .....
- 12.2 If, yes provide explanation: .....
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? .....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ X ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ X ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ X ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain: .....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ X ] No [ ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
All employees of Cigna Corporation and its subsidiaries, including senior managers, are subject to the same code of ethics. That the code has been amended from time to time to enhance clarity and relevance. There is no separate code for senior managers. ....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). .....

**GENERAL INTERROGATORIES**

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

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

**BOARD OF DIRECTORS**

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

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- |   |    |   |
|---|----|---|
| 20.11 To directors or other officers              | \$ | 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 [ ] No [ X ]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ 0

**INVESTMENT**

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) ..... Yes [ X ] No [ ]
- 24.02 If no, give full and complete information relating thereto  
.....
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
.....
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? ..... Yes [ ] No [ ] N/A [ X ]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs ..... \$
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs ..... \$
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? ..... Yes [ ] No [ ] N/A [ X ]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? ..... Yes [ ] No [ ] N/A [ X ]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? ..... Yes [ ] No [ ] N/A [ X ]

**GENERAL INTERROGATORIES**

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

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)..... Yes  No

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

25.21 Subject to repurchase agreements .....	\$ .....
25.22 Subject to reverse repurchase agreements .....	\$ .....
25.23 Subject to dollar repurchase agreements .....	\$ .....
25.24 Subject to reverse dollar repurchase agreements .....	\$ .....
25.25 Placed under option agreements .....	\$ .....
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock .....	\$ .....
25.27 FHLB Capital Stock .....	\$ .....
25.28 On deposit with states .....	\$ 1,959,672
25.29 On deposit with other regulatory bodies .....	\$ .....
25.30 Pledged as collateral - excluding collateral pledged to an FHLB .....	\$ .....
25.31 Pledged as collateral to FHLB - including assets backing funding agreements .....	\$ .....
25.32 Other .....	\$ .....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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

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

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

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

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

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
The Bank of New York Mellon .....	One Wall Street New York, NY 10286 .....	

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

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

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



## GENERAL INTERROGATORIES

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

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

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? ..... Yes [ ] No [ X ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets? ..... Yes [ ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

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 .....	9,844,509	3,880,938	(5,963,571)
30.2 Preferred stocks .....	0		0
30.3 Totals	9,844,509	3,880,938	(5,963,571)

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

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

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]

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

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

32.2 If no, list exceptions:  
.....

**GENERAL INTERROGATORIES**

33. By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:  
 a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
 b. Issuer or obligor is current on all contracted interest and principal payments.  
 c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.  
 Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]
34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:  
 a. The security was purchased prior to January 1, 2018.  
 b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
 c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
 d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.  
 Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

**OTHER**

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

35.2 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

36.1 Amount of payments for legal expenses, if any? .....\$ .....187

36.2 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

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

37.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

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

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

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

1.31 Reason for excluding

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

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

1.6 Individual policies: Most current three years:

1.61 Total premium earned ..... \$ ..... 0

1.62 Total incurred claims ..... \$ ..... 0

1.63 Number of covered lives ..... 0

All years prior to most current three years:

1.64 Total premium earned ..... \$ ..... 0

1.65 Total incurred claims ..... \$ ..... 0

1.66 Number of covered lives ..... 0

1.7 Group policies: Most current three years:

1.71 Total premium earned ..... \$ ..... 0

1.72 Total incurred claims ..... \$ ..... 0

1.73 Number of covered lives ..... 0

All years prior to most current three years:

1.74 Total premium earned ..... \$ ..... 0

1.75 Total incurred claims ..... \$ ..... 0

1.76 Number of covered lives ..... 0

2. Health Test:

	1 Current Year	2 Prior Year	
2.1 Premium Numerator .....	4,841,316	4,382,619	
2.2 Premium Denominator .....	4,841,316	4,382,619	
2.3 Premium Ratio (2.1/2.2) .....	1.000	1.000	
2.4 Reserve Numerator .....	3,842,000	4,938,195	
2.5 Reserve Denominator .....	3,842,000	5,308,195	
2.6 Reserve Ratio (2.4/2.5) .....	1.000	0.930	

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

3.2 If yes, give particulars:

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

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

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

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical ..... \$ ..... 320,000

5.32 Medical Only ..... \$ .....

5.33 Medicare Supplement ..... \$ .....

5.34 Dental & Vision ..... \$ .....

5.35 Other Limited Benefit Plan ..... \$ .....

5.36 Other ..... \$ .....

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

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? ..... Yes [ X ] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers: 8.1 Number of providers at start of reporting year ..... 30,153

8.2 Number of providers at end of reporting year ..... 30,756

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

9.2 If yes, direct premium earned: 9.21 Business with rate guarantees between 15-36 months... \$ .....

9.22 Business with rate guarantees over 36 months ..... \$ .....

**GENERAL INTERROGATORIES**

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

10.2 If yes:

10.21 Maximum amount payable bonuses.....	\$ .....	
10.22 Amount actually paid for year bonuses.....	\$ .....	1,802
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 Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]

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

11.4 If yes, show the amount required. .... \$ 2,133,666

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

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

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

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

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

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

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

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

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

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

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

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

15.1 Direct Premium Written .....	\$ .....	0
15.2 Total Incurred Claims .....	\$ .....	0
15.3 Number of Covered Lives .....		0

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

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

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

**FIVE-YEAR HISTORICAL DATA**

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28) .....	13,913,898	7,486,459	10,332,433	5,184,904	5,303,240
2. Total liabilities (Page 3, Line 24) .....	3,882,561	5,364,526	3,109,493	2,308,710	719,146
3. Statutory minimum capital and surplus requirement .....	2,133,666	2,003,489	2,003,489	1,968,064	1,855,152
4. Total capital and surplus (Page 3, Line 33) .....	10,031,337	2,121,933	7,222,940	2,876,194	4,584,084
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8) .....	4,841,316	4,382,619	3,890,953	1,637,028	1,348,604
6. Total medical and hospital expenses (Line 18) .....	7,516,155	5,705,287	2,538,176	2,253,337	1,859,461
7. Claims adjustment expenses (Line 20) .....	64,196	19,252	30,094	16,533	19,598
8. Total administrative expenses (Line 21) .....	277,468	297,534	301,870	343,493	382,035
9. Net underwriting gain (loss) (Line 24) .....	(1,438,503)	(4,038,784)	1,768,273	(3,036,215)	(802,410)
10. Net investment gain (loss) (Line 27) .....	79,117	75,920	68,666	65,572	68,324
11. Total other income (Lines 28 plus 29) .....	(26,000)	(10,425)	(40,824)	(2)	(3,382)
12. Net income or (loss) (Line 32) .....	(788,097)	(3,421,316)	1,386,335	(2,652,209)	(450,427)
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	(3,637,386)	(1,118,499)	(124,906)	(1,423,892)	(79,034)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	10,031,337	2,121,933	7,222,940	2,876,194	4,584,084
15. Authorized control level risk-based capital .....	506,285	386,079	326,880	326,035	338,913
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7) .....	128	200	131	150	164
17. Total members months (Column 6, Line 7) .....	1,558	2,185	1,697	2,327	2,527
<b>Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0</b>					
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) .....	155.3	130.2	65.2	137.6	137.9
20. Cost containment expenses .....	0.8	0.1	0.1	0.6	0.9
21. Other claims adjustment expenses .....	0.5	0.4	0.7	0.4	0.6
22. Total underwriting deductions (Line 23) .....	129.7	192.2	54.6	285.5	159.5
23. Total underwriting gain (loss) (Line 24) .....	(29.7)	(92.2)	45.4	(185.5)	(59.5)
<b>Unpaid Claims Analysis (U&amp;I Exhibit, Part 2B)</b>					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	931,505	(112,723)	(24,671)	103,970	131,000
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	1,594,705	493,932	194,432	210,274	255,041
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above .....					

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama AL	N								0	
2. Alaska AK	N								0	
3. Arizona AZ	N								0	
4. Arkansas AR	N								0	
5. California CA	N								0	
6. Colorado CO	N								0	
7. Connecticut CT	N								0	
8. Delaware DE	N								0	
9. District of Columbia DC	N								0	
10. Florida FL	N								0	
11. Georgia GA	N								0	
12. Hawaii HI	N								0	
13. Idaho ID	N								0	
14. Illinois IL	N								0	
15. Indiana IN	N								0	
16. Iowa IA	N								0	
17. Kansas KS	N								0	
18. Kentucky KY	N								0	
19. Louisiana LA	N								0	
20. Maine ME	N								0	
21. Maryland MD	N								0	
22. Massachusetts MA	N								0	
23. Michigan MI	N								0	
24. Minnesota MN	N								0	
25. Mississippi MS	N								0	
26. Missouri MO	N								0	
27. Montana MT	N								0	
28. Nebraska NE	N								0	
29. Nevada NV	N								0	
30. New Hampshire NH	N								0	
31. New Jersey NJ	L	4,853,655							4,853,655	
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	0
59. Subtotal	XXX	4,853,655	0	0	0	0	0	0	4,853,655	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	4,853,655	0	0	0	0	0	0	4,853,655	0
<b>DETAILS OF WRITE-INS</b>										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:  
 L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0  
 N - None of the above - Not allowed to write business in the state.....56  
 R - Registered - Non-domiciled RRGs.....0  
 Q - Qualified - Qualified or accredited reinsurer.....0

(b) Explanation of basis of allocation by states, premiums by state, etc.  
 The Company only has business in the State of New Jersey

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
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, 2018:

**Entity Name**

Cigna Corporation (A Delaware corporation and ultimate parent company)  
 Cigna Holding Company  
   Cigna Holdings, Inc.  
     Cigna Intellectual Property, Inc.  
     Cigna Investment Group, Inc.  
       Cigna International Finance Inc.  
       Former Cigna Investments, Inc.  
       Cigna Investments, Inc.  
         Cigna Benefits Financing, Inc.  
     CareAllies, Inc.  
     Connecticut General Corporation  
       Benefit Management Corp.  
         \*Allegiance Life & Health Insurance Company  
         \*Allegiance Re, Inc.  
         Allegiance Benefit Plan Management, Inc.  
         Allegiance COBRA Services, Inc.  
         Allegiance Provider Direct, LLC  
         Community Health Network, LLC  
         Intermountain Underwriters, Inc.  
         Allegiance Care Management, LLC  
     HealthSpring, Inc.  
       NewQuest, LLC  
         NewQuest Management Northeast, LLC  
           \*Bravo Health Mid-Atlantic, Inc.  
           \*Bravo Health Pennsylvania, Inc.  
         \*HealthSpring Life & Health Insurance Company  
         \*HealthSpring of Florida, Inc.  
         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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
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, 2018:

Entity Name

HealthSpring USA, LLC  
Tennessee Quest, LLC  
HealthSpring Pharmacy Services, LLC  
HealthSpring Pharmacy of Tennessee, LLC  
Home Physicians Management, LLC  
Alegis Care Services, LLC

\*Cigna Arbor Life Insurance Company

Cigna Behavioral Health, Inc.

Cigna Behavioral Health of California, Inc.  
Cigna Behavioral Health of Texas, Inc.  
MCC Independent Practice Association of New York, 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 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 Health Plan of Arizona, Inc.  
Cigna Dental Health of Maryland, Inc.

Cigna Health Corporation

Healthsource, 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.



**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
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, 2018:

	<b>Entity Name</b>
	Cigna HealthCare of Illinois, Inc.
	Cigna HealthCare of Maine, Inc.
	Cigna HealthCare of Massachusetts, Inc.
	Cigna HealthCare Mid-Atlantic, Inc.
	Cigna HealthCare of New Hampshire, Inc.
	Cigna HealthCare of New Jersey, Inc.
	Cigna HealthCare of Pennsylvania, Inc.
	Cigna HealthCare of St. Louis, Inc.
	Cigna HealthCare of Utah, Inc.
	Cigna HealthCare of Georgia, Inc.
	Cigna HealthCare of Texas, Inc.
	Cigna HealthCare of Indiana, Inc.
	Cigna HealthCare of Tennessee, Inc.
	Cigna HealthCare of North Carolina, Inc.
	Cigna HealthCare of South Carolina, Inc.
	*Temple Insurance Company Limited
	Arizona Health Plan, Inc.
	Healthsource Properties, Inc.
	Managed Care Consultants, Inc.
	Cigna Benefit Technology Solutions, Inc.
	Sagamore Health Network, Inc.
Cigna Healthcare Holdings, Inc.	
	Great-West Healthcare of Illinois, Inc.
	Cigna Healthcare, Inc.
*Cigna Life Insurance Company of New York	
*Connecticut General Life Insurance Company	
	BWG Holdings I Corp
	CG Mystic Center LLC
	CG Mystic Land LLC
	CG Skyline, LLC
	Careallies, LLC
	Cigna Onsite Health, LLC
	CT Bradford, LLC (53.61%) (Life Insurance Company of North America, 17.87%)
	Gillette Ridge Community Council, Inc.
	Gillette Ridge Golf LLC

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
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, 2018:

Entity Name
Hazard Center Investment Company LLC
Tel-Drug of Pennsylvania, LLC
GRG Acquisitions LLC
Cigna Affiliates Realty Investment Group, LLC
CR Longwood Investors, LP
ND/CR Longwood LLC
ARE/ND/CR Longwood LLC
Seccon Properties, LP
Transwestern Federal Holdings, L.L.C.
Transwestern Federal, L.L.C.
Diamondview Tower CM-CG LLC
CR Washington Street Investors LP
Dulles Town Center Mall, LLC
PUR Arbors Apartments Venture LLC
CG Seventh Street, LLC
Ideal Properties II LLC
Mallory Square Partners I, LLC
Houston Briar Forest Apartments Limited Partnership
SB-SNH LLC
680 Investors LLC
685 New Hampshire LLC
222 Main Street Caring GP LLC
222 Main Street Investors LP
Notch 8 Residential, L.L.C.
UVL, LLC
3601 North Fairfax Drive Associates, LLC
CI Perris 151, LLC
Lakehills CM – CG LLC
Affiliated Hotel Subsidiary LLC
Berewick Apartments LLC
CIG-LEI Ygnacio Associates LLC
CGGL Orange Collection LLC
CGGL Chapman LLC
CGGL City Parkway LLC
Heights at Bear Creek Venture LLC

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
PART 1 -- ORGANIZATION CHART**

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	<b>Entity Name</b>
	SOMA Apartments Venture LLC
	Arbor Heights Venture LLC
	CG/Wood ALTA 601, LLC
	CPI-CII 9171 Wilshire JV LLC
	9171 Wilshire CPI-CII LLC
	CARING Capitol Hill GP LLC
	CARING Capitol Hill LP LLC
	Rise-CG Capitol Hill, LP
	CARING Century Plaza Investor, LLC
	CG-Muller 550 Winchester, LLC
	CARING 9171 Wilshire Investor LLC
	CARING Heights at Bear Creek Investor LLC
	CARING Dulles Town Center Investor LLC
	CARING 500 Ygnacio Investor LLC
	CARING Alta Woodson Investor LLC
	CARING Mallory Square Investor LLC
	CARING Soma Investor LLC
CORAC LLC	
	Henry on the Park Associates, LLC
*Cigna Health and Life Insurance Company	
	CarePlexus, LLC
	Cigna Corporate Services, LLC
	Cigna Insurance Agency, LLC
	Ceres Sales of Ohio, LLC
	Cigna National Health Insurance Company
	Provident American Life & Health Insurance Company
	United Benefit Life Insurance Company
	Columbus Hydraulics Holdings, LLC
	Loyal American Life Insurance Company
	American Retirement Life Insurance Company
	QualCare Alliance Networks, Inc.
	QualCare, Inc.
	Scibal Associates, Inc.
	QualCare Captive Insurance Company Inc., PCC
	QualCare Management Resources Limited Liability Company

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
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, 2018:

<b>Entity Name</b>
Health-Lynx, LLC
Sterling Life Insurance Company
Olympic Health Management Systems, Inc.
Olympic Health Management Services, Inc.
WorldDoc, Inc.
Omada Health, Inc.
Cigna Ventures, LLC
Cricket Health, Inc.
Cigna Health Management, Inc.
Kronos Optimal Health Company
*Life Insurance Company of North America
*Cigna & CMB Life Insurance Company Limited
Cigna & CMB Health Services Company, Ltd.
Cigna Direct Marketing Company, Inc.
Tel-Drug, Inc.
Cigna Global Wellbeing Holdings Limited
Cigna Global Wellbeing Solutions Limited
Vielife Services, Inc.
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
Brighter, Inc

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
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, 2018:

<b>Entity Name</b>	
	Patient Provider Alliance, Inc
Cigna Global Holdings, Inc.	
	Cigna International Corporation, Inc.
	Cigna International Services, Inc.
	Cigna International Marketing (Thailand) Limited
	CGO Participatos LTDA
	YCFM Servicios LTDA
	*Cigna Global Reinsurance Company, Ltd.
	Cigna Holdings Overseas, Inc.
	Cigna Bellevue Alpha LLC
	Cigna Linden Holdings, Inc.
	Cigna Palmetto Holdings, Ltd.
	Cigna Apac Holdings, Ltd.
	Cigna Alder Holdings, LLC
	Cigna Walnut Holdings, Ltd.
	Cigna Chestnut Holdings, Ltd.
	*LINA Life Insurance Company of Korea
	Cigna International Services Australia Pty Ltd.
	Cigna Hong Kong Holdings Company Limited
	Cigna Data Services (Shanghai) Company Limited
	Cigna HLA Technology Services Limited
	*Cigna Worldwide General Insurance Company Limited
	*Cigna Worldwide Life Insurance Company Limited
	Cigna International Health Services Sdn Bhd.
	*Cigna Life Insurance New Zealand Limited
	Grown Ups New Zealand Limited
	Cigna New Zealand Holdings Limited
	Cigna New Zealand Finance Limited
	OnePath Life (NC) Limited
	*Cigna Life Insurance Company of Canada(AA-1560515)
	Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)
	LINA Financial Service
	Cigna Nederland Gamma B.V.
	Cigna Finans Emeklilik Ve Hayat A.S.

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
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, 2018:

**Entity Name**  
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 (UNITED KINGDOM) Limited  
            Cigna 2000 UNITED KINGDOM Pension LTD  
        Cigna Oak Holdings, LTD.  
            Cigna Willow Holdings, LTD.  
                FirstAssist Administration Limited  
                Cigna Legal Protection U.K. Ltd.  
                Cigna Insurance Services (Europe) Ltd.  
            Cigna International Health Services, BVBA  
                Cigna International Health Services, LLC  
                Cigna International Health Services Kenya Limited  
    Cigna Sequoia Holdings, SPRL  
Cigna Cedar Holdings, Ltd.  
    Cigna Insurance Middle East S.A.L.  
Cigna Insurance Management Services (DIFC), Ltd.  
Cigna Magnolia Holdings, Ltd.  
    Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)  
Cigna Nederland Alpha Cooperatief U.A.  
    Cigna Nederland Beta B.V.  
Cigna Health Solution India Pvt. Ltd.  
Cigna Poplar Holdings, Inc.  
PT GAR Indonesia  
    PT PGU Indonesia  
    \*Cigna Global Insurance Company Limited  
    \*Cigna TTK Health Insurance Company Limited  
\*Cigna Worldwide Insurance Company

**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
PART 1 -- ORGANIZATION CHART**

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**Entity Name**

\*PT. Asuransi Cigna  
 Cigna Teak Holdings, LLC  
 Express Scripts Holding Company, Inc.  
 Express Scripts, Inc.  
 Express Scripts Services Co.  
 Diversified Pharmaceutical Services, Inc.  
 Diversified NY IPA, Inc.  
 ESI Mail Pharmacy Service, Inc.  
 Express Scripts Pharmaceutical Procurement, LLC  
 Econdisc Contracting Solutions, LLC  
 Express Scripts Sales Operations, Inc.  
 Express Scripts Specialty Distribution Services, Inc.  
 ESI Partnership (82% Direct ownership, 18% Indirect ownership)  
 ESI Resources, Inc.  
 ESI GP Holdings, Inc.  
 Express Scripts Utilization Management Company  
 Express Scripts Strategic Development, Inc.  
 Airport Holdings, LLC  
 CuraScript, Inc.  
 Priority Healthcare Corporation  
 Lynnfield Drug, Inc.  
 Freedom Service Company, LLC  
 Priority Healthcare Distribution, Inc.  
 Freco, Inc.  
 Lynnfield Compounding Center, Inc.  
 SpectraCare, Inc.  
 SpectraCare Health Care Ventures, Inc.  
 Care Continuum, Inc.  
 Matrix GPO, LLC  
 Healthbridge Reimbursement & Product Support, Inc.  
 Strategic Pharmaceutical Investments, LLC  
 Naryx Pharma, Inc.  
 L&C Investments, LLC  
 Express Scripts Senior Care Holdings, Inc.  
 Express Scripts Senior Care, Inc.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
PART 1 -- ORGANIZATION CHART

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**Entity Name**

ESI Mail Order Processing, Inc. (f/k/a NXI)  
 \*Express Reinsurance Company  
 Express Scripts Canada Holding Co.  
     Express Scripts Canada Co.  
         ESI Canada  
         ESI GP Canada ULC  
         ESI GP2 Canada ULC  
         Express Scripts Canada Wholesale  
         Express Scripts Canada Services (Ontario Partnership) (99.9% Direct ownership, 0.1% Indirect ownership)  
             Express Scripts Pharmacy Ontario, Ltd.  
             Express Scripts Pharmacy West, Ltd.  
             Express Scripts Pharmacy Central, Ltd.  
             Express Scripts Pharmacy Atlantic, Ltd.  
     Express Scripts Canada Holding, LLC  
 Healthbridge, Inc.  
 Inside RX, LLC  
 myMatrixx Holdings, LLC  
     Matrix Healthcare Services, Inc.  
         myMatrixx-B, LLC  
     MyM Technology Services, LLC  
 Innovative Product Alignment, LLC  
 Medco Health Solutions, Inc.  
     MAH Pharmacy, LLC  
     \*Medco Containment Life Insurance Company  
     \*Medco Containment Insurance Company of NY  
     Accredo Health, Incorporated  
         AHG of New York, Inc.  
         Biopartners in Care, Inc.  
         Accredo Health Group, Inc.  
     Medco Europe, LLC  
         Medco Europe II, LLC  
             MHS Holdings, CV  
                 Medco International Holdings, BV  
     Express Scripts Administrators LLC  
     Medco Health Puerto Rico, LLC



**ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
PART 1 -- ORGANIZATION CHART**

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**Entity Name**

- Systemed, LLC
- Medco Health Services, Inc.
  - Express Scripts Pharmacy, Inc.
- Specialty Products Acquisitions, LLC
  - ValoremRx Sourcing Solutions, LLC (50%)
- SureScripts, LLC (16.67%)
- Oz Parent, Inc.
  - eviCore 1, LLC
  - eviCore 2, Inc.
  - eviCore 3, LLC
  - eviCore 4, Inc.
  - eviCore 5, LLC
  - eviCore 6, LLC
  - eviCore 8, LLC
  - eviCore 9, LP
- CareCore National Group, LLC
  - CareCore National Intermediate Holdings, LLC
    - CareCore National, LLC
      - CareNext Post-Acute, LLC
        - CareNext Managed Care, LLC
      - MedSolutions Holdings, Inc.
        - eviCore healthcare MSI, LLC
          - \*CareCore NJ, LLC
          - CCN-WNY IPA, LLC
          - CCN NMO, LLC
          - MedSolutions of Texas, Inc.
          - MSI Health Organization of Texas, Inc.
          - Premerus, Inc.
          - Triad Healthcare, Inc.
          - MSIAZ I, LLC
          - MSICA I, LLC
          - MSICO I, LLC
          - MSIFL, LLC
          - MSIMD I, LLC
          - MSINC I, LLC

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
PART 1 -- ORGANIZATION CHART

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	Entity Name
	MSINH, LLC
	MSINH II, LLC
	MSINJ I, LLC
	MSINV I, LLC
	MSI HT, LLC
	MSI LT, LLC
	MSI SAR-GW, LLC
	MSISC II, LLC
	MSIVT I, LLC
	MSIWA, LLC
	Palladian Independent Practice Association, LLC
	Palladian Health of Florida, LLC
	Chiro Alliance Corporation
	AS Acquisition Corp.
	HealthFortis, Inc.
	DNA Direct, Inc.
	Landmark Healthcare, Inc.
	Landmark Healthcare Services, Inc.
	Landmark Healthcare Colorado, Inc.
QPID Health, LLC	

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# HEALTH ANNUAL STATEMENT

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

## Cigna HealthCare of New Jersey, Inc.

NAIC Group Code 0901 0901 NAIC Company Code 95500 Employer's ID Number 22-2720890  
(Current) (Prior)  
 Organized under the Laws of New Jersey, State of Domicile or Port of Entry NJ  
 Country of Domicile United States of America  
 Licensed as business type: Health Maintenance Organization  
 Is HMO Federally Qualified? Yes [ ] No [ X ]  
 Incorporated/Organized 09/30/1986 Commenced Business 02/01/1988  
 Statutory Home Office 499 Washington Boulevard, 5th Floor, Jersey City, NJ, US 07310-1608  
(Street and Number) (City or Town, State, Country and Zip Code)  
 Main Administrative Office 900 Cottage Grove Road  
(Street and Number) Bloomfield, CT, US 06002 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
 Mail Address 900 Cottage Grove Road, Bloomfield, CT, US 06002  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  
 Primary Location of Books and Records 900 Cottage Grove Road  
(Street and Number) Bloomfield, CT, US 06002 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
 Internet Website Address www.cigna.com  
 Statutory Statement Contact John Satkowski, 860-226-5634  
(Name) (Area Code) (Telephone Number)  
John.Satkowski@cigna.com, 860-226-6792  
(E-mail Address) (FAX Number)

### OFFICERS

President Vacant Vacant Treasurer Scott Ronald Lambert  
 Secretary Anna Krishtul

### OTHER

<u>Thomas John Garvey, Vice President</u>	<u>Glenn Michael Gerhard, Vice President</u>	<u>Daniel Jules Nicoll, Vice President</u>
<u>Maureen Hardiman Ryan, Vice President</u>	<u>Edward Vincent Stacey, Jr., Vice President</u>	<u>Mark Paul Fleming, Vice President</u>
<u>Joanne Ruth Hart, Vice President</u>	<u>Michael Todd Crompton, Vice President</u>	<u>Kathleen O'Neil #, Vice President</u>
<u>Timothy Sheridan #, Vice President</u>		

### DIRECTORS OR TRUSTEES

Michael Todd Crompton Peter Wesley McCauley, M.D.

State of Connecticut SS:  
 County of Hartford

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

Michael Todd Crompton Anna Krishtul Scott Ronald Lambert  
 Vice President Secretary Vice President & Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

**SUMMARY INVESTMENT SCHEDULE**

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities	1,002,602	10.184	1,002,602	0	1,002,602	10.249
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies		0.000			0	0.000
1.3 Non-U.S. government (including Canada, excluding mortgaged-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S. :						
1.41 States, territories and possessions general obligations		0.000			0	0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000			0	0.000
1.43 Revenue and assessment obligations	1,079,363	10.964	1,079,363	0	1,079,363	11.034
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.000			0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC		0.000			0	0.000
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000			0	0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000			0	0.000
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000			0	0.000
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including \$ 0 of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ 0 property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	7,762,545	78.852	7,700,150	0	7,700,150	78.717
11. Other invested assets		0.000			0	0.000
12. Total invested assets	9,844,509	100.000	9,782,114	0	9,782,114	100.000

Schedule A - Verification - Real Estate

**NONE**

Schedule B - Verification - Mortgage Loans

**NONE**



**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year .....	
2.	Cost of acquired:	
2.1	Actual cost at time of acquisition (Part 2, Column 8) .....	
2.2	Additional investment made after acquisition (Part 2, Column 9) .....	
3.	Capitalized deferred interest and other:	
3.1	Totals, Part 1, Column 16 .....	
3.2	Totals, Part 3, Column 12 .....	
4.	Accrual of discount .....	
5.	Unrealized valuation increase (decrease):	
5.1	Totals, Part 1, Column 13 .....	
5.2	Totals, Part 3, Column 9 .....	
6.	Total gain (loss) on disposals, Part 3, Column 19 .....	
7.	Deduct amounts received on disposals, Part 3, Column 16 .....	
8.	Deduct amortization of premium and depreciation .....	
9.	Total foreign exchange change in book/adjusted carrying value:	
9.1	Totals, Part 1, Column 17 .....	
9.2	Totals, Part 3, Column 14 .....	
10.	Deduct current year's other than temporary impairment recognized:	
10.1	Totals, Part 1, Column 15 .....	
10.2	Totals, Part 3, Column 11 .....	
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	
12.	Deduct total nonadmitted amounts .....	
13.	Statement value at end of current period (Line 11 minus Line 12) .....	

**NONE**

**SCHEDULE D - VERIFICATION BETWEEN YEARS**

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year .....	3,496,999
2.	Cost of bonds and stocks acquired, Part 3, Column 7 .....	
3.	Accrual of discount .....	0
4.	Unrealized valuation increase (decrease):	
4.1	Part 1, Column 12 .....	0
4.2	Part 2, Section 1, Column 15 .....	
4.3	Part 2, Section 2, Column 13 .....	
4.4	Part 4, Column 11 .....	0
5.	Total gain (loss) on disposals, Part 4, Column 19 .....	(22,564)
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 .....	1,357,002
7.	Deduct amortization of premium .....	35,468
8.	Total foreign exchange change in book/adjusted carrying value:	
8.1	Part 1, Column 15 .....	0
8.2	Part 2, Section 1, Column 19 .....	
8.3	Part 2, Section 2, Column 16 .....	
8.4	Part 4, Column 15 .....	0
9.	Deduct current year's other than temporary impairment recognized:	
9.1	Part 1, Column 14 .....	0
9.2	Part 2, Section 1, Column 17 .....	
9.3	Part 2, Section 2, Column 14 .....	
9.4	Part 4, Column 13 .....	0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees, Notes 5R, Line 5R(2) .....	0
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	2,081,965
12.	Deduct total nonadmitted amounts .....	0
13.	Statement value at end of current period (Line 11 minus Line 12) .....	2,081,965

**SCHEDULE D - SUMMARY BY COUNTRY**

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....	1,002,602	990,625	1,006,215	1,000,000
	2. Canada .....				
	3. Other Countries .....				
	4. Totals	1,002,602	990,625	1,006,215	1,000,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals				
U.S. Special Revenue and Special Assessment Obligations and all Non- Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7. Totals	1,079,362	1,078,904	1,235,062	1,015,000
Industrial and Miscellaneous, SVO Identified Funds, Bank Loans and Hybrid Securities (unaffiliated)	8. United States .....				
	9. Canada .....				
	10. Other Countries .....				
	11. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	2,081,964	2,069,529	2,241,277	2,015,000
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	14. United States .....				
	15. Canada .....				
	16. Other Countries .....				
	17. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks	0	0	0	
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	20. United States .....				
	21. Canada .....				
	22. Other Countries .....				
	23. Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	0	0	0	
	26. Total Stocks	0	0	0	
	27. Total Bonds and Stocks	2,081,964	2,069,529	2,241,277	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE D - PART 1A - SECTION 1**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Governments</b>												
1.1 NAIC 1	7,762,545	1,002,602	0	0	0	XXX	8,765,147	89.0	2,783,049	71.4	8,765,146	1
1.2 NAIC 2						XXX	0	0.0	0	0.0	0	0
1.3 NAIC 3						XXX	0	0.0	0	0.0	0	0
1.4 NAIC 4						XXX	0	0.0	0	0.0	0	0
1.5 NAIC 5						XXX	0	0.0	0	0.0	0	0
1.6 NAIC 6						XXX	0	0.0	0	0.0	0	0
<b>1.7 Totals</b>	<b>7,762,545</b>	<b>1,002,602</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>8,765,147</b>	<b>89.0</b>	<b>2,783,049</b>	<b>71.4</b>	<b>8,765,146</b>	<b>1</b>
<b>2. All Other Governments</b>												
2.1 NAIC 1						XXX	0	0.0	0	0.0	0	0
2.2 NAIC 2						XXX	0	0.0	0	0.0	0	0
2.3 NAIC 3						XXX	0	0.0	0	0.0	0	0
2.4 NAIC 4						XXX	0	0.0	0	0.0	0	0
2.5 NAIC 5						XXX	0	0.0	0	0.0	0	0
2.6 NAIC 6						XXX	0	0.0	0	0.0	0	0
<b>2.7 Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>
<b>3. U.S. States, Territories and Possessions etc., Guaranteed</b>												
3.1 NAIC 1						XXX	0	0.0	0	0.0	0	0
3.2 NAIC 2						XXX	0	0.0	0	0.0	0	0
3.3 NAIC 3						XXX	0	0.0	0	0.0	0	0
3.4 NAIC 4						XXX	0	0.0	0	0.0	0	0
3.5 NAIC 5						XXX	0	0.0	0	0.0	0	0
3.6 NAIC 6						XXX	0	0.0	0	0.0	0	0
<b>3.7 Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 NAIC 1						XXX	0	0.0	0	0.0	0	0
4.2 NAIC 2						XXX	0	0.0	0	0.0	0	0
4.3 NAIC 3						XXX	0	0.0	0	0.0	0	0
4.4 NAIC 4						XXX	0	0.0	0	0.0	0	0
4.5 NAIC 5						XXX	0	0.0	0	0.0	0	0
4.6 NAIC 6						XXX	0	0.0	0	0.0	0	0
<b>4.7 Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0</b>
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.1 NAIC 1	0	1,079,363	0	0	0	XXX	1,079,363	11.0	1,113,641	28.6	1,079,363	0
5.2 NAIC 2						XXX	0	0.0	0	0.0	0	0
5.3 NAIC 3						XXX	0	0.0	0	0.0	0	0
5.4 NAIC 4						XXX	0	0.0	0	0.0	0	0
5.5 NAIC 5						XXX	0	0.0	0	0.0	0	0
5.6 NAIC 6						XXX	0	0.0	0	0.0	0	0
<b>5.7 Totals</b>	<b>0</b>	<b>1,079,363</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>XXX</b>	<b>1,079,363</b>	<b>11.0</b>	<b>1,113,641</b>	<b>28.6</b>	<b>1,079,363</b>	<b>0</b>

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>6. Industrial &amp; Miscellaneous (Unaffiliated)</b>												
6.1 NAIC 1						XXX	0	0.0		0.0		0
6.2 NAIC 2						XXX	0	0.0		0.0		0
6.3 NAIC 3						XXX	0	0.0		0.0		0
6.4 NAIC 4						XXX	0	0.0		0.0		0
6.5 NAIC 5						XXX	0	0.0		0.0		0
6.6 NAIC 6						XXX	0	0.0		0.0		0
<b>6.7 Totals</b>	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>7. Hybrid Securities</b>												
7.1 NAIC 1						XXX	0	0.0		0.0		0
7.2 NAIC 2						XXX	0	0.0		0.0		0
7.3 NAIC 3						XXX	0	0.0		0.0		0
7.4 NAIC 4						XXX	0	0.0		0.0		0
7.5 NAIC 5						XXX	0	0.0		0.0		0
7.6 NAIC 6						XXX	0	0.0		0.0		0
<b>7.7 Totals</b>	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.1 NAIC 1						XXX	0	0.0		0.0		0
8.2 NAIC 2						XXX	0	0.0		0.0		0
8.3 NAIC 3						XXX	0	0.0		0.0		0
8.4 NAIC 4						XXX	0	0.0		0.0		0
8.5 NAIC 5						XXX	0	0.0		0.0		0
8.6 NAIC 6						XXX	0	0.0		0.0		0
<b>8.7 Totals</b>	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>9. SVO Identified Funds</b>												
9.1 NAIC 1	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.2 NAIC 2	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.3 NAIC 3	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
<b>9.7 Totals</b>	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
<b>10. Bank Loans</b>												
10.1 NAIC 1						XXX	0	0.0	XXX	XXX		0
10.2 NAIC 2						XXX	0	0.0	XXX	XXX		0
10.3 NAIC 3						XXX	0	0.0	XXX	XXX		0
10.4 NAIC 4						XXX	0	0.0	XXX	XXX		0
10.5 NAIC 5						XXX	0	0.0	XXX	XXX		0
10.6 NAIC 6						XXX	0	0.0	XXX	XXX		0
<b>10.7 Totals</b>	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE D - PART 1A - SECTION 1 (Continued)**

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>11. Total Bonds Current Year</b>												
11.1 NAIC 1	(d) 7,762,545	2,081,965	0	0	0	0	9,844,510	100.0	XXX	XXX	9,844,509	1
11.2 NAIC 2	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
11.5 NAIC 5	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
11.6 NAIC 6	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
11.7 Totals	7,762,545	2,081,965	0	0	0	0	(b) 9,844,510	100.0	XXX	XXX	9,844,509	1
11.8 Line 11.7 as a % of Col. 7	78.9	21.1	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>12. Total Bonds Prior Year</b>												
12.1 NAIC 1	399,692	3,496,998	0	0	0	0	XXX	XXX	3,896,690	100.0	3,896,690	0
12.2 NAIC 2							XXX	XXX	0	0.0	0	0
12.3 NAIC 3							XXX	XXX	0	0.0	0	0
12.4 NAIC 4							XXX	XXX	0	0.0	0	0
12.5 NAIC 5							XXX	XXX	(c) 0	0.0	0	0
12.6 NAIC 6							XXX	XXX	(c) 0	0.0	0	0
12.7 Totals	399,692	3,496,998	0	0	0	0	XXX	XXX	(b) 3,896,690	100.0	3,896,690	0
12.8 Line 12.7 as a % of Col. 9	10.3	89.7	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
<b>13. Total Publicly Traded Bonds</b>												
13.1 NAIC 1	7,762,545	2,081,964	0	0	0	0	9,844,509	100.0	3,896,690	100.0	9,844,509	XXX
13.2 NAIC 2							0	0.0	0	0.0	0	XXX
13.3 NAIC 3							0	0.0	0	0.0	0	XXX
13.4 NAIC 4							0	0.0	0	0.0	0	XXX
13.5 NAIC 5							0	0.0	0	0.0	0	XXX
13.6 NAIC 6							0	0.0	0	0.0	0	XXX
13.7 Totals	7,762,545	2,081,964	0	0	0	0	9,844,509	100.0	3,896,690	100.0	9,844,509	XXX
13.8 Line 13.7 as a % of Col. 7	78.9	21.1	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	78.9	21.1	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>14. Total Privately Placed Bonds</b>												
14.1 NAIC 1	0	1	0	0	0	0	1	0.0	0	0.0	XXX	1
14.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
14.7 Totals	0	1	0	0	0	0	1	0.0	0	0.0	XXX	1
14.8 Line 14.7 as a % of Col. 7	0.0	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	XXX	100.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ \_\_\_\_\_ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ \_\_\_\_\_ current year of bonds with Z designations, \$ \_\_\_\_\_ prior year of bonds with Z designations and \$ \_\_\_\_\_ prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes \$ \_\_\_\_\_ current year of bonds with 5GI designations, \$ \_\_\_\_\_ prior year of bonds with 5\* or 5GI designations and \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with 6\* designations. "5GI" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 7,762,545 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE D - PART 1A - SECTION 2**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>1. U.S. Governments</b>												
1.1 Issuer Obligations	7,762,545	1,002,602	0	0	0	XXX	8,765,147	89.0	2,783,049	71.4	8,765,146	1
1.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
1.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
1.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
1.5 Totals	7,762,545	1,002,602	0	0	0	XXX	8,765,147	89.0	2,783,049	71.4	8,765,146	1
<b>2. All Other Governments</b>												
2.1 Issuer Obligations						XXX	0	0.0		0.0		0
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
2.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>												
3.1 Issuer Obligations						XXX	0	0.0		0.0		0
3.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
3.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
3.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
3.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 Issuer Obligations						XXX	0	0.0		0.0		0
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
4.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
4.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed</b>												
5.1 Issuer Obligations	0	1,079,363	0	0	0	XXX	1,079,363	11.0	1,113,641	28.6	1,079,363	0
5.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
5.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
5.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
5.5 Totals	0	1,079,363	0	0	0	XXX	1,079,363	11.0	1,113,641	28.6	1,079,363	0
<b>6. Industrial and Miscellaneous</b>												
6.1 Issuer Obligations						XXX	0	0.0		0.0		0
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
6.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
6.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
6.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>7. Hybrid Securities</b>												
7.1 Issuer Obligations						XXX	0	0.0		0.0		0
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
7.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.1 Issuer Obligations						XXX	0	0.0		0.0		0
8.2 Residential Mortgage-Backed Securities						XXX	0	0.0		0.0		0
8.3 Commercial Mortgage-Backed Securities						XXX	0	0.0		0.0		0
8.4 Other Loan-Backed and Structured Securities						XXX	0	0.0		0.0		0
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE D - PART 1A - SECTION 2 (Continued)**

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 11.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>9. SVO Identified Funds</b>												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0		0.0		0
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0
<b>10. Bank Loans</b>												
10.1 Bank Loans - Issued						XXX	0	0.0	XXX	XXX		0
10.2 Bank Loans - Acquired						XXX	0	0.0	XXX	XXX		0
10.3 Totals	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
<b>11. Total Bonds Current Year</b>												
11.1 Issuer Obligations	7,762,545	2,081,965	0	0	0	XXX	9,844,510	100.0	XXX	XXX	9,844,509	1
11.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
11.6 Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
11.7 Totals	7,762,545	2,081,965	0	0	0	0	9,844,510	100.0	XXX	XXX	9,844,509	1
11.8 Line 11.7 as a % of Col. 7	78.9	21.1	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>12. Total Bonds Prior Year</b>												
12.1 Issuer Obligations	399,692	3,496,998	0	0	0	XXX	XXX	XXX	3,896,690	100.0	3,896,690	0
12.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
12.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
12.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX	0	0.0	0	0
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0.0	0	0
12.6 Bank Loans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12.7 Totals	399,692	3,496,998	0	0	0	0	XXX	XXX	3,896,690	100.0	3,896,690	0
12.8 Line 12.7 as a % of Col. 9	10.3	89.7	0.0	0.0	0.0	0.0	100.0	XXX	100.0	XXX	100.0	0.0
<b>13. Total Publicly Traded Bonds</b>												
13.1 Issuer Obligations	7,762,545	2,081,964	0	0	0	XXX	9,844,509	100.0	3,896,690	100.0	9,844,509	XXX
13.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
13.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
13.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	XXX
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	XXX
13.6 Bank Loans						XXX	0	0.0	XXX	XXX	0	XXX
13.7 Totals	7,762,545	2,081,964	0	0	0	0	9,844,509	100.0	3,896,690	100.0	9,844,509	XXX
13.8 Line 13.7 as a % of Col. 7	78.9	21.1	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13.9 Line 13.7 as a % of Line 11.7, Col. 7, Section 11	78.9	21.1	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>14. Total Privately Placed Bonds</b>												
14.1 Issuer Obligations	0	1	0	0	0	XXX	1	0.0	0	0.0	XXX	1
14.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
14.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
14.6 Bank Loans	0	0	0	0	0	XXX	0	0.0	XXX	XXX	XXX	0
14.7 Totals	0	1	0	0	0	0	1	0.0	0	0.0	XXX	1
14.8 Line 14.7 as a % of Col. 7	0.0	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	100.0
14.9 Line 14.7 as a % of Line 11.7, Col. 7, Section 11	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE DA - VERIFICATION BETWEEN YEARS**

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year .....	1	1	0	0	0
2. Cost of short-term investments acquired .....	0				
3. Accrual of discount .....	0				
4. Unrealized valuation increase (decrease) .....	0				
5. Total gain (loss) on disposals .....	0				
6. Deduct consideration received on disposals .....	0				
7. Deduct amortization of premium .....	0				
8. Total foreign exchange change in book/adjusted carrying value .....	0				
9. Deduct current year's other than temporary impairment recognized .....	0				
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	1	1	0	0	0
11. Deduct total nonadmitted amounts .....	0				
12. Statement value at end of current period (Line 10 minus Line 11)	1	1	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:



Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**NONE**

Schedule DB - Part B - Verification - Futures Contracts

**NONE**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**NONE**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
**SCHEDULE E - PART 2 - VERIFICATION BETWEEN YEARS**

(Cash Equivalents)

	1 Total	2 Bonds	3 Money Market Mutual funds	4 Other (a)
1. Book/adjusted carrying value, December 31 of prior year .....	399,692	399,692	0	0
2. Cost of cash equivalents acquired .....	40,549,434	40,549,434	0	0
3. Accrual of discount .....	61,963	61,963	0	0
4. Unrealized valuation increase (decrease) .....	0			
5. Total gain (loss) on disposals .....	(6)	(6)	0	0
6. Deduct consideration received on disposals .....	33,248,538	33,248,538	0	0
7. Deduct amortization of premium .....	0			
8. Total foreign exchange change in book/adjusted carrying value .....	0			
9. Deduct current year's other than temporary impairment recognized .....	0			
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	7,762,545	7,762,545	0	0
11. Deduct total nonadmitted amounts .....	0			
12. Statement value at end of current period (Line 10 minus Line 11)	7,762,545	7,762,545	0	0

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

Schedule A - Part 1 - Real Estate Owned

**NONE**

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

Schedule B - Part 1 - Mortgage Loans Owned

**NONE**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**NONE**

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned

**NONE**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**NONE**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE D - PART 1**

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	B o n d C h a r	NAIC Designation and Administrative Symbol	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
91282F2-1	US TREASURY N/B	SD			1	1,006,215	99.0630	990,625	1,000,000	1,002,602	0	(917)	0	0	2.125	2.027	NS	5,429	21,250	12/05/2014	09/30/2021
0199999	Subtotal - Bonds - U.S. Governments - Issuer Obligations					1,006,215	XXX	990,625	1,000,000	1,002,602	0	(917)	0	0	XXX	XXX	XXX	5,429	21,250	XXX	XXX
0599999	Total - U.S. Government Bonds					1,006,215	XXX	990,625	1,000,000	1,002,602	0	(917)	0	0	XXX	XXX	XXX	5,429	21,250	XXX	XXX
1099999	Total - All Other Government Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1799999	Total - U.S. States, Territories and Possessions Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2499999	Total - U.S. Political Subdivisions Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
365418-CU-4	GARDEN STATE PRESERVATION TRUS	SD			JFE	1,065,129	106.2990	966,664	900,000	967,070	0	(30,394)	0	0	5.250	1.720	WN	7,875	47,250	04/21/2014	11/01/2020
365418-CU-4	GARDEN STATE PRESERVATION TRUS				JFE	139,933	106.2990	122,240	115,000	122,292	0	(3,884)	0	0	5.250	1.720	WN	1,006	5,038	04/21/2014	11/01/2020
2599999	Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations					1,235,062	XXX	1,078,904	1,015,000	1,079,362	0	(34,278)	0	0	XXX	XXX	XXX	8,881	53,288	XXX	XXX
3199999	Total - U.S. Special Revenues Bonds					1,235,062	XXX	1,078,904	1,015,000	1,079,362	0	(34,278)	0	0	XXX	XXX	XXX	8,881	53,288	XXX	XXX
3899999	Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
4899999	Total - Hybrid Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5599999	Total - Parent, Subsidiaries and Affiliates Bonds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
6099999	Subtotal - SVO Identified Funds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
6599999	Subtotal - Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7799999	Total - Issuer Obligations					2,241,277	XXX	2,069,529	2,015,000	2,081,964	0	(35,195)	0	0	XXX	XXX	XXX	14,310	74,538	XXX	XXX
7899999	Total - Residential Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7999999	Total - Commercial Mortgage-Backed Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8099999	Total - Other Loan-Backed and Structured Securities					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8199999	Total - SVO Identified Funds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8299999	Total - Bank Loans					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8399999	Total Bonds					2,241,277	XXX	2,069,529	2,015,000	2,081,964	0	(35,195)	0	0	XXX	XXX	XXX	14,310	74,538	XXX	XXX

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned

**NONE**

Schedule D - Part 2 - Section 2 - Common Stocks Owned

**NONE**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE D - PART 4**

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ Decrease	Current Year's (Amortization)/ Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Change in Book/ Adjusted Carrying Value (11+12-13)	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	
912828-F2-1	US TREASURY N/B 2.125% 09/30/21		03/26/2018	Wright Stanley		1,357,002	1,375,000	1,383,546	1,379,839	0	(272)	0	(272)	0	1,379,566	0	(22,564)	(22,564)	14,208	09/30/2021	
0599999. Subtotal - Bonds - U.S. Governments						1,357,002	1,375,000	1,383,546	1,379,839	0	(272)	0	(272)	0	1,379,566	0	(22,564)	(22,564)	14,208	XXX	
8399997. Total - Bonds - Part 4						1,357,002	1,375,000	1,383,546	1,379,839	0	(272)	0	(272)	0	1,379,566	0	(22,564)	(22,564)	14,208	XXX	
8399998. Total - Bonds - Part 5																				XXX	
8399999. Total - Bonds						1,357,002	1,375,000	1,383,546	1,379,839	0	(272)	0	(272)	0	1,379,566	0	(22,564)	(22,564)	14,208	XXX	
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8999998. Total - Preferred Stocks - Part 5							XXX													0	XXX
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799998. Total - Common Stocks - Part 5							XXX													0	XXX
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9999999 - Totals						1,357,002	XXX	1,383,546	1,379,839	0	(272)	0	(272)	0	1,379,566	0	(22,564)	(22,564)	14,208	XXX	

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of

**NONE**

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

**NONE**

Schedule D - Part 6 - Section 2

**NONE**

Schedule DA - Part 1 - Short-Term Investments Owned

**NONE**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**NONE**

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated

**NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**NONE**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**NONE**

Schedule DB - Part B - Section 2 - Futures Contracts Terminated

**NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

**NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**NONE**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**NONE**







**SCHEDULE E - PART 3 - SPECIAL DEPOSITS**

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ	B Stat deposit	1,959,672	1,947,289	0	0
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Alien and Other	OT	XXX	0	0	0	0
59. Subtotal	XXX	XXX	1,959,672	1,947,289	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX	0	0	0	0

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# HEALTH ANNUAL STATEMENT

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

## Cigna HealthCare of New Jersey, Inc.

NAIC Group Code 0901 0901 NAIC Company Code 95500 Employer's ID Number 22-2720890  
(Current) (Prior)  
 Organized under the Laws of New Jersey, State of Domicile or Port of Entry NJ  
 Country of Domicile United States of America  
 Licensed as business type: Health Maintenance Organization  
 Is HMO Federally Qualified? Yes [ ] No [ X ]  
 Incorporated/Organized 09/30/1986 Commenced Business 02/01/1988  
 Statutory Home Office 499 Washington Boulevard, 5th Floor, Jersey City, NJ, US 07310-1608  
(Street and Number) (City or Town, State, Country and Zip Code)  
 Main Administrative Office 900 Cottage Grove Road  
(Street and Number) Bloomfield, CT, US 06002 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
 Mail Address 900 Cottage Grove Road, Bloomfield, CT, US 06002  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)  
 Primary Location of Books and Records 900 Cottage Grove Road  
(Street and Number) Bloomfield, CT, US 06002 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)  
 Internet Website Address www.cigna.com  
 Statutory Statement Contact John Satkowski, 860-226-5634  
(Name) (Area Code) (Telephone Number)  
John.Satkowski@cigna.com, 860-226-6792  
(E-mail Address) (FAX Number)

### OFFICERS

President Vacant Vacant Treasurer Scott Ronald Lambert  
 Secretary Anna Krishtul

### OTHER

<u>Thomas John Garvey, Vice President</u>	<u>Glenn Michael Gerhard, Vice President</u>	<u>Daniel Jules Nicoll, Vice President</u>
<u>Maureen Hardiman Ryan, Vice President</u>	<u>Edward Vincent Stacey, Jr., Vice President</u>	<u>Mark Paul Fleming, Vice President</u>
<u>Joanne Ruth Hart, Vice President</u>	<u>Michael Todd Crompton, Vice President</u>	<u>Kathleen O'Neil #, Vice President</u>
<u>Timothy Sheridan #, Vice President</u>		

### DIRECTORS OR TRUSTEES

Michael Todd Crompton Peter Wesley McCauley, M.D.

State of Connecticut SS:  
 County of Hartford

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

Michael Todd Crompton Anna Krishtul Scott Ronald Lambert  
 Vice President Secretary Vice President & Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	49,100	15,722	(4,284)	23,301	72,398	11,442
0299999. Total group	49,100	15,722	(4,284)	23,301	72,398	11,442
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	49,100	15,722	(4,284)	23,301	72,398	11,442

Exhibit 3 - Health Care Receivables

**NONE**

Exhibit 3A - Health Care Receivables Collected and Accrued

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	204,000	0	0	0	0	204,000
0499999. Subtotals	204,000	0	0	0	0	204,000
0599999. Unreported claims and other claim reserves						1,502,510
0699999. Total amounts withheld						
0799999. Total claims unpaid						1,706,510
0899999 Accrued medical incentive pool and bonus amounts						



**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>NONE</b>							
0399999 Total gross amounts receivable							

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
CIGNA Health Corporation	Operating Expenses per Management Agreement	4,336	4,336	0
0199999. Individually listed payables		4,336	4,336	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		4,336	4,336	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	32,305	0.3	128	100.0	27,400	4,905
3. All other providers	16,343	0.2	128	100.0	0	16,343
4. Total capitation payments	48,648	0.5	256	200.0	27,400	21,248
<b>Other Payments:</b>						
5. Fee-for-service	324,385	3.1	XXX	XXX	0	324,385
6. Contractual fee payments	10,183,807	96.5	XXX	XXX	0	10,183,807
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	10,508,192	99.5	XXX	XXX	0	10,508,192
13. TOTAL (Line 4 plus Line 12)	10,556,840	100%	XXX	XXX	27,400	10,529,440

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	CIGNA BEHAVIORAL HEALTH	27,400	2,283		
	CAPECENTRIX	4,359	363		
	AMERICAN SPECIALTY HEALTH FITNESS INC.	546	.46		
9999999	Totals	32,305	XXX	XXX	XXX

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	<b>NONE</b>					
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total						



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Cigna HealthCare of New Jersey, Inc.

2. Jersey City, NJ

NAIC Group Code	0901	BUSINESS IN THE STATE OF	New Jersey			DURING THE YEAR				2018		(LOCATION)	
			Comprehensive (Hospital & Medical)			4	5	6	7	8	9	10	NAIC Company Code
		1	2	3	4	5	6	7	8	9	10		
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>													
1.	Prior Year	200	132	68									
2.	First Quarter	190	52	138									
3.	Second Quarter	184	45	139									
4.	Third Quarter	167	38	129									
5.	Current Year	128	31	97									
6.	Current Year Member Months	1,558	372	1,186									
<b>Total Member Ambulatory Encounters for Year:</b>													
7.	Physician	0	0	0									
8.	Non-Physician	0	0	0									
9.	Total	0	0	0	0	0	0	0	0	0	0	0	0
10.	Hospital Patient Days Incurred	4,628	1,104	3,524									
11.	Number of Inpatient Admissions	0	0	0									
12.	Health Premiums Written (b)	4,853,655	4,322,660	530,995									
13.	Life Premiums Direct	0	0	0									
14.	Property/Casualty Premiums Written	0	0	0									
15.	Health Premiums Earned	4,853,655	4,322,660	530,995									
16.	Property/Casualty Premiums Earned	0	0	0									
17.	Amount Paid for Provision of Health Care Services	10,556,840	9,446,824	1,110,016									
18.	Amount Incurred for Provision of Health Care Services	10,668,646	9,546,874	1,121,772									

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....128 .  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

30 NJ



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Cigna HealthCare of New Jersey, Inc.

2. Jersey City, NJ

NAIC Group Code	0901	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				(LOCATION)		95500
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
<b>Total Members at end of:</b>											
1. Prior Year	200	132	68	0	0	0	0	0	0	0	
2. First Quarter	190	52	138	0	0	0	0	0	0	0	
3. Second Quarter	184	45	139	0	0	0	0	0	0	0	
4. Third Quarter	167	38	129	0	0	0	0	0	0	0	
5. Current Year	128	31	97	0	0	0	0	0	0	0	
6. Current Year Member Months	1,558	372	1,186	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	4,628	1,104	3,524	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b)	4,853,655	4,322,660	530,995	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	4,853,655	4,322,660	530,995	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	10,556,840	9,446,824	1,110,016	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	10,668,646	9,546,874	1,121,772	0	0	0	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....128 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE S - PART 1 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
<b>NONE</b>												
999999 - Totals												

**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999			Total Life and Annuity - U.S. Affiliates		0	0
0699999			Total Life and Annuity - Non-U.S. Affiliates		0	0
0799999			Total Life and Annuity - Affiliates		0	0
1099999			Total Life and Annuity - Non-Affiliates		0	0
1199999			Total Life and Annuity		0	0
67369	59-1031071	01/01/2013	Cigna Health And Life Insurance Company	CT	343.005	
1399999			Accident and Health - U.S. Affiliates - Other		343.005	0
1499999			Total Accident and Health - U.S. Affiliates		343.005	0
1799999			Total Accident and Health - Non-U.S. Affiliates		0	0
1899999			Total Accident and Health - Affiliates		343.005	0
2199999			Total Accident and Health - Non-Affiliates		0	0
2299999			Total Accident and Health		343.005	0
2399999			Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)		343.005	0
2499999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)		0	0
9999999 Totals - Life, Annuity and Accident and Health					343.005	0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
67369	59-1031071	01/01/2001	Cigna Health and Life Insurance Co.	CT	Health - Aggregate Stop Loss - Hospital - Group	SLE	12,339						
			0299999. General Account - Authorized U.S. Affiliates - Other				12,339	0	0	0	0	0	0
			0399999. Total General Account - Authorized U.S. Affiliates				12,339	0	0	0	0	0	0
			0699999. Total General Account - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			0799999. Total General Account - Authorized Affiliates				12,339	0	0	0	0	0	0
			1099999. Total General Account - Authorized Non-Affiliates				0	0	0	0	0	0	0
			1199999. Total General Account Authorized				12,339	0	0	0	0	0	0
			1499999. Total General Account - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
			1799999. Total General Account - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			1899999. Total General Account - Unauthorized Affiliates				0	0	0	0	0	0	0
			2199999. Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
			2299999. Total General Account Unauthorized				0	0	0	0	0	0	0
			2599999. Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0
			2899999. Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
			2999999. Total General Account - Certified Affiliates				0	0	0	0	0	0	0
			3299999. Total General Account - Certified Non-Affiliates				0	0	0	0	0	0	0
			3399999. Total General Account Certified				0	0	0	0	0	0	0
			3499999. Total General Account Authorized, Unauthorized and Certified				12,339	0	0	0	0	0	0
			3799999. Total Separate Accounts - Authorized U.S. Affiliates				0	0	0	0	0	0	0
			4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			4199999. Total Separate Accounts - Authorized Affiliates				0	0	0	0	0	0	0
			4499999. Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0
			4599999. Total Separate Accounts Authorized				0	0	0	0	0	0	0
			4899999. Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
			5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			5299999. Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0
			5599999. Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
			5699999. Total Separate Accounts Unauthorized				0	0	0	0	0	0	0
			5999999. Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0
			6299999. Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
			6399999. Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0
			6699999. Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0
			6799999. Total Separate Accounts Certified				0	0	0	0	0	0	0
			6899999. Total Separate Accounts Authorized, Unauthorized and Certified				0	0	0	0	0	0	0
			6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)				12,339	0	0	0	0	0	0
			7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)				0	0	0	0	0	0	0
			9999999 - Totals				12,339	0	0	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**

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

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	12	17	13	18	20
2. Title XVIII - Medicare .....	.0	.0	.0	.0	.0
3. Title XIX - Medicaid .....	.0	.0	.0	.0	.0
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....			69	209	
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	.0	.0	.0	.0	.0
8. Reinsurance recoverable on paid losses .....	343	254	.0	.0	.0
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	.0	.0	.0	.0	.0
14. Letters of credit (L) .....	.0	.0	.0	.0	.0
15. Trust agreements (T) .....	.0	.0	.0	.0	.0
16. Other (O) .....	.0	.0	.0	.0	.0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					.0
18. Funds deposited by and withheld from (F) .....					.0
19. Letters of credit (L) .....					.0
20. Trust agreements (T) .....					.0
21. Other (O) .....					.0

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	9,782,114		9,782,114
2. Accident and health premiums due and unpaid (Line 15) .....	3,245,894		3,245,894
3. Amounts recoverable from reinsurers (Line 16.1) .....	343,005		343,005
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	542,885		542,885
6. Total assets (Line 28) .....	13,913,898	0	13,913,898
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	1,706,510		1,706,510
8. Accrued medical incentive pool and bonus payments (Line 2) .....			0
9. Premiums received in advance (Line 8) .....	5,215		5,215
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	2,170,836		2,170,836
15. Total liabilities (Line 24) .....	3,882,561	0	3,882,561
16. Total capital and surplus (Line 33) .....	10,031,337	XXX	10,031,337
17. Total liabilities, capital and surplus (Line 34) .....	13,913,898	0	13,913,898
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	0		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance .....	0		

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

Allocated by States and Territories

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		00-000000				222 Main Street CARING QP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				222 Main Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				3601 North Fairfax Drive Associates, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		82-479480				9171 Wilshire OPI-CII LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		11-3398535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		55-0894449				Accredo Health, Incorporated	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		30-0939067				Affiliated Hotel Subsidiary	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		13-388838				AHG of New York, Inc.	NY	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		75-3040465				Airport Holdings, LLC	NY	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		35-262415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-0400550				Alligance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Alligance Care Management, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		71-0916514				Alligance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	12814	20-4433475				Alligance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	95.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Alligance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-3851464				Alligance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				ARE/ND/OR Longwood LLC	DE	NIA	ND / OR Longwood LLC	Ownership	35.000	ARE-NA Region No. 41, LLC (non-affiliate)	N	
.0901	Cigna Group		86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-1543748				AS Acquisition Corp.	SC	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-058518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		43-1815573				Bigpartners in Care, Inc.	MD	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1522976				Blodgett & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11254	52-2363406				Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11254	27-1719377				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				BMG Holdings I Corp	DE	NIA	Connecticut General Life Insurance Company	Ownership	98.100	AEA Investors Small Business Fund II LP (non-affiliate)	N	
.0901	Cigna Group		61-1162797				Care Continuum, Inc.	KY	NIA	SpectraCare Health Care Ventures, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-2760646				CareAllies, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-0180898				CareAllies, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		47-2500642				CareCore National Group, LLC	DE	NIA	Oz Parent, Inc.;eviCore 5, LLC;eviCore 6, LLC;eviCore 8, LLC (exact ownership % currently NA)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-4861112				CareCore National Intermediate Holdings, LLC	DE	NIA	CareCore National Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		14-1831391				CareCore National, LLC	NY	NIA	CareCore National Intermediate Holdings, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	10144	20-1089572				CareCore NJ, LLC	NY	IA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	10144	27-3845847				CareNext Managed Care, LLC	NY	NIA	CareNext Post-Acute, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		47-2873703				CareNext Post-Acute, LLC	DE	NIA	CareCore National, LLC	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2562994				CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2318410				CARING 9171 Wilshire Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2563284				CARING Alta Woodson Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		37-1903297				CARING Capitol Hill GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		32-0570889				CARING Capitol Hill LP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2318370				CARING Dulles Town Center Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2318233				CARING Heights at Bear Creek Investors LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2339522				CARING Military Square Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2563138				CARING Soma Investor LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-2604992				CCN NMO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		33-1039759				CCN-WNY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332403				CG Individual Tax Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-3481107				CG Mystic Center LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-3481241				CG Mystic Land LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				CG Seventh Street LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		20-3870049				CG Skyline, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		82-1280312				CG/Wood ALTA 801, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		81-3281922				CGSL Chapman LLC	DE	NIA	CGSL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		81-3313562				CGSL City Parkway LLC	DE	NIA	CGSL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		61-1797835				CGSL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				CGO PARTICIPATDS LTDA.	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	98.780	Cigna Corporation	N	
.0901	Cigna Group		59-3466707				Chiro Alliance Corporation	FL	NIA	Palladian Health of Florida, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		47-4235739				CI Ferris 151, LLC		NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	75.000	Cigna Corporation	N	
.0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd.	JHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna & CMB Life Insurance Company Limited	JHN	IA	Life Insurance Company of North America	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-5402196				Cigna Affiliates Realty Investment Group LLC		NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC		NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Apac Holdings, Ltd.	BMI	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		96-1181787				Cigna Beechwood Holdings	BEL	.N.A.	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	N	
.0901	Cigna Group	13733	94-3107309				Cigna Behavioral Health of California, Inc.	CA	.N.A.	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	13733	75-2751090				Cigna Behavioral Health of Texas, Inc.		.N.A.	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		41-1648670				Cigna Behavioral Health, Inc.	IN	.N.A.	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Bellevue Alpha LLC	DE	.N.A.	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-051554				Cigna Benefit Technology Solutions, Inc.	DE	.N.A.	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		01-0947899		0001489070		Cigna Benefits Financing, Inc.	DE	.N.A.	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Brokerage & Marketing (Thailand) Limited	JHA	.N.A.	RHP Thailand Limited	Ownership	75.000	Cigna Corporation	N	
.0901	Cigna Group		01-0947899		0001489070		Cigna Cedar Holdings, Ltd.	JLT	.N.A.	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1137759		0001489070		Cigna Chestnut Holdings, Ltd.	GBR	.N.A.	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-3396038				Cigna Corporate Services, LLC		.N.A.	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		82-4991898		1739940	US	Cigna Corporation		U.P.	Publicly Traded	Ownership	100.000	Publicly Traded	N	
.0901	Cigna Group		00-000000				Cigna Data Services (Shanghai) Company Limited	CHN	.N.A.	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		59-2600475		1739940	US	Cigna Dental Health Of California, Inc.	CA	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		11175		1739940	US	Cigna Dental Health Of Colorado, Inc.		.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95380	59-2676967				Cigna Dental Health Of Delaware, Inc.	DE	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc.	FL	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95380	06-1351097				Cigna Dental Health of Illinois, Inc.	IL	.N.A.	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52024	59-2625309				Cigna Dental Health Of Kansas, Inc.	KS	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc.	KY	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	48119	59-2740468				Cigna Dental Health Of Maryland, Inc.	MD	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc.	MO	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc.	NJ	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc.	NC	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc.	OH	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47041	82-1220578				Cigna Dental Health Of Pennsylvania, Inc.	PA	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	TX	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52617	82-2188914				Cigna Dental Health Of Virginia, Inc.	VA	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	AZ	.IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52617	59-2308055				Cigna Dental Health, Inc.	FL	.N.A.	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47013	58-1136865				Cigna Direct Marketing Company, Inc.	DE	.N.A.	Life Insurance Company of North America	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47013	98-1155943				Cigna Elmwood Holdings, SPRL	BEL	.N.A.	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Europe Insurance Company S.A.-N.V.	BEL	.IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna European Services (UK) Limited	GBR	.N.A.	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		82-1724116				Cigna Federal Benefits, Inc.		.N.A.	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Finans Eneklilik Va Hyat A.S.	TUR	.N.A.	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation	N	
.0901	Cigna Group		51-0389196				Cigna Global Holdings, Inc.	DE	.N.A.	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Global Insurance Company Limited	SGY	.IA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	N	
.0901	Cigna Group		44-3190987				Cigna Global Reinsurance Company, Ltd.	BMI	.IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Global Wellbeing Holdings Limited	GBR	.N.A.	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Global Wellbeing Solutions Limited	GBR	.N.A.	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company		.IA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		82-1312478				Cigna Health Corporation		.N.A.	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	67369	23-1728483				Cigna Health Management, Inc	DE	.N.A.	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	67369	00-000000				Cigna Health Solution India Pvt. Ltd.	IND	.N.A.	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	N	
.0901	Cigna Group		83-2741293				Cigna Healthcare Benefits, Inc.	DE	.N.A.	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		94-0885843				Cigna Healthcare Holdings, Inc.		.N.A.	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	MD	.N.A.	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95125	86-0334382				Cigna HealthCare of Arizona, Inc.	AZ	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		95-3310115				Cigna HealthCare of California, Inc.	CA	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	CO	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	CT	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95136	99-2082259				Cigna HealthCare of Florida, Inc.	FL	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95602	38-3385638				Cigna HealthCare of Illinois, Inc.	IL	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95602	01-0418220				Cigna HealthCare of Maine, Inc.	ME	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95525	02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95132	36-1479515				Cigna HealthCare of North Carolina, Inc.	NC	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95500	23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95606	62-1230908				Cigna HealthCare of Utah, Inc.	UT	.IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95383	02-0495422				Cigna Healthcare, Inc.	VT	.IA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95383	00-0000000				Cigna HLA Technology Services Limited	HKG	.IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1059331				Cigna Holding Company	DE	.IHP	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-3009279				Cigna Holdings Overseas, Inc.	NIA	.IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1072796				Cigna Holdings, Inc.	DE	.IHP	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Hong Kong Holdings Company Limited	HKG	.IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-1903785				Cigna Insurance Agency, LLC	CT	.IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Insurance Management Services (DIFC), Ltd.	ARE	.NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Insurance Middle East S.A.L.	LBN	.IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Insurance Public Company Limited	THA	.IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Insurance Services (Europe) Limited	GBR	.IA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc.		.NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc.		.NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		01-0111677				Cigna International Corporation, Inc.	DE	.NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		52-0291385				Cigna International Finance, Inc.	DE	.NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Health Services Kenya Limited	KEN	.NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Health Services Sdn. Bhd.		.NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Health Services, BVBA	MYS	.NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Health Services, LLC	BEL	.NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Marketing (Thailand) Limited		.NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		30-3087621				Cigna International Services Australia Pty Ltd	THA	.NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Services, Inc.	AUR	.NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2610178				Cigna Investment Group, Inc.		.NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1095823				Cigna Investments, Inc.		.NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-0861092				Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)	DE	.NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Laurel Holdings, Ltd.	KOR	.NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1146864				Cigna Legal Protection U.K. Ltd.	BMI	.NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		AA-1560515				Cigna Life Insurance Company of Canada	GBR	.NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		AA-1240009				Cigna Life Insurance Company of Europe S.A. - N.V.	CAN	.IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	64548	13-2556568	3381743			Cigna Life Insurance Company of New York	BEL	.IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation	N	
.0901	Cigna Group								.IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		00-000000				Cigna Life Insurance New Zealand Limited	NZL	.IA	Cigna International Health Services Sdn. Bhd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	64548	46-4110289	3381743			Cigna Linden Holdings, Inc.	DE	.NIA	Cigna Holdings Overseas, Inc.	Ownership	80.000	Cigna Corporation	.N	
.0901	Cigna Group	64548	00-000000	3381743			Cigna Magnolia Holdings, Inc.	BMI	.NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		23-2741294				Cigna Managed Care Benefits Company	DE	.NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		38-1154657				Cigna Myrtle Holdings, Ltd.	MLT	.NIA	Cigna Apac Holdings, Ltd.	Ownership	50.540	Cigna Corporation	.N	
.0901	Cigna Group	61727	34-0970995				Cigna National Health Insurance Company	OH	.IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Nederland Alpha Cooperatief U.A.	NLD	.NIA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group	61727	00-000000				Cigna Nederland Beta B.V.	NLD	.NIA	Cigna Nederland Alpha Cooperatief U.A.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	61727	00-000000				Cigna Nederland Gamma B.V.	NLD	.NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna New Zealand Finance Limited	NZL	.NIA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna New Zealand Holdings Limited	NZL	.NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Oak Holdings, Ltd.	GBR	.NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		32-022252				Cigna Onsite Health, LLC		.NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Palmetto Holdings, Ltd.	BMI	.NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		46-409880				Cigna Poplar Holdings, Inc.	DE	.NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1071502				Cigna RE Corporation		.NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1567902				Cigna Resource Manager, Inc.	DE	.NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Sequoia Holdings SPRL	BEL	.NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Taiwan Life Assurance Company Limited	TWN	.IA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Teak Holdings, LLC		.NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	TUR	.NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		83-1069280				Cigna Ventures, LLC	DE	.NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Walnut Holdings, Ltd.	GBR	.NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Willow Holdings, Ltd.	GBR	.NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Worldwide General Insurance Company Limited	HKG	.IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	90859	23-2088429				Cigna Worldwide Insurance Company		.IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Worldwide Life Insurance Company Limited	HKG	.IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				CignaTK Health Insurance Company Limited	IND	.IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TK (non-affiliate)	.N	
.0901	Cigna Group	90859	00-000000				Community Health Network, LLC		.NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		06-1252419				Connecticut General Benefit Payments, Inc.		.NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		06-0840391				Connecticut General Corporation	CT	.NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group	62308	06-0303370		0000023419		Connecticut General Life Insurance Company	CT	.IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		27-0268530				CORAC, LLC	DE	.NIA	Connecticut General Life Insurance Company	Ownership	50.000	Cigna Corporation	.N	
.0901	Cigna Group		82-4936006				QPI-CII 9171 Wisshire JV LLC	DE	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group	62308	00-000000		0000023419		QR Longwood Investors L.P.	DE	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	27.030	Charles River Realty Longwood, LLC (non-affiliate)	.N	
.0901	Cigna Group	62308	00-000000		0000023419		QR Washington Street Investors LP	DE	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	.N	
.0901	Cigna Group		47-2746692				Crickel Health, Inc.	DE	.NIA	Cigna Health and Life Insurance Company	Ownership	9.000	Cigna Corporation	.N	
.0901	Cigna Group		36-4369972				QuraScript, Inc.	DE	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Diamondview Tower CM-CG LLC	DE	.NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	.N	
.0901	Cigna Group		16-1526641				Diversified NY IPA, Inc.	NY	.NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		41-1627938				Diversified Pharmaceutical Services, Inc.	IN	.NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		71-0958489				DNA Direct, Inc.	DE	.NIA	AS Acquisition Corp.	Ownership	100.000	Cigna Corporation	.N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group		00-000000				Duiles Town Center Mall, LLC	VA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group		27-3542089				Econdisc Contracting Solutions, LLC	DE	NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group						ESI Canada	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, LLC (0.1%)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group						ESI GP Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		43-192556				ESI GP Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-3542089				ESI GP2 Canada ULC	CAN	NIA	Express Scripts Canada Co.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		74-2974964				ESI Mail Order Processing, Inc.		NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		43-186735				ESI Mail Pharmacy Service, Inc.		NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		43-1925562				ESI Partnership	DE	NIA	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		41-2006555				ESI Resources, Inc.		NIA	ESI Partnership	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-4676347				eviCore 1, LLC	DE	NIA	Oz Parent, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		47-2396957				eviCore 2, Inc.	DE	NIA	Oz Parent, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		47-2477846				eviCore 3, LLC	DE	NIA	Oz Parent, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		36-4799616				eviCore 4, Inc.	DE	NIA	Oz Parent, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-5364336				eviCore 5, LLC	DE	NIA	Oz Parent, Inc.;eviCore 1, LLC (exact ownership % currently NA)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-1416563				eviCore 6, LLC	DE	NIA	Oz Parent, Inc.;eviCore 1, LLC (exact ownership % currently NA)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		30-0847201				eviCore 8, LLC	DE	NIA	Oz Parent, Inc.;eviCore 2, LLC;eviCore 3,LLC;eviCore 9,LP (exact ownership % currently NA)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		35-252292				eviCore 9, LP	DE	NIA	Oz Parent, Inc.;eviCore 4, Inc. (exact ownership % is currently NA)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1615395				eviCore healthcare MSI, LLC	TN	NIA	MedSolutions Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	13818	27-3175443				Express Reinsurance Company	MD	IA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		41-2063830				Express Scripts Administrators LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group						Express Scripts Canada Co.	CAN	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		43-1942542				Express Scripts Canada Holding Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	13818	27-1490640				Express Scripts Canada Holding, LLC	DE	NIA	Express Scripts Canada Holding Co.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	13818	41-2063830				Express Scripts Canada Services	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, LLC (0.1%)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group						Express Scripts Canada Wholesale	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, LLC (0.1%)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-2894094				Express Scripts Holding Company	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-5826948				Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-1490640				Express Scripts Pharmacy Atlantic, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group						Express Scripts Pharmacy Central, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-2894094				Express Scripts Pharmacy Ontario, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-5826948				Express Scripts Pharmacy West, Ltd.	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		30-0789911				Express Scripts Pharmacy, Inc.		NIA	Medco Health Services, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		22-3114423				Express Scripts Sales Operations, Inc.		NIA	ESI Mail Pharmacy Service, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-3126104				Express Scripts Senior Care Holdings, Inc.		NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-3126075				Express Scripts Senior Care, Inc.		NIA	Express Scripts Senior Care Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		43-1832983				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		43-1869712				Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		22-2230703				Express Scripts Strategic Development, Inc.	NI	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0901	Cigna Group		43-1869714				Express Scripts Utilization Management Company	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		43-1420563				Express Scripts, Inc.	DE	NIA	Express Scripts Holding Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-194061				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Gillette Ridge Community Council, Inc.		NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-3700105				Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		11-9599164				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		76-0657035				GulQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	N	
.0901	Cigna Group		52-2149519				Hazard Center Investment Company LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		04-2992335				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-2159005				Healthbridge, Inc.		NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-3611739				HealthFortis, Inc.	DE	NIA	AS Acquisition Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-2086778				Health-Lynx, LLC		NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1533555				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0467679				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0387748		000085587		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	12902	20-8534298				HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-8647386				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11532	65-1129599				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-2353772		000085587		HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	12902	26-2353476		000085587		HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	12902	72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11532	20-1821898		000133953		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-4139432				Heights at Bear Creek Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		27-3582688				Henry on the Park Associates, LLC	DE	NIA	Corac, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		20-4286628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		75-3108521		000133953		HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000		000133953		Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	95.000	Cigna Corporation	N	
.0901	Cigna Group		35-2041388				IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		82-1655179				Innovative Product Alignment, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		82-0698250				Inside RX, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-0425785				Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				ITM (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group		20-8064696				Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		47-5292506				LAC Investments, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		47-4375626				Lakehills OM-CG LLC	DE	NIA	LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		86-0805982				Landmark Healthcare Colorado, Inc.		NIA	Landmark Healthcare, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		88-0393103				Landmark Healthcare Services, Inc.	CA	NIA	Landmark Healthcare, Inc.	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0901	Cigna Group		96-4034089				Landmark Healthcare, Inc.	CA	.NIA.	AS Acquisition Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	65498	23-1503749		0000059361		Life Insurance Company of North America	PA	.IA.	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1252418				LINA Benefit Payments, Inc.	DE	.NIA.	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				LINA Financial Service	KOR	.NIA.	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				LINA Life Insurance Company of Korea	KOR	.IA.	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	65722	03-0343428		0000059361		Loyal American Life Insurance Company	OH	.IA.	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	65498	58-2593075		0000059361		Lynnfield Compounding Center, Inc.	FL	.NIA.	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		04-3546044				Lynnfield Drug, Inc.	FL	.NIA.	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-1508930				NWH Pharmacy, LLC	FL	.NIA.	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	65722	80-0908244				Mallory Square Partners I, LLC	DE	.NIA.	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group	65722	00-0000000				Managed Care Consultants, Inc.	IN	.NIA.	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		51-0500147				Matrix GPO, LLC	IN	.NIA.	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		59-3720653				Matrix Healthcare Services, Inc.	FL	.NIA.	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1346406				NCC Independent Practice Association of New York, Inc.	NY	.NIA.	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	63762	13-3506395				Medco Containment Insurance Company of NY	NY	.IA.	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	34720	42-1425239				Medco Containment Life Insurance Company	PA	.IA.	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-3709630				Medco Europe II, LLC	DE	.NIA.	Medco Europe, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-2166374				Medco Europe, LLC	DE	.NIA.	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	63762	81-0616525				Medco Health Puer to Rico, LLC	DE	.NIA.	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	34720	26-3544786				Medco Health Services, Inc.	DE	.NIA.	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	34720	22-3461740				Medco Health Solutions, Inc.	DE	.NIA.	Express Scripts Holding Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		99-0362031				Medco International Holdings, BV	NLD	.NIA.	MHS Holdings, CV	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		88-0334401				Mediversal, Inc.	IN	.NIA.	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-3801345				MedSolutions Holdings, Inc.	DE	.NIA.	CareCore National, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1872797				MedSolutions of Texas, Inc.	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-3741831				MHS Holdings, CV	NLD	.NIA.	Medco Europe II, LLC (0.01%); Medco Europe, LLC (99.99%)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		32-0071543				MSI Health Organization of Texas, Inc.	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-5492993				MSI HT, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-5493148				MSI LT, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-5493321				MSI SAR-GW, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		96-1090522				MSIAZ I, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-1749733				MSICA I, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-1222347				MSIOO I, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		55-0840800				MSIFL, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-0181185				MSIND I, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		74-3122235				MSINC I, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		11-3715243				MSINH I, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		03-0524694				MSINH, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-1748446				MSINJ I, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-1761914				MSINW I, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		55-0840800				MSISD II, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		28-0336736				MSIVT I, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-2536458				MSIWA, LLC	TN	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		36-4833294				MyM Technology Services, LLC	FL	.NIA.	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1350678				myMatrixx Holdings, LLC	DE	.NIA.	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-2549739				myMatrixx-B, LLC	FL	.NIA.	Matrix Healthcare Services, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-2536458				Naryx Pharma Inc.	CAN	.NIA.	Priority Healthcare Corp	Ownership	21.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				ND/CR Longwood LLC	DE	.NIA.	CR Longwood Investors L.P.	Ownership	95.000	Cigna Corporation	N	
.0901	Cigna Group		52-1929677				NewQuest Management Northeast, LLC	DE	.NIA.	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		33-1033596				NewQuest Management of Alabama, LLC	AL	.NIA.	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-4954206				NewQuest Management of Florida, LLC	FL	.NIA.	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

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**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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.0901	Cigna Group		77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		76-0628370				NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Notch 8 Residential, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		91-1599329				Olympic Health Management Services, Inc.	VA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		91-1500758				Olympic Health Management Systems, Inc.	VA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-2355015		0001611115		Onada Health, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	7.693	Cigna Corporation	N	
.0901	Cigna Group		00-000000				OnePath Life (NZ) Limited		IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		82-3430587				Oz Parent, Inc.	DE	NIA	Express Scripts Holding Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-1937849				Palladian Health of Florida, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		16-1513067		0001611115		Palladian Independent Practice Association, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		80-0818758		0001611115		Patient Provider Alliance, Inc.	DE	NIA	Brighter, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		83-2368310				Piso Delmatico, LLC	DE	NIA	(45%)	Ownership	55.000	Cigna Corporation	N	
.0901	Cigna Group		26-1737661				Preremus, Inc.	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Cigna National Health Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	N	
.0901	Cigna Group		00-000000				PT PSU Indonesia	IDN	NIA	PT GAR Indonesia	Ownership	99.990	Cigna Corporation	N	
.0901	Cigna Group	67903	AA-5360003				PT. Asuransi Cigna	IDN	IA	Cigna Worldwide Insurance Company	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group	67903	00-000000				RJR Arbors Apartments Venture LLC		NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		45-5669416				QPID Health, LLC		NIA	Healthcare MSI, LLC (9%)	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-3744987				QualCare Alliance Networks, Inc.		NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		46-1634843				QualCare Captive Insurance Company Inc., PC	NJ	IA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		22-3129563				QualCare, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				RHP (Thailand) Limited	THA	NIA	Cigna Apac Holdings, Ltd.	Ownership	49.000	Cigna Corporation	N	
.0901	Cigna Group		83-1460134				Rise-03 Capitol Hill, LP	DE	NIA	CRING Capitol Hill GP LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		25-1641636				Saganore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				SB-SNH LLC		NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		22-2483867				Scibal Associates, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Secon Properties, LP	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N	
.0901	Cigna Group		82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		82-4405071				Specialty Products Acquisitions, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		61-1317695				SpectraCare Health Care Ventures, Inc.	FL	NIA	SpectraCare, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		61-1147088				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	77399	13-1867829		0001259055		Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		47-2658932				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		61-1147088				SureScripts, LLC	VA	NIA	Solutions, Inc. 16.7%	Ownership	33.400	Cigna Corporation	N	
.0901	Cigna Group	77399	22-3474888		0001259055		Systemed, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0901	Cigna Group	77399	23-3074013		0001259055		TEL-DRUG of Pennsylvania, L.L.C.	PA	.NIA.	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	.N.	
.0901	Cigna Group		46-0427127				Tel-Drug, Inc.	SD	.NIA.	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	.N.	
.0901	Cigna Group		00-0000000				Temple Insurance Company Limited	BMI	.IA.	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	.N.	
.0901	Cigna Group		20-5524622				Tennessee Quest, LLC	TN	.NIA.	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N.	
.0901	Cigna Group		75-3108527				TexQuest, LLC	DE	.NIA.	NewQuest, LLC	Ownership	100.000	Cigna Corporation	.N.	
.0901	Cigna Group		00-0000000				Transwestern Federal, L.L.C.		.NIA.	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	.N.	
.0901	Cigna Group		00-0000000				Transwestern Federal Holdings, L.L.C.	DE	.NIA.	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation	.N.	
.0901	Cigna Group		39-1886617				Triad Healthcare, Inc.	CT	.NIA.	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	.N.	
.0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	.IA.	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	.N.	
.0901	Cigna Group		88-0344624				Universal Claims Administration	MT	.NIA.	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	.N.	
.0901	Cigna Group		00-0000000				UWL, LLC	DE	.NIA.	Cigna Affiliates Realty Investment Group, LLC	Ownership	71.400	Cigna Corporation	.N.	
.0901	Cigna Group	65269	82-4410128				ValoremRx Sourcing Solutions, LLC	DE	.NIA.	Specialty Products Acquisitions, LLC (50%)	Ownership	50.000	Cigna Corporation	.N.	
.0901	Cigna Group	65269	98-0463704				Vielife Services, Inc.	DE	.NIA.	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	.N.	
.0901	Cigna Group		88-0455414		0001462078		WorldDoc, Inc.	NV	.NIA.	Cigna Health and Life Insurance Company	Ownership	20.000	Cigna Corporation	.N.	
.0901	Cigna Group		00-0000000				YCFM Services LTDA	BRA	.NIA.	Cigna Global Holdings, Inc.	Ownership	56.020	Cigna Corporation	.N.	

**NONE**

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	06-1059331	Cigna Corporation	2,518,300,000			170,500	(48,286)				2,518,422,214	
	06-1072796	Cigna Holdings, Inc.		(370,962,716)			(1,270,342)				(372,233,058)	
	51-0402128	Cigna Intellectual Property, Inc.									0	
	06-1095823	Cigna Investment Group, Inc.					436,738				436,738	
	52-0291385	Cigna International Finance, Inc.									0	
	23-1914061	Former Cigna Investments, Inc.					2,737,196				2,737,196	
	06-0861092	Cigna Investments, Inc.					43,426,409				43,426,409	
	01-0947889	Cigna Benefits Financing, Inc.					1,078,560				1,078,560	
	81-2760646	CareAllies, Inc.		11,000,000			(1,017)				10,998,983	
	06-0840391	Connecticut General Corporation	64,000,000				(7,588)				63,992,412	
	81-0585518	Benefit Management Corp.	(6,000,000)								(6,000,000)	
12814	20-4433475	Allegiance Life & Health Insurance Company					(2,042,987)	(1,255,549)			(3,298,536)	
	20-3851464	Allegiance Re, Inc.									0	
	81-0400550	Allegiance Benefit Plan Management, Inc.					559,747				559,747	
	71-0916514	Allegiance COBRA Services, Inc.					661				661	
	00-0000000	Allegiance Provider Direct, LLC									0	
	00-0000000	Community Health Network, LLC									0	
	81-0425785	Intermountain Underwriters, Inc.					31,581				31,581	
	03-0507057	Allegiance Care Management, LLC					100,794				100,794	
	20-1821898	HealthSpring, Inc.					2,101,929				2,101,929	
	76-0628370	NewQuest, LLC	(12,450,000)				(124,750)				(12,574,750)	
	52-1929677	NewQuest Management Northeast, LLC		(3,000,000)			102,331,559				99,331,559	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.		3,000,000			(23,696,681)				(20,696,681)	
11254	52-2363406	Bravo Health Pennsylvania, Inc.	(65,000,000)				(78,218,262)				(143,218,262)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	(79,900,000)				(575,069,375)				(654,969,375)	
11532	65-1129599	HealthSpring of Florida, Inc.	(36,400,000)				(90,242,219)				(126,642,219)	
	77-0632665	NewQuest Management of Illinois, LLC					14,200,057				14,200,057	
	20-4954206	NewQuest Management of Florida, LLC	(10,400,000)				83,161,448				72,761,448	
	20-8647386	HealthSpring Management of America, LLC					144,469,291				144,469,291	
	45-0633893	NewQuest Management of West Virginia, LLC									0	
	75-3108527	TexQuest, LLC									0	
	75-3108521	HouQuest, LLC									0	
	76-0657035	GulfQuest, LP	(32,400,000)				258,986,349				226,586,349	
	33-1033586	NewQuest Management of Alabama, LLC	(7,000,000)				156,255,084				149,255,084	
	72-1559530	HealthSpring USA, LLC	(2,200,000)				162,469,448				160,269,448	
	20-5524622	Tennessee Quest, LLC	(4,250,000)				(12,723,469)				(16,973,469)	
	26-2353476	HealthSpring Pharmacy Services, LLC									0	
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC									0	
	20-4266628	Home Physicians Management, LLC									0	
	35-2562415	Alegis Care Services, LLC									0	
13733	03-0452349	Cigna Arbor Life Insurance Company									0	



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-1648670	Cigna Behavioral Health, Inc.	(80,000,000)				(231,234,689)				(311,234,689)	
	94-3107309	Cigna Behavioral Health of California, Inc.					(27,813)				(27,813)	
	75-2751090	Cigna Behavioral Health of Texas, Inc.					(162,165)				(162,165)	
	06-1346406	MCC Independent Practice Association of New York, Inc.									0	
	59-2308055	Cigna Dental Health, Inc.	(71,305,000)				28,112,441				(43,192,559)	
	59-2600475	Cigna Dental Health Of California, Inc.	(14,450,000)				(185,119)				(14,635,119)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,300,000)				(841,646)				(3,141,646)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(12,323)				(12,323)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(9,600,000)				(3,837,194)				(13,437,194)	
	06-1351097	Cigna Dental Health of Illinois, Inc.									0	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(500,000)				(153,713)				(653,713)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,500,000)				(1,122,227)				(4,622,227)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(650,000)				(458,449)				(1,108,449)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,200,000)				(1,504,208)				(2,704,208)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(506,653)				(506,653)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,700,000)				(837,007)				(3,537,007)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.					(574,109)				(2,069,109)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(11,000,000)				(4,067,760)				(15,067,760)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,300,000)				(562,220)				(1,862,220)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.									(4,650,392)	
48119	59-2740468	Cigna Dental Health Of Maryland, Inc.	(3,350,000)				(960,392)				(4,340,748)	
	62-1312478	Cigna Health Corporation					4,620,547				4,620,547	
	02-0387748	Healthsource, Inc.		(17,500,000)							(17,500,000)	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.					(4,005,831)	605,314			(3,400,517)	118,839
	95-3310115	Cigna HealthCare of California, Inc.		20,000,000		(147,500)	(77,567)				19,774,933	2,687,235
95604	84-1004500	Cigna HealthCare of Colorado, Inc.					(78,602)	(40,413)			(119,015)	10,932
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.					(654,099)	(1,148)			(655,247)	281
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(30,791)	(20,354)			(51,145)	4,985
95602	36-3385638	Cigna HealthCare of Illinois, Inc.		12,000,000		(23,000)	(2,744,049)	735,010			9,967,961	555,902
	01-0418220	Cigna HealthCare of Maine, Inc.									0	
	02-0402111	Cigna HealthCare of Massachusetts, Inc.									0	
	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.									0	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(8,619)				(8,619)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.		10,000,000			(25,466)	3,140,151			13,114,685	3,022
	23-2301807	Cigna HealthCare of Pennsylvania, Inc.									0	
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.					(2,200,214)	(77,394)			(2,277,608)	18,955
	62-1230908	Cigna HealthCare of Utah, Inc.									0	
96229	58-1641057	Cigna HealthCare of Georgia, Inc.					(38,529,368)	(14,535)			(38,543,903)	11,256
95383	74-2767437	Cigna HealthCare of Texas, Inc.					(1,056,893)	3,309,358			2,252,465	206,449

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(5,869)	(523)			(6,392)	128
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.		4,000,000			(518,680)				3,481,320	98,286
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.					(11,637,801)	(1,078,227)			(12,716,028)	390,936
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.					(8,592,828)	(1,521)			(8,594,349)	372
	00-0000000	Temple Insurance Company Limited					(20,698)				(20,698)	
	86-3581583	Arizona Health Plan, Inc.									0	
	02-0467679	Healthsource Properties, Inc.									0	
	00-0000000	Managed Care Consultants, Inc.									0	
	02-0515554	Cigna Benefit Technology Solutions, Inc.									0	
	35-1641636	Sagamore Health Network, Inc.					1,126,676				1,126,676	
	84-0985843	Cigna Healthcare Holdings, Inc.									0	
	93-1174749	Great-West Healthcare of Illinois, Inc.									0	
	02-0495422	Cigna Healthcare, Inc.									0	
64548	13-2556568	Cigna Life Insurance Company of New York	(20,000,000)				(916,349)	8,828,337			(12,088,012)	121,767,208
62308	06-0303370	Connecticut General Life Insurance Company	(182,000,000)	50,303,189			(11,517,637)	(119,283,911)			(262,498,359)	(819,168,268)
	45-3481107	CG Mystic Center LLC									0	108,500
	45-3481241	CG Mystic Land LLC									0	
	20-3870049	CG Skyline, LLC									0	
	26-0180898	CareAllies, LLC									0	
	32-0222252	Cigna Onsite Health, LLC					(8,147)				(8,147)	
	00-0000000	Gillette Ridge Community Council, Inc.									0	
	20-3700105	Gillette Ridge Golf, LLC									0	
	52-2149519	Hazard Center Investment Company LLC									0	
	23-3074013	TEL-DRUG of Pennsylvania, L.L.C.	(86,000,000)				(26,701)				(86,026,701)	
	00-0000000	GFG Acquisitions LLC		413,111							413,111	
	27-5402196	Cigna Affiliates Realty Investment Group LLC					(14,886,689)				(14,886,689)	
	00-0000000	CR Longwood Investors L.P.									0	
	00-0000000	ND/CR Longwood LLC									0	
	00-0000000	APE/ND/CR Longwood LLC									0	
	00-0000000	Secon Properties, LP									0	
	00-0000000	Transwestern Federal Holdings, L.L.C.									0	
	00-0000000	Transwestern Federal, L.L.C.									0	
	00-0000000	Diamondview Tower CM-CG LLC									0	
	00-0000000	CR Washington Street Investors LP									0	
	00-0000000	Dulles Town Center Mall, LLC									0	
	00-0000000	PUR Arbors Apartments Venture LLC									0	
	00-0000000	CG Seventh Street LLC									0	
	00-0000000	Ideal Properties II LLC									0	
	80-0908244	Mallory Square Partners I, LLC									0	
	00-0000000	Houston Briar Forest Apartments Limited Partnership									0	
	00-0000000	SB-SNH LLC									0	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-000000	680 Investors LLC									.0	
	00-000000	685 New Hampshire LLC									.0	
	00-000000	222 Main Street CARING GP LLC									.0	
	00-000000	222 Main Street Investors LP									.0	
	00-000000	Notch 8 Residential, L.L.C.									.0	
	00-000000	UVL, LLC									.0	
	00-000000	3601 North Fairfax Drive Associates, LLC									.0	
	47-4235739	CI Perris 151, LLC									.0	
	47-4375626	Lakehills CM-CG LLC									.0	
	30-0939067	Affiliated Hotel Subsidiary									.0	
	81-2650133	Berwick Apartments LLC									.0	
	81-3389374	CIG-LEI Ygnacio Associates LLC									.0	
	61-1797835	CGQL Orange Collection LLC									.0	
	81-3281922	CGQL Chapman LLC									.0	
	81-3313562	CGQL City Parkway LLC									.0	
	81-4139432	Heights at Bear Creek Venture LLC									.0	
	82-1732483	SOMA Apartments Venture LLC									.0	
	82-3315524	Arbor Heights Venture LLC									.0	
	82-1280312	CG/Wood ALTA 601, LLC									.0	
	82-4936006	CPI-CII 9171 Wilshire JV LLC									.0	
	82-4794800	9171 Wilshire CPI-CII LLC									.0	
	37-1903297	CARING Capitol Hill GP LLC									.0	
	32-0570889	CARING Capitol Hill LP LLC									.0	
	83-1460134	Rise-CG Capitol Hill, LP									.0	
	83-2318410	CARING 9171 Wilshire Investor LLC									.0	
	83-2318233	CARING Heights at Bear Creek Investor LLC									.0	
	83-2318370	CARING Dulles Town Center Investor LLC									.0	
	83-2562994	CARING 500 Ygnacio Investor LLC									.0	
	83-2563284	CARING Alta Woodson Investor LLC									.0	
	83-2339522	CARING Mallory Square Investor LLC									.0	
	83-2563138	CARING Soma Investor LLC									.0	
	27-0268530	CORAC, LLC		(37,353)							(37,353)	
	27-3582688	Henry on the Park Associates, LLC									.0	
67369	59-1031071	Cigna Health and Life Insurance Company	(1,022,000,000)	(87,937,985)			84,898,977	99,237,037			(925,801,971)	88,003,339
	45-2681649	CarePlexus, LLC									.0	
	27-3396038	Cigna Corporate Services, LLC									.0	
	27-1903785	Cigna Insurance Agency, LLC									.0	
	34-1970892	Ceres Sales of Ohio, LLC									.0	
61727	34-0970995	Cigna National Health Insurance Company					(214,519)				(214,519)	
67903	23-1335885	Provident American Life & Health Insurance Company					(362,719)				(362,719)	
65269	75-2305400	United Benefit Life Insurance Company					(28,154)				(28,154)	
65722	63-0343428	Loyal American Life Insurance Company		6,000,000			(72,243,582)				(66,243,582)	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.88366	59-2760189	American Retirement Life Insurance Company		42,000,000			(29,583,356)				12,416,644	
	23-3744987	QualCare Alliance Networks, Inc.									0	
	22-3129563	QualCare, Inc.					(2,990)				(2,990)	
	22-2483867	Scibal Associates, Inc.					(1,495)				(1,495)	
	46-1634843	QualCare Captive Insurance Company Inc., PCC									0	
	46-1801639	QualCare Management Resources Limited Liability Company									0	
	46-2086778	Health-Lynx, LLC									0	
.77399	13-1867829	Sterling Life Insurance Company	(8,000,000)				(3,398,904)				(11,398,904)	
	91-1500758	Olympic Health Management Systems, Inc.									0	
	91-1599329	Olympic Health Management Services, Inc.									0	
	88-0455414	WorldDoc, Inc.									0	
	45-2355015	Omada Health, Inc.									0	
	83-1069280	Cigna Ventures, LLC									0	
	47-2746692	Cricknet Health, Inc.									0	
	23-1728483	Cigna Health Management, Inc					147,585,191				147,585,191	
	20-8064696	Kronos Optimal Health Company					779,279				779,279	
.65498	23-1503749	Life Insurance Company of North America	(400,000,000)	4,145,727		(10,644)	(26,092,612)	112,228,256			(309,729,273)	693,308,306
	00-0000000	Cigna & CMB Life Insurance Company Limited									0	
	00-0000000	Cigna & CMB Health Services Company, Ltd.									0	
	58-1136865	Cigna Direct Marketing Company, Inc.									0	
	46-0427127	Tel-Drug, Inc.	(232,000,000)				(243,374)				(232,243,374)	
	00-0000000	Cigna Global Wellbeing Holdings Limited									0	
	00-0000000	Cigna Global Wellbeing Solutions Limited									0	
	98-0463704	Vielife Services, Inc.									0	
	06-1332403	CG Individual Tax Benefits Payments, Inc.									0	
	06-1332405	CG Life Pension Benefits Payments, Inc.									0	
	06-1332401	CG LINA Pension Benefits Payments, Inc.									0	
	62-1724116	Cigna Federal Benefits, Inc.									0	
	23-2741293	Cigna Healthcare Benefits, Inc.									0	
	23-2924152	Cigna Integratedcare, Inc.									0	
	23-2741294	Cigna Managed Care Benefits Company					18,034,330				18,034,330	
	06-1071502	Cigna RE Corporation									0	
	06-1522976	Blodget & Hazard Limited									0	
	06-1567902	Cigna Resource Manager, Inc.									0	
	06-1252419	Connecticut General Benefit Payments, Inc.									0	
	06-1533555	Healthsource Benefits, Inc.									0	
	35-2041388	IHN, Inc.					(5,157)				(5,157)	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	06-1252418	LINA Benefit Payments, Inc.									0	
	88-0334401	Mediversal, Inc.									0	
	88-0344624	Universal Claims Administration									0	
	27-1713977	Brighter, Inc.					(9,815)				(9,815)	
	80-0818758	Patient Provider Alliance, Inc.									0	
	51-0389196	Cigna Global Holdings, Inc.	(68,300,000)	331,462,716							263,162,716	
	51-0111677	Cigna International Corporation, Inc.					(8,469,600)				(8,469,600)	
	23-2610178	Cigna International Services, Inc.									0	
	30-3087621	Cigna International Marketing (Thailand) Limited									0	
	00-0000000	CGO PARTICIPATOS LTDA.									0	
	00-0000000	YCFM Servicios LTDA									0	
	AA-3190987	Cigna Global Reinsurance Company, Ltd.	(100,000,000)			10,644	(58,855)	(102,529,607)			(202,577,818)	(90,918,467)
	23-3009279	Cigna Holdings Overseas, Inc.									0	
	00-0000000	Cigna Bellevue Alpha LLC									0	
	46-4110289	Cigna Linden Holdings, Inc.									0	
	98-1146864	Cigna Laurel Holdings, Ltd.									0	
	00-0000000	Cigna Palmetto Holdings, Ltd.									0	
	00-0000000	Cigna Apac Holdings, Ltd.									0	
	00-0000000	Cigna Alder Holdings, LLC									0	
	00-0000000	Cigna Walnut Holdings, Ltd.									0	
	98-1137759	Cigna Chestnut Holdings, Ltd.									0	
	00-0000000	LINA Life Insurance Company of Korea									0	
	00-0000000	Cigna International Services Australia Pty Ltd									0	
	00-0000000	Cigna Hong Kong Holdings Company Limited									0	
	00-0000000	Cigna Data Services (Shanghai) Company Limited									0	
	00-0000000	Cigna HLA Technology Services Limited									0	
	00-0000000	Cigna Worldwide General Insurance Company Limited									0	
	00-0000000	Cigna Worldwide Life Insurance Company Limited									0	
	00-0000000	Cigna International Health Services Sdn. Bhd.									0	
	00-0000000	Cigna Life Insurance New Zealand Limited									0	
	11-9599164	Grown Ups New Zealand Limited									0	
	00-0000000	Cigna New Zealand Holdings Limited									0	
	00-0000000	Cigna New Zealand Finance Limited									0	
	00-0000000	OnePath Life (NC) Limited									0	
	AA-1560515	Cigna Life Insurance Company of Canada					(5,160,925)	(559,403)			(5,720,328)	693,775
	00-0000000	Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)									0	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

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NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-000000	LINA Financial Service									.0	
	00-000000	Cigna Nederland Gamma B.V.									.0	
	00-000000	Cigna Finans Emeklilik Ve Hayat A.S.									.0	
	00-000000	RHP (Thailand) Limited									.0	
	00-000000	Cigna Brokerage & Marketing (Thailand) Limited									.0	
	00-000000	KDM (Thailand) Limited									.0	
	00-000000	Cigna Insurance Public Company Limited									.0	
	00-000000	Cigna Taiwan Life Assurance Company Limited									.0	
	98-1154657	Cigna Myrtle Holdings, Ltd.									.0	
	98-1155943	Cigna Elmwood Holdings, SPRL									.0	
	98-1181787	Cigna Beechwood Holdings									.0	
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					(9,558)	(242,391)			(251,949)	184,218
	00-000000	Cigna Europe Insurance Company S.A.-N.V.									.0	
	00-000000	Cigna European Services (UK) Limited									.0	
	00-000000	CIGNA 2000 UK Pension LTD									.0	
	00-000000	Cigna Oak Holdings, Ltd.									.0	
	00-000000	Cigna Willow Holdings, Ltd.									.0	
	00-000000	FirstAssist Administration Limited									.0	
	00-000000	Cigna Legal Protection U.K. Ltd.									.0	
	00-000000	Cigna Insurance Services (Europe) Limited									.0	
	00-000000	Cigna International Health Services, BVBA									.0	
	00-000000	Cigna International Health Services, LLC									.0	
	00-000000	Cigna International Health Services Kenya Limited									.0	
	00-000000	Cigna Sequoia Holdings SPRL									.0	
	00-000000	Cigna Cedar Holdings, Ltd.									.0	
	00-000000	Cigna Insurance Middle East S.A.L.									.0	
	00-000000	Cigna Insurance Management Services (DIFC), Ltd.					6,007,174				6,007,174	
	00-000000	Cigna Magnolia Holdings, Ltd.									.0	
	00-000000	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)									.0	
	00-000000	Cigna Nederland Alpha Cooperatief U.A.									.0	
	00-000000	Cigna Nederland Beta B.V.									.0	
	00-000000	Cigna Health Solution India Pvt. Ltd.									.0	
	46-4099800	Cigna Poplar Holdings, Inc.									.0	
	00-000000	PT GAR Indonesia									.0	
	00-000000	PT PGU Indonesia									.0	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

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NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-000000	Cigna Global Insurance Company Limited					(3,452,368)	(3,521,352)			(6,973,720)	(1,231,728)
	00-000000	CignaTK Health Insurance Company Limited									0	
90859	23-2088429	Cigna Worldwide Insurance Company					(33,863)	542,865			509,002	3,145,539
	AA-5360003	PT. Asuransi Cigna									0	
	00-0000000	Cigna Teak Holdings, LLC									0	
10144	20-1089572	Carecore NJ LLC					(14,724,561)			(9,517)	(14,734,078)	
	62-1615395	Medsolutions LLC					2,989,191			7,586	2,996,777	
	14-1831391	Carecore National LLC					11,735,370			1,931	11,737,301	
63762	42-1425239	Medco Containment Life Insurance Company					(164,392,274)				(164,392,274)	
34720	13-3506395	Medco Containment Insurance Company of New York					(12,005,616)				(12,005,616)	
	43-1420563	Express Scripts, Inc.					176,397,890				176,397,890	
	45-2884094	Express Scripts Holding Company, Inc.									0	
	43-1832983	Express Scripts Services Co.									0	
	41-1627938	Diversified Pharmaceutical Services, Inc.									0	
	16-1526641	Diversified NY IPA, Inc.									0	
	43-1867735	ESI Mail Pharmacy Service, Inc.									0	
	20-5826948	Express Scripts Pharmaceutical Procurement, LLC									0	
	27-3542089	Econdisc Contracting Solutions, LLC									0	
	22-3114423	Express Scripts Sales Operations, Inc.									0	
	43-1869712	Express Scripts Specialty Distribution Services, Inc.									0	
	43-1925562	ESI Partnership (82% Direct ownership, 18% Indirect ownership)									0	
	41-2006555	ESI Resources, Inc.									0	
	43-1925556	ESI GP Holdings, Inc.									0	
	43-1869714	Express Scripts Utilization Management Company									0	
	22-2230703	Express Scripts Strategic Development, Inc.									0	
	75-3040465	Airport Holdings, LLC									0	
	36-4369972	CuraScript, Inc.									0	
	35-1927379	Priority Healthcare Corporation									0	
	04-3546044	Lynnfield Drug, Inc.									0	
	20-3229217	Freedom Service Company, LLC									0	
	59-3761140	Priority Healthcare Distribution, Inc.									0	
	02-0523249	Freco, Inc.									0	
	58-2593075	Lynnfield Compounding Center, Inc.									0	
	61-1147068	SpectraCare, Inc.									0	
	61-1317695	SpectraCare Health Care Ventures, Inc.									0	
	61-1162797	Care Continuum, Inc.									0	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

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	51-0500147	Matrix GPO, LLC									0	
	04-2992335	Healthbridge Reimbursement & Product Support, Inc.									0	
	47-2658932	Strategic Pharmaceutical Investments, LLC									0	
	00-0000000	Naryx Pharma, Inc.									0	
	47-5292506	L&C Investments, LLC									0	
	20-3126104	Express Scripts Senior Care Holdings, Inc.									0	
	20-3126075	Express Scripts Senior Care, Inc.									0	
	74-2974964	ESI Mail Order Processing, Inc. (f.k/a NX1)									0	
13918	27-3175443	*Express Reinsurance Company									0	
	43-1942542	Express Scripts Canada Holding Co.									0	
		Express Scripts Canada Co.									0	
		ESI Canada									0	
		ESI GP Canada ULC									0	
	00-0000000	ESI GP2 Canada ULC									0	
		Express Scripts Canada Wholesale									0	
	00-0000000	Express Scripts Canada Services (Ontario Partnership) (99.9% Direct ownership, 0.1% Indirect ownership)									0	
	00-0000000	Express Scripts Pharmacy Ontario, Ltd.									0	
	00-0000000	Express Scripts Pharmacy West, Ltd.									0	
	00-0000000	Express Scripts Pharmacy Central, Ltd.									0	
	00-0000000	Express Scripts Pharmacy Atlantic, Ltd.									0	
	45-2684095	Express Scripts Canada Holding, LLC									0	
	43-2245403	Healthbridge, Inc.									0	
	43-2657823	Inside RX, LLC									0	
	41-1627939	myMatrix Holdings, LLC									0	
	59-3720653	Matrix Healthcare Services, Inc.									0	
	46-2589799	myMatrix-B, LLC									0	
	36-4833284	MyM Technology Services, LLC									0	
	82-1655179	Innovative Product Alignment, LLC									0	
	83-2368310	Piso Delmatico, LLC (55%)									0	
	22-3461740	Medco Health Solutions, Inc.									0	
	27-1506930	MAH Pharmacy, LLC									0	
	55-0894449	Accredo Health, Incorporated									0	
	13-3888838	AHG of New York, Inc.									0	
	43-1815573	Biopartners in Care, Inc.									0	
	11-3358535	Accredo Health Group, Inc.									0	
	46-2166374	Medco Europe, LLC									0	
	27-3709630	Medco Europe II, LLC									0	
	27-3741831	MHS Holdings, CV									0	



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

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	99-0362031	Medco International Holdings, BV										.0
	41-2063830	Express Scripts Administrators LLC										.0
	81-0616525	Medco Health Puerto Rico, LLC										.0
	22-3474888	Systemed, LLC										.0
	26-3544786	Medco Health Services, Inc.										.0
	30-0789911	Express Scripts Pharmacy, Inc.										.0
	82-4405071	Specialty Products Acquisitions, LLC										.0
	82-4410128	ValoremRx Sourcing Solutions, LLC (50%)										.0
	00-0000000	SureScripts, LLC (16.67%)										.0
	82-3430587	Oz Parent, Inc.										.0
	46-4676347	eviCore 1, LLC										.0
	47-2396957	eviCore 2, Inc.										.0
	47-2477846	eviCore 3, LLC										.0
	36-4799616	eviCore 4, Inc.										.0
	46-5364336	eviCore 5, LLC										.0
	81-1416563	eviCore 6, LLC										.0
	30-0847201	eviCore 8, LLC										.0
	35-2522292	eviCore 9, LP										.0
	47-2500642	CareCore National Group, LLC										.0
	46-4861112	CareCore National Intermediate Holdings, LLC										.0
	47-2873703	CareNext Post-Acute, LLC										.0
	27-3845847	CareNext Managed Care, LLC										.0
	27-3801345	MedSolutions Holdings, Inc.										.0
	62-1615395	eviCore healthcare MSI, LLC										.0
	33-1039759	CCN-WNY IPA, LLC										.0
	45-2604992	CCN NMO, LLC										.0
	62-1872797	MedSolutions of Texas, Inc.										.0
	32-0071543	MSI Health Organization of Texas, Inc.										.0
	26-1737661	Premerus, Inc.										.0
	39-1886617	Triad Healthcare, Inc.										.0
	86-1090522	MSIAZ I, LLC										.0
	20-1749738	MSICA I, LLC										.0
	20-1222347	MSICO I, LLC										.0
	55-0840800	MSIFL, LLC										.0
	26-0181185	MSIND I, LLC										.0
	74-3122235	MSINC I, LLC										.0
	03-0524694	MSINH, LLC										.0
	11-3715243	MSINH II, LLC										.0
	20-1749446	MSINJ I, LLC										.0
	20-1761914	MSINV I, LLC										.0
	27-5492993	MSI HT, LLC										.0
	27-5493148	MSI LT, LLC										.0
	27-5493321	MSI SAR-GW, LLC										.0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

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	55-0840806	MSISC II, LLC									0	
	26-0336736	MSIVT I, LLC									0	
	20-2536458	MSIWA, LLC									0	
	16-1513067	Palladian Independent Practice Association, LLC									0	
	26-1937849	Palladian Health of Florida, LLC									0	
	59-3466707	Chiro Alliance Corporation									0	
	46-1543748	AS Acquisition Corp.									0	
	27-3611739	HealthFortis, Inc.									0	
	71-0958489	DNA Direct, Inc.									0	
	95-4034089	Landmark Healthcare, Inc.									0	
	68-0393103	Landmark Healthcare Services, Inc.									0	
	86-0805962	Landmark Healthcare Colorado, Inc.									0	
	45-5569416	QPID Health, LLC									0	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**









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

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

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

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

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12. Life Supplement [Document Identifier 205]	
13. SIS Stockholder Information Supplement [Document Identifier 420]	
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	
15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
16. Medicare Part D Coverage Supplement [Document Identifier 365]	
17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

19. Relief from the Requirements for Audit Committees [Document Identifier 226]



20. Long-Term Care Experience Reporting Forms [Document Identifier 306]



21. Life Supplement [Document Identifier 211]



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## Cigna HealthCare of New Jersey, Inc.

### Table of Key Indicators

This opinion is:	<input checked="" type="checkbox"/> Unqualified	<input type="checkbox"/> Qualified	<input type="checkbox"/> Adverse	<input type="checkbox"/> Inconclusive
Identification Section:	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Scope Section:	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Reliance Section:	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Opinion Section:	<input checked="" type="checkbox"/> Prescribed Wording Only	<input type="checkbox"/> Prescribed Wording with Additional Wording	<input type="checkbox"/> Revised Wording	
Relevant Comments:	<input type="checkbox"/> Revised Wording <input type="checkbox"/> The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice			

### Identification

I, Gregory N. Malone, Actuary, am an officer of Cigna HealthCare of New Jersey, Inc., and a member of the American Academy of Actuaries. I was appointed on March 18, 2014 in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

### Scope

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2018.

A.	Claims unpaid (Page 3, Line 1)	\$ 1,706,510
B.	Accrued medical incentive pool and bonus payments (Page 3, Line 2)	\$ 0
C.	Unpaid claims adjustment expenses (Page 3, Line 3)	\$ 27,576
D.	Aggregate health policy reserves (Page 3, Line 4) Including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting & Investment Exhibit – Part 2D	\$ 2,135,490
E.	Aggregate Life Policy Reserve (Page 3, Line 5)	\$ 0
F.	Property/casualty unearned premium reserve (Page 3, Line 6)	\$ 0
G.	Aggregate health claim reserves (Page 3, Line 7)	\$ 0
H.	Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement	\$ 0
I.	Specified actuarial items presented as assets in the annual statement	\$ 3,234,452
	1. Accrued retrospective premiums (Page 2, Line 15.3)	

### Reliance

In forming my opinion on the reserves for Cigna HealthCare of New Jersey, Inc., I relied upon data supporting the medical loss ratio rebate per the Public Health Service Act prepared by Sara Benning, Actuarial Advisor, as certified in the attached statement. I also relied upon data for all other actuarial items prepared by Meghan Smith Epaul, Actuarial Senior Analyst, as certified in the attached statement. I evaluated data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

### Opinion

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are computed in accordance with presently accepted actuarial standards consistently applied and are fairly stated, in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions that produce reserves at least as great as those called for in any contract provision as to reserve basis and method, and are in accordance with all other contract provisions;
- C. Meet the requirements of the Insurance Laws and regulations of the state of New Jersey and are at least as great as the minimum aggregate amounts required by any state;
- D. Make a good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement as of the preceding year-end; and
- F. Include provision for all actuarial reserves and related statement items which ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice. Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

Signature Gregory N. Malone

Date 2/21/19

Gregory N. Malone, FSA  
Actuarial Managing Director  
Member of the American Academy of Actuaries  
900 Cottage Grove Rd. Wilde, C5PRC, Hartford, CT 06152  
860-226-4827



I, Meghan Smith Epaul, hereby affirm that the listings and summaries, and analyses relating to data prepared for and submitted to Gregory N. Malone in support of his actuarial opinion for Cigna Healthcare of New Jersey, Inc. as of December 31, 2018, were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete and the same as, or derived from, the records and other data which form the basis of the annual statement for the period ended December 31, 2018.

Signature Meghan Smith Epaul

Date 02/21/19

Meghan Smith Epaul  
Actuarial Senior Analyst  
900 Cottage Grove Rd. Wilde, C5PRC, Hartford, CT 06152  
860-226-8422

I, Sara Benning, hereby affirm that the data related to the medical loss ratio rebate accrual established as of December 31, 2018, which were prepared for and submitted to Gregory N. Malone in support of his actuarial opinion for Cigna HealthCare of New Jersey, Inc. as of December 31, 2018, were prepared under my direction and, to the best of my knowledge and belief, reflect the most accurate data available to me at the time the rebate accrual was established.

Signature Sara A. Benning

Date 2/20/2019

Sara Benning, FSA, CERA  
Actuarial Advisor  
8505 East Orchard Rd., 584, Greenwood Village, CO 80111  
303-566-5649



SUPPLEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey, Inc.

**SUPPLEMENTAL COMPENSATION EXHIBIT**

For the Year Ended December 31, 2018

(To be filed by March 1)

**PART 1 - INTERROGATORIES**

OFFICE OF SUPERVISOR REG

1. Is the reporting insurer a member of a group of insurers or other holding company system? Yes [ X ] No [ ]  
If yes, do the amounts below represent 1) total gross compensation earned for each individual by or on behalf of all companies which are part of the group: Yes [ X ], or 2) allocation to each insurer: Yes [ ] .
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [ X ]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond the period of 12 months from the date of the agreement? Yes [ ] No [ X ]

**PART 2 - OFFICERS AND EMPLOYEES COMPENSATION**

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current:									
1. THOMAS MARTEL, PRESIDENT	2018	338,239	257,473	170,581	135,416			50,627	952,336
Principal Executive Officer	2017	333,227	144,928	135,415	135,389			8,750	757,708
SCOTT EDWARD EVELYN - PRESIDENT	2016	328,257	196,330	133,373	133,361			12,227	803,548
Current									
2. SCOTT LAMBERT, TREASURER	2018	203,025	121,093	47,658	46,272			682	418,730
Principal Financial Officer	2017	195,949	56,000	48,618	48,545			1,135	350,247
SCOTT RONALD LAMBERT - TREASURER	2016	189,242	75,000	39,538	39,538			886	344,204
3. MICHAEL WAYNE TRIPLETT, SR. - ASSISTANT VICE PRESIDENT	2018	515,385	750,000	658,454	522,539			28,700	2,475,078
MICHAEL WAYNE TRIPLETT SR. - ASSISTANT VICE PRESIDENT	2017	495,262	267,444	450,089	450,029			7,978	1,670,802
MICHAEL WAYNE TRIPLETT SR. - ASSISTANT VICE PRESIDENT	2016	467,077	347,760	357,517	357,519			8,444	1,538,317
4. RAYMOND SMITHBERGER - ASSISTANT SECRETARY	2018	348,846	348,500	347,012	165,580			2,013	1,211,951
MATTHEW MORRIS - ASSISTANT VICE PRESIDENT	2017	479,667	155,752	289,173	289,093			2,104	1,215,788
MATTHEW MORRIS - ASSISTANT VICE PRESIDENT	2016	470,365	279,000	265,771	265,755			1,898	1,282,789
5. LISA LOUGH - ASSISTANT SECRETARY	2018	296,969	323,549	95,720	93,315			1,500	811,053
RAYMOND SMITHBERGER - ASSISTANT SECRETARY	2017	332,692	158,550	183,458	81,280			905	756,885
ANDREW DAVID CROOKS - ASSISTANT VICE PRESIDENT	2016	318,573	181,877	125,994	125,966			10,524	762,934
6. JEFF BERARDO - ASSISTANT VICE PRESIDENT	2018	230,000	46,000	42,408	41,459			396,699	756,566
JEFF BERARDO - ASSISTANT VICE PRESIDENT	2017	230,000	332,507	115,375	46,042				723,923
THOMAS JOHN GARVERY - VICE PRESIDENT	2016	305,644	187,423	75,179	75,042			2,392	645,680
7. PETER WESLEY MCCAULEY M.D. - MEMBER OF BOARD OF DIRECTORS	2018	352,969	232,449	58,967	57,504			2,836	704,725
PETER WESLEY MCCAULEY M.D. - MEMBER OF BOARD OF DIRECTORS	2017	340,404	91,060	156,087	55,037			2,813	645,401
RAYMOND SMITHBERGER - ASSISTANT SECRETARY	2016	299,839	175,000	82,697	82,521			1,265	641,322
8. THOMAS JOHN GARVEY - VICE PRESIDENT	2018	318,195	227,196	74,315	72,521			3,765	695,992
LISA LOUGH - ASSISTANT SECRETARY	2017	286,212	98,656	166,405	79,842			1,319	632,435
JEFF BERARDO - ASSISTANT VICE PRESIDENT	2016	230,000		52,625	52,521			292,329	627,475
9. EDWARD PAUL POTANKA - COUNSEL	2018	276,186	165,869	119,606	94,791			9,055	665,507
SUSAN CELNER - ASSISTANT SECRETARY	2017	224,310	240,700	100,371	32,364			1,275	599,019
LISA LOUGH - ASSISTANT SECRETARY	2016	280,289	151,250	70,724	70,546			674	573,483
10. TIMOTHY SEAN SHERIDAN - VICE PRESIDENT	2018	252,709	230,394	58,967	57,439			1,087	600,596
THOMAS JOHN GARVERY - VICE PRESIDENT	2017	311,989	122,949	69,199	68,946			2,480	575,563
PETER WESLEY MCCAULEY M.D. - MEMBER OF BOARD OF DIRECTORS	2016	329,264	113,068	49,284	49,033			2,945	543,594



SUPPLEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**PART 3 - DIRECTOR COMPENSATION**

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		
None						0

SUPPLEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS**

---

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

W2 earnings were used for the selection criteria of the 8 officers and then current year stock/option awards along with remaining compensation (excluding stock vested and options exercised) were used for the exhibit.



SUPPLEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.  
**SUPPLEMENTAL COMPENSATION EXHIBIT**  
 For the Year Ended December 31, 2018  
 (To be filed by March 1)  
**PART 1 - INTERROGATORIES**

1. Is the reporting insurer a member of a group of insurers or other holding company system? Yes [ X ] No [ ]  
 If yes, do the amounts below represent 1) total gross compensation earned for each individual by or on behalf of all companies which are part of the group: Yes [ ] or 2) allocation to each insurer: Yes [ X ].
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [ X ]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond the period of 12 months from the date of the agreement? Yes [ ] No [ X ]

**PART 2 - OFFICERS AND EMPLOYEES COMPENSATION**

1	2	3	4	5	6	7	8	9	10
Name and Principal Position	Year	Salary	Bonus	Stock Awards	Option Awards	Sign-on Payments	Severance Payments	All Other Compensation	Totals
Current									
1. Thomas Joseph Martel	2018	2,250	1,713	1,135	901	0	0	337	6,336
Thomas Joseph Martel	2017	1,235	537	502	502			32	2,808
Scott Evelyn	2016	955	571	388	388			36	2,338
Current									
2. Scott Ronald Lambert	2018	1,127	672	265	257	0	0	4	2,325
Scott Ronald Lambert	2017	726	208	180	180			4	1,298
Scott Ronald Lambert	2016	551	218	115	115			3	1,002
3. Michael Wayne Triplett Sr.	2018	4,467	6,501	5,707	4,529	0	0	249	21,453
Michael Wayne Triplett Sr.	2017	1,835	991	1,668	1,668			30	6,192
Michael Wayne Triplett Sr.	2016	1,359	1,012	1,040	1,040			25	4,476
4. Raymond Smithberger	2018	5,024	5,019	4,997	2,385	0	0	29	17,454
Matthew Shawn Morris	2017	1,778	577	1,072	1,071			8	4,506
Matthew Shawn Morris	2016	1,368	812	773	773			6	3,732
5. Lisa Lough	2018	29,902	32,579	9,638	9,396	0	0	151	81,666
Raymond Smithberger	2017	1,233	588	680	301			3	2,805
Andrew David Crooks	2016	927	529	367	366			31	2,220
6. Jeff Berardo	2018	2,977	595	549	537	0	0	5,135	9,793
Jeff Berardo	2017	852	1,232	428	171				2,683
Thomas John Garvey	2016	889	545	219	218			7	1,878
7. Peter Wesley McCauley M.D.	2018	3,321	2,187	555	541	0	0	27	6,631
Peter Wesley McCauley M.D.	2017	852	1,232	428	171			0	2,683
Raymond Smithberger	2016	872	509	241	240			4	1,866
8. Thomas John Garvey	2018	2,749	1,963	642	626	0	0	33	6,013
Lisa Lough	2017	1,061	366	617	296			5	2,345
Jeff Berardo	2016	669		153	153			850	1,825
9. Edward Paul Potanka	2018	2,320	1,393	1,005	796	0	0	76	5,590
Susan Barrett Celmer	2017	831	892	372	120			5	2,220
Lisa Lough	2016	815	440	206	205			2	1,668
10. Timothy Sean Sheridan	2018	2,190	1,997	511	498	0	0	9	5,205
Thomas John Garvey	2017	1,156	456	256	256			9	2,133
Peter Wesley McCauley M.D.	2016	958	329	143	143			9	1,582

**PART 3 - DIRECTOR COMPENSATION**

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		
None						0

SUPPLEMENT FOR THE YEAR 2018 OF THE CIGNA HealthCare of New Jersey Inc.

**PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS**

---

Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

W2 earnings were used for the selection criteria of the 8 officers and then current year stock/option awards along with remaining compensation (excluding stock vested and options exercised) were used for the exhibit.



SUPPLEMENT FOR THE YEAR 2017 OF THE CIGNA HealthCare of New Jersey Inc.

**SUPPLEMENTAL COMPENSATION EXHIBIT**

For the Year Ended December 31, 2017

(To be filed by March 1)

**PART 1 - INTERROGATORIES**

1. Is the reporting insurer a member of a group of insurers or other holding company system? Yes [ X ] No [ ]  
If yes, do the amounts below represent 1) total gross compensation earned for each individual by or on behalf of all companies which are part of the group: Yes [ X ]; or 2) allocation to each insurer: Yes [ ] .
2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes [ ] No [ X ]
3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond the period of 12 months from the date of the agreement? Yes [ ] No [ X ]

**PART 2 - OFFICERS AND EMPLOYEES COMPENSATION**

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current:									
1. Principal Executive Officer	2017	333,227	144,928	135,415	135,389			8,750	757,708
SCOTT EDWARD EVELYN - PRESIDENT	2016	328,257	196,330	133,373	133,361			12,227	803,548
SCOTT EDWARD EVELYN - PRESIDENT	2015	375,000	303,188	79,352	71,141			76,958	905,639
Current:									
2. Principal Financial Officer	2017	195,949	56,000	48,618	48,545			1,135	350,247
SCOTT RONALD LAMBERT - TREASURER	2016	189,242	75,000	39,538	39,538			886	344,204
SCOTT RONALD LAMBERT - TREASURER	2015	180,788	58,188	43,846	39,373			1,618	323,813
3. MICHAEL WAYNE TRIPLETT SR. - ASSISTANT VICE PRESIDENT	2017	495,262	267,444	450,089	450,029			7,978	1,670,802
MICHAEL WAYNE TRIPLETT SR. - ASSISTANT VICE PRESIDENT	2016	467,077	347,760	357,517	357,519			8,444	1,538,317
PETER WESLEY MCCAULEY M.D. - MEDICAL SENIOR DIRECTOR	2015	303,139	95,265	53,260	47,779			3,138	502,581
4. MATTHEW MORRIS - ASSISTANT VICE PRESIDENT	2017	479,667	155,752	289,173	289,093			2,104	1,215,788
MATTHEW MORRIS - ASSISTANT VICE PRESIDENT	2016	470,365	279,000	265,771	265,755			1,898	1,282,789
THOMAS JOHN GARVERY - VICE PRESIDENT	2015	297,861	208,000	83,118	74,525			2,526	666,030
5. RAYMOND SMITHBERGER - ASSISTANT SECRETARY	2017	332,692	158,550	183,458	81,280			905	756,885
ANDREW DAVID CROOKS - ASSISTANT VICE PRESIDENT	2016	318,573	181,877	125,994	125,966			10,524	762,934
DANIEL JULES NICOLL M.D. - VICE PRESIDENT	2015	295,439	62,183	33,893	30,276			5,846	427,637
6. JEFF BERARDO - ASSISTANT VICE PRESIDENT	2017	230,000	332,507	115,375	46,042				723,923
THOMAS JOHN GARVERY - VICE PRESIDENT	2016	305,644	187,423	75,179	75,042			2,392	645,680
GLENN MICHAEL GERHARD - VICE PRESIDENT	2015	208,233	90,000	37,121	33,260			659	369,273
7. PETER WESLEY MCCAULEY M.D. - MEMBER OF BOARD OF DIRECTORS	2017	340,404	91,060	156,087	55,037			2,813	645,401
RAYMOND SMITHBERGER - ASSISTANT SECRETARY	2016	299,839	175,000	82,697	82,521			1,265	641,322
EDWARD VINCENT STACEY JR. - VICE PRESIDENT	2015	200,116	56,276					1,180	257,572
8. LISA LOUGH - ASSISTANT SECRETARY	2017	286,212	98,656	166,405	79,842			1,319	632,435
JEFF BERARDO - ASSISTANT VICE PRESIDENT	2016	230,000		52,625	52,521			292,329	627,475
JOANNE RUTH HART - VICE PRESIDENT	2015	150,469	48,000	23,133	20,778			1,064	243,444
9. SUSAN CELMER - ASSISTANT SECRETARY	2017	224,310	240,700	100,371	32,364			1,275	599,019
LISA LOUGH - ASSISTANT SECRETARY	2016	280,289	151,250	70,724	70,546			674	573,483
ANNA KRISHTUL - SECRETARY	2015	151,790	42,000	22,607				116	216,513
10. THOMAS JOHN GARVERY - VICE PRESIDENT	2017	311,989	122,949	69,199	68,946			2,480	575,563
PETER WESLEY MCCAULEY M.D. - MEMBER OF BOARD OF DIRECTORS	2016	329,264	113,068	49,284	49,033			2,945	543,594
MAUREEN HARDIMAN RYAN - VICE PRESIDENT	2015	126,368	25,000	14,507				1,215	167,090

**PART 3 - DIRECTOR COMPENSATION**

1 Name and Principal Position or Occupation and Company (if Outside Director)	Paid or Deferred for Services as Director				6 All Other Compensation Paid or Deferred	7 Totals
	2 Direct Compensation	3 Stock Awards	4 Option Awards	5 Other		





SUPPLEMENT FOR THE YEAR 2017 OF THE CIGNA HealthCare of New Jersey Inc.

**PART 3 - DIRECTOR COMPENSATION**

1	Paid or Deferred for Services as Director				6	7

SUPPLEMENT FOR THE YEAR 2017 OF THE CIGNA HealthCare of New Jersey Inc.

**PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS**

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Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

W2 earnings were used for the selection criteria of the 8 officers and then current year stock/option awards along with remaining compensation (excluding stock vested and options exercised) were used for the exhibit. ....