



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
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)
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(E-mail Address) (FAX Number)

OFFICERS

President Thomas J. Martel 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>	

DIRECTORS OR TRUSTEES

Michael Todd Crompton Thomas J. Martel 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.

<u>Michael Todd Crompton</u> Vice President	<u>Anna Krishtul</u> Secretary	<u>Scott Ronald Lambert</u> Vice President & Treasurer
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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)	3,496,999		3,496,999	3,532,829
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 (\$				
101,420 , Schedule E - Part 1), cash equivalents				
(\$				
399,692 , Schedule E - Part 2) and short-term				
investments (\$	501,112		501,112	3,537,971
, Schedule DA)				
6. Contract loans, (including \$			0	0
premium notes)				
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)	3,998,111	0	3,998,111	7,070,800
13. Title plants less \$			0	0
charged off (for Title insurers				
only)				
14. Investment income due and accrued	21,776		21,776	21,776
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	31,185	13,361	17,824	35,006
15.2 Deferred premiums and agents' balances and installments booked but				
deferred and not yet due (including \$				
earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$				
2,163,161) and				
contracts subject to redetermination (\$	2,163,131		2,163,131	1,990,187
)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	254,168		254,168	685,163
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	287,987		287,987	0
18.2 Net deferred tax asset	243,462		243,462	423,153
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets				
(\$			0	0
)				
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	500,000		500,000	106,348
24. Health care (\$			0	0
) and other amounts receivable				
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)	7,499,820	13,361	7,486,459	10,332,433
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts			0	0
28. Total (Lines 26 and 27)	7,499,820	13,361	7,486,459	10,332,433
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	1,594,705		1,594,705	493,932
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	10,371		10,371	11,693
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	3,343,490		3,343,490	1,314,160
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	12,742		12,742	2,391
9. General expenses due or accrued			0	3,944
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	1,225,984
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	1,552		1,552	1,093
12. Amounts withheld or retained for the account of others	1,263		1,263	1,264
13. Remittances and items not allocated			0	47,133
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	23,718		23,718	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$6,417 current)	6,685	0	6,685	7,899
24. Total liabilities (Lines 1 to 23)	4,994,526	0	4,994,526	3,109,493
25. Aggregate write-ins for special surplus funds	XXX	XXX	98,613	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	12,597,365	12,097,365
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	(10,205,045)	(4,875,425)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,491,933	7,222,940
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	7,486,459	10,332,433
DETAILS OF WRITE-INS				
2301. Commission Payable	827		827	1,439
2302. Credit Balance Due Policyholders	5,279		5,279	5,987
2303. Patient Centered Outcomes Research Institute Liability	579		579	473
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	6,685	0	6,685	7,899
2501. Surplus appropriated for CY ACA Section 9010 Fee	XXX	XXX	98,613	0
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	98,613	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	2,195	1,697
2. Net premium income (including \$ non-health premium income)	XXX	4,382,619	3,890,953
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	
4. Fee-for-service (net of \$ medical expenses).....	XXX	0	
5. Risk revenue.....	XXX	0	
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	4,382,619	3,890,953
Hospital and Medical:			
9. Hospital/medical benefits		6,216,317	3,565,055
10. Other professional services		55,741	39,459
11. Outside referrals		24,973	20,246
12. Emergency room and out-of-area		131,770	75,171
13. Prescription drugs		183,444	166,479
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		1,227	414
16. Subtotal (Lines 9 to 15)	0	6,613,472	3,866,824
Less:			
17. Net reinsurance recoveries		908,185	1,328,648
18. Total hospital and medical (Lines 16 minus 17)	0	5,705,287	2,538,176
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$3,221 cost containment expenses		19,252	30,094
21. General administrative expenses		297,534	301,870
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		2,029,330	(747,460)
23. Total underwriting deductions (Lines 18 through 22).....	0	8,051,403	2,122,680
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(3,668,784)	1,768,273
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		75,997	68,666
26. Net realized capital gains (losses) less capital gains tax of \$(42)		(77)	
27. Net investment gains (losses) (Lines 25 plus 26)	0	75,920	68,666
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$10,425)]		(10,425)	(40,824)
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	(3,603,289)	1,796,115
31. Federal and foreign income taxes incurred	XXX	(551,973)	409,780
32. Net income (loss) (Lines 30 minus 31)	XXX	(3,051,316)	1,386,335
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
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
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	7,222,940	2,876,194
34. Net income or (loss) from Line 32.....	(3,051,316)	1,386,335
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.....	(179,691)	423,153
39. Change in nonadmitted assets.....	0	37,259
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.....	500,000	2,500,000
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).....	(4,731,007)	4,346,747
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,491,933	7,222,940
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	6,266,997	1,145,262
2. Net investment income	111,828	103,815
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	6,378,825	1,249,077
5. Benefit and loss related payments	6,202,849	2,176,379
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	332,477	364,048
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	961,998	(1,166,444)
10. Total (Lines 5 through 9)	7,497,324	1,373,983
11. Net cash from operations (Line 4 minus Line 10)	(1,118,499)	(124,906)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	(78)	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	(78)	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(78)	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	2,500,000
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	2,000,000	0
16.6 Other cash provided (applied)	81,716	977,614
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,918,284)	3,477,614
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(3,036,861)	3,352,708
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	3,537,973	185,265
19.2 End of year (Line 18 plus Line 19.1)	501,112	3,537,973
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001. Non-Cash Capital Contribution	500,000	

ANNUAL STATEMENT FOR THE YEAR 2017 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	4,382,619	4,382,619								
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	4,382,619	4,382,619	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	6,216,317	6,216,317								XXX
9. Other professional services	55,741	55,741								XXX
10. Outside referrals	24,973	24,973								XXX
11. Emergency room and out-of-area	131,770	131,770								XXX
12. Prescription drugs	183,444	183,444								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	1,227	1,227								XXX
15. Subtotal (Lines 8 to 14)	6,613,472	6,613,472	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	908,185	908,185								XXX
17. Total medical and hospital (Lines 15 minus 16)	5,705,287	5,705,287	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 3,221 cost containment expenses	19,252	19,252								
20. General administrative expenses	297,534	297,534								
21. Increase in reserves for accident and health contracts	2,029,330	2,029,330								XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	8,051,403	8,051,403	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(3,668,784)	(3,668,784)	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	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	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 2017 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)	4,400,003	0	17,384	4,382,619
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)	4,400,003	0	17,384	4,382,619
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	4,400,003	0	17,384	4,382,619

ANNUAL STATEMENT FOR THE YEAR 2017 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	5,511,472	5,511,472	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded	1,339,179	1,339,179	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Net	4,172,293	4,172,293	.0	.0	.0	.0	.0	.0	.0	.0
2. Paid medical incentive pools and bonuses	1,227	1,227	.0	.0	.0	.0	.0	.0	.0	.0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	1,594,705	1,594,705	.0	.0	.0	.0	.0	.0	.0	.0
3.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net	1,594,705	1,594,705	.0	.0	.0	.0	.0	.0	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	.0	.0	.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	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Net healthcare receivables (a)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Amounts recoverable from reinsurers December 31, current year	254,168	254,168	.0	.0	.0	.0	.0	.0	.0	.0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	493,932	493,932	.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	493,932	493,932	.0	.0	.0	.0	.0	.0	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.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	.0	.0	.0	.0	.0	.0	.0	.0
11. Amounts recoverable from reinsurers December 31, prior year	685,162	685,162	.0	.0	.0	.0	.0	.0	.0	.0
12. Incurred Benefits:										
12.1 Direct	6,612,245	6,612,245	.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	908,185	908,185	.0	.0	.0	.0	.0	.0	.0	.0
12.4 Net	5,704,060	5,704,060	.0	.0	.0	.0	.0	.0	.0	.0
13. Incurred medical incentive pools and bonuses	1,227	1,227	.0	.0	.0	.0	.0	.0	.0	.0

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

ANNUAL STATEMENT FOR THE YEAR 2017 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
1. Reported in Process of Adjustment:										
1.1 Direct	392,000	392,000	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Net	392,000	392,000	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct	1,202,705	1,202,705	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Net	1,202,705	1,202,705	.0	.0	.0	.0	.0	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1 Direct	1,594,705	1,594,705	.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	1,594,705	1,594,705	.0	.0	.0	.0	.0	.0	.0	.0

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	(127,000)	4,730,288	14,277	1,580,428	(112,723)	493,932
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	(127,000)	4,730,288	14,277	1,580,428	(112,723)	493,932
10. Healthcare receivables (a)	0	0	0	0	0	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	1,227	0	0	0	0
13. Totals (Lines 9 - 10 + 11 + 12)	(127,000)	4,731,515	14,277	1,580,428	(112,723)	493,932

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

UNDERWRITING AND INVESTMENT EXHIBIT

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

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

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	173	166	165	165	165
2.	2013	2,104	2,242	2,242	2,242	2,242
3.	2014	XXX	1,773	1,798	1,798	1,798
4.	2015	XXX	XXX	2,245	2,212	2,212
5.	2016	XXX	XXX	XXX	2,271	2,144
6.	2017	XXX	XXX	XXX	XXX	4,732

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 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	173	166	165	165	165
2.	2013	2,359	2,242	2,242	2,242	2,242
3.	2014	XXX	1,983	2,011	2,011	1,798
4.	2015	XXX	XXX	2,226	2,007	2,212
5.	2016	XXX	XXX	XXX	2,757	2,155
6.	2017	XXX	XXX	XXX	XXX	6,314

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. 2013	2,653	1,318	81	6.1	1,399	52.7	0	0	1,399	52.7
2. 2014	1,369	1,338	20	1.5	1,358	99.2	0	0	1,358	99.2
3. 2015	1,637	1,098	17	1.5	1,115	68.1	0	(3)	1,112	67.9
4. 2016	3,891	763	30	3.9	793	20.4	12	15	820	21.1
5. 2017	4,383	4,732	21	0.4	4,753	108.4	1,583	(1)	6,335	144.5

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior		173	166	165	165	165
2. 2013		2,104	2,242	2,242	2,242	2,242
3. 2014		XXX	1,773	1,798	1,798	1,798
4. 2015		XXX	XXX	2,245	2,212	2,212
5. 2016		XXX	XXX	XXX	2,271	2,144
6. 2017		XXX	XXX	XXX	XXX	4,732

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 2013	2 2014	3 2015	4 2016	5 2017
1. Prior		173	166	165	165	165
2. 2013		2,359	2,242	2,242	2,242	2,242
3. 2014		XXX	1,983	2,011	2,011	1,798
4. 2015		XXX	XXX	2,226	2,007	2,212
5. 2016		XXX	XXX	XXX	2,757	2,155
6. 2017		XXX	XXX	XXX	XXX	6,314

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. 2013	2,653	1,318	81	6.1	1,399	52.7	0	0	1,399	52.7
2. 2014	1,369	1,338	20	1.5	1,358	99.2	0	0	1,358	99.2
3. 2015	1,637	1,098	17	1.5	1,115	68.1	0	(3)	1,112	67.9
4. 2016	3,891	763	30	3.9	793	20.4	12	15	820	21.1
5. 2017	4,383	4,732	21	0.4	4,753	108.4	1,583	(1)	6,335	144.5

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)	3,330,000	3,330,000	0	0	0	0	0	0	0
3. Reserve for future contingent benefits	13,490	13,490	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)	3,343,490	3,343,490	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	3,343,490	3,343,490	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
DETAILS OF WRITE-INS									
0501. PPACA Risk Adjustment Payable	0	0	0	0	0	0	0	0	0
0502.	0	0	0	0	0	0	0	0	0
0503.	0	0	0	0	0	0	0	0	0
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.	0	0	0	0	0	0	0	0	0
1102.	0	0	0	0	0	0	0	0	0
1103.	0	0	0	0	0	0	0	0	0
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 \$3,330,000 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).....	3	243	2,241	0	2,487
2. Salary, wages and other benefits	1,439	7,218	66,279	0	74,936
3. Commissions (less \$ ceded plus \$ assumed)	0	0	8,230	0	8,230
4. Legal fees and expenses	0	38	356	0	394
5. Certifications and accreditation fees	4	1	7	0	12
6. Auditing, actuarial and other consulting services	1	8	76	0	85
7. Traveling expenses	24	212	1,969	0	2,205
8. Marketing and advertising	0	108	1,011	0	1,119
9. Postage, express and telephone	3	420	3,913	0	4,336
10. Printing and office supplies	2	58	536	0	596
11. Occupancy, depreciation and amortization	16	1,566	14,583	0	16,165
12. Equipment	0	155	1,444	0	1,599
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	6	24	222	0	252
16. Insurance, except on real estate	0	(391)	(3,644)	0	(4,035)
17. Collection and bank service charges	61	161	1,441	0	1,663
18. Group service and administration fees	0	0	0	0	0
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	0	0	0	0	0
22. Real estate taxes	0	0	(4)	0	(4)
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	4	2,162	0	2,166
23.2 State premium taxes	0	1	7	0	8
23.3 Regulatory authority licenses and fees	0	496	89,468	0	89,964
23.4 Payroll taxes	0	412	3,861	0	4,273
23.5 Other (excluding federal income and real estate taxes)	0	(1)	(19)	0	(20)
24. Investment expenses not included elsewhere	0	4	(4)	4,992	4,992
25. Aggregate write-ins for expenses	1,662	5,294	103,399	0	110,355
26. Total expenses incurred (Lines 1 to 25)	3,221	16,031	297,534	4,992	(a) 321,778
27. Less expenses unpaid December 31, current year	0	10,371	0	0	10,371
28. Add expenses unpaid December 31, prior year	0	11,693	3,944	0	15,637
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	3,221	17,353	301,478	4,992	327,044
DETAILS OF WRITE-INS					
2501. Other Corporate Expenses	765	3,907	36,682	0	41,354
2502. Other Non-Managed	1,466	1,877	58,390	0	61,733
2503. Claims Handling Reserve	(569)	(490)	8,327	0	7,268
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)	1,662	5,294	103,399	0	110,355

(a) Includes management fees of \$ 18,264 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) 48,333	48,333
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 19,592	19,592
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 12,476	12,476
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	145	145
10. Total gross investment income	80,546	80,546
11. Investment expenses		(g) 4,992
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) (443)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		4,549
17. Net investment income (Line 10 minus Line 16)		75,997
DETAILS OF WRITE-INS		
0901. Commitment Fee Income	145	145
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)	145	145
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 \$35,831 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 \$12,476 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$. investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	0	0	0	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans			0	0	0
4. Real estate			0		0
5. Contract loans			0		0
6. Cash, cash equivalents and short-term investments	(119)		(119)		
7. Derivative instruments			0		
8. Other invested assets		0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(119)	0	(119)	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	13,361	13,361	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivable from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			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).....	13,361	13,361	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. Total (Lines 26 and 27).....	13,361	13,361	0
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above).....	0	0	0
2501. Broker Advisor Fees Receivable.....		0	0
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above).....	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	131	185	177	198	200	2,195
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	131	185	177	198	200	2,195
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

**Cigna HealthCare
of New Jersey, Inc.**

(Indirect wholly-owned subsidiary of Cigna Corporation)

Statutory Financial Statements

December 31, 2017 and 2016

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

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.

Proposed Merger

On May 12, 2017, Cigna announced that the merger agreement between Cigna and Anthem had been terminated. See Note 14 for discussion of ongoing litigation related to the termination of the merger agreement.

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, 2017. 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, 2017. 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.

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>	2017	2016
<u>NET INCOME</u>					
(1) State basis				\$ (3,051,316)	\$ 1,386,335
(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>\$ (3,051,316)</u>	<u>\$ 1,386,335</u>
<u>SURPLUS</u>					
(5) State Basis				\$ 2,491,933	\$ 7,222,940
(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>\$ 1,991,933</u>	<u>\$ 7,222,940</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

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

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, 2017 and 2016.

- (3) Common Stocks: The Company holds no common stocks as of December 31, 2017 and 2016.
- (4) Preferred Stocks: The Company holds no preferred stocks as of December 31, 2017 and 2016.
- (5) Mortgage Loans: The Company holds no mortgage loans as of December 31, 2017 and 2016.
- (6) Loan-Backed Securities: The Company holds no loan-backed securities as of December 31, 2017 and 2016.
- (7) Investments in Subsidiaries, Controlled and Affiliated Entities (“SCA”): The Company holds no investments in subsidiaries, controlled and affiliated entities as of December 31, 2017 and 2016.
- (8) Joint Ventures, Partnerships and Limited Liability Companies: The Company holds no investments in joint ventures, controlled and affiliated entities as of December 31, 2017 and 2016.
- (9) Derivatives: The Company has no derivative instruments as of December 31, 2017 and 2016.
- (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, 2017 or 2016.
- (13) Pharmaceutical Rebate Receivables: The Company does not hold any pharmaceutical rebate receivables as of December 31, 2017 and 2016.
- (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. This annual fee will be assessed in 2018 and, under current law, will return again in 2020 and beyond. See Note 22 for additional information about this fee and the estimated financial impact to the Company.

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, 2017 and 2016.

Note 3. Business Combinations and Goodwill

The Company was not party to a business combination during the years ended December 31, 2017 and 2016, and does not carry goodwill in its statutory balance sheets.

Note 4. Discontinued Operations

The Company did not discontinue any operations during 2017 and 2016.

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.

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

L. Restricted Assets

(1) Restricted Assets (Including Pledged):

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted and Nonadmitted) Restricted to Total Asset (a)	Admitted Restricted to Total Admitted Assets (b)
A. Subject to contractual obligation for which liability is not shown	-	-	-	-	-	-	-
B. Collateral held under security lending agreements	-	-	-	-	-	-	-
C. Subject to repurchase agreements	-	-	-	-	-	-	-
D. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
E. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
F. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
G. Placed under option contracts	-	-	-	-	-	-	-
H. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	-	-
I. FHLB capital stock	-	-	-	-	-	-	-
J. On deposit with states	1,990,984	904,305	1,086,679	-	1,990,984	26.55%	26.59%
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	1,990,984	904,305	1,086,679	-	1,990,984	26.55%	26.59%

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

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

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

(3) The Company has no other restricted assets.

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

M. The Company has no working capital finance investments.

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

O. The Company 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.

S. Bonds

As of December 31, 2017, 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	\$ 399,692	\$ 399,692
Due after one year through five years	3,496,999	3,481,246
Total	<u>\$ 3,896,691</u>	<u>\$ 3,880,938</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.

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

As of December 31, 2017 and December 31, 2016, the gross unrealized appreciation (depreciation) for bonds by type of issuer, were as follows:

	2017			Fair Value
	Amortized Cost	Appreciation	Depreciation	
US Government	2,383,358	-	7,244	2,376,114
Special revenue and assessment obligations	1,113,641	-	8,509	1,105,132
Total	3,496,999	-	15,753	3,481,246

	2016			Fair Value
	Amortized Cost	Appreciation	Depreciation	
US Government	2,385,493	8,433	-	2,393,926
Special revenue and assessment obligations	1,147,336	-	21,640	1,125,696

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, 2017, 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	3,481,246	3,496,999	15,753	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, 2017 and 2016.

The net unrealized depreciation on bonds that are carried at amortized cost of \$15,753 at December 31, 2017 and \$13,207 at December 31, 2016, is not reflected in the statutory financial statements.

There were no disposals of bonds for the years December 31, 2017 and December 31, 2016

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, 2017 and 2016.

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:

	12/31/2017			12/31/2016			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2)	Ordinary	Capital	(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)
(a) Gross Deferred Tax Assets	718,909	-	718,909	480,552	-	480,552	238,357	-	238,357
(b) Statutory Valuation Allowance Adjustments	(473,795)	-	(473,795)	(57,399)	-	(57,399)	(416,396)	-	(416,396)
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	245,114	-	245,114	423,153	-	423,153	(178,039)	-	(178,039)
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c-1d)	245,114	-	245,114	423,153	-	423,153	(178,039)	-	(178,039)
(f) Deferred Tax Liabilities	(1,652)	-	(1,652)	-	-	-	(1,652)	-	(1,652)
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e-1f)	243,462	-	243,462	423,153	-	423,153	(179,691)	-	(179,691)

The Company has recorded a statutory valuation allowance. 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.

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

2.

	12/31/2017			12/31/2016			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	243,462	-	243,462	423,153	-	423,153	(179,691)	-	(179,691)
(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.	-	-	337,271	-	-	1,019,968	-	-	(682,697)
(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.	1,652	-	1,652	-	-	-	1,652	-	1,652
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	245,114	-	245,114	423,153	-	423,153	(178,039)	-	(178,039)

3.

	2017	2016
Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	582%	2080%
Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	2,248,471	6,799,787

4.

	12/31/2017		12/31/2016		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
Impact of Tax-Planning Strategies						
Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
(a) 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%
(b) 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 2017 OF THE CIGNA HealthCare of New Jersey Inc.

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

	(1) 12/31/2017	(2) 12/31/2016	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	(551,973)	409,780	(961,753)
(b) Foreign	-	-	-
(c) Subtotal	(551,973)	409,780	(961,753)
(d) Federal income tax on net capital gains	(42)	-	(42)
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	(552,015)	409,780	(961,795)
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unearned premium reserve	535	170	365
(2) Loss Reserve Discounting	4,079	1,363	2,716
(3) Solvency Reserves	-	-	-
(4) Discount of Bond Premiums / Deferred Gain	702,133	459,956	242,177
(5) Bad Debt	9,300	14,333	(5,033)
(6) Depreciation and Amortization	-	-	-
(7) Non Admitted Assets	2,806	4,676	(1,870)
(8) DOI Audit Accrual	-	-	-
(9) Reinsurance Contribution	-	-	-
(10) Other	56	54	2
(99) Subtotal	718,909	480,552	238,357
(b) Statutory valuation allowance adjustment	(473,795)	(57,399)	(416,396)
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets	245,114	423,153	(178,039)
(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	245,114	423,153	(178,039)
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Discount of bond premiums/Deferred gain	-	-	-
(2) Retroactivity Adjustment	-	-	-
(3) Other Insurance & Contract Holder Liability	(1,652)	-	(1,652)
(99) Subtotal	(1,652)	-	(1,652)
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	-	-	-
(c) Deferred tax liabilities	(1,652)	-	(1,652)
4. Net deferred tax assets/liabilities	243,462	423,153	(179,691)

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):

	12/31/2017	12/31/2016	(Col 1-2) Change
Total deferred tax assets	718,909	480,552	238,357
Total deferred tax liabilities	(1,652)	-	(1,652)
Net deferred tax asset (liability)	717,257	480,552	236,705
Statutory valuation allowance adjustment	(473,795)	(57,399)	(416,396)
Net deferred tax assets/liabilities after SVA	243,462	423,153	(179,691)
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			(179,691)

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:

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

	12/31/2017	Effective Tax Rate	12/31/2016	Effective Tax Rate
Provision computed at statutory rate	\$ (1,261,166)	35.0%	\$ 628,640	35.0%
Tax exempt interest income (net)	(5,829)	0.2%	(5,999)	-0.3%
Meals and entertainment	52	0.0%	48	0.0%
Lobbying Expense	43	0.0%	34	0.0%
Health Industry Fee	-	0.0%	34,932	2.0%
Spousal Travel and Other Nondeductible	7	0.0%	4	0.0%
Change in non-admitted assets	-	0.0%	13,041	0.7%
Valuation Allowance	416,396	-11.6%	(684,073)	-38.2%
Tax Reform Impact	478,173	-13.3%	-	0.0%
Total	\$ (372,324)	10.3%	\$ (13,373)	-0.8%
Federal and foreign income taxes incurred	\$ (552,015)	15.3%	\$ 409,780	22.8%
Change in net deferred income taxes	179,691	-5.0%	(423,153)	-23.6%
Total statutory income taxes	\$ (372,324)	10.3%	\$ (13,373)	-0.8%

Major tax reform legislation was signed into law on December 22, 2017. The legislation 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 recently enacted U.S. tax reform legislation.

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

(1) At December 31, 2017 and 2016, 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:

2017	\$0
2016	\$448,956

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

F. Consolidated Federal Income Tax Return:

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

Allegiance Benefit Plan Management Inc	Cigna Dental Health of Missouri Inc	Cigna Healthcare of New Hampshire Inc	Hazard Center Investment Co LLC
Allegiance Cobra Services Inc	Cigna Dental Health of New Jersey Inc	Cigna Healthcare of New Jersey Inc	Healthsource Benefits Inc
Allegiance Life & Health Insurance Co	Cigna Dental Health of North Carolina Inc	Cigna Healthcare of North Carolina Inc	Healthsource Inc
Allegiance Re Inc	Cigna Dental Health of Ohio Inc	Cigna Healthcare of Pennsylvania Inc	Healthsource Properties Inc
American Retirement Life Insurance Company	Cigna Dental Health of Pennsylvania Inc	Cigna Healthcare of South Carolina	Healthspring Life & Health Insurance Company
Arizona Healthplan Inc	Cigna Dental Health of Texas Inc	Cigna Healthcare of St Louis Inc	Healthspring Management, Inc.
Benefit Management Corp	Cigna Dental Health of Virginia Inc	Cigna Healthcare of Tennessee Inc	Healthspring of Alabama, Inc
Bravo Health Mid-Atlantic, Inc.	Cigna Dental Healthplan of Arizona Inc	Cigna Healthcare of Texas Inc	Healthspring of Florida, Inc.
Bravo Health Pennsylvania, Inc.	Cigna Direct Marketing Company Inc.	Cigna Healthcare of Utah Inc	Healthspring of Tennessee, Inc.
Brighter, Inc.	Cigna Federal Benefits Inc	Cigna Holdings Inc	Healthspring, Inc.
CareAllies, Inc.	Cigna Global Holdings Inc	Cigna Holdings Overseas Inc	IHN Inc.
Central Reserve Life Insurance Company	Cigna Global Insurance Company Limited	Cigna Integrated Care Inc	Intermountain Underwriters Inc
CG Individual Tax Benefit Payments Inc	Cigna Global Reinsurance Company LTD	Cigna Intellectual Property Inc	Kronos Optimal Health Company
CG Life Pension Benefit Payments Inc	Cigna Health and Life Insurance Company	Cigna International Corporation	Life Ins Co of North America
CG LINA Pension Benefit Payments Inc	Cigna Health Corporation	Cigna International Finance Inc	LINA Benefit Payments Inc
Choicelinx Corporation	Cigna Health Management Inc	Cigna International Services Inc	Loyal American Life Insurance Company
Cigna Arbor Life Insurance Company	Cigna Healthcare Benefits Inc	Cigna Investment Group Inc	Managed Care Consultants Inc
Cigna Behavioral Health Inc	Cigna Healthcare Holdings Inc	Cigna Investments Inc	MCC Independent Practice Assoc of New York Inc
Cigna Behavioral Health of California Inc	Cigna Healthcare Inc	Cigna Life Insurance Company of New York	Mediversal Inc
Cigna Behavioral Health of Texas Inc.	Cigna Healthcare Mid-Atlantic Inc	Cigna Linden Holdings Inc	Provident American Life Insurance Company
Cigna Benefits Financing, Inc.	Cigna Healthcare of Arizona Inc	Cigna Managed Care Benefits Company	QualCare Alliance Networks, Inc.
Cigna Dental Health Inc	Cigna Healthcare of California Inc	Cigna Poplar Holdings Inc	QualCare Captive Insurance Company, Inc.
Cigna Dental Health of California Inc	Cigna Healthcare of Colorado Inc	Cigna RE Corporation	QualCare Inc.
Cigna Dental Health of Colorado Inc	Cigna Healthcare of Connecticut Inc	Cigna Resource Manager Inc	Sagamore Health Network Inc
Cigna Dental Health of Delaware Inc	Cigna Healthcare of Florida Inc	Cigna Worldwide Insurance Company	Scibal Associates, Inc.
Cigna Dental Health of Florida Inc	Cigna Healthcare of Georgia Inc	Connecticut General Benefit Payments Inc.	Tel-Drug Inc
Cigna Dental Health of Illinois Inc	Cigna Healthcare of Illinois Inc	Connecticut General Corporation	United Benefit Life Insurance Company
Cigna Dental Health of Kansas Inc	Cigna Healthcare of Indiana Inc	Connecticut General Life Insurance Company	Universal Claims Administration

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Cigna Dental Health of Kentucky Inc

Cigna Healthcare of Maine Inc

Former Cigna Investments Inc

Cigna Dental Health of Maryland Inc

Cigna Healthcare of Massachusetts Inc

Great West Healthcare of Illinois Inc

G. Federal or Foreign Income Tax Loss Contingencies:

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

The Internal Revenue Services has completed review of Cigna's consolidated income tax returns through 2012. The statute of limitations for 2013 has expired, but Cigna has filed an amended return for which the pending refund is subject to review. No material impacts are anticipated for the Company.

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, 2017 and at December 31, 2016, the Company reported \$23,718 and \$0 as amounts due to parent, subsidiaries and affiliates and \$500,000 and \$106,348 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 \$179,574 and \$153,955 in administrative service fees for the periods ended December 31, 2017 and 2016.
 - (2) CHC credited the Company \$2 in 2017 and \$69 in 2016 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 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, 2017 and December 31, 2016.
 - (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 2017 and 2016.
 - (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 \$41,677 in 2017 and \$28,161 in 2016.
 - (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 2017 and 2016.
 - (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 \$1,867 in 2017 and \$2,022 in 2016.
 - (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 2017 and 2016.

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- (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 2017 and 2016.
- (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 2017 and 2016.
- (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 \$4,954 in 2017 and \$5,448 in 2016.
- (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 2017 and 2016.
- (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 2017 and 2016.
- G. All outstanding shares of the Company are owned by its Parent.
- H. The Company does not own shares of an upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.
- I. The Company does not hold any investments in subsidiary, controlled or affiliated companies that exceeds 10% of admitted assets.
- J. The Company does not hold any investments in impaired subsidiary, controlled or affiliated companies.
- K. The Company has no investments in foreign subsidiaries.
- L. The Company has no investments in a downstream non-insurance holding company.
- M. The Company has no investments in SCA entities.
- N. The Company has no investments in Insurance SCAs.

Note 11. Debt

The Company had no outstanding debt with third parties or outstanding federal home loan bank agreements during 2017 and 2016.

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 \$1,501 and \$1,877 for 2017 and 2016, 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, 2017 with a par value of \$1 per share.

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- (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. The Company has no capacity to pay a dividend in 2018 without prior approval.
- (4) The Company paid dividends to the Parent of \$2,000,000 and \$0 during the years ended December 31, 2017 and December 31, 2016.
- (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, 2017 and 2016.
- (8) The Company does not hold any stock, including stock of affiliated companies, for special purposes.
- (9) The Company had a change in balance of the special surplus funds of \$98,613 from the prior year due to the ACA Section 9010 Insurer Fee segregated surplus requirement.
- (10) The portion of unassigned funds (surplus) reduced by non-admitted asset values was \$13,361 as of December 31, 2017 and 2016, respectively.

The Company received a capital infusion from the Parent of \$500,000 and \$2,500,000 for the years ended December 31, 2017 and December 31, 2016, 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. 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.

Litigation with Anthem. In February 2017, Cigna delivered a notice to Anthem terminating the 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 the Company’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.

Also in February 2017, Anthem filed a lawsuit in the Chancery Court against Cigna seeking (i) a temporary restraining order to enjoin Cigna from terminating and taking any action contrary to the terms of the merger agreement, (ii) specific performance compelling Cigna to comply with the merger agreement and (iii) damages.

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 2019. Cigna believes in the merits of their claims and dispute Anthem’s claims, and intends to vigorously defend themselves and pursue their claims. The outcomes of lawsuits are inherently unpredictable, and Cigna may be unsuccessful in the ongoing litigation or any future claims or litigation.

Note 15. Leases

The Company was not a party to any lease agreements in 2017 and 2016.

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

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

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).

- 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.

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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.

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, 2017 and 2016.

<u>2017</u>							Not Practicable
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	(Carrying Value)	
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	-	-	
Total	\$ 3,982,358	\$ 3,998,111	\$ 2,477,533	\$ 1,504,825	\$ -	\$ -	

<u>2016</u>							Not Practicable
Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	(Carrying Value)	
Bonds	\$ 3,519,622	\$ 3,532,829	\$ 2,393,926	\$ 1,125,696	\$ -	\$ -	
Cash, Cash Equivalents, and Short-Term Investments	3,537,971	3,537,971	338,386	3,199,585	-	-	
Total	\$ 7,057,593	\$ 7,070,800	\$ 2,732,312	\$ 4,325,281	\$ -	\$ -	

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

Other than discussed below, 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 financial statements the Company has evaluated events that occurred between the balance sheet date and February 28, 2018.

Type I – Recognized Subsequent Event

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, 2017. If the capital contribution had not been recorded in the financial statement, receivables from parent, subsidiaries and affiliates and statutory surplus would have been lower by \$500,000 as of December 31, 2017. There was no impact to net income

Type II – Non Recognized Subsequent Event

- (1) On January 1, 2018, the Company will be subject to an annual fee under Section 9010 of the federal Affordable Care Act (ACA). Cigna covered entities' share of the annual fee will be based on the ratio of the

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amount of their aggregate net premiums written during the preceding calendar year to the total amount of health insurance for any U.S. health risk written during the preceding year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2018, and estimates its portion of the annual health insurance industry fee payable on September 30, 2018 to be \$98,613. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 0.03%. Reporting this ACA assessment as of December 31, 2017 would not have triggered an RBC action level.

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	Yes	Yes
B. ACA fee assessment payable for the upcoming year	\$98,613	\$0
C. ACA fee assessment paid	\$0	\$99,803
D. Premium written subject to Section 9010 assessment	\$4,400,003	\$3,904,394
E. Total Adjusted Capital before surplus adjustment	\$2,491,933	\$7,222,940
F. Total Adjusted Capital after surplus adjustment	\$2,393,320	\$7,222,940
G. Authorized Control Level	\$386,079	\$326,880
H. Would reporting the ACA assessment as of December 31, 2017 have triggered an RBC action level.....No		

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, 2017 and 2016.

Responsibility for covered charges under the CHLIC Reinsurance Agreement per member per year during the periods ended December 31, 2017 and 2016 were as follows:

<u>December 31, 2017 and 2016</u>		
\$150,000 and greater	-	20% the Company 80% CHLIC

A. Ceded Reinsurance Report

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)

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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 2017 or 2016.
- 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	-	16,623	-	-	16,623
(2) Medical loss ratio rebates paid	-	16,623	-	-	16,623
(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	-	34,272	-	-	34,272
(8) Medical loss ratio rebates paid	-	34,272	-	-	34,272
(9) Medical loss ratio rebates unpaid	-	-	-	-	-
(10) Plus reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(11) Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
(12) Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	-

E. Risk Sharing Provisions of the Affordable Care Act

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

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

	Amount
A. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment	2,163,131
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	-
3. Premium adjustments payable due to ACA Risk Adjustment	-
Operations (Revenue & Expense)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	2,928,309
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	3,629
B. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	125,946
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	-
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
Liabilities	
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	-
Operations (Revenue & Expense)	
7. Ceded reinsurance premiums due to ACA Reinsurance	-
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	132,133
9. ACA Reinsurance contributions - not reported as ceded premium	(11)
C. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	-
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
Operations (Revenue & Expense)	
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 Business Written Before December 31 of the Prior year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date	
	1	2	3	4	Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances	Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
	Receivable	(Payable)	Receivable	(Payable)	5 Receivable	6 (Payable)	7 Receivable	8 (Payable)	9 Ref	10 Receivable (Payable)
A. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable	1,990,187	-	2,751,836	-	(761,649)	-	761,649	-	A	-
2. Premium adjustments (payable)	-	-	-	-	-	-	-	-	-	-
3. Subtotal ACA Permanent Risk Adjustment Program	1,990,187	-	2,751,836	-	(761,649)	-	761,649	-	-	-
B. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	685,163	-	691,350	-	(6,187)	-	132,133	-	B	125,946
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	-	3,944	-	3,933	-	11	-	(11)	C	-
5. Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	-	-
6. Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	-	-
7. Subtotal ACA Transitional Reinsurance Program	685,163	3,944	691,350	3,933	(6,187)	11	132,133	(11)	-	125,946
C. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	-	-
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-
D. Total for ACA Risk-Sharing Provisions	2,675,350	3,944	3,443,186	3,933	(767,836)	11	893,782	(11)		125,946

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, 2016

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

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 2017 and 2016. Reserves are stated on a net basis after deductions from reinsurers on unpaid losses.

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

	2017	2016
Balances at January 1	505,625	201,329
Incurred related to:		
Current year	4,777,163	2,768,973
Prior year	947,376	(200,703)
Total incurred	5,724,539	2,568,270
Paid related to:		
Current year	4,752,514	2,271,677
Prior year	(127,426)	(7,703)
Total payments	4,625,088	2,263,974
Balances at December 31	1,605,076	505,625

Unpaid claims and claims adjustment expenses attributable to insured events of prior years increased by \$947,376 in 2017 and decreased by \$200,703 in 2016, 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 2017 and 2016, 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 2017 or 2016.

Note 27. Structured Settlements

The Company had no structured settlements in 2017 or 2016.

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 2017 or 2016.

Note 30. Premium Deficiency Reserves

- | | |
|---|-----------------------------|
| 1. Liability carried for premium deficiency reserves | \$3,330,000 |
| 2. Date of the most recent evaluation of this liability | 12/31/2017 |
| 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, 2016 was \$1,310,000.

Note 31. Anticipated Salvage and Subrogation

The Company does not anticipate any salvage or subrogation in 2017 or 2016.

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
- 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. 12/31/2011
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 11/14/2012
- 3.4 By what department or departments?
State of New Jersey Department of Banking and Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1
Name of Entity | 2
NAIC Company Code | 3
State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
- 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 [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

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

FINANCIAL

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

INVESTMENT

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

GENERAL INTERROGATORIES

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

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

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

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

25.21 Subject to repurchase agreements.....	\$	
25.22 Subject to reverse repurchase agreements.....	\$	
25.23 Subject to dollar repurchase agreements.....	\$	
25.24 Subject to reverse dollar repurchase agreements.....	\$	
25.25 Placed under option agreements.....	\$	
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock.....	\$	
25.27 FHLB Capital Stock.....	\$	
25.28 On deposit with states.....	\$	1,990,984
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
JP Morgan Chase, N.A.	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)
Bank of New York Mellon	1 Wall Street, New York, NY 10286	This is a limited custodial arrangement that only allows for the holding/safekeeping of NAIC approved Mutual Funds or cash.

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

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

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

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	3,896,690	3,880,937	(15,753)
30.2 Preferred stocks .....	.0		.0
30.3 Totals	3,896,690	3,880,937	(15,753)

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 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
 a. Documentation necessary to permit a full credit analysis of the security does not exist.
 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 5*GI securities? Yes [] No [X]

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$252

34.2 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

35.1 Amount of payments for legal expenses, if any?\$394

35.2 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

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

36.2 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	4,382,619	3,890,953
2.2 Premium Denominator	4,382,619	3,890,953
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	4,938,195	1,808,092
2.5 Reserve Denominator	4,938,195	1,808,092
2.6 Reserve Ratio (2.4/2.5)	1.000	1.000

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

3.2 If yes, give particulars:

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

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

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

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ _____ 320,000

5.32 Medical Only \$ _____

5.33 Medicare Supplement \$ _____

5.34 Dental & Vision \$ _____

5.35 Other Limited Benefit Plan \$ _____

5.36 Other \$ _____

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

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

7.2 If no, give details

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year 111,346

8.2 Number of providers at end of reporting year 30,153

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.....\$
- 10.23 Maximum amount payable withholds.....\$
- 10.24 Amount actually paid for year withholds.....\$555

- 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, . Ycs [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. \$ 2,003,489
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation

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

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

1 Name of Service Area
State of New Jersey

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

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

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):
- 15.1 Direct Premium Written\$
- 15.2 Total Incurred Claims\$
- 15.3 Number of Covered Lives

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

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	7,486,459	10,332,433	5,184,904	5,303,240	4,737,324
2. Total liabilities (Page 3, Line 24)	4,994,526	3,109,493	2,308,710	719,146	698,482
3. Statutory minimum capital and surplus requirement	2,003,489	2,003,489	1,968,064	1,855,152	1,855,152
4. Total capital and surplus (Page 3, Line 33)	2,491,933	7,222,940	2,876,194	4,584,094	4,038,843
Income Statement (Page 4)					
5. Total revenues (Line 8)	4,382,619	3,890,953	1,637,028	1,348,604	3,150,979
6. Total medical and hospital expenses (Line 18)	5,705,287	2,538,176	2,253,337	1,859,461	2,158,871
7. Claims adjustment expenses (Line 20)	19,252	30,094	16,533	19,598	93,178
8. Total administrative expenses (Line 21)	297,534	301,870	343,493	382,035	365,627
9. Net underwriting gain (loss) (Line 24)	(3,668,784)	1,768,273	(3,036,215)	(802,410)	430,813
10. Net investment gain (loss) (Line 27)	75,920	68,666	65,572	68,324	153,326
11. Total other income (Lines 28 plus 29)	(10,425)	(40,824)	(2)	(3,382)	131
12. Net income or (loss) (Line 32)	(3,051,316)	1,386,335	(2,652,209)	(450,427)	389,148
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(1,118,499)	(124,906)	(1,423,892)	(79,034)	(276,717)
Risk-Based Capital Analysis					
14. Total adjusted capital	2,491,933	7,222,940	2,876,194	4,584,094	4,038,843
15. Authorized control level risk-based capital	386,079	326,880	326,035	338,913	337,422
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	200	131	150	164	374
17. Total members months (Column 6, Line 7)	2,195	1,697	2,327	2,527	4,746
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	130.2	65.2	137.6	137.9	68.5
20. Cost containment expenses	0.1	0.1	0.6	0.9	1.9
21. Other claims adjustment expenses	0.4	0.7	0.4	0.6	1.0
22. Total underwriting deductions (Line 23)	183.7	54.6	285.5	159.5	86.3
23. Total underwriting gain (loss) (Line 24)	(83.7)	45.4	(185.5)	(59.5)	13.7
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	(112,723)	(24,671)	103,970	131,000	174,000
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	493,932	194,432	210,274	255,041	374,000
Investments In Parent, Subsidiaries and Affiliates					
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 2017 OF THE CIGNA HealthCare of New Jersey Inc.
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama AL	N								0	
2. Alaska AK	N								0	
3. Arizona AZ	N								0	
4. Arkansas AR	N								0	
5. California CA	N								0	
6. Colorado CO	N								0	
7. Connecticut CT	N								0	
8. Delaware DE	N								0	
9. District of Columbia DC	N								0	
10. Florida FL	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	4,400,003							4,400,003	
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	4,400,003	0	0	0	0	0	0	4,400,003	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 1	4,400,003	0	0	0	0	0	0	4,400,003	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

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

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

The Company only has business in the State of New Jersey
(a) Insert the number of L responses except for Canada and Other Alien.

ANNUAL STATEMENT FOR THE YEAR 2017 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, 2017:

Cigna CORPORATION

(A Delaware corporation and ultimate parent company)

<u>Cigna Holdings, Inc.</u>
<u>Cigna Intellectual Property, Inc.</u>
<u>Cigna Investment Group, Inc.</u>
<u>Cigna International Finance Inc.</u>
<u>Former Cigna Investments, Inc.</u>
<u>Cigna Investments, Inc.</u>
<u>Cigna Benefits Financing, Inc.</u> (EI # 010947889, DE)
<u>Connecticut General Corporation</u>
<u>Benefit Management Corp.</u> (EI # 81-0585518)
* <u>Allegiance Life & Health Insurance Company</u> (EI # 20-4433475, NAIC # 12814, MT)
* <u>Allegiance Re, Inc.</u> (EI # 20-3851464, MT)
<u>Allegiance Benefit Plan Management, Inc.</u>
<u>Allegiance COBRA Services, Inc.</u>
<u>Allegiance Provider Direct, LLC</u>
<u>Community Health Network, LLC</u>
<u>Intermountain Underwriters, Inc.</u>
<u>Star Point, LLC</u>
<u>HealthSpring, Inc.</u>
<u>NewQuest, LLC</u>
<u>NewQuest Management Northeast, LLC</u>
* <u>Bravo Health Mid-Atlantic, Inc.</u> (EI # 52-2259087, NAIC # 10095, MD)
* <u>Bravo Health Pennsylvania, Inc.</u> (EI # 52-2363406, NAIC # 11254, PA)
* <u>HealthSpring Life & Health Insurance Company</u> (EI # 20-8534298, NAIC # 12902, TX)
* <u>HealthSpring of Alabama, Inc.</u> (EI # 63-0925225, NAIC # 95781, AL)
* <u>HealthSpring of Florida, Inc.</u> (EI # 65-1129599, NAIC # 11532, FL)
<u>NewQuest Management of Illinois, LLC</u>

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

40.1

	<u>NewQuest Management of Florida, LLC</u>
	<u>HealthSpring Management of America, LLC</u>
	<u>NewQuest Management of West Virginia, LLC</u>
	<u>TexQuest, LLC</u>
	<u>HouQuest, LLC</u>
	<u>GulfQuest, LP</u>
	<u>NewQuest Management of Alabama, LLC</u>
	<u>HealthSpring USA, LLC</u>
	<u>HealthSpring Management, Inc.</u>
	<u>HealthSpring of Tennessee, Inc.</u> (EI # 62-1593150, NAIC # 11522, MD)
	<u>Tennessee Quest, LLC</u>
	<u>HealthSpring Pharmacy Services, LLC</u>
	<u>HealthSpring Pharmacy of Tennessee, LLC</u>
	<u>Home Physicians Management, LLC</u>
	<u>Alegis Care Services, LLC</u>
	<u>*Cigna Arbor Life Insurance Company</u> (EI # 03-0452349, NAIC # 13733, CT)
	<u>Cigna Behavioral Health, Inc.</u>
	<u>Cigna Behavioral Health of California, Inc.</u> (EI# 94-3107309)
	<u>Cigna Behavioral Health of Texas, Inc.</u> (EI# 75-2751090)
	<u>MCC Independent Practice Association of New York, Inc.</u>
	<u>Cigna Dental Health, Inc.</u>
	<u>Cigna Dental Health of California, Inc.</u> (EI# 59-2600475, CA)
	<u>Cigna Dental Health of Colorado, Inc.</u> (EI# 59-2675861, NAIC # 11175, CO)
	<u>Cigna Dental Health of Delaware, Inc.</u> (EI# 59-2676987, NAIC # 95380, DE)
	<u>Cigna Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL)
	<u>Cigna Dental Health of Illinois, Inc.</u> (EI# 06-1351097, IL)
	<u>Cigna Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS)
	<u>Cigna Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY)
	<u>Cigna Dental Health of Missouri, Inc.</u> (EI#06-1582068, NAIC # 11160, MO)
	<u>Cigna Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167, NJ)

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

Cigna Dental Health of North Carolina, Inc.
(EI# 56-1803464 , NAIC # 95179, NC)

Cigna Dental Health of Ohio, Inc.
(EI# 59-2579774, NAIC # 47805, OH)

Cigna Dental Health of Pennsylvania, Inc.
(EI# 52-1220578, NAIC # 47041, PA)

Cigna Dental Health of Texas, Inc.
(EI# 59-2676977, NAIC # 95037, TX)

Cigna Dental Health of Virginia, Inc.
(EI# 52-2188914, NAIC # 52617, VA)

Cigna Dental Health Plan of Arizona, Inc.
(EI# 86-0807222, NAIC # 47013, AZ)

Cigna Dental Health of Maryland, Inc.
(EI#20-2844020, NAIC #48119, MD)

Cigna Health Corporation

Healthsource, Inc.

Cigna HealthCare of Arizona, Inc.
(EI# 86-0334392, NAIC#95125, AZ)

Cigna HealthCare of California, Inc.
(EI# 95-3310115, CA)

Cigna HealthCare of Colorado, Inc.
(EI# 84-1004500, NAIC # 95604, CO)

Cigna HealthCare of Connecticut, Inc.
(EI# 06-1141174, NAIC # 95660, CT)

Cigna HealthCare of Florida, Inc.
(EI# 59-2089259, NAIC # 95136, FL)

Cigna HealthCare of Illinois, Inc.
(EI# 36-3385638, NAIC # 95602, IL)

Cigna HealthCare of Maine, Inc.
(EI# 01-0418220, NAIC # 95447, ME)

Cigna HealthCare of Massachusetts, Inc.
(EI# 02-0402111, NAIC # 95220, MA)

Cigna HealthCare Mid-Atlantic, Inc.
(EI# 52-1404350, NAIC # 95599, MD)

Cigna HealthCare of New Hampshire, Inc.
(EI# 02-0387749, NAIC # 95493, NH)

Cigna HealthCare of New Jersey, Inc.
(EI# 22-2720890, NAIC # 95500, NJ)

Cigna HealthCare of Pennsylvania, Inc.
(EI# 23-2301807, NAIC # 95121, PA)

Cigna HealthCare of St. Louis, Inc.
(EI# 36-3359925, NAIC # 95635, MO)

Cigna HealthCare of Utah, Inc.
(EI# 62-1230908, NAIC # 95518, UT)

Cigna HealthCare of Georgia, Inc.
(EI# 58-1641057, NAIC # 96229, GA)

Cigna HealthCare of Texas, Inc.
(EI# 74-2767437, NAIC # 95383, TX)

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

Cigna HealthCare of Indiana, Inc.
(EI# 35-1679172, NAIC # 95525, IN)

Cigna HealthCare of Tennessee, Inc.
(EI# 62-1218053, NAIC # 95606, TN)

Cigna HealthCare of North Carolina, Inc.
(EI# 56-1479515, NAIC# 95132, NC)

Cigna HealthCare of South Carolina, Inc.
(EI# 06-1185590, NAIC # 95708, SC)

*Temple Insurance Company Limited

Arizona Health Plan, Inc.

Healthsource Properties, Inc.

Managed Care Consultants, Inc.

Cigna Benefit Technology Solutions, Inc.

Sagamore Health Network, Inc.

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

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

Cigna Healthcare, Inc.

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

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

CG Mystic Center LLC

Station Landing LLC

CG Mystic Land LLC

CG Skyline, LLC

Skyline ND/CG LLC

Skyline Mezzanine Borrower, LLC

Skyline at Station Landing, LLC

Careallies, LLC

CG Bayport LLC

Bayport Colony Apartments LLC

Cigna Onsite Health, LLC

Gillette Ridge Community Council, Inc.

Gillette Ridge Golf LLC

Hazard Center Investment Company LLC

Tel-Drug of Pennsylvania, LLC

GRG Acquisitions LLC

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

Cigna Affiliates Realty Investment Group, LLC
(EI# 27-5402196, DE)

CR Longwood Investors, LP

ND/CR Longwood LLC

ARE/ND/CR Longwood LLC

Secon Properties, LP

Transwestern Federal Holdings, L.L.C.

Transwestern Federal, L.L.C.

Market Street Residential Holdings LLC

Arborpoint at Market Street LLC

Diamondview Tower CM-CG LLC

CR Washington Street Investors LP

Dulles Town Center Mall, LLC

ND/CR Unicorn LLC

Union Wharf Apartments LLC

AMD Apartments Limited Partnership

PUR Arbors Apartments Venture LLC

CG Seventh Street, LLC

Ideal Properties II LLC

Alessandro Partners, LLC

Mallory Square Partners I, LLC

Houston Briar Forest Apartments Limited Partnership

Newtown Partners II, LP

Newtown Square GP LLC

AFA Apartments Limited Partnership

SB-SNH LLC

680 Investors LLC

685 New Hampshire LLC

CGGL 18301 LLC

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

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

Affiliated Hotel Subsidiary LLC
 CGGL 6280 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
 SOMA Apartments Venture LLC
 Arbor Heights Venture LLC
CORAC LLC

Henry on the Park Associates, LLC
 (EI 27-3582688, DE)
*Cigna Health and Life Insurance Company
 (EI # 59-1031071, NAIC # 67369, CT)
CarePlexus, LLC
 (EI# 45-2681649; DE)
Cigna Corporate Services, LLC
 (EI 27-3396038, DE)
Cigna Insurance Agency, LLC
 (EI # 27-1903785, CT)
Ceres Sales of Ohio, LLC
 (EI # 34-1970892, OH)
Central Reserve Life Insurance Company
 (EI # 34-0970995, NAIC # 61727, OH)
 |Provident American Life & Health Insurance Company
 (EI # 23-1335885, NAIC # 67903, OH)
 |United Benefit Life Insurance Company
 (EI # 75-2305400, NAIC # 65269, OH)
Loyal American Life Insurance Company
 (EI # 63-0343428, NAIC # 65722, OH)
 |American Retirement Life Insurance Company
 (EI # 59-2760189, NAIC # 88366, OH)
QualCare Alliance Networks, Inc.
 |QualCare, Inc.
 |Scibal Associates, Inc.
 |QualCare Captive Insurance Company Inc., PCC
 |QualCare Management Resources Limited Liability Company
 |Health-Lynx, LLC

Sterling Life Insurance Company
 (EI # 13-1867829, NAIC # 77399, IL)
 |Olympic Health Management Systems, Inc.
 |Olympic Health Management Services, Inc.

 |WorldDoc, Inc.
 |Omada Health, Inc.

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

Cigna Health Management, Inc.
(EI# 23-1728483, DE)

Kronos Optimal Health Company
(20-8064696, AZ)

*Life Insurance Company of North America
(EI# 23-1503749, NAIC # 65498, PA)

*Cigna & CMB Life Insurance Company Limited
 (remaining interest owned by an unaffiliated party)
 | 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

CareAllies, Inc.

Brighter, Inc. | Brighter, Inc.

~~+ Patient Provider Alliance, Inc. | 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 Servicos LTDA

*Cigna Global Reinsurance Company, Ltd.

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

40.7

				<u>Cigna Holdings Overseas, Inc.</u>
				<u>Cigna Bellevue Alpha LLC</u>
				<u>Cigna Linden Holdings, Inc.</u>
				<u>Cigna Laurel Holdings, Ltd.</u>
				Cigna Palmetto Holdings, Ltd.
				|<u>Cigna Apac Holdings Limited</u>
				|<u>Cigna Alder Holdings, LLC</u>
				|<u>+Cigna Walnut Holdings, Ltd.</u>
				<u>Cigna Chestnut Holdings, Ltd.</u>
				| *<u>LINA Life Insurance Company of Korea</u>
				| <u>Cigna International Services Australia Pty Ltd.</u>
				| <u>Cigna Hong Kong Holdings Company Limited</u>
				| <u>Cigna Data Services (Shanghai) Company Limited</u>
				| <u>Cigna HLA Technology Services Limited</u>
				| *<u>Cigna Worldwide General Insurance Company Limited</u>
				| *<u>Cigna Worldwide Life Insurance Company Limited</u>
				| <u>Cigna International Health Services Sdn Bhd.</u>
				| *<u>Cigna Life Insurance New Zealand Limited</u>
				| <u>Grown Ups New Zealand Limited</u>
				| *<u>Cigna Life Insurance Company of Canada</u> (AA-1560515)
				| <u>Cigna Korea Chusik Heosa (A/K/A Cigna Korea</u>
				| Company Limited)
				| <u>LINA Financial Service</u>
				| <u>Cigna Nederland Gamma B.V.</u>
				| <u>Cigna Finans Emeklilik Ve Hayat A.S.</u>
				| <u>RHP (Thailand) Limited</u>
				| *<u>Cigna Brokerage & Marketing (Thailand) Limited</u>
				| <u>KDM (Thailand) Limited</u>
				| *<u>Cigna Insurance Public Company Limited</u>
				| <u>Cigna Taiwan Life Assurance Company Limited</u>
				| <u>Cigna Myrtle Holdings, Ltd.</u>
				| <u>Cigna Elmwood Holdings, SPRL</u>
				| <u>Cigna Beechwood Holdings</u>
				| Cigna Life Insurance Company of Europe S.A.-N.V.
				| Cigna Europe Insurance Company S.A.-N.v. |
				| <u>Cigna European Services (UK) Limited</u>
				| <u>Cigna 2000 UK Pension LTD</u>
				| <u>Cigna Oak Holdings, LTD.</u>
				| Cigna Willow Holdings, LTD.
				| <u>FirstAssist Administration Limited</u>
				| <u>Cigna Legal Protection U.K. Ltd.</u>
				| <u>Cigna Insurance Services (Europe) Ltd.</u>

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

|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
(EI# 23-2088429, NAIC # 90859, DE)

|*PT. Asuransi Cigna

|Cigna Teak Holdings, LLC

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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
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 Thomas J. Martel 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>	

DIRECTORS OR TRUSTEES

Michael Todd Crompton Thomas J. Martel 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.

<u>Michael Todd Crompton</u> Vice President	<u>Anna Krishtul</u> Secretary	<u>Scott Ronald Lambert</u> 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	2,383,357	61.164	2,383,357	0	2,383,357	59.612
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	1,113,641	28.579	1,113,641	0	1,113,641	27.854
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	399,692	10.257	501,112	0	501,112	12.534
11. Other invested assets		0.000			0	0.000
12. Total invested assets	3,896,690	100.000	3,998,110	0	3,998,110	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	3,532,829
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	
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7	
7.	Deduct amortization of premium	35,831
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.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	3,496,999
11.	Deduct total nonadmitted amounts	0
12.	Statement value at end of current period (Line 10 minus Line 11)	3,496,999

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
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	2,383,358	2,376,114	2,389,761	2,375,000
	2. Canada				
	3. Other Countries				
	4. Totals	2,383,358	2,376,114	2,389,761	2,375,000
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	1,113,641	1,105,132	1,235,062	1,015,000
Industrial and Miscellaneous, SVO Identified Funds 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	3,496,999	3,481,246	3,624,823	3,390,000
PREFERRED STOCKS					
Industrial and Miscellaneous (unaffiliated)	14. United States				
	15. Canada				
	16. Other Countries				
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks	0	0	0	0
COMMON STOCKS					
Industrial and Miscellaneous (unaffiliated)	20. United States				
	21. Canada				
	22. Other Countries				
	23. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	0	0	0	0
	26. Total Stocks	0	0	0	0
	27. Total Bonds and Stocks	3,496,999	3,481,246	3,624,823	

ANNUAL STATEMENT FOR THE YEAR 2017 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 10.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments												
1.1 NAIC 1	399,692	2,383,357	0	0	0	XXX	2,783,049	71.4	5,585,078	83.0	2,783,049	0
1.2 NAIC 2						XXX	0	0.0		0.0		0
1.3 NAIC 3						XXX	0	0.0		0.0		0
1.4 NAIC 4						XXX	0	0.0		0.0		0
1.5 NAIC 5						XXX	0	0.0		0.0		0
1.6 NAIC 6						XXX	0	0.0		0.0		0
1.7 Totals	399,692	2,383,357	0	0	0	XXX	2,783,049	71.4	5,585,078	83.0	2,783,049	0
2. All Other Governments												
2.1 NAIC 1						XXX	0	0.0		0.0		0
2.2 NAIC 2						XXX	0	0.0		0.0		0
2.3 NAIC 3						XXX	0	0.0		0.0		0
2.4 NAIC 4						XXX	0	0.0		0.0		0
2.5 NAIC 5						XXX	0	0.0		0.0		0
2.6 NAIC 6						XXX	0	0.0		0.0		0
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions etc., Guaranteed												
3.1 NAIC 1						XXX	0	0.0		0.0		0
3.2 NAIC 2						XXX	0	0.0		0.0		0
3.3 NAIC 3						XXX	0	0.0		0.0		0
3.4 NAIC 4						XXX	0	0.0		0.0		0
3.5 NAIC 5						XXX	0	0.0		0.0		0
3.6 NAIC 6						XXX	0	0.0		0.0		0
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 NAIC 1						XXX	0	0.0		0.0		0
4.2 NAIC 2						XXX	0	0.0		0.0		0
4.3 NAIC 3						XXX	0	0.0		0.0		0
4.4 NAIC 4						XXX	0	0.0		0.0		0
4.5 NAIC 5						XXX	0	0.0		0.0		0
4.6 NAIC 6						XXX	0	0.0		0.0		0
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	0	1,113,641	0	0	0	XXX	1,113,641	28.6	1,147,336	17.0	1,113,641	0
5.2 NAIC 2						XXX	0	0.0		0.0		0
5.3 NAIC 3						XXX	0	0.0		0.0		0
5.4 NAIC 4						XXX	0	0.0		0.0		0
5.5 NAIC 5						XXX	0	0.0		0.0		0
5.6 NAIC 6						XXX	0	0.0		0.0		0
5.7 Totals	0	1,113,641	0	0	0	XXX	1,113,641	28.6	1,147,336	17.0	1,113,641	0

ANNUAL STATEMENT FOR THE YEAR 2017 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 10.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)												
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
6.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7. Hybrid Securities												
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
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
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
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO Identified Funds												
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
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 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 10.7	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
10. Total Bonds Current Year												
10.1 NAIC 1	(d) 399,692	3,496,998	0	0	0	0	3,896,690	100.0	XXX	XXX	3,896,690	0
10.2 NAIC 2	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 NAIC 5	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 NAIC 6	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals	399,692	3,496,998	0	0	0	0	(b) 3,896,690	100.0	XXX	XXX	3,896,690	0
10.8 Line 10.7 as a % of Col. 7	10.3	89.7	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year												
11.1 NAIC 1	3,199,585	3,532,829	0	0	0	0	XXX	XXX	6,732,414	100.0	6,732,414	0
11.2 NAIC 2							XXX	XXX	0	0.0	0	0
11.3 NAIC 3							XXX	XXX	0	0.0	0	0
11.4 NAIC 4							XXX	XXX	0	0.0	0	0
11.5 NAIC 5							XXX	XXX	(c) 0	0.0	0	0
11.6 NAIC 6							XXX	XXX	(c) 0	0.0	0	0
11.7 Totals	3,199,585	3,532,829	0	0	0	0	XXX	XXX	(b) 6,732,414	100.0	6,732,414	0
11.8 Line 11.7 as a % of Col. 9	47.5	52.5	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds												
12.1 NAIC 1	399,692	3,496,998	0	0	0	0	3,896,690	100.0	6,732,414	100.0	3,896,690	XXX
12.2 NAIC 2							0	0.0	0	0.0	0	XXX
12.3 NAIC 3							0	0.0	0	0.0	0	XXX
12.4 NAIC 4							0	0.0	0	0.0	0	XXX
12.5 NAIC 5							0	0.0	0	0.0	0	XXX
12.6 NAIC 6							0	0.0	0	0.0	0	XXX
12.7 Totals	399,692	3,496,998	0	0	0	0	3,896,690	100.0	6,732,414	100.0	3,896,690	XXX
12.8 Line 12.7 as a % of Col. 7	10.3	89.7	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10	10.3	89.7	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds												
13.1 NAIC 1	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10	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, \$ _____ prior year of bonds with Z designations and \$ _____, current year \$ _____ 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, \$ _____ prior year of bonds with 5* designations and \$ _____, current year \$ _____ prior year of bonds with 6* designations. "5*" 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 \$ 399,692 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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ANNUAL STATEMENT FOR THE YEAR 2017 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 10.6	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
1. U.S. Governments												
1.1 Issuer Obligations	399,692	2,383,357	0	0	0	XXX	2,783,049	71.4	5,585,078	83.0	2,783,049	0
1.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
1.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
1.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	0
1.5 Totals	399,692	2,383,357	0	0	0	XXX	2,783,049	71.4	5,585,078	83.0	2,783,049	0
2. All Other Governments												
2.1 Issuer Obligations						XXX	0	0.0	0	0.0	0	0
2.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
2.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
2.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	0
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations						XXX	0	0.0	0	0.0	0	0
3.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
3.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
3.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	0
3.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed												
4.1 Issuer Obligations						XXX	0	0.0	0	0.0	0	0
4.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
4.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
4.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	0
4.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed												
5.1 Issuer Obligations	0	1,113,641	0	0	0	XXX	1,113,641	28.6	1,147,336	17.0	1,113,641	0
5.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
5.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
5.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	0
5.5 Totals	0	1,113,641	0	0	0	XXX	1,113,641	28.6	1,147,336	17.0	1,113,641	0
6. Industrial and Miscellaneous												
6.1 Issuer Obligations						XXX	0	0.0	0	0.0	0	0
6.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
6.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
6.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	0
6.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7. Hybrid Securities												
7.1 Issuer Obligations						XXX	0	0.0	0	0.0	0	0
7.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
7.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
7.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	0
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 Issuer Obligations						XXX	0	0.0	0	0.0	0	0
8.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
8.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	0
8.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	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 2017 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 10.6	9 Total from Col. 7 Prior Year	10 % From Col. 8 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
9. SVO Identified Funds												
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
10. Total Bonds Current Year												
10.1 Issuer Obligations	399,692	3,496,998	0	0	0	XXX	3,896,690	100.0	XXX	XXX	3,896,690	0
10.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals	399,692	3,496,998	0	0	0	0	3,896,690	100.0	XXX	XXX	3,896,690	0
10.7 Line 10.6 as a % of Col. 7	10.3	89.7	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year												
11.1 Issuer Obligations	3,199,585	3,532,829	0	0	0	XXX	XXX	XXX	6,732,414	100.0	6,732,414	0
11.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
11.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
11.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX	0	0.0	0	0
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		XXX	XXX	0	0.0	0	0
11.6 Totals	3,199,585	3,532,829	0	0	0	0	XXX	XXX	6,732,414	100.0	6,732,414	0
11.7 Line 11.6 as a % of Col. 9	47.5	52.5	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds												
12.1 Issuer Obligations	399,692	3,496,998	0	0	0	XXX	3,896,690	100.0	6,732,414	100.0	3,896,690	XXX
12.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
12.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
12.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	0	0.0	0	XXX
12.6 Totals	399,692	3,496,998	0	0	0	0	3,896,690	100.0	6,732,414	100.0	3,896,690	XXX
12.7 Line 12.6 as a % of Col. 7	10.3	89.7	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10	10.3	89.7	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds												
13.1 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	0	0.0	XXX	0
13.6 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Line 13.6 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10	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 2017 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 .....	.0	.0	.0	.0	.0
2. Cost of short-term investments acquired .....	.1	.1	.0	.0	.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 2017 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	3,199,585	3,199,585	0	0
2. Cost of cash equivalents acquired	20,244,745	20,244,745	0	0
3. Accrual of discount	12,476	12,476	0	0
4. Unrealized valuation increase (decrease)	0			
5. Total gain (loss) on disposals	(119)	(119)	0	0
6. Deduct consideration received on disposals	23,056,995	23,056,995	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- 7+8-9)	399,692	399,692	0	0
11. Deduct total nonadmitted amounts	0			
12. Statement value at end of current period (Line 10 minus Line 11)	399,692	399,692	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 2017 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	Bond Char	NAIC Des.	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
912828-F2-1	US TREASURY N/B	SD			1	1,006,215	100.0470	1,000,469	1,000,000	1,003,519	0	(899)	0	0	2.125	2.027	MS	5,429	21,250	12/05/2014	09/30/2021
912828-F2-1	US TREASURY N/B				1	1,383,546	100.0470	1,375,645	1,375,000	1,379,839	0	(1,236)	0	0	2.125	2.027	MS	7,465	29,219	12/05/2014	09/30/2021
0199999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						2,389,761	XXX	2,376,114	2,375,000	2,383,358	0	(2,135)	0	0	XXX	XXX	XXX	12,894	50,469	XXX	XXX
0599999. Total - U.S. Government Bonds						2,389,761	XXX	2,376,114	2,375,000	2,383,358	0	(2,135)	0	0	XXX	XXX	XXX	12,894	50,469	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			1FE	1,095,129	108.8800	979,920	900,000	987,465	0	(29,878)	0	0	5.250	1.720	MM	7,875	47,250	04/21/2014	11/01/2020
365418-CU-4	GARDEN STATE PRESERVATION TRUS				1FE	139,933	108.8800	125,212	115,000	126,176	0	(3,618)	0	0	5.250	1.720	MM	1,006	5,038	04/21/2014	11/01/2020
2599999. Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations						1,235,062	XXX	1,105,132	1,015,000	1,113,641	0	(33,696)	0	0	XXX	XXX	XXX	8,881	53,288	XXX	XXX
3199999. Total - U.S. Special Revenues Bonds						1,235,062	XXX	1,105,132	1,015,000	1,113,641	0	(33,696)	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
7799999. Total - Issuer Obligations						3,624,823	XXX	3,481,246	3,390,000	3,496,999	0	(35,831)	0	0	XXX	XXX	XXX	21,775	103,757	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
8399999 - Total Bonds						3,624,823	XXX	3,481,246	3,390,000	3,496,999	0	(35,831)	0	0	XXX	XXX	XXX	21,775	103,757	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

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

NONE

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	1,990,984	1,980,389	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	1,990,984	1,980,389	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, 2017
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 Thomas J. Martel 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>	

DIRECTORS OR TRUSTEES

Michael Todd Crompton Thomas J. Martel 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.

<u>Michael Todd Crompton</u> Vice President	<u>Anna Krishtul</u> Secretary	<u>Scott Ronald Lambert</u> 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.....

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Health Care Receivables Collected and Accrued

NONE

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	392,000	0	0	0	0	392,000
0499999. Subtotals	392,000	0	0	0	0	392,000
0599999. Unreported claims and other claim reserves						1,202,705
0699999. Total amounts withheld						
0799999. Total claims unpaid						1,594,705
.....						
.....						
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.....						
.....						
.....						
.....						
.....						
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.....						
.....						
0899999 Accrued medical incentive pool and bonus amounts						

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	23,717	23,717	
0199999. Individually listed payables		23,717	23,717	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		23,717	23,717	0

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	NONE					
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 2017 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		DURING THE YEAR							(LOCATION)	
		New Jersey		2017							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	131	48	83	0	0	0	0	0	0	0		
2. First Quarter	185	118	67									
3. Second Quarter	177	116	61									
4. Third Quarter	198	124	74									
5. Current Year	200	132	68									
6. Current Year Member Months	2,195	1,401	794									
Total Member Ambulatory Encounters for Year:												
7. Physician	1,874	1,578	296									
8. Non-Physician	16,286	13,712	2,574									
9. Total	18,160	15,290	2,870	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	921	775	146									
11. Number of Inpatient Admissions	3	3	0									
12. Health Premiums Written (b)	4,400,003	3,946,698	453,305									
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	4,400,003	3,946,698	453,305									
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	5,512,699	5,179,676	333,023									
18. Amount Incurred for Provision of Health Care Services	6,613,472	6,203,504	409,968									

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 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	(LOCATION)										
			Grand Total			DURING THE YEAR				2017	NAIC Company Code		95500
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:													
1. Prior Year	131	48	83	0	0	0	0	0	0	0			
2. First Quarter	185	118	67	0	0	0	0	0	0	0			
3. Second Quarter	177	116	61	0	0	0	0	0	0	0			
4. Third Quarter	198	124	74	0	0	0	0	0	0	0			
5. Current Year	200	132	68	0	0	0	0	0	0	0			
6. Current Year Member Months	2,195	1,401	794	0	0	0	0	0	0	0			
Total Member Ambulatory Encounters for Year:													
7. Physician	1,874	1,578	296	0	0	0	0	0	0	0			
8. Non-Physician	16,286	13,712	2,574	0	0	0	0	0	0	0			
9. Total	18,160	15,290	2,870	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	921	775	146	0	0	0	0	0	0	0			
11. Number of Inpatient Admissions	3	3	0	0	0	0	0	0	0	0			
12. Health Premiums Written (b)	4,400,003	3,946,698	453,305	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	4,400,003	3,946,698	453,305	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	5,512,699	5,179,676	333,023	0	0	0	0	0	0	0			
18. Amount Incurred for Provision of Health Care Services	6,613,472	6,203,504	409,968	0	0	0	0	0	0	0			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2017 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	ASL/L/G	SLEL	17,384	0	0	0	0	0	0
0199999. General Account - Authorized U.S. Affiliates - Captive							17,384	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							17,384	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							17,384	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							17,384	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							17,384	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)							17,384	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							17,384	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 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums	17	13	18	20	38
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		141
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	254	0	0	0	13
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					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	3,998,111		3,998,111
2. Accident and health premiums due and unpaid (Line 15)	2,180,955		2,180,955
3. Amounts recoverable from reinsurers (Line 16.1)	254,168		254,168
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	1,053,225		1,053,225
6. Total assets (Line 28)	7,486,459	0	7,486,459
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	1,594,705		1,594,705
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	12,742		12,742
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)	3,387,079		3,387,079
15. Total liabilities (Line 24)	4,994,526	0	4,994,526
16. Total capital and surplus (Line 33)	2,491,933	XXX	2,491,933
17. Total liabilities, capital and surplus (Line 34)	7,486,459	0	7,486,459
NET CREDIT FOR CEDED REINSURANCE			
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					Totals
	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	
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 2017 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		06-1058331	1591167	0000701221	US	Cigna Corporation	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1072796				Cigna Holdings, Inc.	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1058223				Cigna Investment Group, Inc.	DE	NIA	Cigna 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		23-1914061				Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-0861092				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		01-0947889		0001489070		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-0840391				Connecticut General Corporation	CT	UIP	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-0585518				Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	12814	20-4433475				Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-3851464				Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-0400550				Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		71-0916514				Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Community Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership	50.000	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		00-0000000				Star Point, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-1821898		0001339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation	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		52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	10095	52-2258087				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						HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	12902	20-8534298				HealthSpring of Alabama, Inc.	AL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95781	63-0925225				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11532	65-1129599				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		77-0632665				NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-4954206				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-8647386				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-0633893				TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		75-3108527				HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		75-3108521				GulQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	N	
.0901	Cigna Group		76-0657035				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		33-1033586				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		72-1559530				HealthSpring Management, Inc.	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1540621				HealthSpring of Tennessee, Inc.	TN	IA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11522	62-1593150				Tennessee Quest, LLC	TN	NIA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-5524622				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-2353476				HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-2353772				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-4266628				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		35-2562415				Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	13733	03-0452349				Cigna Behavioral Health, Inc.	MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		41-1648670				Cigna Behavioral Health of California, Inc.	CA	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		94-3107309				Cigna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		75-2751090				MCC Independent Practice Association of New York, Inc.	NY	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1346406				Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		59-2308055				Cigna Dental Health Of California, Inc.	CA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		59-2600475				Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52021	59-1611217												

ANNUAL STATEMENT FOR THE YEAR 2017 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		06-1351097				Cigna Dental Health of Illinois, Inc.	IL	NIA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52024	59-2625350				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	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	52-1220578				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	52-2188914				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	48119	59-2740468				Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1312478				Cigna Health Corporation	DE	DIP	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0387748		0000855587		Healthsource, Inc.	DE	LDP	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95125	86-0334392				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	
.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	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	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	RE	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	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		62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	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	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	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	95606	62-1218053				Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	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		00-0000000				Temple Insurance Company Limited	BMJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	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		00-0000000				Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0515554				Cigna Benefit Technology Solutions, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		84-0985843				Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	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		02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	64548	13-2556568	3281743			Cigna Life Insurance Company of New York	NY	IA	Connecticut General Corporation	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		45-3481107				CG Mystic Center LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Station Landing, LLC	DE	NIA	CG Mystic Center LLC	Ownership	85.000	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		20-3870049				CG Skyline, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Skyline ND/CG LLC	MA	NIA	CG Skyline LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Skyline Mezzanine Borrower LLC	MA	NIA	Skyline ND/CG LLC	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2017 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		00-000000				Skyline at Station Landing LLC	MA	NIA	Skyline Mezzanine Borrower LLC	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		00-000000				CG Bayport LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Bayport Colony Apartments LLC	FL	NIA	CG Bayport LLC	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group		32-0222252				Cigna Onsite Health, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		00-000000				Gillette Ridge Community Council, Inc.	CT	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		52-2149519				Hazard Center Investment Company LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-3074013				TEL-DRUG of Pennsylvania, L.L.C.	PA	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		00-000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-5402196				Cigna Affiliates Realty Investment Group LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				CR 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		00-000000				ND/CR Longwood LLC	DE	NIA	CR Longwood Investors L.P.	Ownership	95.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				ARE/ND/CR Longwood LLC	DE	NIA	ND / CR Longwood LLC	Ownership	35.000	ARE-MA Region No. 41, LLC (non-affiliate)	N	
.0901	Cigna Group		00-000000				Secor Properties, LP	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N	
.0901	Cigna Group		00-000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Transwestern Federal, L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Market Street Residential Holdings LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Arborpoint at Market Street LLC	DE	NIA	Market Street Residential Holdings LLC	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		00-000000				CR 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		00-000000				Dulles Town Center Mall, LLC	VA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				ND/CR Unicorn LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	70.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Union Wharf Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				AMD Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		00-000000				CG Seventh Street LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		80-0688090				Alessandro Partners, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	95.200	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2017 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		80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Newtown Partners II, LP	MD	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	71.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Newtown Square GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation and Newtown Square	N	
.0901	Cigna Group		00-0000000				AFA Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				SB-SNH LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				CGGL 18301 LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		00-0000000				222 Main Street CARING GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				222 Main Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		00-0000000				Notch 8 Residential, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
	Cigna Group		00-0000000				UWL, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	71.400	Cigna Corporation	N	
	Cigna Group		00-0000000				3601 North Fairfax Drive Associates, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		47-4235739				CI Perris 151, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	75.000	Cigna Corporation	N	
.0901	Cigna Group		47-4375626				Lakehills CM-CG LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		30-0939067				Affiliated Hotel Subsidiary	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
	Cigna Group		81-2481274				CGGL 6280 LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	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		61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		81-3281922				CGGL Chapman LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	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		82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	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		27-0268530				CORAC, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	50.000	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	67369	59-1031071				Cigna Health and Life Insurance Company	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2017 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		27-3396038				Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1903785				Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	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	Y	
0901	Cigna Group	61727	34-0970995				Central Reserve Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Central Reserve Life Insurance Company	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	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	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		23-3744987				QualCare Alliance Networks, Inc.	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		22-3129563				QualCare, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	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		46-1634843				QualCare Captive Insurance Company Inc., PCC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-1801639				QualCare Management Resources Limited	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	77399	46-2086778		0001259055		Liability Company	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		13-1867829				Health-Lynx, LLC	IL	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		91-1500758				Sterling Life Insurance Company	IL	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		91-1599329				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0455414		0001462078		Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2355015		0001611115		WorldDoc, Inc.	NV	NIA	Cigna Health and Life Insurance Company	Ownership	20.000	Cigna Corporation	N	
0901	Cigna Group		23-1728483				Omada Health, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	7.693	Cigna Corporation	N	
0901	Cigna Group		20-8064696				Cigna Health Management, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65498	23-1503749		0000059361		Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Life Insurance Company of North America	PA	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Life Insurance Company of North America	Ownership	50.000	Cigna Corporation	Y	
0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd.	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		58-1136865				Cigna Direct Marketing Company, Inc.	DE	NIA	Life Insurance Company of North America	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		46-0427127				Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	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		62-1724116				Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2741293				Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	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		06-1071502				Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1522976				Blodgett & Hazard Limited	DE	NIA	Cigna Re 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		06-1252419				Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	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		35-2041388				IHN, Inc.	IN	NIA	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		88-0334401				Mediversal, Inc.	NV	NIA	Connecticut General Corporation	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		81-2760646				CareAllies, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1713977				Brighter, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0389196				Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	

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.0901	Cigna Group		51-0111677				Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2610178				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		30-3087621				Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				CGO PARTICIPATOS LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				YCFM Servicos LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	56.020	Cigna Corporation	N	
.0901	Cigna Group		AA-3190987				Cigna Global Reinsurance Company, Ltd.	BMU	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-3008279				Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Laurel Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Palmetto Holdings, Ltd.	BMU	NIA	Cigna Laurel Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Apac Holdings Limited	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd.	GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Nederland Gamma B.V.	NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Finans Emeklilik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				LINA Life Insurance Company of Korea	IA		Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Services Australia Pty Ltd	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Data Services (Shanghai) Company Limited	CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna HLA Technology Services Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Worldwide General Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Worldwide Life Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Life Insurance New Zealand Limited	NZL	IA	Cigna International Health Services Sdn. Bhd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		11-8598164				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		AA-1560515				Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)		NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				LINA Financial Service		NIA	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				RHP (Thailand) Limited	THA	NIA	Cigna RHP (Thailand) Limited	Ownership	49.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Brokerage & Marketing (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	75.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				KDM (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	99.900	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 Taiwan Life Assurance Company Limited	TWN	IA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1154657				Cigna Myrtle Holdings, Ltd.	MLT	NIA	Cigna Apac Holdings Limited	Ownership	50.540	Cigna Corporation	N	
.0901	Cigna Group		98-1155843				Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1181787				Cigna Beechwood Holdings	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	N	
.0901	Cigna Group		AA-1240009				Cigna Life Insurance Company of Europe S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.998	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	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		00-0000000				Cigna Oak Holdings, Ltd.	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Cigna Willow Holdings, Ltd.	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2017 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		00-000000				FirstAssist Administration Limited	.GBR	.NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Legal Protection U.K. Ltd.	.GBR	.NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Insurance Services (Europe) Limited	.GBR	.NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna International Health Services, BVBA	.BEL	.NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna International Health Services, LLC	.FL	.NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna International Health Services Kenya Limited	.KEN	.NIA	Cigna International Health Services, BVBA	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	
	Cigna Group		00-000000				Cigna Cedar Holdings, Ltd.	.MLT	.NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
	Cigna Group		00-000000				Cigna Insurance Middle East S.A.L.	.LBN	.IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Insurance Management Services (DIFC), Ltd.	.ARE	.NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Magnolia Holdings, Ltd.	.BMU	.NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
	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		00-000000				Cigna Nederland Alpha Cooperatief U.A.	.NLD	.NIA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Nederland Beta B.V.	.NLD	.NIA	Cigna Nederland Alpha Cooperatief U.A.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Health Solution India Pvt. Ltd.	.IND	.NIA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4099800				Cigna Poplar Holdings, Inc.	.DE	.NIA	Cigna Holdings Overseas, Inc.	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 PGU Indonesia	.IDN	.NIA	PT GAR Indonesia	Ownership	99.990	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Global Insurance Company Limited	.GGY	.IA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				CignaTK Health Insurance Company Limited	.IND	.IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)	.N	
.0901	Cigna Group	.90859	23-2088429				Cigna Worldwide Insurance Company	.DE	.IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.Y	
.0901	Cigna Group		AA-5360003				PT. Asuransi Cigna	.IDN	.IA	Cigna Worldwide Insurance Company	Ownership	80.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Teak Holdings, LLC	.DE	.NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2017 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	758,200,000	(11,000,000)		170,500	17,912		-		747,388,412	
	06-1072796	Cigna Holdings, Inc.	873,233,894	(447,027,627)			(2,508,879)		-		423,697,388	
	51-0402128	Cigna Intellectual Property, Inc.							-		0	
	06-1095823	Cigna Investment Group, Inc.							-		0	
	52-0291385	Cigna International Finance, Inc.					(8,500,000)		-		(8,500,000)	
	23-1914061	Former Cigna Investments, Inc					2,519,265		-		2,519,265	
	06-0861092	Cigna Investments, Inc.					42,041,975		-		42,041,975	
	01-0947889	Cigna Benefits Financing, Inc.					1,110,960		-		1,110,960	
	06-0840391	Connecticut General Corporation		200,000,000			(2,915)		-		199,997,085	
	81-0585518	Benefit Management Corp.	(5,000,000)						-		(5,000,000)	
12814	20-4433475	Allegiance Life & Health Insurance Company					(1,712,992)	(1,073,828)	-		(2,786,820)	38,115
	20-3851464	Allegiance Re, Inc.							-		0	
	81-0400550	Allegiance Benefit Plan Management, Inc.					527,326		-		527,326	
	71-0916514	Allegiance COBRA Services, Inc.					669		-		669	
	00-0000000	Allegiance Provider Direct, LLC							-		0	
	00-0000000	Community Health Network, LLC							-		0	
	81-0425785	Intermountain Underwriters, Inc.					32,761		-		32,761	
	00-0000000	Star Point, LLC					93,737		-		93,737	
	20-1821898	HealthSpring, Inc.					27,109,627		-		27,109,627	
	76-0628370	NewQuest, LLC	(34,000,000)				(241,126)		-		(34,241,126)	
	52-1929677	NewQuest Management Northeast, LLC	(15,400,000)				95,535,426		-		80,135,426	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.					(18,323,889)		-		(18,323,889)	
11254	52-2363406	Bravo Health Pennsylvania, Inc.					(74,427,702)		-		(74,427,702)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.					(275,015,597)		-		(275,015,597)	
95781	63-0925225	HealthSpring of Alabama, Inc.					(92,756,787)		-		(92,756,787)	
11532	65-1129599	HealthSpring of Florida, Inc.					(90,841,343)		-		(90,841,343)	
	77-0632665	NewQuest Management of Illinois, LLC	(2,000,000)				44,208,806		-		42,208,806	
	20-4954206	NewQuest Management of Florida, LLC	(12,600,000)				84,636,475		-		72,036,475	
	20-8647386	HealthSpring Management of America, LLC					380,411,352		-		380,411,352	
	45-0633893	NewQuest Management of West Virginia, LLC							-		0	
	75-3108527	TexQuest, LLC							-		0	
	75-3108521	HouQuest, LLC							-		0	
	76-0657035	GulfQuest, LP	(42,000,000)				(12,880)		-		(42,012,880)	
	33-1033586	NewQuest Management of Alabama, LLC	(10,000,000)				138,729,352		-		128,729,352	
	72-1559530	HealthSpring USA, LLC	(10,900,000)				15,082,278		-		4,182,278	
	62-1540621	HealthSpring Management, Inc.	(5,400,000)				140,826,113		-		135,426,113	
11522	62-1593150	HealthSpring of Tennessee, Inc.					(222,472,885)		-		(222,472,885)	
	20-5524622	Tennessee Quest, LLC	(5,000,000)				(991)		-		(5,000,991)	
	26-2353476	HealthSpring Pharmacy Services, LLC							-		0	
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC							-		0	
	20-4266628	Home Physicians Management, LLC							-		0	

ANNUAL STATEMENT FOR THE YEAR 2017 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)
	35-2562415	Alegis Care Services, LLC							-		0	
13733	03-0452349	Cigna Arbor Life Insurance Company					(7,926)		-		(7,926)	
	41-1648670	Cigna Behavioral Health, Inc.	(64,000,000)				(206,261,980)		-		(270,261,980)	
	94-3107309	Cigna Behavioral Health of California, Inc.					(24,771)		-		(24,771)	
	75-2751090	Cigna Behavioral Health of Texas, Inc.					(123,855)		-		(123,855)	
	06-1346406	MCC Independent Practice Association of New York, Inc.							-		0	
	59-2308055	Cigna Dental Health, Inc.	3,800,000				29,325,680		-		33,125,680	
	59-2600475	Cigna Dental Health Of California, Inc.	(12,000,000)			(147,500)	(350,736)		-		(12,498,236)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(2,400,000)				(963,427)		-		(3,363,427)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(12,131)		-		(12,131)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(9,200,000)				(3,792,249)		-		(12,992,249)	
	06-1351097	Cigna Dental Health of Illinois, Inc.							-		0	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(300,000)				(164,485)		-		(464,485)	
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(3,900,000)				(1,118,604)		-		(5,018,604)	
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(650,000)				(503,619)		-		(1,153,619)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,500,000)				(1,504,022)		-		(3,004,022)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(550,233)		-		(550,233)	
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,000,000)				(888,735)		-		(2,888,735)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.							-			
			(1,650,000)				(603,602)		-		(2,253,602)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(10,000,000)				(4,265,988)		-		(14,265,988)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,100,000)				(641,080)		-		(1,741,080)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.							-			
			(5,000,000)				(88,292)		-		(5,088,292)	
48119	59-2740468	Cigna Dental Health Of Maryland, Inc.	(4,100,000)				(1,178,487)		-		(5,278,487)	
	62-1312478	Cigna Health Corporation	(43,000,000)				5,583,180		-		(37,416,820)	
	02-0387748	Healthsource, Inc.	40,000,000	(12,000,000)					-		28,000,000	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.					(3,991,872)	(256,911)	-		(4,248,783)	436,856
	95-3310115	Cigna HealthCare of California, Inc.		16,000,000			(5,620,975)		-		10,379,025	6,902,479
95604	84-1004500	Cigna HealthCare of Colorado, Inc.		1,000,000			(116,640)	(85,266)	-		798,094	60,660
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	(37,000,000)				(768,991)	(3,707)	-		(37,772,698)	2,569
95136	59-2089259	Cigna HealthCare of Florida, Inc.	(1,000,000)				(41,933)	(26,286)	-		(1,068,219)	18,220
95602	36-3385638	Cigna HealthCare of Illinois, Inc.		29,000,000		(23,000)	(2,788,715)	(1,608,947)	-		24,579,338	1,480,301
95477	01-0418220	Cigna HealthCare of Maine, Inc.							-		0	
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.							-		0	
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.							-		0	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.					(8,291)		-		(8,291)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	(2,000,000)				(26,007)	758,668	-		(1,267,339)	12,050
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.							-		0	
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.					(1,942,501)	233,334	-		(1,709,167)	53,831
95518	62-1230908	Cigna HealthCare of Utah, Inc.							-		0	

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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)
96229	58-1641057	Cigna HealthCare of Georgia, Inc.					(40,826,202)	(38,333)	-		(40,864,535)	26,570
95383	74-2767437	Cigna HealthCare of Texas, Inc.					(1,291,924)	681,806	-		(610,118)	679,392
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(19,084)	(11,397)	-		(30,481)	7,900
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.					(582,840)	-	-		(582,840)	309,069
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.		5,000,000			(11,374,187)	(1,489,315)	-		(7,863,502)	1,306,050
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.					(9,498,276)	(3,247)	-		(9,501,523)	2,251
	00-0000000	Temple Insurance Company Limited					(19,817)	-	-		(19,817)	
	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.					18,555,124	-	-		18,555,124	
	84-0985843	Cigna Healthcare Holdings, Inc.						-	-		0	
95388	93-1174749	Great-West Healthcare of Illinois, Inc.					(1,982)	-	-		(1,982)	
	02-0495422	Cigna Healthcare, Inc.						-	-		0	
64548	13-2556568	Cigna Life Insurance Company of New York	(5,000,000)				(983,974)	9,964,239	-		3,980,265	146,357,835
62308	06-0303370	Connecticut General Life Insurance Company	(88,000,000)	43,961,843			(7,479,533)	(116,415,296)	-		(167,932,986)	(841,514,742)
	45-3481107	CG Mystic Center LLC					108,035	-	-		108,035	
	00-0000000	Station Landing, LLC						-	-		0	
	45-3481241	CG Mystic Land LLC						-	-		0	
	20-3870049	CG Skyline, LLC						-	-		0	
	00-0000000	Skyline ND/CG LLC						-	-		0	
	00-0000000	Skyline Mezzanine Borrower LLC						-	-		0	
	00-0000000	Skyline at Station Landing LLC						-	-		0	
	26-0180898	CareAllies, LLC						-	-		0	
	00-0000000	CG Bayport LLC						-	-		0	
	00-0000000	Bayport Colony Apartments LLC						-	-		0	
	32-0222252	Cigna Onsite Health, LLC					(3,963)	-	-		(3,963)	
	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.	(42,000,000)				(6,182)	-	-		(42,006,182)	
	00-0000000	GRG Acquisitions LLC		137,307				-	-		137,307	
	27-5402196	Cigna Affiliates Realty Investment Group LLC		(245,323,708)				-	-		(245,323,708)	
	00-0000000	CR Longwood Investors L.P.						-	-		0	
	00-0000000	ND/CR Longwood LLC						-	-		0	
	00-0000000	ARE/ND/CR Longwood LLC						-	-		0	
	00-0000000	Secor Properties, LP						-	-		0	
	00-0000000	Transwestern Federal Holdings, L.L.C.						-	-		0	
	00-0000000	Transwestern Federal, L.L.C.						-	-		0	
	00-0000000	Market Street Residential Holdings LLC						-	-		0	
	00-0000000	Arborpoint at Market Street LLC						-	-		0	

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
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	00-000000	Diamondview Tower CM-CG LLC							-		0	
	00-000000	CR Washington Street Investors LP							-		0	
	00-000000	Dulles Town Center Mall, LLC							-		0	
	00-000000	ND/CR Unicorn LLC							-		0	
	00-000000	Union Wharf Apartments LLC							-		0	
	00-000000	AMD Apartments Limited Partnership							-		0	
	00-000000	PUR Arbors Apartments Venture LLC							-		0	
	00-000000	CG Seventh Street LLC							-		0	
	00-000000	Ideal Properties II LLC							-		0	
	80-0668090	Alessandro Partners, LLC							-		0	
	80-0908244	Mallory Square Partners I, LLC							-		0	
	00-000000	Houston Briar Forest Apartments Limited Partnership							-		0	
	00-000000	Newtown Partners II, LP							-		0	
	00-000000	Newtown Square GP LLC							-		0	
	00-000000	AFA Apartments Limited Partnership							-		0	
	00-000000	SB-SNH LLC							-		0	
	00-000000	680 Investors LLC							-		0	
	00-000000	685 New Hampshire LLC							-		0	
	00-000000	CGGL 18301 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	UWL, 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	
	81-2481274	CGGL 6280 LLC							-		0	
	81-2650133	Berewick Apartments LLC							-		0	
	81-3389374	CIG-LEI Ygnacio Associates LLC							-		0	
	61-1797835	CGGL Orange Collection LLC							-		0	
	81-3281922	CGGL Chapman LLC							-		0	
	81-3313562	CGGL 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	
	27-0268530	CORAC, LLC		(85,008)					-		(85,008)	
	27-3582688	Henry on the Park Associates, LLC							-		0	
67369	59-1031071	Cigna Health and Life Insurance Company	(876,500,000)	51,860,186			35,649,028	96,961,205	-		(692,029,581)	92,114,257
	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	

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)
61727	34-0970995	Central Reserve Life Insurance Company	(6,000,000)				(288,197)		-		(6,288,197)	
67903	23-1335885	Provident American Life & Health Insurance Company	(12,500,000)				(493,732)		-		(12,993,732)	
65269	75-2305400	United Benefit Life Insurance Company					(24,962)		-		(24,962)	
65722	63-0343428	Loyal American Life Insurance Company		(500,000)			(57,005,517)		-		(57,505,517)	
88366	59-2760189	American Retirement Life Insurance Company		60,500,000			(29,888,031)		-		30,611,969	
	23-3744987	QualCare Alliance Networks, Inc.	(10,000,000)						-		(10,000,000)	
	22-3129563	QualCarc, Inc.							-		0	
	22-2483867	Scibal Associates, Inc.							-		0	
	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	(14,500,000)				(4,339,680)		-		(18,839,680)	
	91-1500758	Olympic Health Management Systems, Inc.	(500,000)						-		(500,000)	
	91-1599329	Olympic Health Management Services, Inc.							-		0	
	88-0455414	WorldDoc, Inc.							-		0	
	45-2355015	Omada Health, Inc.							-		0	
	23-1728483	Cigna Health Management, Inc					166,201,622		-		166,201,622	
	20-8064696	Kronos Optimal Health Company					605,323		-		605,323	
65498	23-1503749	Life Insurance Company of North America		89,449,380		(68,394)	(26,214,954)	106,787,470	-		169,953,502	690,821,058
	00-0000000	Cigna & CMB Life Insurance Company Limited					30,696		-		30,696	
	00-0000000	Cigna & CMB Health Services Company, Ltd.							-		0	
	58-1136865	Cigna Direct Marketing Company, Inc.							-		0	
	46-0427127	Tel-Drug, Inc.	(148,000,000)				(143,672)		-		(148,143,672)	
	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							-		0	
	06-1071502	Cigna RE Corporation							-		0	
	06-1522976	Blodget & Hazard Limited							-		0	
	06-1567902	Cigna Resource Manager, Inc.							-		0	

ANNUAL STATEMENT FOR THE YEAR 2017 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)
	06-1252419	Connecticut General Benefit Payments, Inc.							-		0	
	06-1533555	Healthsource Benefits, Inc.							-		0	
	35-2041388	IHN, Inc.					(4,954)		-		(4,954)	
	06-1252418	LINA Benefit Payments, Inc.							-		0	
	88-0334401	Mediversal, Inc.							-		0	
	88-0344624	Universal Claims Administration							-		0	
	81-2760646	CareAllies, Inc.							-		0	
	27-1713977	Brighter, Inc.							-		0	
	80-0818758	Patient Provider Alliance, Inc.							-		0	
	51-0389196	Cigna Global Holdings, Inc.	(62,133,894)	219,027,627			642,298		-		157,536,031	
	51-0111677	Cigna International Corporation, Inc.					63,320		-		63,320	
	23-2610178	Cigna International Services, Inc.							-		0	
	30-3087621	Cigna International Marketing (Thailand) Limited							-		0	
	00-0000000	CGO PARTICIPATOS LTDA.							-		0	
	00-0000000	YCFM Servicos LTDA							-		0	
	AA-3190987	Cigna Global Reinsurance Company, Ltd.	(67,000,000)			68,394	(5,842)	(93,586,135)	-		(160,523,583)	(103,244,838)
	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 Limited							-		0	
	00-0000000	Cigna Alder Holdings, LLC							-		0	
	00-0000000	Cigna Walnut Holdings, Ltd.							-		0	
	98-1137759	Cigna Chestnut Holdings, Ltd.							-		0	
	00-0000000	Cigna Nederland Gamma B.V.							-		0	
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.							-		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	

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)
	AA-1560515	Cigna Life Insurance Company of Canada					(9,736,967)	(320,035)	-		(10,057,002)	517,292
	00-0000000	Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)							-		0	
	00-0000000	LINA Financial Service							-		0	
	00-0000000	RHP (Thailand) Limited							-		0	
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited							-		0	
	00-0000000	KDM (Thailand) Limited							-		0	
	00-0000000	Cigna Insurance Public Company Limited							-		0	
	00-0000000	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.					(9,490)	(992,997)	-		(1,002,487)	350,638
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.							-		0	
	00-0000000	Cigna European Services (UK) Limited							-		0	
	00-0000000	CIGNA 2000 UK Pension LTD							-		0	
	00-0000000	Cigna Oak Holdings, Ltd.							-		0	
	00-0000000	Cigna Willow Holdings, Ltd.							-		0	
	00-0000000	FirstAssist Administration Limited							-		0	
	00-0000000	Cigna Legal Protection U.K. Ltd							-		0	
	00-0000000	Cigna Insurance Services (Europe) Limited							-		0	
	00-0000000	Cigna International Health Services, BVBA							-		0	
	00-0000000	Cigna International Health Services, LLC							-		0	
	00-0000000	Cigna International Health Services Kenya Limited							-		0	
	00-0000000	Cigna Sequoia Holdings SPRL							-		0	
	00-0000000	Cigna Cedar Holdings, Ltd.							-		0	
	00-0000000	Cigna Insurance Middle East S.A.L.							-		0	
	00-0000000	Cigna Insurance Management Services (DIFC), Ltd.							-		0	
	00-0000000	Cigna Magnolia Holdings, Ltd.							-		0	
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)							-		0	
	00-0000000	Cigna Nederland Alpha Cooperatief U.A.							-		0	
	00-0000000	Cigna Nederland Beta B.V.							-		0	
	00-0000000	Cigna Health Solution India Pvt. Ltd.							-		0	
	46-4099800	Cigna Poplar Holdings, Inc.							-		0	

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	PT GAR Indonesia							-		0	
	00-000000	PT PGU Indonesia							-		0	
	00-000000	Cigna Global Insurance Company Limited					(4,156,463)	(21,270)	-		(4,177,733)	
	00-000000	CignaTK Health Insurance Company Limited							-		0	
90859	23-2088429	Cigna Worldwide Insurance Company					(79,781)	546,248	-		466,467	3,262,187
	AA-5360003	PT. Asuransi Cigna							-		0	
	00-000000	Cigna Teak Holdings, LLC							-		0	
9999999	Control Totals		0	0	0	0	1	0	XXX	0	1	0

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
MARCH FILING	
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
APRIL FILING	
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
JUNE FILING	
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
AUGUST FILING	
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. 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.

MARCH FILING	
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
APRIL FILING	
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
AUGUST FILING	
24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

- Explanations:
- 11.
 - 12.
 - 13.
 - 14.
 - 15.
 - 16.
 - 17.
 - 18.
 - 19.
 - 20.
 - 21.
 - 24.

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



21. Life Supplement [Document Identifier 211]



24. Management's Report of Internal Control Over Financial Reporting
[Document Identifier 223]



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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, 2017.

A.	Claims unpaid (Page 3, Line 1)	\$ 1,594,705
B.	Accrued medical incentive pool and bonus payments (Page 3, Line 2)	\$ 0
C.	Unpaid claims adjustment expenses (Page 3, Line 3)	\$ 10,371
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	\$ 3,343,490
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	\$ 2,163,131
	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 Robert A. Bailey, Actuarial Specialist, as certified in the attached statement. I also relied upon data for all other actuarial items prepared by Brandon A. Ho, 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 in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;
- 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;
- F. Include appropriate provision for all actuarial items that 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 2/23/18

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

I, Brandon A. Ho, 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, 2017, 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, 2017.

Signature Brandon A. Ho

Date 2/23/18

Brandon A. Ho
Actuarial Senior Analyst
900 Cottage Grove Rd. Wilde, C5PRC, Hartford, CT 06152
860-226-8422

I, Robert A. Bailey, hereby affirm that the data related to the medical loss ratio rebate accrual established as of December 31, 2017, 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, 2017, 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 Robert Bailey

Date 2/23/2018

Robert A. Bailey, ASA
Actuarial Specialist
900 Cottage Grove Rd. Wilde, C5PRC, Hartford, CT 06152
860-226-0388



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	1,235	537	502	502			32	2,808
	2016	955	571	388	388			36	2,338
SCOTT EDWARD EVELYN - PRESIDENT	2015	605	489	128	115			124	1,461
Current:									
2. Principal Financial Officer	2017	726	208	180	180			4	1,298
SCOTT RONALD LAMBERT - TREASURER	2016	551	218	115	115			3	1,002
SCOTT RONALD LAMBERT - TREASURER	2015	291	94	71	63			3	522
3. MICHAEL WAYNE TRIPLETT SR. - ASSISTANT VICE PRESIDENT	2017	1,835	991	1,668	1,668			30	6,192
MICHAEL WAYNE TRIPLETT SR. - ASSISTANT VICE PRESIDENT	2016	1,359	1,012	1,040	1,040			25	4,476
PETER WESLEY MCCAULEY M.D. - MEDICAL SENIOR DIRECTOR	2015	489	154	86	77			5	811
4. MATTHEW MORRIS - ASSISTANT VICE PRESIDENT	2017	1,778	577	1,072	1,071			8	4,506
MATTHEW MORRIS - ASSISTANT VICE PRESIDENT	2016	1,368	812	773	773			6	3,732
THOMAS JOHN GARVERY - VICE PRESIDENT	2015	480	335	134	120			4	1,073
5. RAYMOND SMITHBERGER - ASSISTANT SECRETARY	2017	1,233	588	680	301			3	2,805
ANDREW DAVID CROOKS - ASSISTANT VICE PRESIDENT	2016	927	529	367	366			31	2,220
DANIEL JULES NICOLL M.D. - VICE PRESIDENT	2015	476	100	55	49			9	689
6. JEFF BERARDO - ASSISTANT VICE PRESIDENT	2017	852	1,232	428	171				2,683
THOMAS JOHN GARVERY - VICE PRESIDENT	2016	889	545	219	218			7	1,878
GLENN MICHAEL GERHARD - VICE PRESIDENT	2015	336	145	60	54			1	596
7. PETER WESLEY MCCAULEY M.D. - MEMBER OF BOARD OF DIRECTORS	2017	852	1,232	428	171				2,683
RAYMOND SMITHBERGER - ASSISTANT SECRETARY	2016	872	509	241	240			4	1,866
EDWARD VINCENT STACEY JR. - VICE PRESIDENT	2015	323	91					2	416
8. LISA LOUGH - ASSISTANT SECRETARY	2017	1,061	366	617	296			5	2,345
JEFF BERARDO - ASSISTANT VICE PRESIDENT	2016	669		153	153			850	1,825
JOANNE RUTH HART - VICE PRESIDENT	2015	243	77	37	33			2	392
9. SUSAN CELMER - ASSISTANT SECRETARY	2017	831	892	372	120			5	2,220
LISA LOUGH - ASSISTANT SECRETARY	2016	815	440	206	205			2	1,668
ANNA KRISHTUL - SECRETARY	2015	245	68	36				0	349
10. THOMAS JOHN GARVERY - VICE PRESIDENT	2017	1,156	456	256	256			9	2,133
PETER WESLEY MCCAULEY M.D. - MEMBER OF BOARD OF DIRECTORS	2016	958	329	143	143			9	1,582
MAUREEN HARDIMAN RYAN - VICE PRESIDENT	2015	204	40	23				2	269

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

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.