

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2024 OF THE CONDITION AND AFFAIRS OF THE

Aetna Health Inc. (a Maine corporation)

NAIC Group Code 0001	NAIC Company Co	de <u>95517</u> Employer's II	D Number01-0504252
Organized under the Laws of	(Prior) Maine	State of Domicile or Port of En	try ME
Country of Domicile	United States	of America	
Licensed as business type:	Health Maintenand	ce Organization	
Is HMO Federally Qualified? Yes [] No [X]			
Incorporated/Organized 10/03/19	95	Commenced Business	04/10/1996
Statutory Home Office 191 Marginal	Way, Suite G		Portland, ME, US 04101
(Street and		(City or	Town, State, Country and Zip Code)
Main Administrative Office			
Hartford, CT, US 06156	(Street and	Number)	800-872-3862
(City or Town, State, Country and Z	ip Code)	(Ar	ea Code) (Telephone Number)
Mail Address Attn: Stat Compliance; P.	O. Box 818048	Attn: S	Stat Compliance; P.O. Box 818048
(Street and Number o	r P.O. Box)	(City or	Town, State, Country and Zip Code)
Primary Location of Books and Records	191 Marginal \		
Portland, ME, US 04101	(Street and	Number)	800-872-3862
(City or Town, State, Country and Z	ip Code)	(Are	ea Code) (Telephone Number)
Internet Website Address	www.aetr	na.com	
Statutory Statement Contact	Kim E. Roth		215-775-6508
Statuta Decartica Contra	(Name)		(Area Code) (Telephone Number)
StatutoryReporting@aetna.co (E-mail Address)	<u>om</u>		860-262-7767 (FAX Number)
	OFFICI	FRS	,
	aeme Stuart Pri		ontroller Steven Matthew Conte
Vice President and Secretary Edward C	hung-i Lee		
	OTHE	R	
Derek Scott Blunt, Senior Investment Officer Tracy Louise Smith, Vice President and Treasurer	Frank Ferris Chronister I	II, Assistant Controller	Peter Keller, Assistant Controller Whitney Dorothy Todisco, Assistant Controller
	DIDECTORS OF		Whitney Borothy Todisco, Assistant Controller
Vincent John Liscomb, Jr.	DIRECTORS OF Spence Willi		Duncan Graeme Stuart
The officers of this reporting entity being duly sworn, each all of the herein described assets were the absolute prop statement, together with related exhibits, schedules and excondition and affairs of the said reporting entity as of the re in accordance with the NAIC Annual Statement Instructior rules or regulations require differences in reporting not relar Furthermore, the scope of this attestation by the describe (except for formatting differences due to electronic filing) enclosed statement.	erty of the said reporting entity, in planations therein contained, and porting period stated above, and is and Accounting Practices and ied to accounting practices and pind officers also includes the relate	free and clear from any liens of nexed or referred to, is a full an of its income and deductions the Procedures manual except to rocedures, according to the best ed corresponding electronic file	or claims thereon, except as herein stated, and that this d true statement of all the assets and liabilities and of the nerefrom for the period ended, and have been completed the extent that: (1) state law may differ; or, (2) that state st of their information, knowledge and belief, respectively, ing with the NAIC, when required, that is an exact convince.
D. 41			14 (4.
Duncan Graeme Stuart	Edward Chun	a II aa	_ Mi (M
President	Vice President an	•	Steven Matthew Conte Principal Financial Officer and Controller
State of Pennsylvania County of Montgomery	State of Connecticut County of Hartford		State of Pennsylvania County of Montgomery
Subscribed and sworn to before me this	Subscribed and sworn to before	re me this	Subscribed and sworn to before me this
day of bly 2024	day of	, 2024	day of August , 2024
1/			
NOTARY PUBLIC (Seal)	NOTABY BUBLIO (0 - 0		
NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)		NOTARY PUBLIC (Seal)
Commonwealth of Pennsylvania - Notary Seal KIM E. ROTH, Notary Public Montgomery County My Commission Expires April 25, 2025 Commission Number 1141410			Commonwealth of Pennsylvania - Notary Seal KIM E. ROTH, Notary Public Montgomery County My Commission Expires April 25, 2025 Commission Number 1141410

3. Number of pages attached......



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AS OF JUNE 30, 2024 OF THE CONDITION AND AFFAIRS OF THE

Aetna Health Inc. (a Maine corporation)

10110	(Current)	(Prior)	mpany code <u>95517</u> Employer	S ID Number 01-0304252
Organized under the Laws of		, ,	State of Domicile or Port of	Entry ME
Country of Domicile		Unit	ed States of America	
Licensed as business type:		Health M	faintenance Organization	
Is HMO Federally Qualified? Y	es[] No[X]			
Incorporated/Organized	10/03/199	5	Commenced Business	04/10/1996
Statutory Home Office	191 Marginal V	Vay, Suite G		Portland, ME, US 04101
	(Street and	Number)	(City	or Town, State, Country and Zip Code)
Main Administrative Office			Farmington Avenue,	
	Hartford, CT, US 06156	(8	treet and Number)	800-872-3862
	own, State, Country and Zi	p Code)		(Area Code) (Telephone Number)
Mail Address	Attn: Stat Compliance; P.C	D. Box 818048	Attı	n: Stat Compliance; P.O. Box 818048
	(Street and Number or	P.O. Box)	(City	or Town, State, Country and Zip Code)
Primary Location of Books and F	Records		Marginal Way, Suite G	
	Portland, ME, US 04101	(S	treet and Number)	800-872-3862
	own, State, Country and Zi	c Code)		(Area Code) (Telephone Number)
Internet Website Address			www.aetna.com	
Statutory Statement Contact				045 775 0500
Statutory Statement Contact		Kim E. Roth (Name)		215-775-6508 (Area Code) (Telephone Number)
Sta	tutoryReporting@aetna.co	m		860-262-7767
	(E-mail Address)			(FAX Number)
			OFFICERS	
		aeme Stuart	Principal Financial Officer and	ControllerSteven Matthew Conte
Vice President and Secretar	y Edward C	nung-I Lee	_	
			OTHER	
Derek Scott Blunt, Senio Tracy Louise Smith, Vice Presserving		Frank Ferris Ch	nronister III, Assistant Controller	Peter Keller, Assistant Controller Whitney Dorothy Todisco, Assistant Controller
				vinasy policiny realised, realistant controller
Vincent John L	iscomb, Jr.	,	ORS OR TRUSTEES ence William Papke	Duncan Graeme Stuart
all of the herein described asset statement, together with related or condition and affairs of the said r n accordance with the NAIC An rules or regulations require different furthermore, the scope of this a	is were the absolute prope exhibits, schedules and exp eporting entity as of the rep nual Statement Instructions ences in reporting not relate titestation by the describer.	orty of the said reporting planations therein contains porting period stated about a and Accounting Practice and to accounting practice to officers also includes to officers also includes	ng entity, free and clear from any lier ained, annexed or referred to, is a full bove, and of its income and deduction tices and Procedures manual except ces and procedures, according electronic the related corresponding electronic	eporting entity, and that on the reporting period stated above, ns or claims thereon, except as herein stated, and that this I and true statement of all the assets and liabilities and of the is therefrom for the period ended, and have been completed to the extent that. (1) state law may differ; or, (2) that state best of their information, knowledge and belief, respectively. If the line with the NAIC, when required, that is an exact copy quested by various regulators in lieu of or in addition to the
Duncan Graeme President	Stuart		vard Chung-I Lee esident and Secretary	Steven Matthew Conte Principal Financial Officer and Controller
State of Pennsylvania County of Montgomery		State of Connection County of Hartford		State of Pennsylvania County of Montgornery
Subscribed and sworn to before	me this	Subscribed and swor		Subscribed and sworn to before me this
day of	, 2024	1940 day of	uly , 2024	day of August, 2024
		Cyntaio	uly 2024 Montemo	
IOTARY PUBLIC (Seal)		NOTARY PUBLIC (S	Seal)	NOTARY PUBLIC (Seal)

నిక్కా మాట్లా	CYNTHIA MONTANO
1 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CYNTHIA MONTANO Notary Public, State of Connecticut My Commission Expires Mar. 31, 2026
	My Commission Expires Mar. 31, 2026

is this an original filing?	•••••	Yes [X]	No []
If no,				

b.

State the amendment number......

2. Date filed

3. Number of pages attached......

ASSETS

		OLIO	0 1011 101		
		1	Current Statement Date 2	3 Net Admitted Assets	4 December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	27,778,401	0	27,778,401	22,304,806
2.	Stocks:	_	_	_	_
	2.1 Preferred stocks				0
	2.2 Common stocks	2,259,789	0	2,259,789	2,044,194
3.	Mortgage loans on real estate:	_	_	_	_
	3.1 First liens				0
	3.2 Other than first liens	0	0	0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)	0	0	0	0
	4.2 Properties held for the production of income (less				
	\$0 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5.	Cash (\$0), cash equivalents				
	(\$				
	investments (\$		0	47.457.308	23.912.619
6.	Contract loans (including \$0 premium notes)				0
7.	Derivatives			0	0
7. 8.	Other invested assets			0	0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets				0
11.	Aggregate write-ins for invested assets				
	Subtotals, cash and invested assets (Lines 1 to 11)			77,495,498	
	Title plants less \$0 charged off (for Title insurers				
10.	only)	0	0	0	0
14.	Investment income due and accrued			228,859	
	Premiums and considerations:	220,000		220,000	
10.	15.1 Uncollected premiums and agents' balances in the course of collection	381 228	74 091	307 137	55 720
	15.2 Deferred premiums, agents' balances and installments booked but		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	deferred and not yet due (including \$0				
	earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$859,440) and				
	contracts subject to redetermination (\$	9.093.834	0	9,093,834	
16.	Reinsurance:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10.	16.1 Amounts recoverable from reinsurers	0	0	0	0
	16.2 Funds held by or deposited with reinsured companies				0
	16.3 Other amounts receivable under reinsurance contracts			0	0
17.	Amounts receivable relating to uninsured plans			6,177,975	
	Current federal and foreign income tax recoverable and interest thereon			1,917,574	
	Net deferred tax asset			1,173,559	
19.	Guaranty funds receivable or on deposit				0
20.	Electronic data processing equipment and software			0	0
21.	Furniture and equipment, including health care delivery assets				
21.	(\$	0	0	0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates	0	0	0	0
	Health care (\$2,536,659) and other amounts receivable			2,536,659	
2 4 . 25.	Aggregate write-ins for other than invested assets				
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)				
27.	From Separate Accounts, Segregated Accounts and Protected Cell				
28.	Accounts	104,553,582		99,219,599	62,106,577
20.	DETAILS OF WRITE-INS	104,000,002	0,000,000	30,210,000	02,100,077
1101					
1101.					
1102.					
1103.	Output of a series with in fall in 44 feet and a				
1198.	Summary of remaining write-ins for Line 11 from overflow page			0	0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	000.504	<u> </u>	0	100 100
2501.	Current state income tax receivable			288,504	
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page			0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	288,504	0	288,504	102,100

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAPI	IAL AND	Current Period		Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$212,570 reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses		0		
4.	Aggregate health policy reserves, including the liability of				
	\$54,154 for medical loss ratio rebate per the Public				
	Health Service Act				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	4,122	0	4 , 122	2,703
10.1	Current federal and foreign income tax payable and interest thereon (including \$0 on realized gains (losses))	0	0	0	0
10.2	(including \$ o on realized gains (losses))				0
11.	Ceded reinsurance premiums payable				0
12.	Amounts withheld or retained for the account of others				0
13.	Remittances and items not allocated				30.693
14.	Borrowed money (including \$0 current) and				
	interest thereon \$0 (including				
	\$0 current)	0	0	0	0
15.	Amounts due to parent, subsidiaries and affiliates	23,242,300	0	23,242,300	5,263,268
16.	Derivatives				0
17.	Payable for securities			1,996,678	0
18.	Payable for securities lending	0	0	0	0
19.	Funds held under reinsurance treaties (with \$0				
	authorized reinsurers, \$				
	reinsurers and \$	281,290	0	281,290	620,399
20.	Reinsurance in unauthorized and certified (\$0)		0		2
04	companies Net adjustments in assets and liabilities due to foreign exchange rates				
21. 22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$	7,070,201		7,070,201	2, 107,200
20.	current)	0	0	0	0
24.	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				0
26.	Common capital stock	xxx	xxx	1,000,000	1,000,000
27.	Preferred capital stock				0
28.	Gross paid in and contributed surplus				8,700,000
29.	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds				0
31.	Unassigned funds (surplus)	XXX	XXX	11,436,661	21,830,821
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26				
	\$	XXX	XXX	0	
	32.20 shares preferred (value included in Line 27	VVV	VVV	0	
33.	\$				
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	99,219,599	62,106,577
01.	DETAILS OF WRITE-INS	7000	7000	00,210,000	02,100,071
2301.	5217426 61 111412 1116				
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page			_	0
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.		XXX	XXX		
2502.		xxx	XXX		
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.			XXX		
3002.			XXX		
3003.			XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page		XXX		
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Y	9	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1. N	Member Months	XXX	131,353	108,601	218,305
2. N	let premium income (including \$0 non-health				
	premium income)	XXX	119,819,847	96,933,663	187,083,399
	Change in unearned premium reserves and reserve for rate credits				
	ee-for-service (net of \$				
	Risk revenue				
	aggregate write-ins for other health care related revenues				
	aggregate write-ins for other non-health revenues				
	otal revenues (Lines 2 to 7)	XXX	119,779,664	96,935,228	187,084,964
	lospital and Medical:				
	lospital/medical benefits				
	Other professional services	,	6,027,252	, ,	, ,
	Outside referrals		2,432,338		3,336,443
	mergency room and out-of-area		18,030,781		
	rescription drugs				21,771,629
	ncentive pool, withhold adjustments and bonus amounts				1,170,407
	Subtotal (Lines 9 to 15)				1, 170, 407
	ubtotal (Lines 9 to 15)	0,318,400	103,000,230	00,551,585	100,000,138
	let reinsurance recoveries		1 630 506	83,684	701 170
	otal hospital and medical (Lines 16 minus 17)			88,447,711	*
	Ion-health claims (net)			, ,	
	Claims adjustment expenses, including \$				
20.	containment expenses	0	2 503 863	2 011 641	4 685 732
21. 0	General administrative expenses				20,265,089
	ncrease in reserves for life and accident and health contracts				
	(including \$0 increase in reserves for life only)	0	9,042,327	133,005	0
23. T	otal underwriting deductions (Lines 18 through 22)				189,305,789
	let underwriting gain or (loss) (Lines 8 minus 23)				(2,220,825)
25. N	let investment income earned	0	1,122,734	1,010,191	2,301,796
26. N	let realized capital gains (losses) less capital gains tax of				
	\$	0	(5,711)	(805, 178)	(1,051,634)
27. N	let investment gains (losses) (Lines 25 plus 26)	0	1,117,023	205,013	1,250,162
28. N	let gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$0)				
	(amount charged off \$0)]				
29. A	aggregate write-ins for other income or expenses	0	(279)	0	(1,139)
30. N	let income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	VVV	(8 866 180)	(3.734.075)	(071 802)
	ederal and foreign income taxes incurred				
	let income (loss) (Lines 30 minus 31)	XXX	(6,821,808)	(3,611,614)	(662,718)
	DETAILS OF WRITE-INS	7000	(0,021,000)	(0,011,014)	(002,710)
0601	Z-FALES OF WILLIE-ING	VVV			
0603					
	Summary of remaining write-ins for Line 6 from overflow page				0
	otals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701	otals (Lines odo) timough odos plus obso)(Line o above)				
0701					
0703					
	Summary of remaining write-ins for Line 7 from overflow page		0		
	otals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	-	-	U
1402					
1403					
	Summary of remaining write-ins for Line 14 from overflow page			0	0
	otals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
	egulatory fines and penalties		(279)	0	(1,139)
2902					
2903					
	Summary of remaining write-ins for Line 29 from overflow page				0
2999. T	otals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(279)	0	(1,139)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	1	2	3
		Current Year to Date	Prior Year to Date	Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
	CALITAL AND SUN EUG ACCOUNT			
33.	Capital and surplus prior reporting year	31,530,821	31,948,193	31,948,193
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
	Change in net unrealized foreign exchange capital gain or (loss)			
37.				
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets			
40	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes		0	0
43.	Cumulative effect of changes in accounting principles	0		
44.	Capital Changes:			
	44.1 Paid in	0		0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus	0		
45.	Surplus adjustments:			
	45.1 Paid in	7,000,000	0	0
	45.2 Transferred to capital (Stock Dividend)	0		
	45.3 Transferred from capital	0		
46.	Dividends to stockholders	0		
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)		(2.516.722)	(417.372)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	28,136,661	29,431,471	31,530,821
10.		,	==,,	,
4704	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
Premiums collected net of reinsurance	119,017,983	112,393,699	186,531,618
2. Net investment income		1,040,690	2,275,244
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	. 120,077,742	113,434,389	188,806,862
5. Benefit and loss related payments		84,535,419	166,255,843
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0		
7. Commissions, expenses paid and aggregate write-ins for deductions		10,030,707	28 , 120 , 305
8. Dividends paid to policyholders	0		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
gains (losses)	. (494,935)	(309,926)	331,189
10. Total (Lines 5 through 9)	. 117,667,442	94,256,200	194,707,337
11. Net cash from operations (Line 4 minus Line 10)	. 2,410,300	19,178,189	(5,900,475
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2 744 482	6 157 177	8 267 297
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds		0	
12.8 Total investment proceeds (Lines 12.1 to 12.7)		_	
Cost of investments acquired (long-term only):		7,000,073	
13.1 Bonds	0.016.000	070 000	E 016 40
13.1 Bonds			
13.3 Mortgage loans		*	· ·
13.4 Real estate			
13.5 Other invested assets		0	
13.6 Miscellaneous applications		0	0.004.40
13.7 Total investments acquired (Lines 13.1 to 13.6)		1,847,859	6,684,407
14. Net increase (or decrease) in contract loans and premium notes		0	(
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(3,474,840)	5,182,216	2,455,799
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	7,000,000	0	(
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities	. 0	0	
16.5 Dividends to stockholders	0	0	(
16.6 Other cash provided (applied)	. 17,609,230	(29,002,239)	1,508,779
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	(29,002,239)	1,508,77
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)		(4.641.834)	(1.935.89)
19. Cash, cash equivalents and short-term investments:	,,	, , 50 . /	(1,300,50
19.1 Beginning of year	23 912 618	25,848,515	25 848 51
19.2 End of period (Line 18 plus Line 19.1)	47,457,308	21,206,681	23,912,618
and or ported (anto 10 piece anto 10.1)	, 101,000	_ : , _ 00 , 00 1	25,012,010
ote: Supplemental disclosures of cash flow information for non-cash transactions:	1		
20.0001. Non-cash investment exchanges	0	0	

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

					monio,	LITITOL		AIID U		11011				
	1	Compre (Hospital 8	hensive Medical)	4	5	6	7	8	9	10	11	12	13	14
		2	3	Medicare			Federal Employees Health	Title XVIII	Title XIX		Disability	Long-Term		Other
	Total	Individual	Group	Supplement	Vision Only	Dental Only	Benefits Plan	Medicare	Medicaid	Credit A&H	Income	Care	Other Health	Non-Health
Total Members at end of:														
1. Prior Year	18,435	0	464	0	0	0	0	17,971	0	0	0	0	0	C
2. First Quarter	21,804	0	463	0	0	0	0	21,341	0	0	0	0	0	0
3. Second Quarter	22,624	0	474	0	0	0	0	22,150	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	C
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Year Member Months	131,353	0	2,812	0	0	0	0	128,541	0	0	0	0	0	0
Total Member Ambulatory Encounters for Period:														
7 Physician	320,665	0	2,217	0	0	0	0	318,448	0	0	0	0	0	C
8. Non-Physician	330,944	0	2,305	0	0	0	0	328,639	0	0	0	0	0	(
9. Total	651,609	0	4,522	0	0	0	0	647,087	0	0	0	0	0	(
10. Hospital Patient Days Incurred	10,906	0	16	0	0	0	0	10,890	0	0	0	0	0	(
11. Number of Inpatient Admissions	1,332	0	6	0	0	0	0	1,326	0	0	0	0	0	(
12. Health Premiums Written (a)	121,096,366	0	1,779,213	0	0	0	0	119,317,153	0	0	0	0	0	(
13. Life Premiums Direct	0	0	0	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	0	0	0	(
15. Health Premiums Earned	121,056,183	0	1,739,030	0	0	0	0	119,317,153	0	0	0	0	0	(
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	C
17. Amount Paid for Provision of Health Care Services	108,019,819	0	1,330,176	0	0	0	0	106,689,643	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	109,300,296	0	1,263,001	0	0	0	0	108,037,295	0	0	0	0	0	0

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims									
1	2	3	4	5	6	7			
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total			
Claims Unpaid (Reported)									
0299999 Aggregate accounts not individually listed-uncovered	92,902	662	(1,779)	(161)	495	92,119			
0399999 Aggregate accounts not individually listed-covered	4,540,033	9,769	(26, 257)	(2,370)	7,301	4,528,476			
0499999 Subtotals	4,632,935	10,431	(28,036)	(2,531)	7,796	4,620,595			
0599999 Unreported claims and other claim reserves						16,794,045			
0699999 Total amounts withheld									
0799999 Total claims unpaid			-		-	21,414,640			
0899999 Accrued medical incentive pool and bonus amounts						1,247,943			

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR Y	Claim	is Paid to Date	Liab End of Curr		5	6
Line of Business	On Claims Incurred Prior to January 1 of Current Year	2	On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Comprehensive (hospital and medical) individual	0	0	0	0	0	0
Comprehensive (hospital and medical) group	272,419	1,049,837	15,334	286, 179	287,753	378,374
3. Medicare Supplement	0	0	0	0	0	0
4. Vision only	0	0	0	0	0	0
5. Dental only	0	0	0	0	0	0
6. Federal Employees Health Benefits Plan	0	0	0	0	0	0
7. Title XVIII - Medicare	9,404,402	99,443,242	1,009,680	19,892,954	10,414,082	14,278,890
8 Title XIX - Medicaid	0	0	0	0	0	0
9. Credit A&H	0	0	0	0	0	0
10. Disability Income	0	0	0	0	0	0
11. Long-term care	0	0	0	0	0	0
12. Other health				0	0	0
13. Health subtotal (Lines 1 to 12)	9,676,821	100,493,079	1,025,014	20 , 179 , 133	10,701,835	14,657,264
14. Health care receivables (a)	0	7,796,551	0	0	0	2,612,992
15. Other non-health	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts	(2,239,662)	(1,437,364)	548,501	699,442	(1,691,161)	1,443,441
17. Totals (Lines 13 - 14 + 15 + 16)	7,437,159	91,259,164	1,573,515	20,878,575	9,010,674	13,487,713

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

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed and permitted by the State of Maine for the periods ended June 30, 2024 and December 31, 2023 is as follows:

		SSAP#	F/S Page	F/S Line #	2024	2023
NET IN	NCOME					
(1)	Aetna Health Inc. (a Maine corporation) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (6,821,808)	\$ (662,718)
(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)	Net Income NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (6,821,808)	\$ (662,718)
SURPL	US					
(5)	Aetna Health Inc. (a Maine corporation) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 28,136,661	\$ 31,530,821
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8)	Statutory Surplus NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 28,136,661	\$ 31,530,821

B. <u>Use of Estimates in the Preparation of the Financial Statements</u>

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

C. Accounting Policies

The Company applies the following significant accounting policies:

(1) No significant change.

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at, June 30, 2024,. Bonds include all investments whose maturity is greater than one year when purchased. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

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

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

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

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

(3) Common Stocks

Common stocks are recorded as purchases or sales on the trade date. Common stocks are carried at fair value. Declines in the cost basis deemed to be OTTI are recognized as realized capital losses.

(4) through (5): No significant change.

(6) Loan-Backed and Structured Securities

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

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

(7) through (20): No significant change.

D. Going Concern

As of August 12, 2024, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or corrections of errors in the period ended June 30, 2024.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

5. Investments

A. through C.: No significant change.

D. Loan-Backed Securities

- (1) Prepayment assumptions for single class and multi-class mortgage-backed/loan-backed securities were obtained from industry market sources.
- (2) The Company did not recognize any OTTI on loan-backed and structured securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in accordance with Statements of Statutory Accounting Principles ("SSAP") No. 43R, Loan-Backed and Structured Securities ("SSAP No. 43R") at June 30, 2024.
- (3) The Company had no recognized OTTI on loan-backed and structured securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis at the reporting date June 30, 2024.
- (4) The Company had no unrealized loss position on loan-backed and structured securities held by the Company at June 30, 2024
- (5) The Company has reviewed the loan-backed and structured securities in accordance with SSAP No. 43R in the table above and has concluded that these are performing assets generating investment income to support the needs of the business. Furthermore, the Company has no intention to sell the securities at June 30, 2024 before their cost can be recovered and does have the intent and ability to retain the securities for the time sufficient to recover the amortized cost basis; therefore, no OTTI write-down to fair value was determined to have occurred on these securities.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

- (1) and (2): No significant change.
- (3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or repledge as of June 30, 2024.
- (4) through (7): No significant change.
- F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at June 30, 2024.
- G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at June 30, 2024.
- H. The Company did not have any repurchase agreements transactions accounted for as a sale at June 30, 2024.
- I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at June 30, 2024.
- J. through L.: No significant change.
- M. The Company did not have any working capital finance investments at June 30, 2024.
- N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at June 30, 2024.
- O. through Q.: No significant change.
- R. Reporting Entity's Share of Cash Pool by Asset Type:

The Company's investment in the qualified cash pool is reported in cash equivalents. The Company's investment in the qualified cash pool is \$\$47,457,308 as of June 30, 2024. The Company did not have an investment in a qualified cash pool at December 31, 2023. The following table presents the percent share distribution by underlying asset type of the total qualified cash pool balance as of June 30, 2024:

	Asset Type	Percent Share
(1)	Cash	— %
(2)	Cash Equivalents	98.32 %
(3)	Short-Term Investments	1.68 %
(4)	Total	100.00 %

6. <u>Joint Ventures</u>, <u>Partnerships and Limited Liability Companies</u>

7. Investment Income

No significant change.

8. Derivative Instruments

The Company did not have any derivative instruments at June 30, 2024.

9. Income Taxes

No significant change.

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

A. and B.:

Transactions occurring between the Company and its parent, subsidiaries and affiliates excluding reinsurance transactions and non-insurance transactions involving less than ½ of 1% of the Company's total admitted assets and cost allocation transactions follow:

June 30, 2024

				Assets receiv	ved by insurer	Assets transfe	rred by insurer
Date of transaction	Explanation of transaction	Name of reporting entity	Name of affiliate	Statement value	Statement description	Statement value	Statement description
March 28, 2024	Capital Contribution	Aetna Health, Inc (Maine)	Aetna Health Holdings, LLC	\$ 7,000,000	Cash		_

C. No significant change.

D. At June 30, 2024 and December 31, 2023, the Company had the following amounts due to and due from affiliates, which exclude amounts related to pharmacy rebate transactions as discussed more fully in Note 28 and the Company's reinsurance agreements if applicable.

	 June 30, 2024	December 31, 2023
Amounts due to affiliates		
Aetna Health Management LLC	\$ 23,242,300 \$	5,263,268
Total due to affiliates	\$ 23,242,300 \$	5,263,268

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

At June 30, 2024 and December 31, 2023, the Company had no amounts due from affiliates.

E. through O.: No significant change.

11. <u>Debt</u>

- A. The Company did not have any items related to debt, including capital notes at June 30, 2024.
- B. The Company did not have any Federal Home Loan Bank agreements at June 30, 2024.

12. <u>Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans</u>

The Company did not have a retirement plan, deferred compensation plan or other postretirement benefit plan at June 30, 2024.

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

No significant change.

14. Liabilities, Contingencies and Assessments

No significant change.

15. Leases

16. <u>Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk</u>

No significant change.

- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - A. Transfers of Receivables Reported as Sales

No significant change.

- B. Transfer and Servicing of Financial Assets
 - (1) No significant change.
 - (2) and (3): The Company did not have any servicing assets or liabilities at June 30, 2024.
 - (4) The Company did not have any securitized financial assets at June 30, 2024.
 - (5) through (7): No significant change.

C. Wash Sales

- (1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.
- (2) The Company had no securities sold during the quarter ended June 30, 2024 and reacquired within 30 days of the sale
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

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

No significant change.

20. Fair Value Measurements

A.

(1) The Company carries unaffiliated common stocks at fair value in the financial statements. Certain bonds are also valued at the lower of cost or fair value as described in Note 1. The Company's financial instruments carried at fair value in the financial statements at June 30, 2024 is as follows:

T. CF: 11.	(T. 11)	(I 12)	a 12)	Net Asset Value	T ()
Type of Financial Instrument	(Level 1)	(Level 2)	(Level 3)	(NAV)	Total
Common stocks	\$ 2,259,789	\$	\$	\$ —	\$ 2,259,789

- (2) There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2024.
- (3) Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.
- (4) The Company's fair value measurement valuation techniques are described in B. below.
- (5) The Company did not have any derivative instruments at June 30, 2024.
- B. The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:
 - Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets.
 - **Level 2** Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
 - Level 3 Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases

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

C. The carrying values and estimated fair values of the Company's financial instruments at June 30, 2024 were as follows:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, short-term investments, and cash equivalents	\$ 74,454,228	\$ 75,235,709	\$ 4,792,723	\$ 69,661,505	s —	s —	s —
Common stocks	\$ 2,259,789	\$ 2,259,789	\$ 2,259,789	s —	\$ —	\$ —	\$

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

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

21. Other Items

A. and B.: No significant change.

C. Other Disclosures

Pursuant to State of Maine statute, there are standards, either singly or a combination of two or more, that if companies do not adhere to they can be considered by Maine Department to be hazardous to policyholders, creditors or the public in general ("hazardous condition"). At June 30, 2024, the Company did not meet all the standards necessary to not be considered in hazardous condition due to Net losses continuing into Q2 2024 causing test failure. Capital Management contributed \$7 million in 2024, and will continue to closely monitor capital levels.

D. through I.: No significant change.

22. Events Subsequent

A. Type I - Recognized Subsequent Events

Subsequent events have been considered through August 12, 2024 for the statutory statement issued on August 12, 2024.

The Company had no known reportable recognized subsequent events.

B. Type II - Non-Recognized Subsequent Events

Subsequent events have been considered through August 12, 2024 for the statutory statement issued on August 12, 2024.

The Company had no known reportable non-recognized subsequent events.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. through D.: No significant change.

E. Risk Sharing Provisions of the Affordable Care Act

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

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year:

		AMOUNT
a.	Permanent ACA Risk Adjustment Program	
	Assets	
	1. Premium adjustments receivable due to ACA Risk Adjustment (including high-risk pool payments)	\$ 142
	Liabilities	
	2. Risk adjustment user fees payable for ACA Risk Adjustment	9
	3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool payments)	29,193
	Operations (Revenue & Expense)	
	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	(9,481)
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	3
b.	Transitional ACA Reinsurance Program	
	Assets	
	1. Amounts recoverable for claims paid due to ACA Reinsurance	_
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	_
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	_
	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	_
	9. ACA Reinsurance contributions – not reported as ceded premium	_
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 the reasons for adjustments to prior year balance:

	I		I		I		I			1		
	Accrued Do Year on Bu	uring the Prior siness Written		Paid as of the r on Business	Diffe	rences	A	ljustments			ances as of the ng Date	
		Before December 31 of the Prior Year		Written Before December 31 of the Prior Year		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)	
	1	2	3	4	5	6	7	8		9	10	
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)	
a. Permanent ACA Risk Adjustment Program												
Premium adjustments receivable (including high risk pool payments)	\$ _	s —	\$ _	\$ —	\$ _	\$ _	\$ 87	\$ —	A	\$ 87	s —	
Premium adjustments (payable) (including high risk pool premium)	_	19,570	_	_	_	19,570	_	9	В	_	19,579	
Subtotal ACA Permanent Risk Adjustment Program	_	19,570	_	_	_	19,570	87	9		87	19,579	
b. Transitional ACA Reinsurance Program												
Amounts recoverable for claims paid	_	_	_	_	_	_	_	_	С	_	_	
Amounts recoverable for claims unpaid (contra liability)	_	_	_	=	_	_	_	_	D	_	_	
Amounts receivable relating to uninsured plans	_	_	_	=	_	_	_	_	Е	_	_	
Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	_	_	_	_	_	_	_	_	F	_	_	
5. Ceded reinsurance premiums payable	_	_	_	_	_	_	_	_	G	_	_	
Liability for amounts held under uninsured plans	_	_	_	_	_	_	_	_	Н	_	_	
7. Subtotal ACA Transitional Reinsurance Program	_	_	_	_	_	_	_	_		_	_	
c. Temporary ACA Risk Corridors Program												
Accrued retrospective premium	_	-	_	_	_	_	_	_	I	_	_	
Reserve for rate credits or policy experience rating refunds	_	_	_	_	_	_	_	_	J	_	_	
3. Subtotal ACA Risk Corridors Program	_	_	_	_	_	_	_	_		_	_	
d. Total for ACA Risk Sharing Provisions	s —	\$ 19,570	s —	\$	s —	\$ 19,570	\$ 87	\$ 9		\$ 87	\$ 19,579	

Explanations of Adjustments

- A. Due to updates to the data available to the Company to calculate the risk adjustment.
- $B. \ Due \ to \ updates \ to \ the \ data \ available \ to \ the \ Company \ to \ calculate \ the \ risk \ adjustment.$
- (4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year:

Risk Corridors Program Year											
	Accrued Dur Year on Bus	ring the Prior iness Written	Received or Paid as of the Current Year on Business		Diffe	Differences		djustments			ances as of the ng Date
	Before December 31 of the Prior Year		Written Before December 31 of the Prior Year		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)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Payable)	Receivable	Receivable (Payable) I		Receivable (Payable)		Receivable	(Payable)
a. 2014											
Accrued retrospective premium	\$	\$	\$	\$	\$	\$	\$	\$	A	\$	\$
2. Reserve for rate credits or policy experience rating refunds	_	_	_	_	_	_	_	_	В	_	_
b. 2015											
Accrued retrospective premium	_	_	_	_	_	_	_	_	С	_	_
2. Reserve for rate credits or policy experience rating refunds	_	_	_	_	_	_	_	_	D	_	_
c. 2016											
Accrued retrospective premium	_	_	-	_	_	_	_	_	Е	-	-
2. Reserve for rate credits or policy experience rating refunds	_	_	_	_	_	_	_	_	F	_	_
d. Total for Risk Corridors	\$ —	\$	\$	\$	\$	\$	\$ —	\$		\$	\$

 $24E(4)d\ (Columns\ 1\ through\ 10)\ should\ equal\ 24E(3)c3\ (Column\ 1\ through\ 10\ respectively)$

(5) ACA Risk Corridors Receivable as of Reporting Date:

	Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS		3 Amounts received from CMS	4 Asset Balance (Gross of Non- admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a.	2014	-	\$	\$ —	\$ —	\$	\$
b.	2015	_	_	_	_	_	_
c.	2016	_	_	_	_	_	_
d.	Total $(a + b + c)$	\$	\$	\$	\$	\$	\$

24E(5)d (Column 4) should equal 24E(3)c1 (Column 9) 24E(5)d (Column 6) should equal 24E(2)c1

25. Change in Incurred Claims and Claim Adjustment Expenses

- A. Reserves as of December 31, 2023 were \$16,318,180. As of June 30, 2024, \$7,654,634 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,573,515 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$7,090,031 favorable prior-year development since December 31, 2023 to June 30, 2024. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$7,007,103 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.
- B. There has been no significant change in the Company's methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements

No significant change.

28. Health Care Receivables

No significant change.

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves ("PDR")
2. Date of the most recent evaluation of this liability
3. Was anticipated investment income utilized in the calculation?

No

31. Anticipated Salvage and Subrogation

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring Domicile, as required by the Model Act?					Yes [] No	[X]		
1.2	If yes, has the report been filed with the domiciliary state?					Yes [] No	[]		
2.1	Has any change been made during the year of this statement in the creporting entity?	harter, by-laws, articles of incorporation, or d	eed of settleme	nt of the		Yes [] No	[X]		
2.2	If yes, date of change:									
3.1	Is the reporting entity a member of an Insurance Holding Company Sy is an insurer?					Yes [X] No) []		
3.2	Have there been any substantial changes in the organizational chart s	since the prior quarter end?				Yes [X] No	[]		
3.3	If the response to 3.2 is yes, provide a brief description of those change Effective April 1, 2024, Texas Health + Aetna Health Insurance Comp Texas Health + Aetna Health Plan Inc. merged into Aetna Health Inc. changed its name to Attain Insurance Services Inc. Effective July 1, 2 was dissolved.	- Dany merged into Aetna Life Insurance Comp (Texas). Effective June 7, 2024, Carefree In 2024, Texas Health + Aetna Health Insurance	surance Service Holding Comp	es, Inc. oany LLC						
3.4	Is the reporting entity publicly traded or a member of a publicly traded	group?				Yes [X] No	[]		
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code	e issued by the SEC for the entity/group				000	00648	03		
4.1	Has the reporting entity been a party to a merger or consolidation duri	ing the period covered by this statement?				Yes [] No	[X]		
4.2	If yes, provide the name of the entity, NAIC Company Code, and state ceased to exist as a result of the merger or consolidation.	e of domicile (use two letter state abbreviation	n) for any entity	that has	3					
	1 Name of Entity	2 NAIC Company Code S	3 tate of Domicile							
5.	5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [If yes, attach an explanation.									
6.1	State as of what date the latest financial examination of the reporting	entity was made or is being made			<u> </u>	12/	31/202	20		
6.2	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.									
6.3	State as of what date the latest financial examination report became a the reporting entity. This is the release date or completion date of the date).	examination report and not the date of the examination	xamination (bal	ance she	eet	06/	30/202	22		
6.4	By what department or departments? Maine Bureau of Insurance									
6.5	Have all financial statement adjustments within the latest financial exastatement filed with Departments?				Yes [] No []	N/A [X]	
6.6	Have all of the recommendations within the latest financial examination	on report been complied with?			Yes [] No []	N/A [X]	
7.1	Has this reporting entity had any Certificates of Authority, licenses or revoked by any governmental entity during the reporting period?					Yes [] No	[X]		
7.2	If yes, give full information:									
8.1	Is the company a subsidiary of a bank holding company regulated by					Yes [] No	(X]		
8.2	If response to 8.1 is yes, please identify the name of the bank holding									
8.3	Is the company affiliated with one or more banks, thrifts or securities to					Yes [] No	[X]		
8.4	If response to 8.3 is yes, please provide below the names and locatio regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commiss	e Office of the Comptroller of the Currency (C	OCC), the Feder	al Depo						
	1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC				
	Attiliate Natife	Location (City, State)								
							4			

GENERAL INTERROGATORIES

9.1	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 []
9.11			
9.2	Has the code of ethics for senior managers been amended?		Yes [X] No []
9.21	If the response to 9.2 is Yes, provide information related to amendment(s). In the first quarter of 2024, the Code of Conduct was amended. Added "Responsible Use of Technology" as a new section and made mind updates to the "Non-discrimination, harassment, retaliation" section.		
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?		Yes [] No [X]
	FINANCIAL		
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?		
	INVESTMENT		
11.1 11.2	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available use by another person? (Exclude securities under securities lending agreements.) If yes, give full and complete information relating thereto:		Yes [] No [X]
12. 13.	Amount of real estate and mortgages held in other invested assets in Schedule BA: Amount of real estate and mortgages held in short-term investments:		
14.1 14.2	Does the reporting entity have any investments in parent, subsidiaries and affiliates?		
	1 Prior Year-End Book/Adjusted Carrying Value		2 Current Quarter Book/Adjusted Carrying Value
	Bonds		\$0
	Preferred Stock \$ Common Stock \$		\$0 \$0
	Short-Term Investments \$(\$0
	Mortgage Loans on Real Estate\$		\$0
14.26	All Other)	\$0
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) \$\text{Control}\$ (Subtotal Lines 14.21 to 14.26) \$\text{Control}\$ (Subtotal Investment in Parent included in Lines 14.21 to 14.26 above \$\text{Control}\$ (Subtotal Lines 14.21 to 14.26) \$\text{Control}\$		\$0 \$0
15.1 15.2	Has the reporting entity entered into any hedging transactions reported on Schedule DB?	Yes [Yes [] No [X]] No [] N/A []
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement date: 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	¢	·
	16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2		
	16.3 Total payable for securities lending reported on the liability page.		

GENERAL INTERROGATORIES

17. 17.1	offices, vaults or safety custodial agreement w Outsourcing of Critical	deposit boxes, we ith a qualified bank Functions, Custoo	Special Deposits, real estate, mo ere all stocks, bonds and other so k or trust company in accordance dial or Safekeeping Agreements of equirements of the NAIC Financi	ecurities, owne e with Section of the NAIC Fir	d throughout t 1, III - Genera ancial Conditi	the current year I Examination Co ion Examiners H	held pursuant to a onsiderations, F. andbook?	Yes	[X]	No [[]
		1				2					
	State Street Bank and	Name of Custo d Trust Company	odian(s)		ess In Street; Boston, MA						
17.2	For all agreements tha location and a complet		th the requirements of the NAIC	Financial Cond	rovide the name,						
	1 Name(s	s)	2 Location(s)			3 Complete Expla	nation(s)				
17.3 17.4	Have there been any c		name changes, in the custodian((s) identified in	17.1 during th	ne current quarte	r?	Yes	[]	No [Х]
	1 Old Custo	dian	2 New Custodian		3 of Change		4 Reason				
17.5	make investment decis	sions on behalf of t	restment advisors, investment mather reporting entity. For assets the ment accounts"; "handle securi	at are manage							
	Derek S. Blunt as Ser	Name of Firm	or Individual	2 Affilia							
	17.5097 For those firm	s/individuals listed	I in the table for Question 17.5. d	o anv firms/ind	 ividuals unaffi	iliated with the re	eporting entity (i.e.	v			
	17.5098 For firms/indiv	riduals unaffiliated	more than 10% of the reporting e with the reporting entity (i.e. des aggregate to more than 50% of	ignated with a	'U") listed in tl	he table for Que	stion 17.5, does the		-] No] No	
17.6		J	e table for 17.5 with an affiliation of		•					, 110	
	1		2			3	4			5 stment	
	Central Registration Depository Number	Dorak C. Blunt	Name of Firm or Individual			Identifier (LEI)	Registered With		Agre (IMA	eemen) Filed	t I
	N/A	Derek S. Biunt			IN/ A		Not registered		NU		<u>. </u>
	Have all the filing requi If no, list exceptions:	rements of the Pu	rposes and Procedures Manual o	of the NAIC Inv	estment Anal	ysis Office been	followed?	Yes	[X]	No [[]
19.	a. Documentation security is not a b. Issuer or obligor c. The insurer has	necessary to perm vailable. r is current on all c an actual expecta	porting entity is certifying the follonit a full credit analysis of the sectontracted interest and principal pation of ultimate payment of all cosolis securities?	curity does not on the comments. Intracted intere	exist or an NA	IC CRP credit ra	iting for an FE or PL	Yes	[]	No [[X]
20.	a. The security was b. The reporting en c. The NAIC Design on a current privid. d. The reporting en	s purchased prior to tity is holding capination was derived ate letter rating he tity is not permitted	reporting entity is certifying the form of January 1, 2018. Ital commensurate with the NAIC of from the credit rating assigned Ital by the insurer and available form the credit rating of the PLGI securities?	Designation reby an NAIC CF r examination less PL security wi	ported for the P in its legal on py state insura th the SVO.	e security. capacity as a NF ance regulators.	RSRO which is shown	Yes	[]	No [[X]
21.	FE fund: a. The shares were b. The reporting en c. The security had January 1, 2019. d. The fund only or e. The current repo in its legal capac f. The public credit	purchased prior to tity is holding capit a public credit ration predominantly hol rted NAIC Designatity as an NRSRO. rating(s) with annument	tal commensurate with the NAIC ing(s) with annual surveillance as ds bonds in its portfolio. ation was derived from the public	Designation resigned by an I	ported for the NAIC CRP in i) with annual s not lapsed.	security. ts legal capacity surveillance assi	as an NRSRO prior to	Yes	[:	No [[X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent	98.9 %
	1.2 A&H cost containment percent	1.5 %
	1.3 A&H expense percent excluding cost containment expenses	9.4 %
2.1	Do you act as a custodian for health savings accounts?	Yes [] No [X]
2.2	If yes, please provide the amount of custodial funds held as of the reporting date\$	
2.3	Do you act as an administrator for health savings accounts?	Yes [] No [X]
2.4	If yes, please provide the balance of the funds administered as of the reporting date\$	
3.	Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [] No [X]
3.1	If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [] No [X]

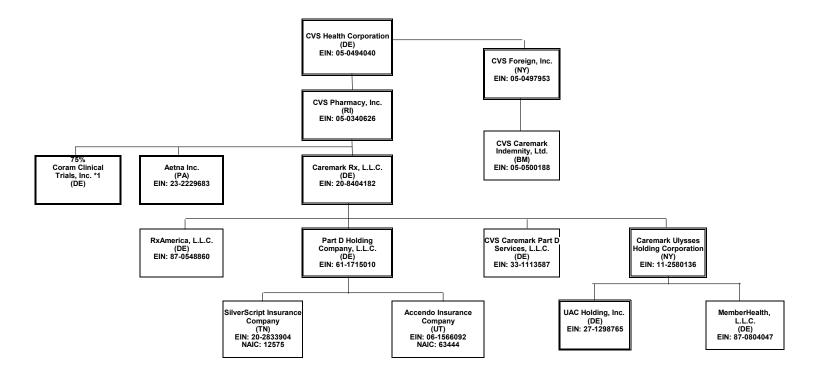
SCHEDULE S - CEDED REINSURANCE

1						ar to Date		-	
	2	3	4	5	6	7	8	9	10 Effective
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Date of Certified Reinsurer Rating
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories 6 Federal 10 Life and Annuity Premiums & Other Employees Health Active Status Accident and Health Property/ Casualty Total Columns 2 Renefite CHIP Title Program Premiums States, etc (a) Title XVIII Title XIX XXI Premiums sideration Premiums Through 8 Contracts ..0 ΑL Alaska 3. Arizona ΑZ .0 4. Arkansas AR ٥ 5. California CA .N. .0 6. Colorado .. CO .N. .0 Connecticut СТ .0 .N. DE .0 District of Columbia DC 9. 10. Florida 0 11. Georgia GΑ 0 12. Hawaii ... н 0 13. Idaho . ID .N. .0 Illinois 14. .0 IL .N. 15. IN .0 16. .0 17. Kansas KS .0 18 Kentucky. ΚY N ٥ 19. Louisiana .. LA N. .0 1.779.213 119.317.153 121.096.366 20. Maine .. ME Maryland . 21. MD .N. .0 22. Massachusetts MA .0 23. Michigan .0 24. Minnesota MN .0 25. Mississippi .. MS 0 26. Missouri MO 0 27. Montana .. MT .0 28. Nebraska NE .0 29. NV .0 30. New Hampshire NH .0 31. New Jersey .. .0 32. New Mexico NM ٥ 33. New York NY .0 34. North Carolina NC .N. .0 35. North Dakota ND .0 36. ОН .0 37. Oklahoma 38. Oregon OR .0 39 Pennsylvania PΑ ٥ 40. Rhode Island RI .N. .0 41. South Carolina SC .N. .0 South Dakota 42. SD .0 .N. TN .0 44. 45. Utah . UT 0 46. Vermont ... VT0 47. Virginia VA N 0 48. Washington WA .N. .0 West Virginia WV 49. .N. .0 50. WI .0 Wyoming .. 51. .0 52. American Samoa AS .0 53 Guam GU N ٥ Puerto Rico 54. PR N. .0 U.S. Virgin Islands .. VI 55. .N. .0 Northern Mariana 56. Islands MP .0 57. Canada CAN .0 ..N... 58. Aggregate Other XXX .0 .0 .0 .0 .0 59. Subtotal . .XXX. . 1,779,213 . 119, 317, 153 .0 .0 .0 .0 121,096,366 0 Reporting Entity
Contributions for Employe 60. Benefit Plans XXX 1,779,213 119,317,153 121,096,366 61 Totals (Direct Business) XXX 0 0 0 0 DETAILS OF WRITE-INS 58001 XXX. 58002 XXX. 58003. .XXX. Summary of remaining write-ins for Line 58 from 58998. overflow page Totals (Lines 58001 through XXX. 0 . 0 . 0 .0 .0 .0 58999. 58003 plus 58998)(Line 58 above) (a)

a) Active Status Counts:	
1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG 1	4. Q - Qualified - Qualified or accredited reinsurer0
2. R - Registered - Non-domiciled RRGs0	5. N - None of the above - Not allowed to write business in the state 56
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. 0	



This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 6 company with numerous subsidiaries, the majority of which do not interact with the insurance entities.

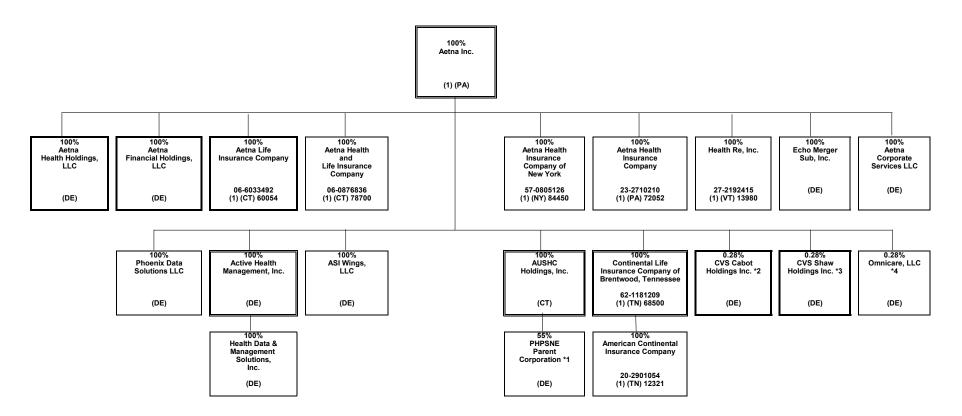
(1) Insurers/HMO's

Percentages are rounded to the nearest whole percent and based on ownership of voting rights.

Double borders indicate entity has subsidiaries shown on the same page.

Bold borders indicate entity has subsidiaries shown on a separate page.

^{*1} Coram Clinical Trials, Inc. is also 25% owned by Aetna Life Insurance Company

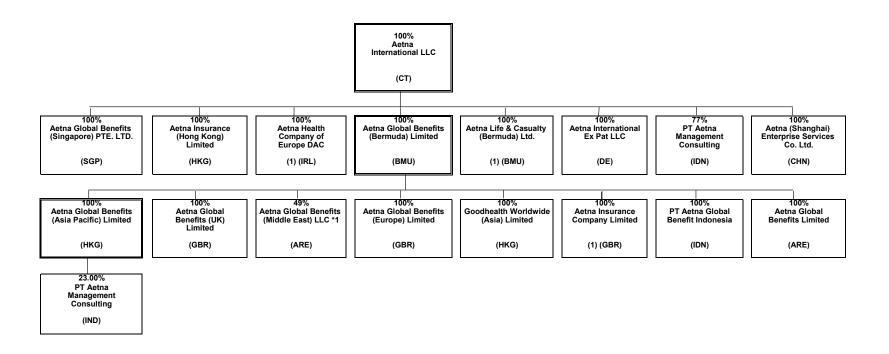


^{*1} PHPSNE Parent Corporation is also 45% owned by third parties.

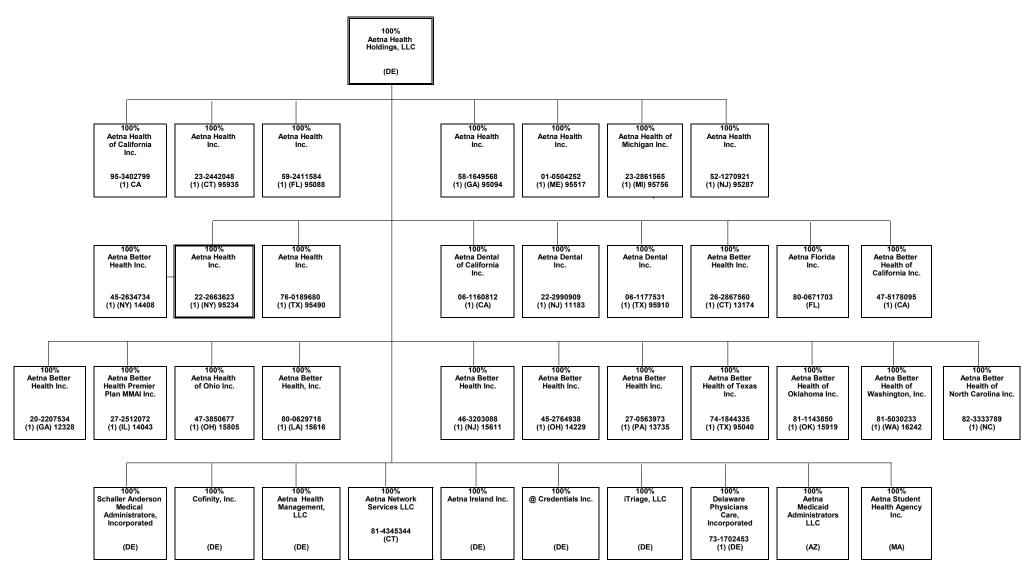
^{*2} CVS Cabot Holdings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.

^{*3} CVS Shaw Hoidings Inc. is also 99.72% owned by Coram Clinical Trials, Inc.

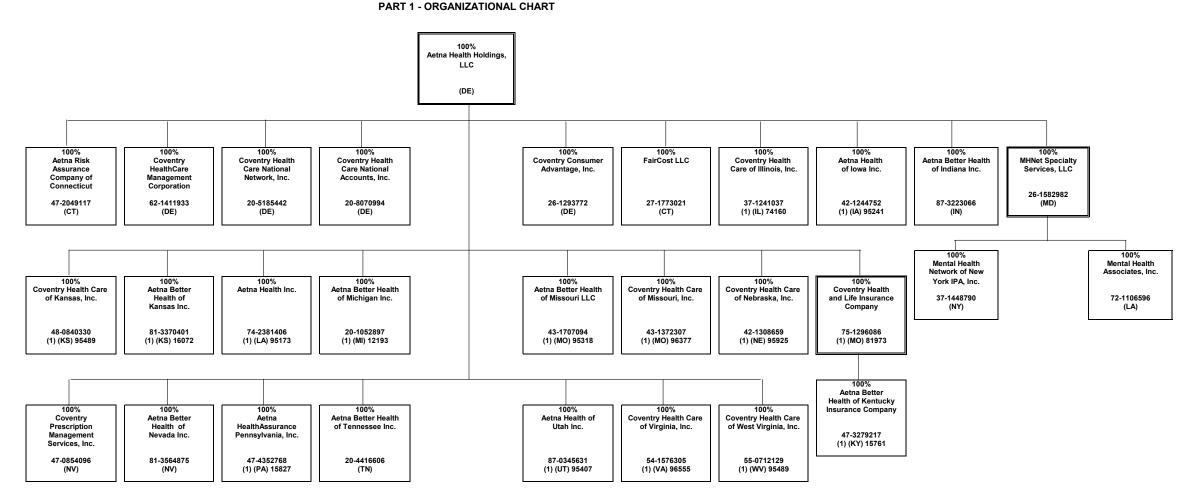
^{*4} Omnicare, LLC is also owned by CVS Cabot Holdings Inc and CVS Shaw Holdings Inc., each with 49.86% ownership.

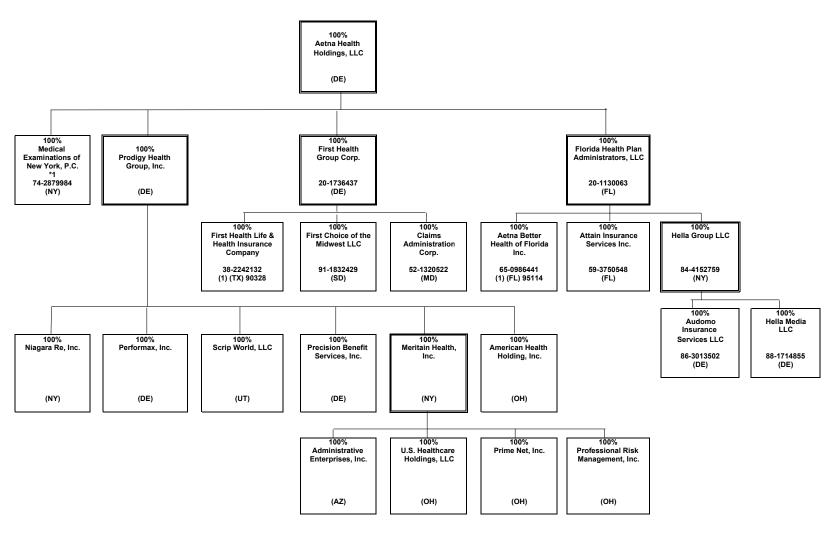


^{*1} Aetna Global Benefits (Middle East) LLC is also 51% is owned by Euro Gulf LLC, Aetna's Nominee.



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

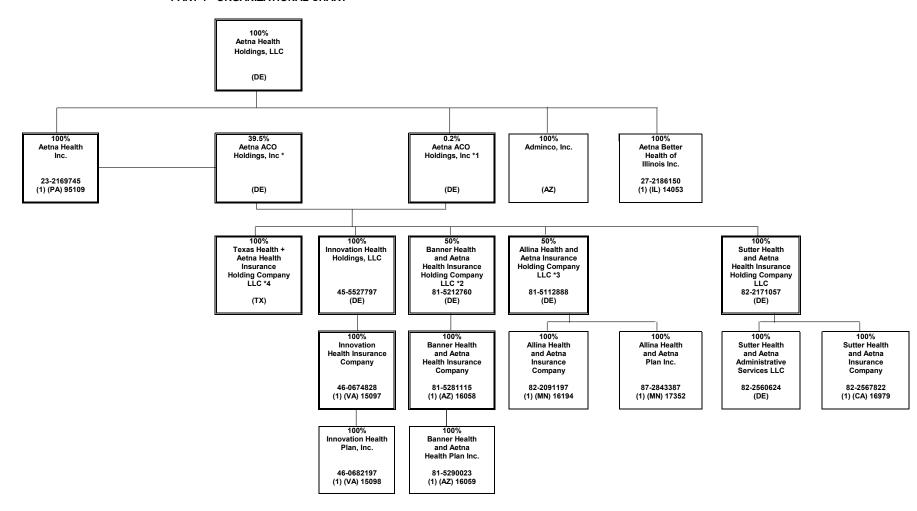




^{*1} Owned via a nominee

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

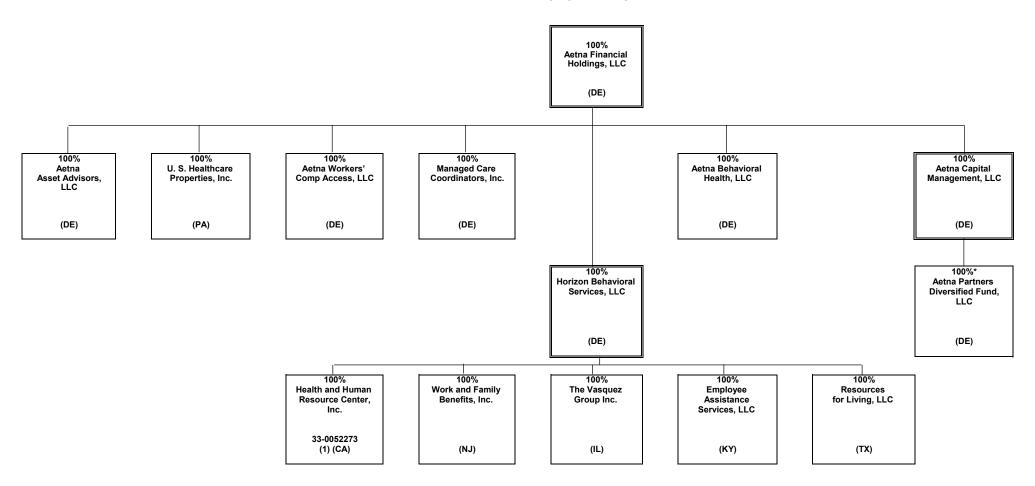
PART 1 - ORGANIZATIONAL CHART



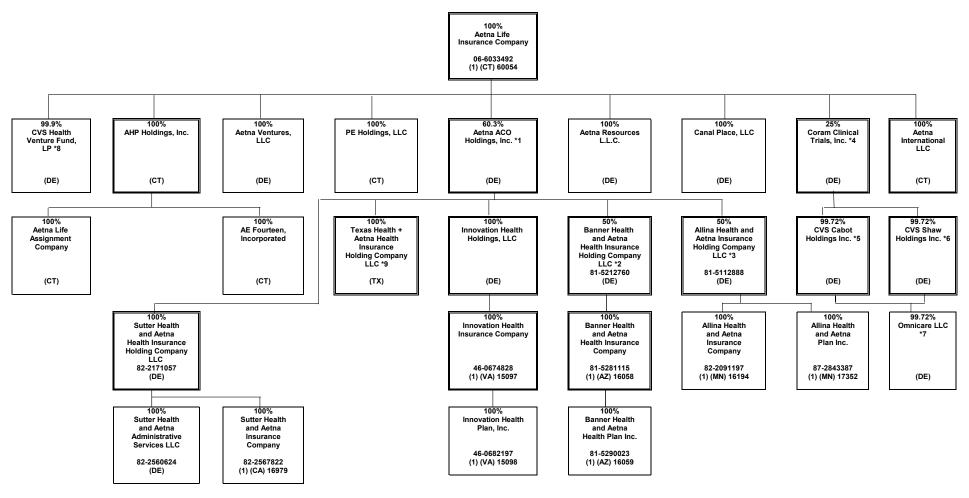
^{*1} Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

^{*2} Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

^{*3} Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.
*4 Effective on July 1, 2024, Texas Health + Aetna Health Insurance Holding Company was dissolved.



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



^{*1} Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

^{*2} Banner Health and Aetna Health Insurance Holding Company LLC is also 50% owned by Banner Health.

^{*3} Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.

^{*4} Coram Clinical Trials, Inc. is also 75% owned by CVS Pharmacy, Inc.

^{*5} CVS Cabot Holdings Inc. is also .28% owned by Aetna Inc.

^{*6} CVS Shaw Holdings Inc. is also .28% owned by Aetna Inc.

^{*7} Remaining .28% owned by Aetna Inc. CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. each owning 49.86%.

^{*8} CVS Health Venture Fund, LP is also 0.1% owned by CVS Helath Ventures Fund GP, LLC

^{*9} Effective on July 1, 2024, Texas Health + Aetna Health Insurance Holding Company was dissolved.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)) *
. 0001	CVS HEALTH GROUP		05-0494040		0000064803	NYSE	CVS Health Corporation	DE	UIP	Board of Directors	Board of Directors	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	63444	06-1566092				Accendo Insurance Company	UT	I A	Part D Holding Company, L.L.C	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	12575	20-2833904				SilverScript Insurance Company	TN	IA	Part D Holding Company, L.L.C	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	05-0340626				CVS Pharmacy, Inc.	RI	UIP	CVS Health Corporation	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	00000	20-8404182				Caremark Rx, L.L.C.	DE	NIA	CVS Pharmacy, Inc	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	61-1715010				Part D Holding Company, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	33-1113587 87-0548860				CVS Caremark Part D Services, L.L.C.	DE		Caremark, Rx., L.L.C.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	87-0548860 11-2580136				RxAmerica, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	00000	11-2580136 87-0804047				Caremark Ulysses Holding Corporation	NY	NIA	Caremark, Rx., L.L.C	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	05-0500188				CVS Caremark Indemnity, Ltd.	DE	IA		Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	27-1298765				UAC Holding. Inc.	BMU		CVS Foreign, Inc	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	00000	05-0497953				CVS Foreign, Inc.	NY	NIA	CVS Health Corporation	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	00000	58-2160656				Coram Clinical Trials. Inc.	DE	NIA	CVS Pharmacy. Inc	Ownership		CVS Health Corporation	NO	7
. 0001	CVS HEALTH GROUP	00000	23-2229683	3060706	0001122304		Aetna Inc.	PA	UIP	CVS Pharmacy Inc	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	00000	30-0123754				Aetna Health Holdings. LLC	DE	UDP	Aetna Inc.	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	00000	95-3402799				Aetna Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	95935	23-2442048				Aetna Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95088	59-2411584				Aetna Health Inc.	FL	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	95094	58-1649568				Aetna Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	95517	01-0504252				Aetna Health Inc	ME	RE	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	95756	23-2861565				Aetna Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership.		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95287	52-1270921				Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95234	22-2663623				Aetna Health Inc.	NY	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	14408	45-2634734				Aetna Better Health Inc.	NY	IA	Aetna Health Inc. (NY)	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95490	76-0189680				Aetna Health Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95040	74-1844335				Aetna Better Health of Texas Inc	TX	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	12328	20-2207534				Aetna Better Health Inc	GA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	06-1160812				Aetna Dental of California Inc	CA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	11183	22-2990909				Aetna Dental Inc	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95910	06-1177531				Aetna Dental Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	13-3670795				Aetna Health Management, LLC	DE	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	22-3187443				Aetna Ireland Inc.	DE	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-1274723				Cofinity, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	23-2671370				@Credentials Inc.	DE	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	13735	27-0563973				Aetna Better Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	13174	26-2867560				Aetna Better Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP		47-5178095				Aetna Better Health of California Inc	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	14043	27-2512072				Aetna Better Health Premier Plan MMAI Inc Aetna Health of Ohio Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15805	47-3850677					OH	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15616	80-0629718 80-0671703				Aetna Better Health, Inc.	LA	IA NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	14229	45-2764938				Aetna Better Health Inc.	FL	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	14229	45-2764938 46-3203088				Aetna Better Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15919	81-1143850				Aetna Better Health of Oklahoma Inc.	NJ	IA	Aetna Health Holdings, LLC	Owner ship		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	04-2708160				Aetna Student Health Agency Inc.	MA	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	73-1702453				Delaware Physicians Care, Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
	OTO TRANSPORT OF THE PROPERTY						Schaller Anderson Medical Administrators,			noting indicating the control of the			oro near the component of the comment		•
. 0001	CVS HEALTH GROUP	00000	01-0826783				Incorporated	DE	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	_					•		-			Type	If			'-
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	auired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0001	CVS HEALTH GROUP	00000	86-0842559	ROOD	OIIX	international)	Aetna Medicaid Adminstrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
. 0001	CVS HEALTH GROUP	00000	45-2944270				iTriage. LLC	NZ	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	16-1471176				Prodigy Health Group, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	0.200	CVS Health Corporation	YES	2
. 0001	CVS HEALTH GROUP	00000	74-2879984				Medical Examinations of New York, P.C.	NY	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	12
. 0001	CVS HEALTH GROUP	00000	45-5527797				Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15097	46-0674828				Innovation Health Insurance Company	VA	IA	Innovation Health Holdings, LLC	Ownership.	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15098	46-0682197				Innovation Health Plan, Inc.	VA	IA	Innovation Health Insurance Company	Ownership.		CVS Health Corporation	NO	0
	OTO TIETE ITI GITOGI	10000	10 0002107				Texas Health + Aetna Health Insurance Holding	•//		Third action ricarett rindarando dompany	Carrier Griff		ovo naartii oorporatroii		0
. 0001	CVS HEALTH GROUP	00000	81-3789357				Company LLC	TX	NIA	Aetna ACO Holdings, Inc.	Ownership	100.000	CVS Health Corporation	NO	13
. 0001	CVS HEALTH GROUP	95109	23-2169745				Aetna Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Inc. (PA)	Ownership	39.500	CVS Health Corporation	YES	2
. 0001	CVS HEALTH GROUP	00000	20-0438576				Niagara Re, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	52-2200070				Performax, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	87-0632355				Scrip World, LLC	UT	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	27-1760756				Precision Benefit Services, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	31-1368946				American Health Holding, Inc	OH	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	16-1264154				Meritain Health, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	86-0537707				Adminco, Inc.	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	86-0527428				Administrative Enterprises, Inc	AZ	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	16-1684061				U.S. Healthcare Holdings, LLC	OH	NIA	Meritain Health, Inc	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	34-1670299				Prime Net, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	34-1348032				Professional Risk Management, Inc	OH	NIA	Meritain Health, Inc	Ownership	100.000	CVS Health Corporation	NO	0
							Continental Life Insurance Company of								
. 0001	CVS HEALTH GROUP	68500	62-1181209				Brentwood, Tennessee	TN	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
										Continental Life Insurance Company of					
. 0001	CVS HEALTH GROUP	12321	20-2901054				American Continental Insurance Company	TN	IA	Brentwood, Tennessee	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	60054	06-6033492				Aetna Life Insurance Company	CT	IA	Aetna Inc.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership		CVS Health Corporation	YES	2
. 0001	CVS HEALTH GROUP	00000	06-1270755				AHP Holdings, Inc.	CT	NIA	Aetna Life Insurance Company	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	06-1028469 06-1373153				AE Fourteen, Incorporated	CT	NIA	AHP Holdings, Inc.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP						Aetna Life Assignment Company			AHP Holdings, Inc.	0 0 p		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	20-3678339 06-1423207				PE Holdings, LLC	CT	NIA	Aetna Life Insurance Company	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	_				Aetna Resources L.L.C.	DE	NIA	Aetna Life Insurance Company	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-3180700				Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
	CVS HEALTH GROUP	00000	20-3180700 58-2160656				Coram Clinical Trials. Inc.	DE	NIA	Aetna Life Insurance Company	Ownership			NO	0
. 0001	CVS HEALTH GROUP	00000	85-3918720				CVS Cabot Holdings Inc.	DE	NIA		Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	00000	85-3918720 85-3918567					DE	NIA	Coram Clinical Trials, Inc.	Ownership		CVS Health Corporation	NO	8
. 0001	CVS HEALTH GROUP	00000	85-3918567 31-1001351				CVS Shaw Holdings Inc	DE	NIA	Coram Clinical Trials, Inc	Ownership		CVS Health Corporation	NO	9
. 0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NIA	CVS Shaw Holdings Inc	Ownership			NO	10
. 0001	CVS HEALTH GROUP	00000	41-2035961				Aetna Financial Holdings, LLC	DE	NIA	Aetna Inc.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	41-2035961 26-2030792				Aetna Asset Advisors. LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	28-2030792				U.S. Healthcare Properties, Inc.	PA	NIA		Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	38-3704481				Aetna Capital Management, LLC	PA	NIA	Aetna Financial Holdings, LLC Aetna Financial Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	11-3667142		0001314522		Aetna Capital Management, LLC	DE	NIA	Aetna Capital Management, LLC	Ownership		CVS Health Corporation	NO	1
. 0001	CVS HEALTH GROUP	00000	20-0446676		000 10 14022		Aetna Workers' Comp Access, LLC	DE	NIA	Aetna Capitai Management, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-0446676				Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	23-2670015				Managed Care Coordinators, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	010 IENEIII 011001		LU 2010010				managou oare occiumators, me	DL	INI //	mother manoral norunitys, LLV	[U 101 011 P		010 1001til 001p010t10ll	INU	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
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											Type	If		'	'
											of Control	Control		'	'
											(Ownership,	is		Is an	'
						Name of Securities			Relation-		Board.	Owner-		SCA	'
						Exchange		Domi-	ship		Management,	ship		Filing	'
		NAIC					Names of	-	- 1			- 1			'
			ın.			if Publicly Traded	Names of	ciliary	to	D'action Octobre 11	Attorney-in-Fact,	Provide	LUC - A CONTROL	Re-	
Group		Company	, ID	Federal	0114	(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	/
. 0001	CVS HEALTH GROUP	00000	59-3269144 61-1193498				Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
		00000	33-0052273				Employee Assistance Services, LLC		NIA	Horizon Behavioral Services, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP						Health and Human Resource Center, Inc	CA	IA	Horizon Behavioral Services, LLC		100.000	CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	75-2420973				Resources for Living, LLC	TX	NIA	Horizon Behavioral Services, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	36-3681261				The Vasquez Group Inc.	IL	NIA	Horizon Behavioral Services, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	22-3178125				Work and Family Benefits, Inc	NJ	NIA	Horizon Behavioral Services, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	27-1773021				FairCost LLC	CT	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	78700	06-0876836				Aetna Health and Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	72052	23-2710210				Aetna Health Insurance Company	PA	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	84450	57-0805126				Aetna Health Insurance Company of New York .	NY	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	06-1571642				Aetna International LLC	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N0	0
. 0001	CVS HEALTH GROUP	00000	98-0211470				Aetna Life & Casualty (Bermuda) Ltd	BMU	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	86-1455140				Aetna International Ex Pat LLC	DE	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Bermuda) Limited	BMU	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Europe) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Goodhealth Worldwide (Asia) Limited	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Global Benefits Limited	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					PT Aetna Global Benefits Indonesia	IDN	NI A	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000		l			Aetna Global Benefits (Middle East) LLC	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	49.000	CVS Health Corporation	NO	3
							Aetna Global Benefits (Asia Pacific) Limited							'	'
. 0001	CVS HEALTH GROUP	00000		l				HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000		l			PT Aetna Management Consulting	IDN	NIA	Aetna International LLC	Ownership	77.000	CVS Health Corporation	NO	0
										Aetna Global Benefits (Asia Pacific)					
. 0001	CVS HEALTH GROUP	00000					PT Aetna Management Consulting	IDN	NIA	Limited	Ownership	23.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (UK) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Insurance Company Limited	GBR	IA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000		l			Aetna Health Company of Europe DAC	IRL	IA	Aetna International LLC	Ownership		CVS Health Corporation	NO	0
							Aetna (Shanghai) Enterprise Services Co. Ltd.				· ·			'	'
. 0001	CVS HEALTH GROUP	00000						CHN	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Singapore) PTE. LTD.	SGP	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	22-2578985				AUSHC Holdings, Inc.	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Insurance (Hong Kong) Limited	HKG	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	06-1182176				PHPSNE Parent Corporation	DE	NIA	AUSHC Holdings, Inc.	Ownership	55.000	CVS Health Corporation	NO	4
. 0001	CVS HEALTH GROUP	00000	52-2182411				Active Health Management, Inc.	DE	NIA	Aetna Inc.	Ownership		CVS Health Corporation		
. 0001	CVS HEALTH GROUP	00000	47-0970432				Health Data & Management Solutions, Inc	DE	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	13980	27-2192415	l			Health Re. Inc.	VT	IA	Aetna Inc.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	81-0579372				Phoenix Data Solutions LLC	DE	NIA	Aetna Inc.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	51-0029326				ASI Wings. LLC	DE	NIA	Aetna Inc.	Ownership.	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	47-4556274	l			Echo Merger Sub, Inc.	DE	NIA	Aetna Inc.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	47-4547145				Aetna Corporate Services, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	85-3918720				CVS Cabot Holdings Inc.	DE	NIA	Aetna Inc.	Ownership		CVS Health Corporation		8
. 0001	CVS HEALTH GROUP	00000	85-3918567				CVS Shaw Holdings Inc.	DE	NIA	Aetna Inc.	Ownership		CVS Health Corporation	NO	9
. 0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare LLC	DE	NIA	Aetna Inc.	Ownership		CVS Health Corporation	NO	10
. 0001	CVS HEALTH GROUP	81973	75-1296086				Coventry Health and Life Insurance Company .	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	UNO FIEME IT UNUUF	01813	13-1290000				Aetna Better Health of Kentucky Insurance	MU	IA	Coventry Health and Life Insurance Company	Owner SITP		ovo neartii corporation	INU	∪
. 0001	CVS HEALTH GROUP	15761	47-3279217				Aetna Better Health of Kentucky Insurance Company	KY	IA	COVERTY REALTH AND LITE TRISULANCE COMPANY	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	81-4345344				Aetna Network Services LLC	KY	NIA	Aetna Health Holdings. LLC	Ownership		CVS Health Corporation	NO	0
		95241	42-1244752					IA			Ownership			NO	0
. 0001	CVS HEALTH GROUP	95241	42-1244/52				Aetna Health of Iowa Inc.	IA	IA	Aetna Health Holdings, LLC	Uwnership	100.000	CVS Health Corporation	NU	. U '

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities		l	Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
0		NAIC	ID			if Publicly Traded	Names of	ciliary	to	Discotto Controllo delo	Attorney-in-Fact,	Provide	I litimonto Controllino	Re-	
Group Code	Group Name	Company Code	Number	Federal RSSD	CIK	(U.S. or International)	Parent, Subsidiaries Or Affiliates	Loca- tion	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Influence, Other)	Percen- tage	Ultimate Controlling Entity(ies)/Person(s)	quired? (Yes/No)	*
	CVS HEALTH GROUP	95925	42-1308659	NOOD	CIR	international)	Coventry Health Care of Nebraska, Inc	NE	Littly	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	10	0
. 0001	CVS REALIN GROUP	95925	42-1300039				Aetna Risk Assurance Company of Connecticut	INE	IA	Aetha hearth hordings, LLC	owner strip		CVS Realth Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	47-2049117				Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95173	74-2381406				Aetna Health Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
							Coventry Prescription Management Services,								
. 0001	CVS HEALTH GROUP	00000	47-0854096				Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	16148	81-3564875				Aetna Better Health of Nevada Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	96377	54-1576305 43-1372307				Coventry Health Care of Virginia, Inc Coventry Health Care of Missouri, Inc	VA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95377	43-1372307				Aetna Better Health of Missouri LLC	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	95408	55-0712129				Coventry Health Care of West Virginia, Inc.	WV	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	62-1411933				Coventry Health Care Management Corporation	DE	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15827	47-4352768				Aetna HealthAssurance Pennsylvania, Inc	PA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95489	48-0840330				Coventry Health Care of Kansas, Inc.	KS	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	16072	81-3370401				Aetna Better Health of Kansas Inc	KS	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	12193	20-1052897				Aetna Better Health of Michigan Inc	MI	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95407	87-0345631				Aetna Health of Utah Inc	UT	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-4416606				Aetna Better Health of Tennessee Inc	TN	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	N0	0
. 0001	CVS HEALTH GROUP	74160	37-1241037				Coventry Health Care of Illinois, Inc	IL	I A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	N0	0
. 0001	CVS HEALTH GROUP	00000	20-8070994				Coventry Health Care National Accounts, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership		OVO Hardah Orananakina	NO	_
. 0001	CVS HEALTH GROUP	00000	20-8070994				Coventry Health Care National Network, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	26-1293772				Coventry Consumer Advantage, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-1293772				First Health Group Corp.	DE	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	OVS FILALITI GROOF	00000	20-1700437				First Health Life & Health Insurance Company	UL	NIA	Aetha hearth hordings, LLO	Owner Sirip.		CVS Hearth Corporation	١٧٠	0
. 0001	CVS HEALTH GROUP	90328	38-2242132				,	TX	IA	First Health Group Corp	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	91-1832429				First Choice of the Midwest LLC	SD	NI A	First Health Group Corp	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	52-1320522				Claims Administration Corp	MD	NI A	First Health Group Corp	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-1130063				Florida Health Plan Administrators, LLC	FL	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	95114	65-0986441				Aetna Better Health of Florida Inc	FL	I A	Florida Health Plan Administrators, LLC	Ownership		CVS Health Corporation	N0	1
. 0001	CVS HEALTH GROUP	95266	84-4152759				Hella Group LLC	NY	NI A	Florida Health Plan Administrators, LLC	Ownership		CVS Health Corporation	N0	0
. 0001	CVS HEALTH GROUP	00000	86-3013502				Audomo Insurance Services LLC	DE	NIA	Hella Group LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	88-1714855 59-3750548				Hella Media LLC	DE	NIA	Hella Group LLCFlorida Health Plan Administrators, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	59-3/50548 26-1582982				MHNet Specialty Services, LLC	FL	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	26-1582982 37-1448790				Mental Health Network of New York IPA. Inc.	NV	NIA	MHNet Specialty Services, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	72-1106596				Mental Health Associates, Inc.	LA	NIA	MHNet Specialty Services, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	16242	81-5030233				Aetna Better Health of Washington, Inc	WA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	OTO TENETH GROOT		01 0000200				Banner Health and Aetna Health Insurance			Notification for the figure 2.			ove reartif corporation		•
. 0001	CVS HEALTH GROUP	00000	81-5212760				Holding Company LLC	DE	NI A	Aetna ACO Holdings, Inc	Ownership	50.000	CVS Health Corporation	NO	5
							Banner Health and Aetna Health Insurance			Banner Health and Aetna Health Insurance					
. 0001	CVS HEALTH GROUP	16058	81–5281115				Company	AZ	IA	Holding Company LLC	Ownership	100.000	CVS Health Corporation	N0	0
. 0001	CVS HEALTH GROUP	16059	81-5290023				Banner Health and Aetna Health Plan Inc	AZ	IA	Banner Health and Aetna Health Insurance	Ownership		CVS Health Corporation	NO	0
. 0001	VIV ILALIII VIIVVI		01 0200020				Allina Health and Aetna Health Insurance			ompany	omioi onip		oro noartii oorporation		•
. 0001	CVS HEALTH GROUP	00000	81-5112888				Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc	Ownership	50.000	CVS Health Corporation	NO	6
								1		Allina Health and Aetna Health Insurance				1 .	
. 0001	CVS HEALTH GROUP	16194	82-2091197				Allina Health and Aetna Insurance Company	MN	I A	Holding Company LLC	Ownership	100.000	CVS Health Corporation	N0	0
. 0001	CVS HEALTH GROUP	17352	87-2843387				Allina Health and Aetna Health Plan Inc	MN	IA	Allina Health and Aetna Health Insurance Holding Company LLC	Ownership		CVS Health Corporation	NO	0
. 0001	UNO FIEME IFI WHOUP	1/302	01-2040001				ATTIMA MEATER AND MEETIA MEATER FIAN INC	MIN	IA	Indiania combana FFC	Owner stilb		OVO TICATES COSPOSALION	IWU	U

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
											Type	If			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No	*
							Sutter Health and Aetna Insurance Holding								
. 0001	CVS HEALTH GROUP	00000	82-2171057				Company LLC	DE			Ownership	100.000	CVS Health Corporation	NO	0
0004	OVO LIEM THE OPOLID	00000	00 0500004				Sutter Health and Aetna Administrative	DE		Sutter Health and Aetna Insurance Holding		400 000	0/0 // // 0	NO	•
. 0001	CVS HEALTH GROUP	00000	82-2560624				Services LLC	DE		Company LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	16979	82-2567822				Sutter Health and Aetna Insurance Company	CA		Company LLC	Ownership	100 000	CVS Health Corporation	NO	0
	CVS HEALTH GROUP		82-3333789				Aetna Better Health of North Carolina Inc	NC.		Aetna Health Holdings. LLC	Ownership.		CVS Health Corporation	NO	n
	CVS HEALTH GROUP		27-2186150				Aetna Better Health of Illinois Inc.	11		Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
	CVS HEALTH GROUP		87-3223066				Aetna Better Health of Indiana Inc.	IN		Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
	CVS HEALTH GROUP	00000	O. OLLOOOD				CVS Health Venture Fund. LP	DF.		Aetna Life Insurance Company	Ownership		CVS Health Corporation	NO	11
. 0001	OTO HEALTH GROOT	00000					oro nearth vontare rails, Li	bL		Actia Life insurance company	Omilio 3111 p		OTO TICATELL COMPONACTION	١٧٠	1

Asterisk	Explanation
Aetna Capital Management, L	LC is the managing member of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain other subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF. Aetna Life
Insurance Company is the lar	gest investor in APDF and currently owns a majority of the non-managing member interests of APDF.
Aetna ACO Holdings Inc. is	owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share)
	fle East) LLC is also 51% owned by Euro Gulf LLC, Aetna's Nominee
PHPSNE Parent Corporation i	s 55% owned by AUSHC Holdings, Inc. The remaining 45% is owned by thirteen different hospitals (non-affiliates) which are shareholders with varying degrees of ownership.
Banner Health and Aetna Hea	ılth Insurance Holding Company LLC is also 50% owned by Banner Health
Allina Health and Aetna Ins	surance Holding Company LLC is also 50% owned by Allina Health System
Coram Clinical Trials, Inc.	is 75% owned by CVS Pharmacy, Inc. and 25% owned by Aetna Life Insurance Company.
	owned 99.72% by Coram Clinical Trials, Inc. and 0.28% owned by Aetna Inc.
	vned 99.72% by Coram Clinical Trials, Inc. and 0.28% owned by Aetna Inc.
	ed by Aetna Inc. The Company is also owned by CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. with 49.86% each ownership.
1 CVS Health Venture Fund. LF	P is also 0.1% owned by CVS Health Ventures Fund GP, LLC
	v York, P.C. is owned via a nominee.
	xas Health + Aetna Health Insurance Holding Company was dissolved.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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.

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	AUGUST FILING	
2.	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? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES
	Explanation:	
1.	The data for this supplement is not required to be filed	
	Bar Code:	

1. Medicare Part D Coverage Supplement [Document Identifier 365]

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

	real Estate		
	·	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted rying		
7.	Deduct current year's other than temporary impailment reducilized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	Mortgage Loans		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase/(decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in the est plant and military dees		
9.	Total foreign exchange change in book value/recorded investment executed accrued a terest		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Other Long-Term invested Assets		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase/(decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
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)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	24,349,000	27,513,093
2.	Cost of bonds and stocks acquired		
3.	Accrual of discount	38,724	57,246
4.	Unrealized valuation increase/(decrease)	214,351	543,222
5.	Total gain (loss) on disposals	8,092	(875,593)
6.	Deduct consideration for bonds and stocks disposed of	2,744,482	9, 108, 717
7.	Deduct amortization of premium	31,109	57 , 167
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized	12,386	376,008
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	(31,483)
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	30,038,190	24,349,000
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	30,038,190	24,349,000

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation.

Burngt	ie Current Quarter 10	r all Bonds and Prefe		Designation				
	1	2	3	4	5	6	7	8
	Book/Adjusted	Acquisitions	Dispositions	Non-Trading Activity	Book/Adjusted Carrying Value	Book/Adjusted	Book/Adjusted Carrying Value	Book/Adjusted
	Carrying Value Beginning	During	Dispositions	During Activity	End of	Carrying Value End of	End of	Carrying Value December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	41,663,543	104,252,599	127,890,205	292,093	41,663,543	18,318,030	0	37,369,188
2. NAIC 2 (a)		0	0	(10,689)	7.588.446	7 ,577 ,757	0	8.099.098
3. NAIC 3 (a)			0	, , ,	754,584	1,882,615	0	747.994
4. NAIC 4 (a)	,	,	0		,		0	,
5. NAIC 5 (a)			0		0	٥	0	
			0		0	0		
6. NAIC 6 (a)		0	•		Ü		0	
7. Total Bonds	50,006,573	105,374,887	127,890,205	287,147	50,006,573	27,778,402	0	46,216,280
DDEEEDDED OTOOK								
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2		0	0	0	0	0	0	(
10. NAIC 3			0	0	0	0		(
11. NAIC 4			0		0	0		
12. NAIC 5			۰		0	٥	n	٠
	0		0	0	0			
13. NAIC 6		0			-	- 0	-	
14. Total Preferred Stock	. 0	0	0	-	0	0	0	(
15. Total Bonds and Preferred Stock	50,006,573	105,374,887	127,890,205	287,147	50,006,573	27,778,402	0	46,216,280

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

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 **N O N E**

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

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	(Odon Equivalents)	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	23,912,619	25,848,515
2.	Cost of cash equivalents acquired		
3.	Accrual of discount	631,871	1,649,039
4.	Unrealized valuation increase/(decrease)	0	0
5.	Total gain (loss) on disposals	0	6
6.	Deduct consideration received on disposals	244,076,285	744, 143, 051
7.	Deduct amortization of premium	0	0
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized	0	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	47,457,308	23,912,619
11.	Deduct total nonadmitted amounts	0	0
12.	Statement value at end of current period (Line 10 minus Line 11)	47,457,308	23,912,619

Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed **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 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid $\bf N$ $\bf O$ $\bf N$ $\bf E$

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

		01104774112	ong-Term Bonds and Stock Acquired During the Current Quarter	_	_			1 40
1 2	3	4	5	6	7	8	9	10
								NAIC
								Designation
								NAIC
								Designation
								Modifier
								and
								SVO
				Number of			Paid for Accrued	Admini-
CUSIP	l	Date		Shares of			Interest and	strative
Identification Description	Foreign	Acquired	Name of Vendor	Stock	Actual Cost	Par Value	Dividends	Symbol
91282C-KR-1 US TREASURY NOTE/BOND 4.500% 05/15/27		05/23/2024	Evercore Group LLC		994,414	1,000,000		****
91282C-KX-8 US TREASURY NOTE/BOND 4.250% 06/30/29		06/28/2024	MIZUHO SECURITIES USA		996,563	1,000,000	115	
0109999999. Subtotal - Bonds - U.S. Governments		,			1,990,977	2,000,000	1,216	XXX
P3579E-BV-8 DOMINICAN REPUBLIC SR UNSECURED 5.950% 01/25/27	D	05/08/2024	JEFFRIES		694,225	700,000		3.B FE
0309999999. Subtotal - Bonds - All Other Governments	,				694,225	700,000	12,148	1
00901W-AA-7 AIMCO SERIES 24-21A CLASS A1 6.827% 04/18/37			BNP PARIBAS		500,000	500,000	0	1.A FE
55954E-AY-5 MAGNETITE CLO LTD SERIES 16-17A CLASS AR2 6.825% 04/20/37		04/09/2024	Citigroup Global Markets Inc		500,000	500,000	0	1.A FE
90290M-AD-3 US FOODS INC SR UNSECURED 4.750% 02/15/29		06/25/2024	Citigroup Global Markets Inc		428,062	450,000		
13608J-AA-5 CANADIAN IMPERIAL BANK SR UNSECURED 5.260% 04/08/29	A	06/24/2024	CIBC World Markets		1,000,540	1,000,000	11,689	
62954W-AM-7 NTT FINANCE CORP SR UNSECURED 5.110% 07/02/29	D	06/25/2024	CHASE SECURITIES		1,000,000	1,000,000	0	1.F FE
1109999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					3,428,602	3,450,000	19,467	XXX
2509999997. Total - Bonds - Part 3					6,113,804	6,150,000	32,831	XXX
2509999998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX
2509999999. Total - Bonds					6,113,804	6,150,000	32,831	XXX
4509999997. Total - Preferred Stocks - Part 3					0	XXX	0	XXX
4509999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks	_				0	XXX	0	XXX
5989999997. Total - Common Stocks - Part 3					0	XXX	0	XXX
5989999998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks					0	XXX	0	XXX
599999999. Total - Preferred and Common Stocks					0	XXX	0	XXX
6009999999 - Totals					6,113,804	XXX	32,831	XXX

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold. Redeemed or Otherwise Disposed of During the Current Quarter

				Show All Lo	ng-Term Bo	nds and Sto	ck Sola, Red	reemed or C	inerwise L	Jisposea (of During th	ne Current	Quarter							
1	2	3 4	5	6	7	8	9	10	Ch	nange In Bo	ok/Adjusted	Carrying Val	ue	16	17	18	19	20	21	22
									11	12	13	14	15							NAIC
																				Desig-
																				nation,
																				NAIC
												Total	Total							Desig-
											Current	Change in	Foreign					Bond		nation
											Year's	Book/	Exchange	Book/				Interest/		Modifier
								Prior Year		Current	Other Than	Adjusted	Change in	Adjusted	Foreign			Stock	Stated	and
								Book/	Unrealized	Year's	Temporary	Carrying	Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP				Number of				Adjusted	Valuation	(Amor-	Impairment		/Adjusted	Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident-	F	For- Dispos	al Name	Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	strative
ification	Description	eign Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	` 13)	Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
	CARLYLE GLOBAL MARKET STRATEGI SERIES 13-1A								,			,								
	CLASS A1R 6.534% 08/14/30				102, 140	102,140	101,476	101,417	0	723		723	0	102,140	0	0	0	3,385	. 08/14/2030 .	1.A FE
	99. Subtotal - Bonds - Industrial and Mis	cellaneous (Unaffiliated)		102, 140	102,140	101,476	101,417	0	723		723	0	102,140		0	0	3,385	XXX	XXX
	97. Total - Bonds - Part 4				102, 140	102,140	101,476	101,417	0	723		723	0	102,140		0	0	3,385	XXX	XXX
250999999	98. Total - Bonds - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Bonds				102, 140	102,140	101,476	101,417	0	723	0	723	0	102,140	0	0	0	3,385	XXX	XXX
	7. Total - Preferred Stocks - Part 4				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	98. Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Preferred Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	7. Total - Common Stocks - Part 4				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	98. Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	99. Total - Common Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
599999999	9. Total - Preferred and Common Stock	ks		_	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
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600999999	99 - Lotais				102, 140	XXX	101,476	101,417	0	723	0	723	0	102,140	0	0	0	3,385	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open 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 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 DB - Part E - Derivatives Hedging Variable Annuity Guarantees

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

Schedule E - Part 1 - Month End Depository Balances **NONE**

SCHEDULE E - PART 2 - CASH EQUIVALENTS

-			
Show Investments	Owned F	and of Curr	ant Ouartar

CUSIP	Due and Accrued During Year 0 0
CUSIP	Due and Accrued During Year 0 0
0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
0.00999999. Total - All Other Government Bonds 0.00999999. Total - U.S. States, Territories and Possessions Bonds 0.00999999. Total - U.S. Political Subdivisions Bonds 0.009999999. Total - U.S. Special Revenues Bonds 0.009999999. Total - U.S. Special Revenues Bonds 0.00999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds 0.009999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds 0.009999999. Total - Hybrid Securities 0.009999999. Total - Parent, Subsidiaries and Affiliates Bonds 0.009999999. Total - Parent, Subsidiaries and Affiliates Bonds 0.009999999. Total - Unaffiliated Bank Loans 0.009999999. Total - Residential Mortgage-Backed Securities 0.009999999. Total - Residential Mortgage-Backed Securities 0.009999999. Total - Commercial Mortgage-Backed Securities 0.009999999. Total - Other Loan-Backed and Structured Securities 0.009999999. Total - Other Loan-Backed and Structured Securities 0.009999999. Total - Other Loan-Backed and Structured Securities 0.009999999. Total - Affiliated Bank Loans 0.00999999999999999999999999999999999	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
0.50999999. Total - U.S. States, Territories and Possessions Bonds	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
0709999999. Total - U.S. Political Subdivisions Bonds 0 0 090999999. Total - U.S. Special Revenues Bonds 0 0 1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds 0 0 130999999. Total - Hybrid Securities 0 0 0 150999999. Total - Parent, Subsidiaries and Affiliates Bonds 0 0 0 190999999. Subtotal - Unaffiliated Bank Loans 0 0 0 2419999999. Total - Issuer Obligations 0 0 0 242999999. Total - Residential Mortgage-Backed Securities 0 0 0 243999999. Total - Other Loan-Backed and Structured Securities 0 0 0 245999999. Total - Other Loan-Backed and Structured Securities 0 0 0 245999999. Total - SVO Identified Funds 0 0 0 246999999. Total - Affiliated Bank Loans 0 0 0 2479999999. Total - Indiffiliated Bank Loans 0 0 0 2509999999. Total - Unaffiliated Bank Loans 0 0 0 2509999999. Total - Unaffiliated Bank Loans 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
0909999999. Total - U.S. Special Revenues Bonds 0 0 1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds 0 0 1309999999. Total - Hybrid Securities 0 0 0 1509999999. Total - Parent, Subsidiaries and Affiliates Bonds 0 0 0 190999999. Subtotal - Unaffiliated Bank Loans 0 0 0 2419999999. Total - Issuer Obligations 0 0 0 2429999999. Total - Residential Mortgage-Backed Securities 0 0 0 2439999999. Total - Commercial Mortgage-Backed Securities 0 0 0 2449999999. Total - Other Loan-Backed and Structured Securities 0 0 0 2459999999. Total - SVO Identified Funds 0 0 0 2469999999. Total - Affiliated Bank Loans 0 0 0 2479999999. Total - Unaffiliated Bank Loans 0 0 0 2479999999. Total - Unaffiliated Bank Loans 0 0 0 250999999. Total - Unaffiliated Bank Loans 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
130999999. Total - Hybrid Securities 0 0 0 0 150999999. Total - Parent, Subsidiaries and Affiliates Bonds 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1509999999. Total - Parent, Subsidiaries and Affiliates Bonds 0 0 0 1909999999. Subtotal - Unaffiliated Bank Loans 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1909999999. Subtotal - Unaffiliated Bank Loans 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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2509999999. Total Bonds 0 0 0	0 0
	0 0
60934N-50-0 FEDERATED INVESTORS INC TREASURY OBLIGATION FUND	1 130
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO	1 130
CASHPOOL	
8509999999. Subtotal - Other Cash Equivalents 0 47,457,308 0	
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