



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

## Cigna HealthCare of New Jersey, Inc.

NAIC Group Code 0901 0901 NAIC Company Code 95500 Employer's ID Number 22-2720890  
(Current) (Prior)

Organized under the Laws of New Jersey, State of Domicile or Port of Entry NJ

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 09/30/1986 Commenced Business 02/01/1988

Statutory Home Office 499 Washington Boulevard, 5th Floor, Jersey City, NJ, US 07310-1608  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 900 Cottage Grove Road  
(Street and Number)  
Bloomfield, CT, US 06002, 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 900 Cottage Grove Road  
(Street and Number)  
Bloomfield, CT, US 06002, 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cigna.com

Statutory Statement Contact John Satkowski, 860-226-5634  
(Name) (Area Code) (Telephone Number)  
John.Satkowski@cigna.com, 860-226-6792  
(E-mail Address) (FAX Number)

### OFFICERS

President Thomas J. Martel # Secretary Anna Krishtul  
 VP & Treasurer Scott Ronald Lambert

### OTHER

<u>Thomas John Garvey, Vice President</u>	<u>Michael Todd Crompton, Vice President</u>	<u>Glenn Michael Gerhard, Vice President</u>
<u>Daniel Jules Nicoll, M.D., Vice President</u>	<u>Maureen Hardiman Ryan, Vice President</u>	<u>Edward Vincent Stacey, Jr., Vice President</u>
<u>Mark Paul Fleming, Vice President</u>	<u>Joanne Ruth Hart, Vice President</u>	

### DIRECTORS OR TRUSTEES

Michael Todd Crompton Thomas J. Martel # Peter Wesley McCauley, M.D.

State of \_\_\_\_\_ SS:  
 County of \_\_\_\_\_

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

<u>Michael Todd Crompton</u> Vice President	<u>Anna Krishtul</u> Secretary	<u>Scott Ronald Lambert</u> Vice President & Treasurer
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	3,532,829		3,532,829	3,568,048
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	0
2.2 Common stocks.....			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	0
3.2 Other than first liens.....			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ ..... encumbrances).....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances).....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances).....			0	0
5. Cash (\$ .....338,386 , Schedule E - Part 1), cash equivalents (\$ .....3,199,585 , Schedule E - Part 2) and short-term investments (\$ .....0 , Schedule DA).....	3,537,971		3,537,971	185,264
6. Contract loans, (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....			0	0
8. Other invested assets (Schedule BA).....			0	0
9. Receivables for securities.....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	0
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	7,070,800	0	7,070,800	3,753,312
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued.....	21,776		21,776	21,706
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	48,367	13,361	35,006	14,982
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums (\$ .....1,990,187 ) and contracts subject to redetermination (\$ ..... ).....	1,990,187		1,990,187	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	685,163		685,163	0
16.2 Funds held by or deposited with reinsured companies.....			0	0
16.3 Other amounts receivable under reinsurance contracts.....			0	0
17. Amounts receivable relating to uninsured plans.....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	350,240
18.2 Net deferred tax asset.....	423,153		423,153	0
19. Guaranty funds receivable or on deposit.....			0	0
20. Electronic data processing equipment and software.....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ).....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	0
23. Receivables from parent, subsidiaries and affiliates.....	106,348		106,348	1,040,243
24. Health care (\$ ..... ) and other amounts receivable.....			0	0
25. Aggregate write-ins for other than invested assets.....	0	0	0	4,421
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	10,345,794	13,361	10,332,433	5,184,904
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27).....	10,345,794	13,361	10,332,433	5,184,904
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above).....	0	0	0	0
2501. Accounts Receivable - Other.....			0	4,421
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above).....	0	0	0	4,421

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded).....	493,932		493,932	194,432
2. Accrued medical incentive pool and bonus amounts.....			0	0
3. Unpaid claims adjustment expenses.....	11,693		11,693	6,897
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act.....	1,314,160		1,314,160	2,061,620
5. Aggregate life policy reserves.....			0	0
6. Property/casualty unearned premium reserves.....			0	0
7. Aggregate health claim reserves.....			0	0
8. Premiums received in advance.....	2,391		2,391	25,833
9. General expenses due or accrued.....	3,944		3,944	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized capital gains (losses)).....	1,225,984		1,225,984	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable.....	1,093		1,093	1,156
12. Amounts withheld or retained for the account of others.....	1,264		1,264	11,032
13. Remittances and items not allocated.....	47,133		47,133	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current).....			0	0
15. Amounts due to parent, subsidiaries and affiliates.....	0		0	0
16. Derivatives.....			0	0
17. Payable for securities.....			0	0
18. Payable for securities lending.....			0	0
19. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$ ..... ) companies.....			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	0
22. Liability for amounts held under uninsured plans.....			0	0
23. Aggregate write-ins for other liabilities (including \$ .....7,746 current).....	7,899	0	7,899	7,740
24. Total liabilities (Lines 1 to 23).....	3,109,493	0	3,109,493	2,308,710
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	34,752
26. Common capital stock.....	XXX	XXX	1,000	1,000
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	12,097,365	9,597,365
29. Surplus notes.....	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
31. Unassigned funds (surplus).....	XXX	XXX	(4,875,425)	(6,756,923)
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 \$ ..... ).....	XXX	XXX		
32.2 ..... shares preferred (value included in Line 27 \$ ..... ).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	7,222,940	2,876,194
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	10,332,433	5,184,904
<b>DETAILS OF WRITE-INS</b>				
2301. Commission Payable.....	1,439		1,439	1,159
2302. Credit Balance Due Policyholders.....	5,987		5,987	5,987
2303. Patient Centered Outcomes Research Institute Liability.....	473		473	594
2398. Summary of remaining write-ins for Line 23 from overflow page.....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above).....	7,899	0	7,899	7,740
2501. Surplus appropriated for CY ACA Section 9010 Fee.....	XXX	XXX		34,752
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above).....	XXX	XXX	0	34,752
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page.....	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above).....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,697	2,327
2. Net premium income ( including \$ ..... non-health premium income) .....	XXX	3,890,953	1,637,028
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	3,890,953	1,637,028
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		3,565,055	2,164,911
10. Other professional services .....		39,459	51,542
11. Outside referrals .....		20,246	12,954
12. Emergency room and out-of-area .....		75,171	70,462
13. Prescription drugs .....		166,479	162,417
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		414	45
16. Subtotal (Lines 9 to 15) .....	0	3,866,824	2,462,331
<b>Less:</b>			
17. Net reinsurance recoveries .....		1,328,648	208,994
18. Total hospital and medical (Lines 16 minus 17) .....	0	2,538,176	2,253,337
19. Non-health claims (net) .....			
20. Claims adjustment expenses, including \$ .....4,478 cost containment expenses .....		30,094	16,533
21. General administrative expenses .....		301,870	343,493
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		(747,460)	2,059,880
23. Total underwriting deductions (Lines 18 through 22).....	0	2,122,680	4,673,243
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	1,768,273	(3,036,215)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....		68,666	65,563
26. Net realized capital gains (losses) less capital gains tax of \$ .....			9
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	68,666	65,572
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ .....40,824 )] .....		(40,824)	(2)
29. Aggregate write-ins for other income or expenses .....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	1,796,115	(2,970,645)
31. Federal and foreign income taxes incurred .....	XXX	409,780	(318,436)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	1,386,335	(2,652,209)
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX		
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. ....			
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	0	0

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

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	2,876,194	4,584,094
34. Net income or (loss) from Line 32.....	1,386,335	(2,652,209)
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	423,153	(9,987)
39. Change in nonadmitted assets.....	37,259	(45,704)
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....	2,500,000	1,000,000
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	4,346,747	(1,707,900)
49. Capital and surplus end of reporting period (Line 33 plus 48)	7,222,940	2,876,194
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	1,145,262	3,640,455
2. Net investment income .....	103,815	100,241
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	1,249,077	3,740,696
5. Benefit and loss related payments .....	2,176,379	4,329,059
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	364,048	356,967
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	(1,166,444)	478,562
10. Total (Lines 5 through 9) .....	1,373,983	5,164,588
11. Net cash from operations (Line 4 minus Line 10) .....	(124,906)	(1,423,892)
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	0
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	10
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	10
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	0
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	0	10
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	2,500,000	1,000,000
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied) .....	977,614	(358,318)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	3,477,614	641,682
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	3,352,708	(782,200)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	185,265	967,465
19.2 End of year (Line 18 plus Line 19.1) .....	3,537,971	185,265

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

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	3,890,953	3,890,953	0	0	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	3,890,953	3,890,953	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	3,565,055	3,565,055								XXX
9. Other professional services	39,459	39,459								XXX
10. Outside referrals	20,246	20,246								XXX
11. Emergency room and out-of-area	75,171	75,171								XXX
12. Prescription drugs	166,479	166,479								XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	414	414								XXX
15. Subtotal (Lines 8 to 14)	3,866,824	3,866,824	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	1,328,648	1,328,648	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	2,538,176	2,538,176	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 4,478 cost containment expenses	30,094	30,094	0	0	0	0	0	0	0	0
20. General administrative expenses	301,870	301,870	0	0	0	0	0	0	0	0
21. Increase in reserves for accident and health contracts	(747,460)	(747,460)								XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	2,122,680	2,122,680	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	1,768,273	1,768,273	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	3,904,394	0	13,440	3,890,954
2. Medicare Supplement .....				0
3. Dental only .....				0
4. Vision only .....				0
5. Federal Employees Health Benefits Plan .....	0			0
6. Title XVIII - Medicare .....	0			0
7. Title XIX - Medicaid .....	0			0
8. Other health .....				0
9. Health subtotal (Lines 1 through 8) .....	3,904,394	0	13,440	3,890,954
10. Life .....	0			0
11. Property/casualty .....	0			0
12. Totals (Lines 9 to 11)	3,904,394	0	13,440	3,890,954



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	3,566,910	3,566,910	.0	.0	.0	.0	.0	.0	.0	.0
1.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded	643,486	643,486	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Net	2,923,424	2,923,424	.0	.0	.0	.0	.0	.0	.0	.0
2. Paid medical incentive pools and bonuses	414	414	.0	.0	.0	.0	.0	.0	.0	.0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	493,932	493,932	.0	.0	.0	.0	.0	.0	.0	.0
3.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net	493,932	493,932	.0	.0	.0	.0	.0	.0	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Net healthcare receivables (a)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Amounts recoverable from reinsurers December 31, current year	685,162	685,162	.0	.0	.0	.0	.0	.0	.0	.0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	194,432	194,432	.0	.0	.0	.0	.0	.0	.0	.0
8.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.4 Net	194,432	194,432	.0	.0	.0	.0	.0	.0	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.4 Net	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Accrued medical incentive pools and bonuses, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Amounts recoverable from reinsurers December 31, prior year	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Incurred Benefits:										
12.1 Direct	3,866,410	3,866,410	.0	.0	.0	.0	.0	.0	.0	.0
12.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded	1,328,648	1,328,648	.0	.0	.0	.0	.0	.0	.0	.0
12.4 Net	2,537,762	2,537,762	.0	.0	.0	.0	.0	.0	.0	.0
13. Incurred medical incentive pools and bonuses	414	414	.0	.0	.0	.0	.0	.0	.0	.0

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
<b>1. Reported in Process of Adjustment:</b>										
1.1 Direct .....	91,000	91,000	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
1.4 Net .....	91,000	91,000	0	0	0	0	0	0	0	0
<b>2. Incurred but Unreported:</b>										
2.1 Direct .....	402,932	402,932	0	0	0	0	0	0	0	0
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
2.4 Net .....	402,932	402,932	0	0	0	0	0	0	0	0
<b>3. Amounts Withheld from Paid Claims and Capitations:</b>										
3.1 Direct .....	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	0	0	0	0	0	0	0	0	0	0
<b>4. TOTALS:</b>										
4.1 Direct .....	493,932	493,932	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	493,932	493,932	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	(33,000)	2,271,263	8,329	485,603	(24,671)	194,432
2. Medicare Supplement .....	0	0	0	0	0	0
3. Dental Only .....	0	0	0	0	0	0
4. Vision Only .....	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
6. Title XVIII - Medicare .....	0	0	0	0	0	0
7. Title XIX - Medicaid .....	0	0	0	0	0	0
8. Other health .....	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8) .....	(33,000)	2,271,263	8,329	485,603	(24,671)	194,432
10. Healthcare receivables (a) .....	0	0	0	0	0	0
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	0	414	0	0	0	0
13. Totals (Lines 9 - 10 + 11 + 12)	(33,000)	2,271,677	8,329	485,603	(24,671)	194,432

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

## UNDERWRITING AND INVESTMENT EXHIBIT

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

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

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2012	2 2013	3 2014	4 2015	5 2016
1.	Prior	273	225	225	224	224
2.	2012	1,881	2,102	2,095	2,095	2,095
3.	2013	XXX	2,104	2,242	2,242	2,242
4.	2014	XXX	XXX	1,773	1,798	1,798
5.	2015	XXX	XXX	XXX	2,245	2,212
6.	2016	XXX	XXX	XXX	XXX	2,271

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

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2012	2 2013	3 2014	4 2015	5 2016
1.	Prior	273	225	225	224	224
2.	2012	2,255	2,102	2,095	2,095	2,095
3.	2013	XXX	2,359	2,242	2,242	2,242
4.	2014	XXX	XXX	1,983	2,011	2,011
5.	2015	XXX	XXX	XXX	2,226	2,007
6.	2016	XXX	XXX	XXX	XXX	2,757

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	2,314	2,095	73	3.5	2,168	93.7	0	0	2,168	93.7
2. 2013	2,653	2,242	81	3.6	2,323	87.6	0	0	2,323	87.6
3. 2014	1,369	1,798	20	1.1	1,818	132.8	0	0	1,818	132.8
4. 2015	1,637	2,212	17	0.8	2,229	136.2	8	(3)	2,234	136.5
5. 2016	3,891	2,271	30	1.3	2,301	59.1	486	15	2,802	72.0

## UNDERWRITING AND INVESTMENT EXHIBIT

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

#### Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2012	2 2013	3 2014	4 2015	5 2016
1.	Prior	273	225	225	224	224
2.	2012	1,881	2,102	2,095	2,095	2,095
3.	2013	XXX	2,104	2,242	2,242	2,242
4.	2014	XXX	XXX	1,773	1,798	1,798
5.	2015	XXX	XXX	XXX	2,245	2,212
6.	2016	XXX	XXX	XXX	XXX	2,271

#### Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2012	2 2013	3 2014	4 2015	5 2016
1.	Prior	273	225	225	224	224
2.	2012	2,255	2,102	2,095	2,095	2,095
3.	2013	XXX	2,359	2,242	2,242	2,242
4.	2014	XXX	XXX	1,983	2,011	2,011
5.	2015	XXX	XXX	XXX	2,226	2,007
6.	2016	XXX	XXX	XXX	XXX	2,757

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2012	2,314	2,095	73	3.5	2,168	93.7	0	0	2,168	93.7
2. 2013	2,653	2,242	81	3.6	2,323	87.6	0	0	2,323	87.6
3. 2014	1,369	1,798	20	1.1	1,818	132.8	0	0	1,818	132.8
4. 2015	1,637	2,212	17	0.8	2,229	136.2	8	(3)	2,234	136.5
5. 2016	3,891	2,271	30	1.3	2,301	59.1	486	15	2,802	72.0

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	0								
2. Additional policy reserves (a) .....	1,310,000	1,310,000	0	0	0	0	0	0	0
3. Reserve for future contingent benefits .....	4,160	4,160	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ ..... ) for investment income .....	0								
5. Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0
6. Totals (gross) .....	1,314,160	1,314,160	0	0	0	0	0	0	0
7. Reinsurance ceded .....	0								
8. Totals (Net)(Page 3, Line 4) .....	1,314,160	1,314,160	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	0								
10. Reserve for future contingent benefits .....	0								
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0								
14. Totals (Net)(Page 3, Line 7) .....	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....									
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0
1101. ....									
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....1,310,000 premium deficiency reserve.

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

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building).....	55	275	1,984	0	2,314
2. Salary, wages and other benefits .....	2,952	7,541	53,666	0	64,159
3. Commissions (less \$ ..... ceded plus \$ ..... assumed)	0	0	15,913	0	15,913
4. Legal fees and expenses .....	0	31	229	0	260
5. Certifications and accreditation fees .....	4	8	56	0	68
6. Auditing, actuarial and other consulting services .....	0	67	496	0	563
7. Traveling expenses .....	19	271	2,009	0	2,299
8. Marketing and advertising .....	(1)	42	313	0	354
9. Postage, express and telephone .....	4	596	4,412	0	5,012
10. Printing and office supplies .....	7	81	603	0	691
11. Occupancy, depreciation and amortization .....	21	1,925	14,286	0	16,232
12. Equipment .....	2	204	1,504	0	1,710
13. Cost or depreciation of EDP equipment and software .....	0	0	0	0	0
14. Outsourced services including EDP, claims, and other services .....	0	0	0	0	0
15. Boards, bureaus and association fees .....	0	24	179	0	203
16. Insurance, except on real estate .....	0	(3,961)	(29,411)	0	(33,372)
17. Collection and bank service charges .....	41	49	319	0	409
18. Group service and administration fees .....	0	0	0	0	0
19. Reimbursements by uninsured plans .....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	0	0	0	0	0
22. Real estate taxes .....	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	0	3	2,391	0	2,394
23.2 State premium taxes .....	0	0	0	0	0
23.3 Regulatory authority licenses and fees .....	0	(163)	(855)	0	(1,018)
23.4 Payroll taxes .....	0	424	3,170	0	3,594
23.5 Other (excluding federal income and real estate taxes) .....	0	21	(8,026)	0	(8,005)
24. Investment expenses not included elsewhere .....	0	0	0	5,448	5,448
25. Aggregate write-ins for expenses .....	1,374	18,178	238,632	0	258,184
26. Total expenses incurred (Lines 1 to 25) .....	4,478	25,616	301,870	5,448	(a) 337,412
27. Less expenses unpaid December 31, current year .....	0	11,693	3,944	0	15,637
28. Add expenses unpaid December 31, prior year .....	0	6,897	0	0	6,897
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	4,478	20,820	297,926	5,448	328,672
<b>DETAILS OF WRITE-INS</b>					
2501. Other Corporate Expenses .....	582	15,801	174,039	0	190,422
2502. Other Non-Managed .....	1,637	1,372	58,154	0	61,163
2503. Claims Handling Reserve .....	(845)	1,005	6,439	0	6,599
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	1,374	18,178	238,632	0	258,184

(a) Includes management fees of \$ 16,018 to affiliates and \$ ..... to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 48,373	48,444
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 20,164	20,164
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 4,951	4,951
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	211	211
10. Total gross investment income	73,699	73,770
11. Investment expenses		(g) 5,448
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) (344)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		5,104
17. Net investment income (Line 10 minus Line 16)		68,666
<b>DETAILS OF WRITE-INS</b>		
0901. Commitment Fee Income	211	211
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	211	211
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 0 accrual of discount less \$ 35,219 amortization of premium and less \$ paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 4,951 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					
<b>NONE</b>					
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)					



**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	13,361	48,846	35,485
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivable from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other than invested assets.....	0	1,774	1,774
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	13,361	50,620	37,259
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. Total (Lines 26 and 27)	13,361	50,620	37,259
<b>DETAILS OF WRITE-INS</b>			
1101. ....			
1102. ....			
1103. ....			
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Broker Advisor Fees Receivable.....		1,774	1,774
2502. ....			
2503. ....			
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	1,774	1,774

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

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	150	157	134	130	131	1,697
2. Provider Service Organizations .....	0	0	0	0	0	0
3. Preferred Provider Organizations .....	0	0	0	0	0	0
4. Point of Service .....	0	0	0	0	0	0
5. Indemnity Only .....	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0
7. Total	150	157	134	130	131	1,697
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

# Cigna HealthCare of New Jersey, Inc.

(Indirect wholly-owned subsidiary of Cigna Corporation)

Statutory Financial Statements

December 31, 2016 and 2015

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

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**1. Summary of Significant Accounting Policies**

**Organization and Operation**

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

The Company had three customers from which it earned 86% of total revenue, excluding investment income for the year ended December 31, 2016, and the Company had four customers from which it earned 79% of total revenue, excluding investment income for the year ended December 31, 2015. Individually, each of these customers amounted to greater than 10% of total revenue.

On July 23, 2015, Cigna entered into a definitive agreement to engage in a series of transactions to merge Cigna with Anthem, subject to certain terms, conditions and customary operating covenants, with Anthem continuing as the surviving company. At special shareholders’ meetings in December 2015, Cigna shareholders approved the merger with Anthem and Anthem shareholders voted to approve the issuance of shares of Anthem common stock according to the merger agreement.

Consummation of the merger is subject to certain customary conditions, including the receipt of certain necessary governmental and regulatory approvals, and the absence of a legal restraint prohibiting the consummation of the merger. On July 21, 2016, the U.S. Department of Justice (“DOJ”) and certain state attorneys general filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia (the “District Court”) seeking to block the merger and, on January 4, 2017, the parties concluded the District Court trial. On February 8, 2017, the District Court issued an order enjoining the proposed merger. Anthem appealed this ruling to the U.S. Court of Appeals for the District of Columbia Circuit (the “Appeals Court”). Additionally, Cigna appealed the District Court ruling following the Chancery Court ruling described below.

On February 14, 2017, Cigna delivered a notice to Anthem terminating the merger agreement and filed suit in the Delaware Court of Chancery (the “Chancery Court”) seeking, among other things, declaratory judgment that Cigna’s termination of the merger agreement is lawful and that Anthem does not have the right to extend the merger agreement termination date. Later that day, Anthem filed a lawsuit in the Chancery Court against us seeking, among other things, a temporary restraining order to enjoin Cigna from terminating the merger agreement, specific performance and damages, and, on February 15, 2017, the Chancery Court issued an order temporarily enjoining Cigna from terminating the merger agreement. This order will be subject to further review at a preliminary injunction hearing.

**A. Accounting Practices**

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

The Department recognizes only statutory accounting practices prescribed or permitted by the State of New Jersey (“the State”) for determining and reporting the financial condition and results of operations of an HMO, for determining its solvency under the State Insurance Law. The National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures Manual* (“NAIC SAP” or “SSAPs”) has been adopted as a component of prescribed or permitted practices by the State.

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

The Company obtained the explicit permission of the Department on January 27, 2016 to recognize a \$1,000,000 capital contribution, received by the Company on February 16, 2016, as an asset and in surplus as of December 31, 2015. If the capital contribution was not recorded in the financial statements, receivables from parent, subsidiaries and affiliates and statutory surplus would be lower by \$1,000,000 as of December 31, 2015. There would be no impact to net income.

If the reporting entity had not used the above permitted practice that differs from the NAIC basis of accounting, a capital regulatory event would have been triggered. The Company’s total adjusted capital would have been lower by \$1,000,000 which would have moved the Company to a minimum surplus company action level.

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

	SSAP#	F/S Page	F/S Line #	2016	2015
<u>NET INCOME</u>					
(1) State basis				1,386,335	(2,652,209)
(2) State Prescribed Practices that increase/(decrease)				-	-
(3) State Permitted Practices that increase/(decrease)				-	-
(4) NAIC SAP (1-2-3=4)				1,386,335	(2,652,209)
<u>SURPLUS</u>					
(5) State Basis				7,222,940	2,876,194
(6) State Prescribed Practices that increase/(decrease)				-	-
(7) State Permitted Practices that increase/(decrease)	72	2	23	-	1,000,000
(8) NAIC SAP (5-6-7=8)				7,222,940	1,876,194

The Company maintained the minimum surplus required by state laws and regulatory agencies of \$2,003,489 and \$1,968,064 as of December 31, 2016 and December 31, 2015. For 2016, minimum required surplus is the greater of an amount set by the Commissioner of Insurance and adjusted annually by the regional consumer price index, or 2% of annual premium revenues on the first \$150 million, or the sum of 8% of fee for service and hospital non-contracted costs and 4% of contracted hospitals costs, or an amount equal to the sum of three months of uncovered healthcare expenditures or Company Action Level Risk Based Capital ("RBC") (200% of Authorized Control Level RBC).

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

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

- (1) Cash, Cash Equivalents and Short-term Investments: Cash equivalents consist of investments with original maturities three months or less from the time of purchase. Investments with original maturities of one year or less from the time of purchase are classified as short term. Cash equivalents and short-term investments are carried at amortized cost.
- (2) Bonds: Bonds designated highest quality and high quality are carried at amortized cost. All other bonds are carried at the lower of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). Bonds are considered impaired and their cost basis is written down to fair value through net realized gains (losses), when management expects a decline in value to persist (i.e., the decline is other than temporary).
- (3) Common Stocks: The Company holds no common stocks as of December 31, 2016 and 2015.
- (4) Preferred Stocks: The Company holds no preferred stocks as of December 31, 2016 and 2015.
- (5) Mortgage Loans: The Company holds no mortgage loans as of December 31, 2016 and 2015.
- (6) Loan-Backed Securities: The Company holds no loan-backed securities as of December 31, 2016 and 2015.
- (7) Investments in Subsidiaries, Controlled and Affiliated Entities ("SCA"): The Company holds no investments in subsidiaries, controlled and affiliated entities as of December 31, 2016 and 2015.
- (8) Joint Ventures, Partnerships and Limited Liability Companies: The Company holds no investments in joint ventures, controlled and affiliated entities as of December 31, 2016 and 2015.
- (9) Derivatives: The Company has no derivative instruments.
- (10) Premium Deficiency Reserves: The Company recorded a premium deficiency reserve in 2016. The Company anticipates investment income as a factor in its premium deficiency calculations. Refer to Note 30 for additional information.
- (11) Claims Unpaid and Unpaid Claims Adjustment Expenses: Claims unpaid and unpaid claims adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined. Management develops these estimates using actuarial methods based upon historical data for claim payment patterns, cost trends, product mix, seasonality, utilization of health care services and other relevant factors. When estimates change, the Company records the adjustment in medical and hospital expenses in the period the change in estimate occurs. Unpaid claim adjustment expenses represents a reserve for additional administrative expenses associated with unpaid health claims that are in the process of settlement, as well as those that have been incurred but not yet reported. This reserve is based on the historical relationship between claims handling expenses and incurred claims.

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

- (12) Asset Capitalization Policy: The Company made no changes to its asset capitalization policies during the years ended December 31, 2016 or 2015.
- (13) Net Investment Income: When interest and principal payments on investments are current, the Company recognizes interest income when it is earned. The Company stops recognizing interest income on bonds when interest payments are 90 days past due. Investment income on these investments is only recognized when interest payments are received. See Note 7 for further information.
- (14) Investment Gains and Losses: Unrealized capital gains and losses on investments carried at fair value are reflected directly in unassigned surplus. Realized capital gains and losses resulting from sales, investment asset write-downs and changes in valuation reserves are based on specifically identified assets and are recognized in net income.
- (15) Nonadmitted Assets: In accordance with NAIC SAP, certain assets or certain portions of assets are excluded from the Company's admitted assets on its Statutory Balance Sheet through a direct charge to unassigned surplus. Certain assets are limited by factors, such as percentage of surplus, as to the amounts that qualify as admitted assets. Such assets may include electronic data processing equipment and deferred tax assets.
- (16) Aggregate Health Policy Reserves: The Company includes an accrual for losses where it is probable that expected future health care costs and maintenance costs under a group of existing contracts will exceed anticipated future premiums and insurance recoveries on those contracts, known as Premium Deficiency Reserve (PDR). Investment income is considered in the calculation of premium deficiency reserves. The Company also includes the Minimum Medical Loss Ratio Rebate Accrual described below. In addition, the Company includes an accrual for losses on any policy that provides for the Extension of Benefits (EOB) after termination of the policy. Any reserves are included in aggregate health policy reserves in the accompanying Statutory Balance Sheets.
- (17) Income Taxes: The Company is included in the consolidated United States federal income tax return filed by Cigna. Pursuant to the Tax Sharing Agreement with Cigna, federal income taxes are allocated to the Company as if it were filing on a separate return basis. The tax benefit of net operating losses, capital losses and tax credits are funded to the extent they reduce the consolidated federal income tax liability. The Company generally recognizes deferred income taxes when assets and liabilities have different values for financial statement and tax reporting purposes (temporary difference). Limitations of the admitted amount of the deferred tax asset are calculated in accordance with SSAP No. 101. See Note 9 for more detailed information about the Company's income taxes.
- (18) Provider Incentives and Other Risk Sharing Arrangements: The Company contracts with physicians or provider groups to provide medical services to its members. The Company pays capitation or negotiated fees for defined services provided by the physicians. The Company and some of the physicians have entered into incentive sharing agreements. Under the terms of these agreements, certain providers are eligible to receive a provider bonus based on qualitative and quantitative factors. Risk sharing balances are estimated using current experience to calculate the receivable or payable balances for each contract. These estimates may be adjusted based on actual experience, contract terms, and the offsetting of receivables against payables.
- (19) Net Premium Income: Amounts charged for health care services are recognized as revenue in the month for which customers are entitled to medical care. Unearned premiums represent that portion of premiums received which are applicable to the unexpired terms of contracts in force. Medical loss ratio rebates required pursuant to the Public Health Service Act are recorded as a reduction to net premium income.
- (20) Minimum Medical Loss Ratio Rebate Accrual: The Company records its rebate accrual based on year-to-date estimated medical loss ratios calculated as prescribed by the interim final rule issued by the Department of Health & Human Services using year-to-date premium and claim information by state and market segment. Further information on the minimum medical loss ratio rebate can be found in Note 24.
- (21) Risk Sharing Provisions of the Affordable Care Act: Beginning in 2014, as prescribed by the Patient Protection and Affordable Care Act (ACA), three programs went into effect to reduce the risk for participating health insurance companies selling coverage on the public exchanges. These programs include a three-year (2014-2016) reinsurance program and a premium stabilization program comprised of a permanent component and a temporary component (2014-2016). The Company accounts for these programs in accordance with SSAP 107, *Accounting for the Risk-Sharing Provisions of the Affordable Care Act*. See Note 24 for additional information.
- (22) Section 9010 Insurer Fee: Effective January 1, 2014, the Company adopted SSAP 106, *Affordable Care Act Section 9010 Assessment*, for the annual health insurance industry fee imposed under Section 9010 of the ACA. In December 2015, the federal appropriations legislation imposed a one-year moratorium on this industry fee for 2017, with reinstatement expected in 2018. The ACA fee assessment paid was \$99,803 in 2016 and \$33,598 in 2015.

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

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2016 and 2015.

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

The Company was not party to a business combination during the years ended December 31, 2016 and 2015, and does not carry goodwill in its statutory balance sheets.

**4. Discontinued Operations**

The Company did not discontinue any operations during 2016 and 2015.

**5. Investments**

- A. The Company has no mortgage loans.
- B. The Company has no debt restructuring.
- C. The Company has no reverse mortgages.
- D. The Company has no loan-backed securities.
- E. The Company has no repurchase agreements or securities lending transactions.
- F. The Company has no real estate property occupied by the Company.
- G. The Company has no low-income housing tax credits.
- H. Restricted Assets

(1) Restricted Assets (Including Pledged):

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted and Nonadmitted) Restricted to Total Asset	Admitted Restricted to Total Admitted Assets
A. Subject to contractual obligation for which liability is not shown	-	-	-	-	-	-	-
B. Collateral held under security lending agreements	-	-	-	-	-	-	-
C. Subject to repurchase agreements	-	-	-	-	-	-	-
D. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
E. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
F. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
G. Placed under option contracts	-	-	-	-	-	-	-
H. Letter stock or securities restricted as to sale - excluding FHLB capital stock	-	-	-	-	-	-	-
I. FHLB capital stock	-	-	-	-	-	-	-
J. On deposit with states	904,305	930,412	(26,107)	-	904,305	8.74%	8.75%
K. On deposit with other regulatory bodies	-	-	-	-	-	-	-
L. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
M. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
N. Other restricted assets	-	-	-	-	-	-	-
O. Total restricted assets	904,305	930,412	(26,107)	-	904,305	8.74%	8.75%

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

(3) The Company has no other restricted assets.

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

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

As of December 31, 2016, the amortized cost and estimated fair values for the Company's bonds by contractual maturity period were as follows:

	Amortized Cost	Fair Value
Bonds (by contractual maturity periods):		
Due after one year through five years	\$ 3,532,829	\$ 3,519,622
Total	\$ 3,532,829	\$ 3,519,622

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

As of December 31, 2016 and December 31, 2015, the gross unrealized appreciation (depreciation) for bonds by type of issuer, were as follows:

	2016			Fair Value
	Amortized Cost	Appreciation	Depreciation	
US Government	2,385,493	8,433	-	2,393,926
Special revenue and assessment obligations	1,147,336	-	21,640	1,125,696
<b>Total</b>	<b>3,532,829</b>	<b>8,433</b>	<b>21,640</b>	<b>3,519,622</b>

	2015			Fair Value
	Amortized Cost	Appreciation	Depreciation	
US Government	2,387,588	12,587	-	2,400,175
Special revenue and assessment obligations	1,180,460	-	16,223	1,164,237
<b>Total</b>	<b>3,568,048</b>	<b>12,587</b>	<b>16,223</b>	<b>3,564,412</b>

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

As of December 31, 2016, bonds with a decline in fair value from cost (primarily investment grade) were as follows, including the length of time of such decline:

	Fair Value	Amortized Cost	Unrealized Depreciation	Count
One year or less:				
Investment grade	1,125,696	1,147,336	21,640	1
More than one year:				
Investment grade	-	-	-	-

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

There were no other-than-temporary impairments of bonds as of December 31, 2016 and 2015.

The net unrealized depreciation on bonds that are carried at amortized cost of \$13,207 at December 31, 2016 and \$3,636 at December 31, 2015, is not reflected in the statutory financial statements.

There were no sales or maturities of bonds for the years December 31, 2016 and December 31, 2015.

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

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

**7. Investment Income**

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

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

B. No amounts due and accrued were excluded from the statutory statements for the years ended December 31, 2016 and 2015.

**8. Derivative Instruments**

The Company has no derivative instruments.

**9. Income Taxes**

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

1.

	12/31/2016			12/31/2015			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2)	Ordinary	Capital	(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)
(a) Gross Deferred Tax Assets	480,552	-	480,552	741,736	-	741,736	(261,184)	-	(261,184)
(b) Statutory Valuation Allowance Adjustments	(57,399)	-	(57,399)	(741,472)	-	(741,472)	684,073	-	684,073
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	423,153	-	423,153	264	-	264	422,889	-	422,889
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c-1d)	423,153	-	423,153	264	-	264	422,889	-	422,889
(f) Deferred Tax Liabilities	-	-	-	(264)	-	(264)	264	-	264
(g) Net Admitted Deferred Tax asset/(Net Deferred Tax Liability) (1e-1f)	423,153	-	423,153	-	-	-	423,153	-	423,153

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

2.

	12/31/2016			12/31/2015			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
<b>Admission Calculation Components SSAP No. 101</b>									
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	423,153	-	423,153	-	-	-	423,153	-	423,153
(b) Adjusted Gross Deferred Tax Assets Expected to Be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	-	-	-	-	-	-	-	-	-
1. adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	-	-	-	-	-	-	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	-	-	1,083,441	-	-	270,516	-	-	812,925
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	-	-	-	264	-	264	(264)	-	(264)
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2C)	423,153	-	423,153	264	-	264	422,889	-	422,889

3.

	2016	2015
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	2080%	860%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	6,799,787	2,803,440

4.

	12/31/2016		12/31/2015		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
<b>Impact of Tax-Planning Strategies</b>						
<b>Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax</b>						
(a) Character As A Percentage.	0	0	0	0	0	0
1. Adjusted Gross DTAs Amount from Note 9A1C						
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0	0	0	0	0	0
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1E	0	0	0	0	0	0
4. Percentage Of net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
(b) Does the Company's tax-planning strategies include the use of reinsurance?	Yes	No	X			

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

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

	(1) 12/31/2016	(2) 12/31/2015	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	409,780	(318,436)	728,216
(b) Foreign	-	-	-
(c) Subtotal	409,780	(318,436)	728,216
(d) Federal income tax on net capital gains	-	8	(8)
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	409,780	(318,428)	728,208

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

	(1) 12/31/2016	(2) 12/31/2015	(3) (Col 1-2) Change
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unearned premium reserve	170	1,808	(1,638)
(2) Loss Reserve Discounting	1,363	585	778
(3) Solvency Reserves	-	-	-
(4) Other Insurance & Contract Holder Liability	459,956	721,567	(261,611)
(5) Bad Debt	14,333	-	14,333
(6) Depreciation and Amortization	-	-	-
(7) Non Admitted Assets	4,676	17,717	(13,041)
(8) DOI Audit Accrual	-	-	-
(9) Reinsurance Contribution	-	-	-
(10) Other	54	59	(5)
Subtotal	480,552	741,736	(261,184)
(b) Statutory valuation allowance adjustment	(57,399)	(741,472)	684,073
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets	423,153	264	422,889
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	-
Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets	-	-	-
(i) Admitted deferred tax assets	423,153	264	422,889

	(1) 12/31/2016	(2) 12/31/2015	(3) (Col 1-2) Change
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Discount of bond premiums/Deferred gain	-	-	-
(2) Retroactivity Adjustment	-	(264)	264
Subtotal	-	(264)	264
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
Subtotal	-	-	-
(c) Deferred tax liabilities	-	(264)	264

	(1) 12/31/2016	(2) 12/31/2015	(3) (Col 1-2) Change
4. Net deferred tax assets/liabilities	423,153	-	423,153

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

	12/31/2016	12/31/2015	(Col 1-2) Change
Total deferred tax assets	480,552	741,736	(261,184)
Total deferred tax liabilities	-	(264)	264
Net deferred tax asset (liability)	480,552	741,472	(260,920)
Statutory valuation allowance adjustment	(57,399)	(741,472)	684,073
Net deferred tax assets/liabilities after SVA	423,153	-	423,153
Tax effect of unrealized gains (losses)			-
Statutory valuation allowance adjustment allocated to unrealized			-
Other intraperiod allocation of deferred tax movement			-
Change in net deferred income tax			423,153

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

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

	12/31/2016	Effective Tax Rate	12/31/2015	Effective Tax Rate
Provision computed at statutory rate	\$ 628,640	35.0%	\$ (1,039,723)	35.0%
Tax exempt interest income (net)	(5,999)	-0.3%	(6,166)	0.2%
Meals and Entertainment	48	0.0%	-	0.0%
Health Industry Fee	34,932	2.0%	11,759	-0.4%
Change in non-admitted assets	13,041	0.7%	(15,996)	0.5%
Other	38	0.0%	214	0.0%
Statutory Valuation Allowance Adjustment	(684,073)	-38.2%	741,472	-24.9%
Total	\$ (13,373)	-0.8%	\$ (308,440)	10.4%
Federal income taxes incurred	\$ 409,780	22.8%	\$ (318,428)	10.7%
Change in net deferred income taxes	(423,153)	-23.6%	9,988	-0.3%
Total statutory income taxes	\$ (13,373)	-0.8%	\$ (308,440)	10.4%

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

(1) At December 31, 2016 and 2015, the Company has utilized all its net operating or capital loss carry forwards.

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

2016	\$448,956
2015	\$0

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

F. Federal or Foreign Income Tax Loss Contingencies:

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

(1) The IRS has completed its examination of Cigna's 2011 and 2012 consolidated federal income tax return. The review, which was completed in the fourth quarter of 2016, had no material impact on the Company's financial condition.

(2) The Company does not expect a significant increase in federal or foreign contingent tax liability within the next twelve months.

G. Consolidated Federal Income Tax Return:

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

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

Cigna Healthcare of Arizona, Inc.  
Cigna Healthcare of California, Inc.  
Cigna Healthcare of Colorado, Inc.  
Cigna Healthcare of Connecticut, Inc.  
Cigna Healthcare of Florida, Inc.  
Cigna Healthcare of Georgia, Inc.  
Cigna Healthcare of Illinois, Inc.  
Cigna Healthcare of Indiana, Inc.  
Cigna Healthcare of Maine, Inc.  
Cigna Healthcare of Massachusetts, Inc.  
Cigna Healthcare of New Hampshire, Inc.  
Cigna Healthcare of New Jersey, Inc.  
Cigna Healthcare of New York, Inc.  
Cigna Healthcare of North Carolina, Inc.  
Cigna Healthcare of Pennsylvania, Inc.  
Cigna Healthcare of South Carolina, Inc.  
Cigna Healthcare of St Louis, Inc.  
Cigna Healthcare of Tennessee, Inc.  
Cigna Healthcare of Texas, Inc.  
Cigna Healthcare of Utah, Inc.  
Cigna Holdings, Inc.  
Cigna Holdings Overseas, Inc.  
Cigna Integrated Care, Inc.  
Cigna Intellectual Property, Inc.  
Cigna International Corporation  
Cigna International Finance, Inc.  
Cigna International Services, Inc.  
Cigna Investment Group, Inc.  
Cigna Investments, Inc.  
Cigna Life Insurance Company of New York  
Cigna Linden Holdings, Inc.  
Cigna Managed Care Benefits Company  
Cigna Mezzanine Partners, III, Inc.  
Cigna Poplar Holdings, Inc.  
Cigna RE Corporation  
Cigna Resource Manager, Inc.  
Cigna Worldwide Insurance Company  
Connecticut General Benefit Payments, Inc.  
Connecticut General Corporation  
Connecticut General Life Insurance Company  
Former Cigna Investments, Inc.  
GreatWest Healthcare of Illinois, Inc.  
Hazard Center Investment Co., LLC  
Healthsource Benefits, Inc.  
Healthsource, Inc.  
Healthsource Properties, Inc.  
HealthSpring Life & Health Insurance Company  
HealthSpring Management, Inc.  
HealthSpring of Alabama, Inc.  
HealthSpring of Florida, Inc.  
HealthSpring of Tennessee, Inc.  
HealthSpring, Inc.  
IHN, Inc.  
Intermountain Underwriters, Inc.  
Kronos Optimal Health Company  
Life Ins Co of North America  
LINA Benefit Payments, Inc.  
Managed Care Consultants, Inc.  
MCC Independent Practice Assoc of New York, Inc.  
Mediversal Inc.  
QualCare Alliance Networks, Inc.  
QualCare Captive Insurance Company, Inc., PCC  
QualCare, Inc.  
Scibal Associates, Inc.  
Sagamore Health Network Inc.  
Tel-Drug, Inc.  
Universal Claims Administration

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

- A. The Company is indirectly owned by Cigna.
- B. Except for transactions reported under Part F of this footnote insurance contracts that were issued by the Company in the ordinary course of its business are not reported in this footnote.
- C. See Part F of this footnote for the dollar amounts of material transactions with affiliates.

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- D. At December 31, 2016 and at December 31, 2015, the Company reported \$106,348 and \$1,040,243 as amounts due from parent, subsidiaries and affiliates. Cash settlements are processed according to the terms of the agreement, generally within 30 days of the balance sheet date.
- E. The Company does not have any guarantees or undertakings for the benefit of an affiliate, which result in a material contingent exposure.
- F. Administrative Services Agreements:
- (1) The Management Services Agreement, as amended, is by and among CHC and each of its subsidiaries or affiliates which are signatories thereto. Under this agreement, CHC and certain affiliates provide Management Services (as defined and described in said agreement) to the Company. The terms of the agreement require that these amounts be settled within 30 days. The fees charged are based largely on the Company's plan participants as a percentage of total applicable participants for the Company and its affiliates. CHC charged the Company \$153,955 and \$178,428 in administrative service fees for the periods ended December 31, 2016 and 2015.
  - (2) CHC credited the Company \$69 in 2016 and \$68 in 2015 for liability insurance. This program provides protection against liabilities imposed on the Company from allegations of negligence stemming from the management of health care activities.
  - (3) The Line of Credit Agreement (also known as the LOC Agreement) is by and between the Company and CHC. Under this agreement, CHC would loan funds to the Company from time to time, to ensure that the Company will be able to meet its operational cash obligations while earning additional investment income. There was no liability associated with this agreement as of December 31, 2016 and December 31, 2015.
  - (4) The Network Access Agreement is by and among the Company, Connecticut General Life Insurance Company (CGLIC), Cigna Health and Life Insurance Company (CHLIC) and the affiliated HMOs. This agreement allows CGLIC, CHLIC and the affiliated HMOs to access the Company's provider networks. There were no charges related to this agreement in 2016 and 2015.
  - (5) Cigna Behavioral Health, Inc. (CBH) is an affiliate of the Company. The CBH Agreement is by and between CBH and CHC on behalf of their respective subsidiaries and affiliates, and arranges for the provision of mental health and/or substance abuse services by CBH, its subsidiaries or affiliates to the enrollees of the HMOs. The expense relating to this contract was \$28,161 in 2016 and \$34,822 in 2015.
  - (6) The Company entered into a contract with its affiliate, CBH, to provide disease management and other services offered by CBH in conjunction with the administration of the Company's plans. These services include programs such as "Your Health First" and Lifestyle Management Programs. There were no charges related to this agreement in 2016 and 2015.
  - (7) Cigna Health Management, Inc. (CHM) formerly known as International Rehabilitation Associates, Inc. (d/b/a Intracorp), is an affiliate of the Company. The Intercompany Service Agreement is by and between CHM, CGLIC, and CHC on behalf of their respective healthplan subsidiaries and affiliates. CHM provides utilization management, case management, demand management, disease management, care management and other services to the Company's enrollees of the HMOs. The expense relating to this contract was \$2,022 in 2016 and \$2,991 in 2015.
  - (8) The Participating Mail Order Pharmacy Agreement (also known as the Tel-Drug Agreement) is by and among Tel-Drug, Inc., Tel-Drug of Pennsylvania, LLC and certain subsidiaries of CHC, including the Company. Under this agreement, Tel-Drug, Inc. and Tel-Drug of Pennsylvania, LLC provide mail-order pharmacy services to the Company's enrollees. There were no charges related to this agreement in 2016 and 2015.
  - (9) The Dental Consultation Agreement is by and between the Company and its affiliated HMOs and Cigna Dental Health, Inc. (CDH). Pursuant to this agreement, CDH provides dental consultations to the Company on selected dental cases relative to services provided under the members' HMO contracts. There were no charges related to this agreement in 2016 and 2015.
  - (10) The Cigna Health Access Premium Billing Authorization Agreement by and among Cigna and certain subsidiaries, including the Company, enables each HMO to provide its Cigna Health Access customers with a single premium bill. There were no charges related to this agreement in 2016 and 2015.
  - (11) The Company participates in an Investment Advisory Agreement pursuant to which Cigna Investments, Inc. serves as the Company's investment advisor. The expense related to this agreement was \$5,448 in 2016 and \$3,500 in 2015.
  - (12) Several of Cigna's subsidiaries are subject to the Health Insurance Providers Fee, "the Fee", which is imposed on each covered entity engaged in the business of providing health insurance for any United States health risk. Such entities, along with Cigna, are collectively treated as a single "covered entity" as that term is defined in Section 9010(c) and Treas. Reg. § 57.2(b). By entering into this Fee Sharing Agreement (the "Agreement"), each subsidiary has consented to select Cigna as its "designated entity" for the payment of this Fee. The Agreement allows Cigna to pay each year to the United States Department of the Treasury the Fee owed collectively by all covered entities in the group, and to perform all necessary and appropriate actions that may be required to fulfill Cigna's responsibilities as the designated entity. This Agreement further allows Cigna to delegate to a wholly owned subsidiary the authority to perform these actions on Cigna's behalf. For financial management and reporting purposes, Cigna and the subsidiaries will allocate the Fee for each Fee Year among the subsidiaries in proportion to estimates of each subsidiary's Premiums for that Fee Year. This Agreement was approved by the Department. There were no charges related to this agreement in 2016 and 2015.

(13) The Company currently participates in the Amended and Restated Consolidated Federal Income Tax Agreement by and between Cigna and its subsidiaries in order to facilitate the filing of a consolidated federal income tax return as an affiliated group under Cigna. Pursuant to this agreement, payments are made to Cigna based on taxable income of the Company. In the case of a taxable loss, Cigna pays the Company a refund to the extent Cigna is able to utilize that loss in the consolidated tax return. There were no charges related to this agreement in 2016 and 2015.

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

#### **11. Debt**

The Company had no outstanding debt with third parties or outstanding federal home loan bank agreements during 2016 and 2015.

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

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

CHLIC provides certain postretirement benefits to retired employees, spouses and other eligible dependents through a plan sponsored by Cigna. CHLIC also participates in a capital accumulation 401(k) plan sponsored by Cigna in which employee contributions on a before-tax basis are supplemented by the Company's matching contributions. The Company has no legal obligation for benefits under these plans. CHLIC allocates amounts to the Company based on salary ratios and member months. The Company's expense credit for such benefits, included within general administrative expenses was \$1,877 and \$2,587 for 2016 and 2015, respectively.

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

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

- (1) The Company has 1,000 Class A shares authorized, 1,000 shares issued and outstanding.
- (2) The Company has no preferred stock outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation and are based on restrictions relating to statutory surplus. The Department restricts dividend payments to the greater of 10% of prior year's surplus or net gain from operations from the prior year. Net gain from operations is defined as income after taxes but prior to realized capital gains, as reported on the Summary of Operations. Dividends may only be paid out of unassigned surplus, adjusted for a portion of cumulative unrealized capital gains. The Company has the capacity to pay a dividend of \$1,386,335 in 2017 without prior approval.
- (4) The Company paid no dividends to the Parent during the years ended December 31, 2016 and December 31, 2015.
- (5) The amount of ordinary dividends that may be paid out during any given period are subject to certain restrictions as specified by state statute.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) No advances to surplus not repaid were outstanding at December 31, 2016 and 2015.
- (8) The Company does not hold any stock, including stock of affiliated companies, for special purposes.
- (9) The Company had a change in balance of the special surplus funds of \$(34,752) from the prior year due to the ACA Section 9010 Insurer Fee segregated surplus requirement.

- (10) The portion of unassigned funds (surplus) reduced by non-admitted asset values was \$13,361 and \$50,620 as of December 31, 2016 and 2015, respectively.

The Company received a capital infusion from the Parent of \$2,500,000 and \$1,000,000 during ended the years ended December 31, 2016 and December 31, 2015, respectively.

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

**14. Liabilities, Contingencies and Assessments**

- A. The Company has no contingent commitments.
- B. The Company is not aware of any assessments, potential or accrued, that could have a material financial effect on the operations of the entity.
- C. The Company is not aware of any gain contingencies that should be disclosed in the statutory basis financial statements.
- D. The Company is not aware of any claims related extra contractual obligations or bad faith losses stemming from lawsuits that should be disclosed in the statutory basis financial statements.
- E. The Company is not aware of any joint and several liabilities that should be disclosed in the statutory basis financial statements.
- F. Cigna and its subsidiaries (including the Company, and collectively known as Cigna) is routinely involved in numerous claims, lawsuits, regulatory audits, investigations and other legal matters arising, for the most part, in the ordinary course of managing a global health services business. These actions may include benefit disputes, breach of contract claims, tort claims, provider disputes, disputes regarding reinsurance arrangements, employment and employment discrimination-related suits, employee benefit claims, wage and hour claims, privacy, intellectual property claims and real estate-related disputes. There are currently, and may be in the future, attempts to bring class action lawsuits against the industry. Cigna and its subsidiaries (including the Company) also are regularly engaged in IRS audits and may be subject to examinations by various state and foreign taxing authorities. Disputed income tax matters arising from these examinations, including those resulting in litigation, are accounted for under the NAIC's accounting guidance for tax loss contingencies.

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

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

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

When the Company (in the course of its regular review of pending litigation and legal or regulatory matters) has determined that a material loss is reasonably possible, the matter is disclosed. Such matters are described below. In accordance with Statutory Accounting Principles, when litigation and regulatory matters present loss contingencies that are both probable and estimable, the Company accrues the estimated loss by a charge to shareholder's net income. The amount accrued represents the Company's best estimate of the probable loss at the time. If only a range of estimated losses can be determined, the Company accrues an amount within the range that, in the Company's judgment, reflects the most likely outcome; if none of the estimates within that range is a better estimate than any other amount, the Company accrues the minimum amount of the range.

In cases when the Company has accrued an estimated loss, the accrued amount may differ materially from the ultimate amount of the loss. In many proceedings, it is inherently difficult to determine whether any loss is probable or even possible or to estimate the amount or range of any loss. The Company provides disclosure in the aggregate for material pending litigation and legal or regulatory matters, including accruals, range of loss, or a statement that such information cannot be estimated. As a litigation or regulatory matter develops, the

Company monitors the matter for further developments that could affect the amount previously accrued, if any, and updates such amount accrued or disclosures previously provided as appropriate.

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

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

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

On May 2, 2016, the Third Circuit affirmed the District Court's decisions denying class certification for the claims asserted by members, the granting of summary judgment on the individual plaintiffs' claims, as well as the dismissal of the antitrust claims. However, the Third Circuit also reversed the earlier dismissal of the providers' ERISA claims. Cigna and its subsidiaries (including the Company) will continue to vigorously defend its position.

On July 21, 2016, the U.S. Department of Justice ("DOJ") and certain state attorneys general filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia (the "District Court") seeking to block the merger and, on January 4, 2017, the parties concluded the District Court trial. On February 8, 2017, the District Court issued an order enjoining the proposed merger. Anthem filed a notice of appeal of the District Court's order with the U.S. Court of Appeals for the District of Columbia Circuit (the "Appeals Court") and requested an expedited appeal. On February 17, 2017, the Appeals Court granted Anthem's motion for an expedited appeal and set oral arguments for March 24, 2017. That same day, Cigna filed its notice of appeal of the District Court's order with the Appeals Court.

On February 14, 2017, Cigna delivered a notice to Anthem terminating the merger agreement, and notifying Anthem that it must pay Cigna the \$1.85 billion reverse termination fee pursuant to the terms of the merger agreement. Also on February 14, 2017, Cigna filed suit against Anthem in the Delaware Court of Chancery (the "Chancery Court"). The complaint sought declaratory judgments that Cigna's termination of the merger agreement was valid and that Anthem was not permitted to extend the termination date. The complaint also sought payment of the reverse termination fee and additional damages in an amount exceeding \$13 billion, which includes the lost premium value to Cigna's shareholders caused by Anthem's willful breaches of the merger agreement.

Also on February 14, 2017, Anthem filed a lawsuit in the Chancery Court against Cigna seeking (i) a temporary restraining order to enjoin Cigna from terminating and taking any action contrary to the terms of the merger agreement, (ii) specific performance compelling Cigna to comply with the merger agreement and (iii) damages. On February 15, 2017, the Chancery Court granted Anthem's motion for a temporary restraining order and issued an order temporarily enjoining Cigna from terminating the Merger Agreement. This is not a decision on the merits of the case, but rather an order to ensure irrevocable actions do not take place before the Chancery Court's substantive review of the issues. Cigna will continue to abide by terms of the merger agreement until the expiration or lifting of the Chancery Court's order and any further review of the case by the Chancery Court. This order will be subject to review by the Chancery Court at a preliminary injunction hearing.

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



Following announcement of Cigna's merger agreement with Anthem as discussed in Note 1, putative class action complaints (collectively the "complaints" or "Cigna Merger Litigation") were filed by purported Cigna shareholders on behalf of a purported class of Cigna shareholders. Additional lawsuits arising out of or relating to the merger agreement or the merger may be filed in the future.

Cigna, members of the Cigna board of directors, Anthem and Anthem Merger Sub Corp ("Merger Sub") have been named as defendants. The plaintiffs generally assert that the members of the Cigna board of directors breached their fiduciary duties to the Cigna shareholders during merger negotiations and by entering into the merger agreement and approving the merger, and that Cigna, Anthem and Merger Sub aided and abetted such breaches of fiduciary duties. The allegations include, among other things, that (1) the merger consideration undervalues Cigna, (2) the sales process leading up to the merger was flawed due to purported conflicts of interest of members of the Cigna board of directors and (3) certain provisions of the merger agreement inappropriately favor Anthem and inhibit competing bids. Plaintiffs seek, among other things, injunctive relief enjoining the merger, rescission of the merger agreement to the extent already implemented, and costs and damages.

Effective November 24, 2015, solely to avoid the costs, risks and uncertainties inherent in litigation, and without admitting any liability or wrongdoing, Cigna, Cigna's directors, Anthem and Merger Sub entered into a Memorandum of Understanding ("MOU") to settle the Cigna Merger Litigation. Subject to approval by the Connecticut Superior Court, Judicial District of Hartford and further definitive documentation in a settlement agreement that will be subject to customary conditions, the MOU resolved the Cigna Merger Litigation and provided that Cigna would make certain additional disclosures related to the merger. If the Court approves the settlement, the Cigna Merger Litigation will be dismissed with prejudice and all claims that were or could have been brought in any actions challenging any aspect of the merger, the merger agreement and any related disclosures will be released. In connection with the settlement, subject to the ultimate determination of the Court, plaintiffs' counsel may receive an award of reasonable fees. There can be no assurance that the parties will ultimately enter into a settlement agreement, or that the Court will approve the settlement even if the parties were to enter into such agreement. The MOU may terminate, if, among other reasons, the Court does not approve the settlement or the merger is not consummated for any reason.

**15. Leases**

The Company is not a party to any lease agreements in 2016 and 2015.

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

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

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

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

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

The Company has no uninsured or partially insured plans.

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

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

**20. Fair Value Measurements**

The Company's financial assets measured at fair value include bonds valued at the lower of cost or fair value when reported at fair value at the balance sheet date. As of December 31, 2016 and December 31, 2015, the Company had no bonds reported at fair value in the financial statements.

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

include corporate bonds valued using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates.

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

**Valuation Techniques and Inputs**

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

Disclosures about Financial Instruments Not Carried at Fair Value

The following tables provide the fair value, carrying value and classification in the fair value hierarchy of the Company's bonds, cash, cash equivalents and short-term investments not recorded at fair value as of December 31, 2016 and December 31, 2015.

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

		<u>2015</u>					Not Practicable
		Aggregate	Admitted	(Level 1)	(Level 2)	(Level 3)	(Carrying
		Fair Value	Assets				Value)
Bonds	\$	3,564,412	\$ 3,568,048	\$ 2,400,175	\$ 1,164,237	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments		185,264	185,264	185,264	-	-	-
Total	\$	3,749,676	\$ 3,753,312	\$ 2,585,439	\$ 1,164,237	\$ -	\$ -

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

**Bonds**

The methods and significant assumptions used to estimate the fair value of bonds are described above.

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

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

**21. Other Items**

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

**22. Events Subsequent**

The Company is not aware of any Type 1 or Type 2 event that occurred subsequent to the close of the books or accounts for these financial statements which would have had a material effect on the financial condition of the Company. In preparing these financials statements the Company has evaluated events that occurred between the balance sheet date and February 24, 2017.

**23. Reinsurance**

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

Effective January 1, 1994, the Company entered into the CGLIC Reinsurance Agreement ("the Agreement") with CGLIC. Effective January 1, 2013, the Agreement was amended to change the reinsurer to CHLIC for claims incurred on January 1, 2013 and after. The Agreement is administered by CHC. Under the provisions of the Agreement, the Company pays a monthly premium based on an established rate per commercial healthplan member. In return for premiums paid, the Company is reimbursed a percentage of costs in excess of a deductible for hospital and related services provided to individual healthplan members. The required deductible per individual commercial healthplan member per calendar year was \$150,000 for the years ended December 31, 2016 and 2015.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

Responsibility for covered charges under the CHLIC Reinsurance Agreement per member per year during the periods ended December 31, 2016 and 2015 were as follows:

<u>December 31, 2016 and 2015</u>		
\$150,000 and greater	-	20% the Company 80% CHLIC

Premiums paid to CHLIC and to CHC, as administrator, for this agreement amounted to \$13,440 and \$18,430 for the years ended December 31, 2016 and 2015, respectively, and are reported as an offset to net premium income in the accompanying Statutory Statements of Operations. Recoveries for covered charges amounted to \$68,729 and \$208,994 as of December 31, 2016 and 2015, respectively. These balances are included in net reinsurance recoveries in the accompanying Statutory Statements of Operations.

A. Ceded Reinsurance Report

Section 1 — General Interrogatories

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

Yes ( ) No (X)

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

Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes ( ) No (X)

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

Yes ( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes ( ) No (X)

B. The Company has no uncollectible reinsurance recoverables.

C. There was no commutation of reinsurance in 2016 or 2015.

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

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. The Company has no estimated accrued retrospective premium adjustments other than Risk Sharing Provisions of the Affordable Care Act disclosed in Note 24E.

B. The Company has no recorded accrued retrospective premium other than Risk Sharing Provisions of the Affordable Care Act disclosed in Note 24E.

C. The Company has no net premiums written that are subject to retrospective rating features.

D. There were no amounts accrued for the Medical Loss Ratio rebate required pursuant to the Public Health Services Act.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

E. Risk Sharing Provisions of the Affordable Care Act

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

	Amount
<b>A. Permanent ACA Risk Adjustment Program</b>	
<b>Assets</b>	
1. Premium adjustments receivable due to ACA Risk Adjustment	1,990,187
<b>Liabilities</b>	
2. Risk adjustment user fees payable for ACA Risk Adjustment	-
3. Premium adjustments payable due to ACA Risk Adjustment	-
<b>Operations (Revenue &amp; Expense)</b>	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	2,701,689
5. Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)	40,616
<b>B. Transitional ACA Reinsurance Program</b>	
<b>Assets</b>	
1. Amounts recoverable for claims paid due to ACA Reinsurance	685,163
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	-
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	-
<b>Liabilities</b>	
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	3,944
5. Ceded reinsurance premiums payable due to ACA Reinsurance	-
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	-
<b>Operations (Revenue &amp; Expense)</b>	
7. Ceded reinsurance premiums due to ACA Reinsurance	-
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	1,259,918
9. ACA Reinsurance contributions - not reported as ceded premium	3,944
<b>C. Temporary ACA Risk Corridors Program</b>	
<b>Assets</b>	
1. Accrued retrospective premium due to ACA Risk Corridors	-
<b>Liabilities</b>	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	-
<b>Operations (Revenue &amp; Expense)</b>	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	-
4. Effect of ACA Risk Corridors on change in reserves for rate credits	-

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

	Accrued During the Prior Year on		Received or Paid as of the Current Year		Differences		Adjustments		Unsettled Balances as of the Reporting Date		
	Business Written Before December 31 of		on Business Written Before December		Prior Year	Prior Year	To Prior Year	To Prior Year	Cumulative Balance	Cumulative Balance	
	1	2	3	4	Accrued Less	Accrued Less	Balances	Balances	from Prior Years (Col	from Prior Years (Col	
	Receivable	(Payable)	Receivable	(Payable)	Payments (Col 1 - 3)	Payments (Col 2 - 4)	7	8	9	10	
					Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
<b>A. Permanent ACA Risk Adjustment Program</b>											
1. Premium adjustments receivable	-	-	670,886	-	(670,886)	-	717,673	-	-	46,787	-
2. Premium adjustments (payable)	-	-	-	-	-	-	-	-	-	-	-
3. Subtotal ACA Permanent Risk Adjustment Program	-	-	670,886	-	(670,886)	-	717,673	-	-	46,787	-
<b>B. Transitional ACA Reinsurance Program</b>											
1. Amounts recoverable for claims paid	-	-	574,757	-	(574,757)	-	645,412	-	-	70,655	-
2. Amounts recoverable for claims unpaid (contra liability)	-	-	-	-	-	-	-	-	-	-	-
3. Amounts receivable relating to uninsured plans	-	-	-	-	-	-	-	-	-	-	-
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	-	9,338	-	9,167	-	171	-	(171)	-	-	-
5. Ceded reinsurance premiums payable	-	-	-	-	-	-	-	-	-	-	-
6. Liability for amounts held under uninsured plans	-	-	-	-	-	-	-	-	-	-	-
7. Subtotal ACA Transitional Reinsurance Program	-	9,338	574,757	9,167	(574,757)	171	645,412	(171)	-	70,655	-
<b>C. Temporary ACA Risk Corridors Program</b>											
1. Accrued retrospective premium	-	-	-	-	-	-	-	-	-	-	-
2. Reserve for rate credits or policy experience rating refunds	-	-	-	-	-	-	-	-	-	-	-
3. Subtotal ACA Risk Corridors Program	-	-	-	-	-	-	-	-	-	-	-
<b>D. Total for ACA Risk-Sharing Provisions</b>	-	9,338	1,245,643	9,167	(1,245,643)	171	1,363,085	(171)	-	117,442	-

- (4) The Company had no risk corridor receivables or payables at December 31, 2015.

- (5) The Company has no risk corridor receivables at December 31, 2016.

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

The following table presents an analysis of reserves for claims payable and unpaid claims adjustment expenses and a reconciliation of beginning and ending reserve balances for 2016 and 2015. Reserves are stated on a net basis after deductions from reinsurers on unpaid losses.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

	<u>2016</u>	<u>2015</u>
Balances at January 1	201,329	214,110
Incurred related to:		
Current year	2,768,973	2,383,953
Prior year	<u>(200,703)</u>	<u>(114,083)</u>
Total incurred	2,568,270	2,269,870
Paid related to:		
Current year	2,271,677	2,185,179
Prior year	<u>(7,703)</u>	<u>97,472</u>
Total payments	2,263,974	2,282,651
Balances at December 31	<u>505,625</u>	<u>201,329</u>

Unpaid claims and claims adjustment expenses attributable to insured events of prior years decreased by \$200,703 in 2016 and \$114,083 in 2015, as a result of re-estimation of unpaid claims and claims adjustment expenses. The estimation process for determining these liabilities inherently results in adjustments each year for claims incurred (but not paid) in preceding years. Negative amounts reported for incurred related to prior years results from claims ultimately being settled for amounts less than originally estimated (favorable development). Positive amounts reported for incurred related to prior years result from claims ultimately being settled for amounts greater than originally estimated (unfavorable development).

**26. Intercompany Pooling Arrangements**

The Company had no intercompany pooling arrangements in 2016 or 2015.

**27. Structured Settlements**

The Company had no structured settlements in 2016 or 2015.

**28. Health Care Receivables**

A. Pharmaceutical Rebate Receivables

The Company has no pharmacy rebate receivables.

B. Risk Sharing Receivables

The Company has no risk-sharing receivables.

**29. Participating Policies**

The Company did not have any participating contracts in 2016 or 2015.

**30. Premium Deficiency Reserves**

- |   |                            |
|---|----------------------------|
| 1. Liability carried for premium deficiency reserves              | \$1,310,000                |
| 2. Date of the most recent evaluation of this liability           | 12/31/2016                 |
| 3. Was anticipated investment income utilized in the calculation? | Yes <u>X</u> No <u>   </u> |

The liability carried for premium deficiency reserves as of December 31, 2015 was \$2,060,000.

**31. Anticipated Salvage and Subrogation**

The Company does not anticipate any salvage or subrogation in 2016 or 2015.

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... New Jersey
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2015
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2011
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 11/14/2012
- 3.4 By what department or departments?  
State of New Jersey Department of Banking and Insurance .....
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? ..... Yes [ ] No [ X ]  
4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? ..... Yes [ ] No [ X ]  
4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1<br>Name of Entity | 2<br>NAIC Company Code | 3<br>State of Domicile |
|---------------------|------------------------|------------------------|
|                     |                        |                        |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 6.2 If yes, give full information:  
.....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]
- 7.2 If yes,  
7.21 State the percentage of foreign control; ..... %  
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

**GENERAL INTERROGATORIES**

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

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
PricewaterhouseCoopers LLP 185 Asylum Street, Suite 2400 Hartford, CT 06103-3404
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:  
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? ..... Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:  
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? ..... Yes [ X ] No [ ] N/A [ ]
- 10.6 If the response to 10.5 is no or n/a, please explain  
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Gregory Malone Cigna Healthcare, Financial Analysis Senior Director 900  
Cottage Grove Rd, C5PRC Bloomfield, CT 06002
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
- 12.11 Name of real estate holding company .....  
12.12 Number of parcels involved .....  
12.13 Total book/adjusted carrying value ..... \$ .....
- 12.2 If, yes provide explanation:  
.....
13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?  
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:  
.....
- 14.2 Has the code of ethics for senior managers been amended? ..... Yes [ X ] No [ ]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
The Code was updated in June of 2016. No material changes were made. Updated the Table of Content, updated the CEO's letter, updated Branding, updated Legal Lines and Trademark, updated, as appropriate, Key Contacts, Executive Leadership Quotes
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
.....

## GENERAL INTERROGATORIES

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

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

### BOARD OF DIRECTORS

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

### FINANCIAL

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

### INVESTMENT

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



**GENERAL INTERROGATORIES**

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

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

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

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

25.21 Subject to repurchase agreements.....	\$ .....	
25.22 Subject to reverse repurchase agreements.....	\$ .....	
25.23 Subject to dollar repurchase agreements.....	\$ .....	
25.24 Subject to reverse dollar repurchase agreements.....	\$ .....	
25.25 Placed under option agreements.....	\$ .....	
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock.....	\$ .....	
25.27 FHLB Capital Stock.....	\$ .....	
25.28 On deposit with states.....	\$ .....	904,305
25.29 On deposit with other regulatory bodies.....	\$ .....	
25.30 Pledged as collateral - excluding collateral pledged to an FHLB.....	\$ .....	
25.31 Pledged as collateral to FHLB - including assets backing funding agreements.....	\$ .....	
25.32 Other.....	\$ .....	

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

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

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

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

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

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

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

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Bank of New York Mellon .....	1 Wall Street, New York, NY 10286 .....	This is a limited custodial arrangement that only allows for the holding/safekeeping of NAIC approved Mutual Funds or cash. ....

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

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

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

## GENERAL INTERROGATORIES

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

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

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

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

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

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? ..... Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

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

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	6,732,414	6,719,207	(13,207)
30.2 Preferred stocks .....	.0		.0
30.3 Totals	6,732,414	6,719,207	(13,207)

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

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

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

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

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

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

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

## GENERAL INTERROGATORIES

### OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....203

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any? .....\$ .....260

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

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

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

1 Name	2 Amount Paid

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

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

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

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

1.31 Reason for excluding

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

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

1.6 Individual policies:

Most current three years:

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

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

1.63 Number of covered lives ..... 0

All years prior to most current three years:

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

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

1.66 Number of covered lives ..... 0

1.7 Group policies:

Most current three years:

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

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

1.73 Number of covered lives ..... 0

All years prior to most current three years:

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

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

1.76 Number of covered lives ..... 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	3,890,953	1,637,028
2.2 Premium Denominator .....	3,890,953	1,637,028
2.3 Premium Ratio (2.1/2.2) .....	1.000	1.000
2.4 Reserve Numerator .....	1,808,092	2,256,052
2.5 Reserve Denominator .....	1,808,092	2,256,052
2.6 Reserve Ratio (2.4/2.5) .....	1.000	1.000

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

3.2 If yes, give particulars:

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

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

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

5.2 If no, explain:

5.3 Maximum retained risk (see instructions)

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

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

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

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

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

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

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

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

7.2 If no, give details

8. Provide the following information regarding participating providers:

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

8.2 Number of providers at end of reporting year ..... 111,346

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

9.2 If yes, direct premium earned:

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

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

**GENERAL INTERROGATORIES**

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

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$ .....

10.22 Amount actually paid for year bonuses.....\$ .....

10.23 Maximum amount payable withholds.....\$ .....

10.24 Amount actually paid for year withholds.....\$ .....555

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, ..... Yes [ ] No [ X ]

11.13 An Individual Practice Association (IPA), or, . Ycs [ X ] No [ ]

11.14 A Mixed Model (combination of above)? ..... Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]

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

11.4 If yes, show the amount required. .... \$ 2,003,489

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

11.6 If the amount is calculated, show the calculation

. For 2016, minimum required surplus is the greater of an amount set by the Commissioner of Insurance and adjusted annually by the regional consumer price index, or 2% of annual premium revenues on the first \$150 million, or the sum of 8% of fee for service and hospital non-contracted costs and 4% of contracted hospitals costs, or an amount equal to the sum of three months of uncovered healthcare expenditures or Company Action Level Risk Based Capital ("RBC") (200% of Authorized Control Level RBC).

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

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

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

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

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

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

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

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

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

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

15.1 Direct Premium Written .....\$ .....

15.2 Total Incurred Claims .....\$ .....

15.3 Number of Covered Lives .....

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

**FIVE-YEAR HISTORICAL DATA**

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28) .....	10,332,433	5,184,904	5,303,240	4,737,324	4,819,149
2. Total liabilities (Page 3, Line 24) .....	3,109,493	2,308,710	719,146	698,482	1,203,071
3. Statutory minimum capital and surplus requirement .....	2,003,489	1,968,064	1,855,152	1,855,152	1,799,371
4. Total capital and surplus (Page 3, Line 33) .....	7,222,940	2,876,194	4,584,094	4,038,843	3,616,078
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8) .....	3,890,953	1,637,028	1,348,604	3,150,979	1,740,144
6. Total medical and hospital expenses (Line 18) .....	2,538,176	2,253,337	1,859,461	2,158,871	2,102,057
7. Claims adjustment expenses (Line 20) .....	30,094	16,533	19,598	93,178	74,720
8. Total administrative expenses (Line 21) .....	301,870	343,493	382,035	365,627	174,322
9. Net underwriting gain (loss) (Line 24) .....	1,768,273	(3,036,215)	(802,410)	430,813	(616,845)
10. Net investment gain (loss) (Line 27) .....	68,666	65,572	68,324	153,326	187,215
11. Total other income (Lines 28 plus 29) .....	(40,824)	(2)	(3,382)	131	(2,487)
12. Net income or (loss) (Line 32) .....	1,386,335	(2,652,209)	(450,427)	389,148	(124,719)
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	(124,906)	(1,423,892)	(79,034)	(276,717)	(360,936)
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital .....	7,222,940	2,876,194	4,584,094	4,038,843	3,616,078
15. Authorized control level risk-based capital .....	326,880	326,035	338,913	337,422	340,163
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7) .....	131	150	164	374	384
17. Total members months (Column 6, Line 7) .....	1,697	2,327	2,527	4,746	4,976
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19) .....	65.2	137.6	137.9	68.5	120.8
20. Cost containment expenses .....	0.1	0.6	0.9	1.9	2.1
21. Other claims adjustment expenses .....	0.7	0.4	0.6	1.0	2.2
22. Total underwriting deductions (Line 23) .....	54.6	285.5	159.5	86.3	135.4
23. Total underwriting gain (loss) (Line 24) .....	45.4	(185.5)	(59.5)	13.7	(35.4)
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5) .....	(24,671)	103,970	131,000	174,000	273,000
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)] .....	194,432	210,274	255,041	374,000	426,000
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1) .....					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1) .....					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1) .....					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....					
31. All other affiliated .....					
32. Total of above Lines 26 to 31 .....	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above .....					

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.  
**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

**Allocated by States and Territories**

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
States, etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama AL	N							0	
2. Alaska AK	N							0	
3. Arizona AZ	N							0	
4. Arkansas AR	N							0	
5. California CA	N							0	
6. Colorado CO	N							0	
7. Connecticut CT	N							0	
8. Delaware DE	N							0	
9. District of Columbia DC	N							0	
10. Florida FL	N							0	
11. Georgia GA	N							0	
12. Hawaii HI	N							0	
13. Idaho ID	N							0	
14. Illinois IL	N							0	
15. Indiana IN	N							0	
16. Iowa IA	N							0	
17. Kansas KS	N							0	
18. Kentucky KY	N							0	
19. Louisiana LA	N							0	
20. Maine ME	N							0	
21. Maryland MD	N							0	
22. Massachusetts MA	N							0	
23. Michigan MI	N							0	
24. Minnesota MN	N							0	
25. Mississippi MS	N							0	
26. Missouri MO	N							0	
27. Montana MT	N							0	
28. Nebraska NE	N							0	
29. Nevada NV	N							0	
30. New Hampshire NH	N							0	
31. New Jersey NJ	L	3,904,394						3,904,394	
32. New Mexico NM	N							0	
33. New York NY	N							0	
34. North Carolina NC	N							0	
35. North Dakota ND	N							0	
36. Ohio OH	N							0	
37. Oklahoma OK	N							0	
38. Oregon OR	N							0	
39. Pennsylvania PA	N							0	
40. Rhode Island RI	N							0	
41. South Carolina SC	N							0	
42. South Dakota SD	N							0	
43. Tennessee TN	N							0	
44. Texas TX	N							0	
45. Utah UT	N							0	
46. Vermont VT	N							0	
47. Virginia VA	N							0	
48. Washington WA	N							0	
49. West Virginia WV	N							0	
50. Wisconsin WI	N							0	
51. Wyoming WY	N							0	
52. American Samoa AS	N							0	
53. Guam GU	N							0	
54. Puerto Rico PR	N							0	
55. U.S. Virgin Islands VI	N							0	
56. Northern Mariana Islands MP	N							0	
57. Canada CAN	N							0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	3,904,394	0	0	0	0	0	3,904,394	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	3,904,394	0	0	0	0	0	3,904,394	0
<b>DETAILS OF WRITE-INS</b>									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

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

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

The company only has business in State of New Jersey

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

PART 1 -- ORGANIZATION CHART

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, as of December 31, 2016:

Cigna CORPORATION

(A Delaware corporation and ultimate parent company)

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

40.1

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

(EI# 59-2308062, NAIC # 11167, NJ)  
~~Cigna Dental Health of North Carolina, Inc.~~  
 (EI# 56-1803464, NAIC # 95179, NC)  
~~Cigna Dental Health of Ohio, Inc.~~  
 (EI# 59-2579774, NAIC # 47805, OH)  
~~Cigna Dental Health of Pennsylvania, Inc.~~  
 (EI# 52-1220578, NAIC # 47041, PA)  
~~Cigna Dental Health of Texas, Inc.~~  
 (EI# 59-2676977, NAIC # 95037, TX)  
~~Cigna Dental Health of Virginia, Inc.~~  
 (EI# 52-2188914, NAIC # 52617, VA)  
~~Cigna Dental Health Plan of Arizona, Inc.~~  
 (EI# 86-0807222, NAIC # 47013, AZ)  
~~Cigna Dental Health of Maryland, Inc.~~  
 (EI#20-2844020, NAIC #48119, MD)  
Cigna Health Corporation  
Healthsource, Inc.  
~~Cigna HealthCare of Arizona, Inc.~~  
 (EI# 86-0334392, NAIC#95125, AZ)  
~~Cigna HealthCare of California, Inc.~~  
 (EI# 95-3310115, CA)  
~~Cigna HealthCare of Colorado, Inc.~~  
 (EI# 84-1004500, NAIC # 95604, CO)  
~~Cigna HealthCare of Connecticut, Inc.~~  
 (EI# 06-1141174, NAIC # 95660, CT)  
~~Cigna HealthCare of Florida, Inc.~~  
 (EI# 59-2089259, NAIC # 95136, FL)  
~~Cigna HealthCare of Illinois, Inc.~~  
 (EI# 36-3385638, NAIC # 95602, IL)  
~~Cigna HealthCare of Maine, Inc.~~  
 (EI# 01-0418220, NAIC # 95447, ME)  
~~Cigna HealthCare of Massachusetts, Inc.~~  
 (EI# 02-0402111, NAIC # 95220, MA)  
~~Cigna HealthCare Mid-Atlantic, Inc.~~  
 (EI# 52-1404350, NAIC # 95599, MD)  
~~Cigna HealthCare of New Hampshire, Inc.~~  
 (EI# 02-0387749, NAIC # 95493, NH)  
~~Cigna HealthCare of New Jersey, Inc.~~  
 (EI# 22-2720890, NAIC # 95500, NJ)  
~~Cigna HealthCare of Pennsylvania, Inc.~~  
 (EI# 23-2301807, NAIC # 95121, PA)  
~~Cigna HealthCare of St. Louis, Inc.~~  
 (EI# 36-3359925, NAIC # 95635, MO)  
~~Cigna HealthCare of Utah, Inc.~~  
 (EI# 62-1230908, NAIC # 95518, UT)  
~~Cigna HealthCare of Georgia, Inc.~~  
 (EI# 58-1641057, NAIC # 96229, GA)

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

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

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

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

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

\*Temple Insurance Company Limited  
Arizona Health Plan, Inc.  
Healthsource Properties, Inc.

Managed Care Consultants, Inc.  
Cigna Benefit Technology Solutions, Inc.  
Sagamore Health Network, Inc.

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

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

Cigna Healthcare, Inc.

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

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

CG Mystic Center LLC  
Station Landing LLC  
CG Mystic Land LLC

CG Skyline, LLC  
Skyline ND/CG LLC  
Skyline Mezzanine Borrower, LLC  
Skyline at Station Landing, LLC

Careallies, LLC  
CG Bayport LLC  
Bayport Colony Apartments LLC  
Cigna Onsite Health, LLC  
Gillette Ridge Community Council, Inc.  
Gillette Ridge Golf LLC  
Hazard Center Investment Company LLC  
Tel-Drug of Pennsylvania, LLC

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

GRG Acquisitions LLC  
Cigna Affiliates Realty Investment Group, LLC  
(EI# 27-5402196, DE)  
    CR Longwood Investors, LP  
        ND/CR Longwood LLC  
            ARE/ND/CR Longwood LLC  
Secor Properties, LP  
Transwestern Federal Holdings, L.L.C.  
    Transwestern Federal, L.L.C.  
Market Street Residential Holdings LLC  
    Arborpoint at Market Street LLC  
Diamondview Tower CM-CG LLC  
CR Washington Street Investors LP  
Dulles Town Center Mall, LLC  
  
ND/CR Unicorn LLC  
Union Wharf Apartments LLC  
AMD Apartments Limited Partnership  
SP Newport Crossing LLC  
PUR Arbors Apartments Venture LLC  
CG Seventh Street, LLC  
Ideal Properties II LLC  
Alessandro Partners, LLC  
Mallory Square Partners I, LLC  
Houston Briar Forest Apartments Limited Partnership  
Newtown Partners II, LP  
Newtown Square GP LLC  
AFA Apartments Limited Partnership  
SB-SNH LLC  
    680 Investors LLC  
    685 New Hampshire LLC  
CGGL 18301 LLC  
  
222 Main Street Caring GP LLC  
222 Main Street Investors LP  
Notch 8 Residential, L.L.C.  
UVL, LLC  
3601 North Fairfax Drive Associates, LLC

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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CI Perris 151, LLC  
 Lakehills CM - CG LLC  
 Affiliated Hotel Subsidiary LLC  
 CGGL 6280 LLC  
 Berewick Apartments LLC  
 CIG-LEI Ygnacio Associates LLC  
 CGGL Orange Collection LLC  
     |CGGL Chapman LLC  
     |CGGL City Parkway LLC  
 Heights at Bear Creek Venture LLC

CORAC LLC

Bridgepoint Office Park Associates, LLC  
 (EI# 27-3923999, DE)  
Fairway Center Associates, LLC  
 (EI# 27-3126102, DE)  
Henry on the Park Associates, LLC  
 (EI 27-3582688, DE)

\*Cigna Health and Life Insurance Company  
 (EI # 59-1031071, NAIC # 67369, CT)

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

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

|Olympic Health Management Services, Inc.

|WorldDoc, Inc.

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

Kronos Optimal Health Company  
(20-8064696, AZ)

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

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

|Cigna Direct Marketing Company, Inc.

Tel-Drug, Inc.

Cigna Global Wellbeing Holdings Limited

|Cigna Global Wellbeing Solutions Limited  
Vielife Services, Inc.

CG Individual Tax Benefit Payments, Inc.

CG Life Pension Benefits Payments, Inc.

CG LINA Pension Benefits Payments, Inc.

Cigna Federal Benefits, Inc.

Cigna Healthcare Benefits, Inc.

Cigna Integratedcare, Inc.

Cigna Managed Care Benefits Company

Cigna Re Corporation

|Blodget & Hazard Limited

Cigna Resource Manager, Inc.

Connecticut General Benefit Payments, Inc.

Healthsource Benefits, Inc.

IHN, Inc.

LINA Benefit Payments, Inc.

Mediversal, Inc.

|Universal Claims Administration

CareAllies, Inc.

Cigna Global Holdings, Inc.

Cigna International Corporation, Inc.

Cigna International Services, Inc.

Cigna International Marketing (Thailand) Limited

CGO Participatos LTDA

YCFM Servicos LTDA

\*Cigna Global Reinsurance Company, Ltd.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

Cigna Holdings Overseas, Inc.

Cigna Bellevue Alpha LLC

Cigna Linden Holdings, Inc.

Cigna Laurel Holdings, Ltd.

Cigna Palmetto Holdings, Ltd.

|Cigna Apac Holdings Limited

|Cigna Alder Holdings, LLC

|Cigna Walnut Holdings, Ltd.

Cigna Chestnut Holdings, Ltd.

|\*LINA Life Insurance Company of Korea

|Cigna Korea Foundation

|Cigna International Services Australia Pty Ltd.

Cigna Hong Kong Holdings Company Limited

|Cigna Data Services (Shanghai) Company Limited

|Cigna HLA Technology Services Limited

|\*Cigna Worldwide General Insurance Company Limited

|\*Cigna Worldwide Life Insurance Company Limited

|Cigna International Health Services Sdn Bhd.

|\*Cigna Life Insurance New Zealand Limited

|Grown Ups New Zealand Limited

|\*Cigna Life Insurance Company of Canada (AA-1560515)

|Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)

|LINA Financial Service

RHP (Thailand) Limited

|\*Cigna Brokerage & Marketing (Thailand) Limited

|KDM (Thailand) Limited

|\*Cigna Insurance Public Company Limited

Cigna Taiwan Life Assurance Company Limited

Cigna Myrtle Holdings, Ltd.

|Cigna Elmwood Holdings, SPRL

|Cigna Beechwood Holdings

|Cigna Life Insurance Company of Europe S.A.-N.V.

|Cigna Europe Insurance Company S.A.-N.v.

|Cigna European Services (UK) Limited

|Cigna 2000 UK Pension LTD

|Cigna Oak Holdings, LTD.

Cigna Willow Holdings, LTD.

FirstAssist Administration Limited

Cigna Legal Protection Limited

Cigna Insurance Services (Europe) Ltd.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

Cigna International Health Services, BVBA

Cigna International Health Services, LLC

Cigna International Health Services Kenya Limited

Cigna Sequoia Holdings, SPRL

Cigna Cedar Holdings, Ltd.

Cigna Magnolia Holdings, Ltd.

Cigna Turkey Danismanlik Hizmetleri, A.S

(A/K/A Cigna Turkey Consultancy Services, A.S.)

Cigna Nederland Alpha Cooperatief U.A.

Cigna Nederland Beta B.V.

Cigna Nederland Gamma B.V.

Cigna Finans Emeklilik Ve Hayat A.S.

Cigna Health Solution India Pvt. Ltd.

Cigna Poplar Holdings, Inc.

PT GAR Indonesia

PT PGU Indonesia

\*Cigna Global Insurance Company Limited

Cigna TTK Health Insurance Company Limited

Cigna Saico Benefits Services W.L.L.

\*Cigna Worldwide Insurance Company  
(EI# 23-2088429, NAIC # 90859, DE)

\*PT. Asuransi Cigna

Cigna Teak Holdings, LLC



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# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

## Cigna HealthCare of New Jersey, Inc.

NAIC Group Code 0901 0901 NAIC Company Code 95500 Employer's ID Number 22-2720890  
(Current) (Prior)

Organized under the Laws of New Jersey, State of Domicile or Port of Entry NJ

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 09/30/1986 Commenced Business 02/01/1988

Statutory Home Office 499 Washington Boulevard, 5th Floor, Jersey City, NJ, US 07310-1608  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 900 Cottage Grove Road  
(Street and Number)  
Bloomfield, CT, US 06002, 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 900 Cottage Grove Road  
(Street and Number)  
Bloomfield, CT, US 06002, 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cigna.com

Statutory Statement Contact John Satkowski, 860-226-5634  
(Name) (Area Code) (Telephone Number)  
John.Satkowski@cigna.com, 860-226-6792  
(E-mail Address) (FAX Number)

### OFFICERS

President Thomas J. Martel # Secretary Anna Krishtul  
 VP & Treasurer Scott Ronald Lambert

### OTHER

<u>Thomas John Garvey, Vice President</u>	<u>Michael Todd Crompton, Vice President</u>	<u>Glenn Michael Gerhard, Vice President</u>
<u>Daniel Jules Nicoll, M.D., Vice President</u>	<u>Maureen Hardiman Ryan, Vice President</u>	<u>Edward Vincent Stacey, Jr., Vice President</u>
<u>Mark Paul Fleming, Vice President</u>	<u>Joanne Ruth Hart, Vice President</u>	

### DIRECTORS OR TRUSTEES

Michael Todd Crompton Thomas J. Martel # Peter Wesley McCauley, M.D.

State of \_\_\_\_\_ SS:  
 County of \_\_\_\_\_

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

<u>Michael Todd Crompton</u> Vice President	<u>Anna Krishtul</u> Secretary	<u>Scott Ronald Lambert</u> Vice President & Treasurer
--	-----------------------------------	---

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

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

## SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1 Amount	2 Percentage	3 Amount	4 Securities Lending Reinvested Collateral Amount	5 Total (Col. 3 + 4) Amount	6 Percentage
1. Bonds:						
1.1 U.S. treasury securities .....	2,385,493	33.737	2,385,493	0	2,385,493	33.737
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies .....		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies .....		0.000			0	0.000
1.3 Non-U.S. government (including Canada, excluding mortgaged-backed securities) .....		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S. :						
1.41 States, territories and possessions general obligations .....		0.000			0	0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations .....		0.000			0	0.000
1.43 Revenue and assessment obligations .....	1,147,336	16.226	1,147,336	0	1,147,336	16.226
1.44 Industrial development and similar obligations .....		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA .....		0.000			0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC .....		0.000			0	0.000
1.513 All other .....		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA .....		0.000			0	0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521 .....		0.000			0	0.000
1.523 All other .....		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities) .....		0.000			0	0.000
2.2 Unaffiliated non-U.S. securities (including Canada) .....		0.000			0	0.000
2.3 Affiliated securities .....		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds .....		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated .....		0.000			0	0.000
3.22 Unaffiliated .....		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated .....		0.000			0	0.000
3.32 Unaffiliated .....		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated .....		0.000			0	0.000
3.42 Unaffiliated .....		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated .....		0.000			0	0.000
3.52 Unaffiliated .....		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development .....		0.000			0	0.000
4.2 Agricultural .....		0.000			0	0.000
4.3 Single family residential properties .....		0.000			0	0.000
4.4 Multifamily residential properties .....		0.000			0	0.000
4.5 Commercial loans .....		0.000			0	0.000
4.6 Mezzanine real estate loans .....		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company .....		0.000	0		0	0.000
5.2 Property held for production of income (including \$ .....0 of property acquired in satisfaction of debt) .....		0.000	0		0	0.000
5.3 Property held for sale (including \$ .....0 property acquired in satisfaction of debt) .....		0.000	0		0	0.000
6. Contract loans .....		0.000	0		0	0.000
7. Derivatives .....		0.000	0		0	0.000
8. Receivables for securities .....		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral) .....		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments .....	3,537,971	50.036	3,537,971	0	3,537,971	50.036
11. Other invested assets .....		0.000			0	0.000
12. Total invested assets	7,070,800	100.000	7,070,800	0	7,070,800	100.000

Schedule A - Verification - Real Estate

**NONE**

Schedule B - Verification - Mortgage Loans

**NONE**

**SCHEDULE BA - VERIFICATION BETWEEN YEARS**

Other Long-Term Invested Assets

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

**NONE**

**SCHEDULE D - VERIFICATION BETWEEN YEARS**

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year .....	3,568,048
2.	Cost of bonds and stocks acquired, Part 3, Column 7 .....	
3.	Accrual of discount .....	0
4.	Unrealized valuation increase (decrease):	
	4.1. Part 1, Column 12 .....	0
	4.2. Part 2, Section 1, Column 15 .....	
	4.3. Part 2, Section 2, Column 13 .....	
	4.4. Part 4, Column 11 .....	0
5.	Total gain (loss) on disposals, Part 4, Column 19 .....	
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7 .....	
7.	Deduct amortization of premium .....	35,219
8.	Total foreign exchange change in book/adjusted carrying value:	
	8.1. Part 1, Column 15 .....	0
	8.2. Part 2, Section 1, Column 19 .....	
	8.3. Part 2, Section 2, Column 16 .....	
	8.4. Part 4, Column 15 .....	0
9.	Deduct current year's other than temporary impairment recognized:	
	9.1. Part 1, Column 14 .....	0
	9.2. Part 2, Section 1, Column 17 .....	
	9.3. Part 2, Section 2, Column 14 .....	
	9.4. Part 4, Column 13 .....	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	3,532,829
11.	Deduct total nonadmitted amounts .....	0
12.	Statement value at end of current period (Line 10 minus Line 11) .....	3,532,829

## SCHEDULE D - SUMMARY BY COUNTRY

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

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
<b>BONDS</b>					
Governments (Including all obligations guaranteed by governments)	1. United States .....	2,385,493	2,393,926	2,389,760	2,375,000
	2. Canada .....				
	3. Other Countries .....				
	4. Totals	2,385,493	2,393,926	2,389,760	2,375,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5. Totals				
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6. Totals				
U.S. Special Revenue and Special Assessment Obligations and all Non- Guaranteed Obligations of Agencies and Authorities of Governments and their Political Subdivisions	7. Totals	1,147,337	1,125,696	1,235,062	1,015,000
Industrial and Miscellaneous, SVO Identified Funds and Hybrid Securities (unaffiliated)	8. United States .....				
	9. Canada .....				
	10. Other Countries .....				
	11. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	12. Totals				
	13. Total Bonds	3,532,830	3,519,622	3,624,822	3,390,000
<b>PREFERRED STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	14. United States .....				
	15. Canada .....				
	16. Other Countries .....				
	17. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	18. Totals				
	19. Total Preferred Stocks	0	0	0	0
<b>COMMON STOCKS</b>					
Industrial and Miscellaneous (unaffiliated)	20. United States .....				
	21. Canada .....				
	22. Other Countries .....				
	23. Totals	0	0	0	0
Parent, Subsidiaries and Affiliates	24. Totals				
	25. Total Common Stocks	0	0	0	0
	26. Total Stocks	0	0	0	0
	27. Total Bonds and Stocks	3,532,830	3,519,622	3,624,822	



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>1. U.S. Governments</b>												
1.1 NAIC 1	3,199,585	2,385,493				XXX	5,585,078	83.0	2,387,588	66.9	5,585,078	0
1.2 NAIC 2						XXX	0	0.0		0.0		0
1.3 NAIC 3						XXX	0	0.0		0.0		0
1.4 NAIC 4						XXX	0	0.0		0.0		0
1.5 NAIC 5						XXX	0	0.0		0.0		0
1.6 NAIC 6						XXX	0	0.0		0.0		0
1.7 Totals	3,199,585	2,385,493	0	0	0	XXX	5,585,078	83.0	2,387,588	66.9	5,585,078	0
<b>2. All Other Governments</b>												
2.1 NAIC 1						XXX	0	0.0		0.0		0
2.2 NAIC 2						XXX	0	0.0		0.0		0
2.3 NAIC 3						XXX	0	0.0		0.0		0
2.4 NAIC 4						XXX	0	0.0		0.0		0
2.5 NAIC 5						XXX	0	0.0		0.0		0
2.6 NAIC 6						XXX	0	0.0		0.0		0
2.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions etc., Guaranteed</b>												
3.1 NAIC 1						XXX	0	0.0		0.0		0
3.2 NAIC 2						XXX	0	0.0		0.0		0
3.3 NAIC 3						XXX	0	0.0		0.0		0
3.4 NAIC 4						XXX	0	0.0		0.0		0
3.5 NAIC 5						XXX	0	0.0		0.0		0
3.6 NAIC 6						XXX	0	0.0		0.0		0
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 NAIC 1						XXX	0	0.0		0.0		0
4.2 NAIC 2						XXX	0	0.0		0.0		0
4.3 NAIC 3						XXX	0	0.0		0.0		0
4.4 NAIC 4						XXX	0	0.0		0.0		0
4.5 NAIC 5						XXX	0	0.0		0.0		0
4.6 NAIC 6						XXX	0	0.0		0.0		0
4.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations, etc., Non-Guaranteed</b>												
5.1 NAIC 1		1,147,336				XXX	1,147,336	17.0	1,180,460	33.1	1,147,336	0
5.2 NAIC 2						XXX	0	0.0		0.0		0
5.3 NAIC 3						XXX	0	0.0		0.0		0
5.4 NAIC 4						XXX	0	0.0		0.0		0
5.5 NAIC 5						XXX	0	0.0		0.0		0
5.6 NAIC 6						XXX	0	0.0		0.0		0
5.7 Totals	0	1,147,336	0	0	0	XXX	1,147,336	17.0	1,180,460	33.1	1,147,336	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

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

NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.7	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
<b>10. Total Bonds Current Year</b>												
10.1 NAIC 1	(d) 3,199,585	3,532,829	0	0	0	0	6,732,414	100.0	XXX	XXX	6,732,414	0
10.2 NAIC 2	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.3 NAIC 3	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 NAIC 4	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 NAIC 5	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 NAIC 6	(d) 0	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	3,199,585	3,532,829	0	0	0	0	(b) 6,732,414	100.0	XXX	XXX	6,732,414	0
10.8 Line 10.7 as a % of Col. 7	47.5	52.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>												
11.1 NAIC 1	0	1,180,460	2,387,588	0	0	XXX	XXX	XXX	3,568,048	100.0	3,568,048	0
11.2 NAIC 2						XXX	XXX	XXX	0	0.0	0	0
11.3 NAIC 3						XXX	XXX	XXX	0	0.0	0	0
11.4 NAIC 4						XXX	XXX	XXX	0	0.0	0	0
11.5 NAIC 5						XXX	XXX	XXX	(c) 0	0.0	0	0
11.6 NAIC 6						XXX	XXX	XXX	(c) 0	0.0	0	0
11.7 Totals	0	1,180,460	2,387,588	0	0	XXX	XXX	XXX	(b) 3,568,048	100.0	3,568,048	0
11.8 Line 11.7 as a % of Col. 9	0.0	33.1	66.9	0.0	0.0	XXX	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>												
12.1 NAIC 1	3,199,585	3,532,829	0	0	0	0	6,732,414	100.0	3,568,048	100.0	6,732,414	XXX
12.2 NAIC 2							0	0.0	0	0.0	0	XXX
12.3 NAIC 3							0	0.0	0	0.0	0	XXX
12.4 NAIC 4							0	0.0	0	0.0	0	XXX
12.5 NAIC 5							0	0.0	0	0.0	0	XXX
12.6 NAIC 6							0	0.0	0	0.0	0	XXX
12.7 Totals	3,199,585	3,532,829	0	0	0	0	6,732,414	100.0	3,568,048	100.0	6,732,414	XXX
12.8 Line 12.7 as a % of Col. 7	47.5	52.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7, Section 10	47.5	52.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>												
13.1 NAIC 1	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 NAIC 2	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ \_\_\_\_\_ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
 (b) Includes \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with Z designations and \$ \_\_\_\_\_, current year \$ \_\_\_\_\_ prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.  
 (c) Includes \$ \_\_\_\_\_ current year, \$ \_\_\_\_\_ prior year of bonds with 5\* designations and \$ \_\_\_\_\_, current year \$ \_\_\_\_\_ prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.  
 (d) Includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 3,199,585 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.6	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>1. U.S. Governments</b>												
1.1 Issuer Obligations .....	3,199,585	2,385,493				XXX	5,585,078	83.0	2,387,588	66.9	5,585,078	0
1.2 Residential Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
1.3 Commercial Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
1.4 Other Loan-Backed and Structured Securities .....						XXX	0	0.0		0.0		0
1.5 Totals	3,199,585	2,385,493	0	0	0	XXX	5,585,078	83.0	2,387,588	66.9	5,585,078	0
<b>2. All Other Governments</b>												
2.1 Issuer Obligations .....						XXX	0	0.0		0.0		0
2.2 Residential Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
2.3 Commercial Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
2.4 Other Loan-Backed and Structured Securities .....						XXX	0	0.0		0.0		0
2.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>3. U.S. States, Territories and Possessions, Guaranteed</b>												
3.1 Issuer Obligations .....						XXX	0	0.0		0.0		0
3.2 Residential Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
3.3 Commercial Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
3.4 Other Loan-Backed and Structured Securities .....						XXX	0	0.0		0.0		0
3.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed</b>												
4.1 Issuer Obligations .....						XXX	0	0.0		0.0		0
4.2 Residential Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
4.3 Commercial Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
4.4 Other Loan-Backed and Structured Securities .....						XXX	0	0.0		0.0		0
4.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>5. U.S. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed</b>												
5.1 Issuer Obligations .....		1,147,336				XXX	1,147,336	17.0	1,180,460	33.1	1,147,336	0
5.2 Residential Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
5.3 Commercial Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
5.4 Other Loan-Backed and Structured Securities .....						XXX	0	0.0		0.0		0
5.5 Totals	0	1,147,336	0	0	0	XXX	1,147,336	17.0	1,180,460	33.1	1,147,336	0
<b>6. Industrial and Miscellaneous</b>												
6.1 Issuer Obligations .....						XXX	0	0.0		0.0		0
6.2 Residential Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
6.3 Commercial Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
6.4 Other Loan-Backed and Structured Securities .....						XXX	0	0.0		0.0		0
6.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>7. Hybrid Securities</b>												
7.1 Issuer Obligations .....						XXX	0	0.0		0.0		0
7.2 Residential Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
7.3 Commercial Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
7.4 Other Loan-Backed and Structured Securities .....						XXX	0	0.0		0.0		0
7.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
<b>8. Parent, Subsidiaries and Affiliates</b>												
8.1 Issuer Obligations .....						XXX	0	0.0		0.0		0
8.2 Residential Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
8.3 Commercial Mortgage-Backed Securities .....						XXX	0	0.0		0.0		0
8.4 Other Loan-Backed and Structured Securities .....						XXX	0	0.0		0.0		0
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

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

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 No Maturity Date	7 Total Current Year	8 Col. 7 as a % of Line 10.6	9 Total from Col. 6 Prior Year	10 % From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed
<b>9. SVO Identified Funds</b>												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		0
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX		0
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
<b>10. Total Bonds Current Year</b>												
10.1 Issuer Obligations	3,199,585	3,532,829	0	0	0	XXX	6,732,414	100.0	XXX	XXX	6,732,414	0
10.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	XXX	XXX	0	0
10.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals	3,199,585	3,532,829	0	0	0	0	6,732,414	100.0	XXX	XXX	6,732,414	0
10.7 Line 10.6 as a % of Col. 7	47.5	52.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
<b>11. Total Bonds Prior Year</b>												
11.1 Issuer Obligations	0	1,180,460	2,387,588	0	0	XXX	XXX	XXX	3,568,048	100.0	3,568,048	0
11.2 Residential Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
11.3 Commercial Mortgage-Backed Securities						XXX	XXX	XXX	0	0.0	0	0
11.4 Other Loan-Backed and Structured Securities						XXX	XXX	XXX	0	0.0	0	0
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11.6 Totals	0	1,180,460	2,387,588	0	0	XXX	XXX	XXX	3,568,048	100.0	3,568,048	0
11.7 Line 11.6 as a % of Col. 9	0.0	33.1	66.9	0.0	0.0	XXX	XXX	XXX	100.0	XXX	100.0	0.0
<b>12. Total Publicly Traded Bonds</b>												
12.1 Issuer Obligations	3,199,585	3,532,829				XXX	6,732,414	100.0	3,568,048	100.0	6,732,414	XXX
12.2 Residential Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
12.3 Commercial Mortgage-Backed Securities						XXX	0	0.0	0	0.0	0	XXX
12.4 Other Loan-Backed and Structured Securities						XXX	0	0.0	0	0.0	0	XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX	0	XXX
12.6 Totals	3,199,585	3,532,829	0	0	0	0	6,732,414	100.0	3,568,048	100.0	6,732,414	XXX
12.7 Line 12.6 as a % of Col. 7	47.5	52.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10	47.5	52.5	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
<b>13. Total Privately Placed Bonds</b>												
13.1 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	XXX	0
13.6 Totals	0	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Line 13.6 as a % of Col. 7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

**SCHEDULE DA - VERIFICATION BETWEEN YEARS**

Short-Term Investments

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

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

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

**NONE**

Schedule DB - Part B - Verification - Futures Contracts

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

**SCHEDULE E - VERIFICATION BETWEEN YEARS**

(Cash Equivalents)

	1 Total	2 Bonds	3 Other (a)
1. Book/adjusted carrying value, December 31 of prior year .....	0		
2. Cost of cash equivalents acquired .....	20,221,634	20,221,634	0
3. Accrual of discount .....	4,951	4,951	0
4. Unrealized valuation increase (decrease) .....	0		
5. Total gain (loss) on disposals .....	0		
6. Deduct consideration received on disposals .....	17,027,000	17,027,000	0
7. Deduct amortization of premium .....	0		
8. Total foreign exchange change in book/adjusted carrying value .....	0		
9. Deduct current year's other than temporary impairment recognized .....	0		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	3,199,585	3,199,585	0
11. Deduct total nonadmitted amounts .....	0		
12. Statement value at end of current period (Line 10 minus Line 11)	3,199,585	3,199,585	0

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



Schedule A - Part 1 - Real Estate Owned

**NONE**

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

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

Schedule B - Part 1 - Mortgage Loans Owned

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE D - PART 1**

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

1	2	Codes			6	7	Fair Value		10	11	Change in Book/Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	C o d e	F o r e i g n	Bond Char	NAIC Des.	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization) Accretion	Current Year's Other-Than-Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Stated Contractual Maturity Date
912828-F2-1	US TREASURY N/B				1	2,389,760	100.7970	2,393,926	2,375,000	2,385,493	0	(2,096)	0	0	2.125	2.027	MS	12,894	50,469	12/05/2014	09/30/2021
0199999. Subtotal - Bonds - U.S. Governments - Issuer Obligations						2,389,760	XXX	2,393,926	2,375,000	2,385,493	0	(2,096)	0	0	XXX	XXX	XXX	12,894	50,469	XXX	XXX
0599999. Total - U.S. Government Bonds						2,389,760	XXX	2,393,926	2,375,000	2,385,493	0	(2,096)	0	0	XXX	XXX	XXX	12,894	50,469	XXX	XXX
1099999. Total - All Other Government Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
1799999. Total - U.S. States, Territories and Possessions Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
2499999. Total - U.S. Political Subdivisions Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
365418-CJ-4	GARDEN STATE PRESERVATION TRUS	.SD			.1FE	973,448	110.9060	887,248	800,000	904,305	0	(26,107)	0	0	5.250	1.720	MN	7,000	42,000	04/21/2014	11/01/2020
365418-CJ-4	GARDEN STATE PRESERVATION TRUS				.1FE	261,614	110.9060	238,448	215,000	243,032	0	(7,016)	0	0	5.250	1.720	MN	1,881	11,288	04/21/2014	11/01/2020
2599999. Subtotal - Bonds - U.S. Special Revenues - Issuer Obligations						1,235,062	XXX	1,125,696	1,015,000	1,147,337	0	(33,123)	0	0	XXX	XXX	XXX	8,881	53,288	XXX	XXX
3199999. Total - U.S. Special Revenues Bonds						1,235,062	XXX	1,125,696	1,015,000	1,147,337	0	(33,123)	0	0	XXX	XXX	XXX	8,881	53,288	XXX	XXX
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
4899999. Total - Hybrid Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
5599999. Total - Parent, Subsidiaries and Affiliates Bonds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
6099999. Subtotal - SVO Identified Funds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7799999. Total - Issuer Obligations						3,624,822	XXX	3,519,622	3,390,000	3,532,830	0	(35,219)	0	0	XXX	XXX	XXX	21,775	103,757	XXX	XXX
7899999. Total - Residential Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7999999. Total - Commercial Mortgage-Backed Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8099999. Total - Other Loan-Backed and Structured Securities						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8199999. Total - SVO Identified Funds						0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8399999 - Total Bonds						3,624,822	XXX	3,519,622	3,390,000	3,532,830	0	(35,219)	0	0	XXX	XXX	XXX	21,775	103,757	XXX	XXX

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule D - Part 6 - Section 2

**NONE**

Schedule DA - Part 1 - Short-Term Investments Owned

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**NONE**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE E - PART 1 - CASH**

1	2	3	4	5	6	7
Depository	Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
J.P. Morgan Chase Bank, N.A. New York, NY					338,386	XXX
0199998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories	XXX	XXX				XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	338,386	XXX
0299998 Deposits in ... depositories which do not exceed the allowable limit in any one depository (See instructions) - suspended depositories	XXX	XXX				XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	338,386	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX		XXX
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0599999 Total - Cash	XXX	XXX	0	0	338,386	XXX

**TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR**

1. January.....	29,597	4. April.....	413,436	7. July.....	241,991	10. October.....	96,280
2. February.....	137,266	5. May.....	322,599	8. August.....	92,576	11. November.....	120,844
3. March.....	310,844	6. June.....	172,985	9. September.....	(742,858)	12. December.....	338,386



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

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ	B Stat deposit	904,305	887,248	0	0
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Alien and Other	OT	XXX	0	0	0	0
59. Subtotal	XXX	XXX	904,305	887,248	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX	0	0	0	0

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# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016  
OF THE CONDITION AND AFFAIRS OF THE

## Cigna HealthCare of New Jersey, Inc.

NAIC Group Code 0901 0901 NAIC Company Code 95500 Employer's ID Number 22-2720890  
(Current) (Prior)

Organized under the Laws of New Jersey, State of Domicile or Port of Entry NJ

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 09/30/1986 Commenced Business 02/01/1988

Statutory Home Office 499 Washington Boulevard, 5th Floor, Jersey City, NJ, US 07310-1608  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 900 Cottage Grove Road  
(Street and Number)  
Bloomfield, CT, US 06002, 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 900 Cottage Grove Road  
(Street and Number)  
Bloomfield, CT, US 06002, 860-226-6000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cigna.com

Statutory Statement Contact John Satkowski, 860-226-5634  
(Name) (Area Code) (Telephone Number)  
John.Satkowski@cigna.com, 860-226-6792  
(E-mail Address) (FAX Number)

### OFFICERS

President Thomas J. Martel # Secretary Anna Krishtul  
 VP & Treasurer Scott Ronald Lambert

### OTHER

<u>Thomas John Garvey, Vice President</u>	<u>Michael Todd Crompton, Vice President</u>	<u>Glenn Michael Gerhard, Vice President</u>
<u>Daniel Jules Nicoll, M.D., Vice President</u>	<u>Maureen Hardiman Ryan, Vice President</u>	<u>Edward Vincent Stacey, Jr., Vice President</u>
<u>Mark Paul Fleming, Vice President</u>	<u>Joanne Ruth Hart, Vice President</u>	

### DIRECTORS OR TRUSTEES

Michael Todd Crompton Thomas J. Martel # Peter Wesley McCauley, M.D.

State of \_\_\_\_\_ SS:  
 County of \_\_\_\_\_

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

<u>Michael Todd Crompton</u> Vice President	<u>Anna Krishtul</u> Secretary	<u>Scott Ronald Lambert</u> Vice President & Treasurer
--	-----------------------------------	---

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

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.  
**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	41,130	(4,208)	(1,538)	12,983	13,361	35,006
0299999. Total group	41,130	(4,208)	(1,538)	12,983	13,361	35,006
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	41,130	(4,208)	(1,538)	12,983	13,361	35,006

Exhibit 3 - Health Care Receivables

**NONE**

Exhibit 3A - Health Care Receivables Collected and Accrued

**NONE**

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	91,000	0	0	0	0	91,000
0499999. Subtotals	91,000	0	0	0	0	91,000
0599999. Unreported claims and other claim reserves						402,932
0699999. Total amounts withheld						
0799999. Total claims unpaid						493,932
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
.....						
0899999 Accrued medical incentive pool and bonus amounts						

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

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
CIGNA Corporation	106,348	0	0	0	0	106,348	0
0199999. Individually listed receivables	106,348	0	0	0	0	106,348	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	106,348	0	0	0	0	106,348	0

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>NONE</b>				
0399999 Total gross payables				

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.  
**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	0	0.0		0.0		
2. Intermediaries .....	30,833	0.9	1,077	822.0	25,952	4,881
3. All other providers .....	17,959	0.5	627	478.8	0	17,959
4. Total capitation payments .....	48,792	1.4	1,704	1,300.8	25,952	22,841
<b>Other Payments:</b>						
5. Fee-for-service .....	278,800	7.8	XXX	XXX	0	278,800
6. Contractual fee payments .....	3,239,732	90.8	XXX	XXX	0	3,239,732
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	3,518,532	98.6	XXX	XXX	0	3,518,532
13. TOTAL (Line 4 plus Line 12)	3,567,324	100%	XXX	XXX	25,952	3,541,373

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

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	CIGNA Behavioral Health .....	25,952	2,163	0	0
	CareCentrix .....	4,308	359	0	0
9999999 Totals		30,260	XXX	XXX	XXX



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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Cigna HealthCare of New Jersey, Inc.

2. Jersey City, NJ

NAIC Group Code	0901	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Jersey		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	150	33	117	0	0	0	0	0	0	0		
2. First Quarter .....	157	50	107	0	0	0	0	0	0	0		
3. Second Quarter .....	134	47	87	0	0	0	0	0	0	0		
4. Third Quarter .....	130	45	85	0	0	0	0	0	0	0		
5. Current Year	131	48	83	0	0	0	0	0	0	0		
6. Current Year Member Months	1,697	554	1,143	0	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	2,271	1,971	300	0	0	0	0	0	0	0		
8. Non-Physician .....	18,184	15,778	2,406	0	0	0	0	0	0	0		
9. Total	20,455	17,749	2,706	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	74	64	10	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b) .....	3,904,394	3,116,456	787,938	0	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	3,904,394	3,116,456	787,938	0	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	3,567,324	3,226,230	341,094	0	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	3,866,824	3,578,219	288,605	0	0	0	0	0	0	0		

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

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



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Cigna HealthCare of New Jersey, Inc.

2. Jersey City, NJ

NAIC Group Code	0901	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total			DURING THE YEAR				2016	NAIC Company Code		95500
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
<b>Total Members at end of:</b>													
1. Prior Year .....	150	33	117	0	0	0	0	0	0	0			
2. First Quarter .....	157	50	107	0	0	0	0	0	0	0			
3. Second Quarter .....	134	47	87	0	0	0	0	0	0	0			
4. Third Quarter .....	130	45	85	0	0	0	0	0	0	0			
5. Current Year	131	48	83	0	0	0	0	0	0	0			
6. Current Year Member Months	1,697	554	1,143	0	0	0	0	0	0	0			
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician .....	2,271	1,971	300	0	0	0	0	0	0	0			
8. Non-Physician .....	18,184	15,778	2,406	0	0	0	0	0	0	0			
9. Total	20,455	17,749	2,706	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	74	64	10	0	0	0	0	0	0	0			
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0			
12. Health Premiums Written (b) .....	3,904,394	3,116,456	787,938	0	0	0	0	0	0	0			
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0			
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0			
15. Health Premiums Earned .....	3,904,394	3,116,456	787,938	0	0	0	0	0	0	0			
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0			
17. Amount Paid for Provision of Health Care Services .....	3,567,324	3,226,230	341,094	0	0	0	0	0	0	0			
18. Amount Incurred for Provision of Health Care Services	3,866,824	3,578,219	288,605	0	0	0	0	0	0	0			

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

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

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
67369	59-1031071	01/01/2001	Cigna Health and Life Insurance Co.	CT	ASL/L/G	SLEL	13,440	0	0	0	0	0	0
0299999. General Account - Authorized U.S. Affiliates - Other							13,440	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							13,440	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							13,440	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							0	0	0	0	0	0	0
1199999. Total General Account Authorized							13,440	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							13,440	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							13,440	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							13,440	0	0	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	13	18	20	38	39
2. Title XVIII - Medicare .....	0	0	0	0	0
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....					
5. Total hospital and medical expenses .....	69	209		141	
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	0	0	0	0	0
8. Reinsurance recoverable on paid losses .....	0	0	0	13	0
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....			0		
18. Funds deposited by and withheld from (F) .....			0		
19. Letters of credit (L) .....			0		
20. Trust agreements (T) .....			0		
21. Other (O) .....			0		

**SCHEDULE S - PART 7**

## Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	7,070,800		7,070,800
2. Accident and health premiums due and unpaid (Line 15) .....	2,025,193		2,025,193
3. Amounts recoverable from reinsurers (Line 16.1) .....	685,163		685,163
4. Net credit for ceded reinsurance .....	XXX	0	0
5. All other admitted assets (Balance) .....	551,277		551,277
6. Total assets (Line 28)	10,332,433	0	10,332,433
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	493,932		493,932
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	2,391		2,391
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0		0
14. All other liabilities (Balance) .....	2,613,170		2,613,170
15. Total liabilities (Line 24) .....	3,109,493	0	3,109,493
16. Total capital and surplus (Line 33) .....	7,222,940	XXX	7,222,940
17. Total liabilities, capital and surplus (Line 34)	10,332,433	0	10,332,433
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		0
19. Accrued medical incentive pool .....	0		0
20. Premiums received in advance .....	0		0
21. Reinsurance recoverable on paid losses .....	0		0
22. Other ceded reinsurance recoverables .....	0		0
23. Total ceded reinsurance recoverables .....	0		0
24. Premiums receivable .....	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		0
26. Unauthorized reinsurance .....	0		0
27. Reinsurance with Certified Reinsurers .....	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		0
29. Other ceded reinsurance payables/offsets .....	0		0
30. Total ceded reinsurance payables/offsets .....	0		0
31. Total net credit for ceded reinsurance	0		0



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

Allocated by States and Territories

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
	Cigna Group		06-1058331	1591167	0000701221	US	Cigna Corporation	DE	JLP	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1072796	1591167	0000701221		Cigna Holdings, Inc.	DE	JLP	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0402128	1591167	0000701221		Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1058223	1591167	0000701221		Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-0291385	1591167	0000701221		Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-1914061	1591167	0000701221		Former Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-0861092	1591167	0000701221		Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		01-0947889	1591167	0000701221		Cigna Benefits Financing, Inc.	DE	NIA	Cigna Investments, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-0840391	1591167	0000701221		Connecticut General Corporation	CT	JLP	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-0585518	1591167	0000701221		Benefit Management Corp.	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	12814	20-4433475	1591167	0000701221		Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3851464	1591167	0000701221		Allegiance Re, Inc.	MT	IA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-0400550	1591167	0000701221		Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		71-0916514	1591167	0000701221		Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	0000701221		Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	0000701221		Community Health Network, LLC	MT	NIA	Benefit Management Corp.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		81-0425785	1591167	0000701221		Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000	1591167	0000701221		Star Point, LLC	MT	NIA	Benefit Management Corp.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-1821898	1591167	0000701221		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		76-0628370	1591167	0000701221		NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-1929677	1591167	0000701221		NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	10095	52-2258087	1591167	0000701221		Bravo Health Mid-Atlantic, Inc.	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11254	52-2363406	1591167	0000701221		Bravo Health Pennsylvania, Inc.	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
							HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	12902	20-8534298	1591167	0000701221		HealthSpring of Alabama, Inc.	AL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95781	63-0925225	1591167	0000701221		HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11532	65-1129599	1591167	0000701221		NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		77-0632665	1591167	0000701221		NewQuest Management of Florida, LLC	FL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-4954206	1591167	0000701221		HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-8647386	1591167	0000701221		NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-0633893	1591167	0000701221		TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-3108527	1591167	0000701221		HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-3108521	1591167	0000701221		GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		76-0657035	1591167	0000701221		NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		33-1033586	1591167	0000701221		HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		72-1559530	1591167	0000701221		HealthSpring Management, Inc.	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1540621	1591167	0000701221		HealthSpring of Tennessee, Inc.	TN	IA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11522	22-1593150	1591167	0000701221		Tennessee Quest, LLC	TN	NIA	HealthSpring Management, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		60-5524622	1591167	0000701221		HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2353476	1591167	0000701221		HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2353772	1591167	0000701221		Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-4266628	1591167	0000701221		Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		35-2562415	1591167	0000701221		Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	13733	03-0452349	1591167	0000701221		Cigna Behavioral Health, Inc.	MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		41-1648670	1591167	0000701221		Cigna Behavioral Health of California, Inc.	CA	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		94-3107309	1591167	0000701221		Cigna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-2751090	1591167	0000701221		MCC Independent Practice Association of New York, Inc.	NY	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1346406	1591167	0000701221		Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		59-2308055	1591167	0000701221		Cigna Dental Health Of California, Inc.	CA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		59-2600475	1591167	0000701221		Cigna Dental Health Of Colorado, Inc.	CO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11175	59-2675861	1591167	0000701221		Cigna Dental Health Of Delaware, Inc.	DE	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95380	59-2676987	1591167	0000701221		Cigna Dental Health Of Florida, Inc.	FL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52021	59-1611217	1591167	0000701221						Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0901	Cigna Group		06-1351097	1591167	0000701221		Cigna Dental Health of Illinois, Inc.	IL	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52024	59-2625350	1591167	0000701221		Cigna Dental Health Of Kansas, Inc.	KS	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52108	59-2619589	1591167	0000701221		Cigna Dental Health Of Kentucky, Inc.	KY	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11160	06-1582068	1591167	0000701221		Cigna Dental Health Of Missouri, Inc.	MO	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	11167	59-2308062	1591167	0000701221		Cigna Dental Health Of New Jersey, Inc.	NJ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95179	56-1803464	1591167	0000701221		Cigna Dental Health Of North Carolina, Inc.	NC	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47805	59-2579774	1591167	0000701221		Cigna Dental Health Of Ohio, Inc.	OH	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47041	52-1220578	1591167	0000701221		Cigna Dental Health Of Pennsylvania, Inc.	PA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95037	59-2676977	1591167	0000701221		Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	52617	52-2188914	1591167	0000701221		Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	47013	86-0807222	1591167	0000701221		Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	48119	59-2740468	1591167	0000701221		Cigna Dental Health Of Maryland, Inc.	MD	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1312478	1591167	0000701221		Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0387748	1591167	0000701221		Healthsource, Inc.	DE	LDP	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95125	86-0334392	1591167	0000701221		Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		95-3310115	1591167	0000701221		Cigna HealthCare of California, Inc.	CA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95604	84-1004500	1591167	0000701221		Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95660	06-1141174	1591167	0000701221		Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95136	59-2089259	1591167	0000701221		Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95602	36-3385638	1591167	0000701221		Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		01-0418220	1591167	0000701221		Cigna HealthCare of Maine, Inc.	ME	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0402111	1591167	0000701221		Cigna HealthCare of Massachusetts, Inc.	MA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		52-1404350	1591167	0000701221		Cigna HealthCare Mid-Atlantic, Inc.	MD	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95493	02-0387749	1591167	0000701221		Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95500	22-2720890	1591167	0000701221		Cigna HealthCare of New Jersey, Inc.	NJ	RE	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2301807	1591167	0000701221		Cigna HealthCare of Pennsylvania, Inc.	PA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95635	36-3359925	1591167	0000701221		Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1230908	1591167	0000701221		Cigna HealthCare of Utah, Inc.	UT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	96229	58-1641057	1591167	0000701221		Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95383	74-2767437	1591167	0000701221		Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95525	35-1679172	1591167	0000701221		Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95606	62-1218053	1591167	0000701221		Cigna HealthCare of Tennessee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95132	56-1479515	1591167	0000701221		Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	95708	06-1185590	1591167	0000701221		Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Temple Insurance Company Limited	BMJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		86-3581583	1591167	0000701221		Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0467679	1591167	0000701221		Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0515554	1591167	0000701221		Cigna Benefit Technology Solutions, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		35-1641636	1591167	0000701221		Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		84-0985843	1591167	0000701221		Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		93-1174749	1591167	0000701221		Great-West Healthcare of Illinois, Inc.	IL	IA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		02-0495422	1591167	0000701221		Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	64548	13-2556568	3281743	0000701221		Cigna Life Insurance Company of New York	NY	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	62308	06-0303370	1591167	0000701221		Connecticut General Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-3481107	1591167	0000701221		CG Mystic Center LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Station Landing, LLC	DE	NIA	CG Mystic Center LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		45-3481241	1591167	0000701221		CG Mystic Land LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-3870049	1591167	0000701221		CG Skyline, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Skyline ND/CG LLC	MA	NIA	CG Skyline LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Skyline Mezzanine Borrower LLC	MA	NIA	Skyline ND/CG LLC	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0901	Cigna Group		00-000000	1591167	0000701221		Skyline at Station Landing LLC	MA	NIA	Skyline Mezzanine Borrower LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		26-0180898	1591167	0000701221		CareAllies, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		CG Bayport LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Bayport Colony Apartments LLC	FL	NIA	CG Bayport LLC	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group		32-0222252	1591167	0000701221		Cigna Onsite Health, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		00-000000	1591167	0000701221		Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		20-3700105	1591167	0000701221		Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		52-2149519	1591167	0000701221		Hazard Center Investment Company LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-3074013	1591167	0000701221		TEL-DRUG of Pennsylvania, L.L.C.	PA	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		00-000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-5402196	1591167	0000701221		Cigna Affiliates Realty Investment Group LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		CR Longwood Investors L.P.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	27.030	Charles River Realty Longwood, LLC (non-affiliate)	N	
.0901	Cigna Group		00-000000	1591167	0000701221		ND/CR Longwood LLC	DE	NIA	CR Longwood Investors L.P.	Ownership	95.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		ARE/ND/CR Longwood LLC	DE	NIA	ND / CR Longwood LLC	Ownership	35.000	ARE-MA Region No. 41, LLC (non-affiliate)	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Secon Properties, LP	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N	
.0901	Cigna Group		00-000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	7.616	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Transwestern Federal, L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Market Street Residential Holdings LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Arborpoint at Market Street LLC	DE	NIA	Market Street Residential Holdings LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Diamondview Tower CM-CG LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		CR Washington Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Dulles Town Center Mall, LLC	VA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		ND/CR Unicorn LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	70.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Union Wharf Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		AMD Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		SP Newport Crossing LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		CG Seventh Street LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	87.500	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Ideal Properties II LLC	CA	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0901	Cigna Group		80-0668090	1591167	0000701221		Alessandro Partners, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	95.200	Cigna Corporation	N	
.0901	Cigna Group		80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Newtown Partners II, LP	MD	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	71.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				Newtown Square GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	50.000	Cigna Corporation and Newtown Square	N	
.0901	Cigna Group		00-0000000				AFA Apartments Limited Partnership	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				SB-SNH LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				CGGL 18301 LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		00-0000000				222 Main Street CARING GP LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000				222 Main Street Investors LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		00-0000000				Notch 8 Residential, L.L.C.	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
	Cigna Group		00-0000000				UWL, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	71.400	Cigna Corporation	N	
	Cigna Group		00-0000000				3601 North Fairfax Drive Associates, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		47-4235739				CI Perris 151, LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	75.000	Cigna Corporation	N	
.0901	Cigna Group		47-4375626				Lakehills CM-CG LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		30-0939067				Affiliated Hotel Subsidiary	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	100.000	Cigna Corporation	N	
	Cigna Group		81-2481274				CGGL 6280 LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	85.000	Cigna Corporation	N	
.0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		81-3281922				CGGL Chapman LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		81-4139432				Heights at Bear Creek Venture LLC	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		27-0268530	1591167	0000701221		CORAC, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	50.000	Cigna Corporation	N	
.0901	Cigna Group		27-3923999	1591167	0000701221		Bridgepoint Office Park Associates, LLC	DE	NIA	Corac, LLC	Ownership	90.000	Cigna Corporation	N	
.0901	Cigna Group		27-3126102	1591167	0000701221		Fairway Center Associates, LLC	DE	NIA	Corac, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		27-3582688	1591167	0000701221		Henry on the Park Associates, LLC	DE	NIA	Corac, LLC	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group	67369	59-1031071	1591167	0000701221		Cigna Health and Life Insurance Company	CT	IA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		45-2681649	1591167	0000701221		CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0901	Cigna Group		27-3396038	1591167	0000701221		Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		27-1903785	1591167	0000701221		Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group	61727	34-0970995				Central Reserve Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Central Reserve Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-3744987				QualCare Alliance Networks, Inc.	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		22-3129563				QualCare, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		22-2483867				Scibal Associates, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-1634843				QualCare Captive Insurance Company Inc., PCC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-1801639				QualCare Management Resources Limited	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-2086778				Liability Company	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	77399	13-1867829				Health-Lynx, LLC	IL	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		91-1500758				Sterling Life Insurance Company	IL	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		91-1599329				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		88-0455414				Olympic Health Management Systems, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-1728483	1591167	0000701221		WorldDoc, Inc.	NV	NIA	Cigna Health and Life Insurance Company	Ownership	20.000	Cigna Corporation	N	
.0901	Cigna Group		20-8064696	1591167	0000701221		Cigna Health Management, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group	65498	23-1503749	1591167	0000701221		Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Life Insurance Company of North America	PA	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		58-1136865	1591167	0000701221		Cigna & CMB Life Insurance Company Limited	CHN	IA	Life Insurance Company of North America	Ownership	50.000	Cigna Corporation	Y	
.0901	Cigna Group		46-0427127	1591167	0000701221		Cigna Direct Marketing Company, Inc.	DE	NIA	Life Insurance Company of North America	Ownership	100.000	Cigna Corporation	Y	
.0901	Cigna Group		00-0000000	1591167	0000701221		Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-0463704	1591167	0000701221		Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332403	1591167	0000701221		CG Individual Tax Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332405	1591167	0000701221		CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1332401	1591167	0000701221		CG LINA Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		62-1724116	1591167	0000701221		Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2741293	1591167	0000701221		Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2924152	1591167	0000701221		Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2741294	1591167	0000701221		Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1071502	1591167	0000701221		Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1522976	1591167	0000701221		Blodgett & Hazard Limited		NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1567902	1591167	0000701221		Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1252419	1591167	0000701221		Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1533555	1591167	0000701221		Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		35-2041388	1591167	0000701221		IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		06-1252418	1591167	0000701221		LINA Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		88-0334401	1591167	0000701221		Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		88-0344624	1591167	0000701221		Universal Claims Administration	MT	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		81-2760646				CareAllies, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		51-0389196	1591167	0000701221		Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		51-0111677	1591167	0000701221		Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-2610178	1591167	0000701221		Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		30-3087621	1591167	0000701221		Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group		00-0000000	1591167	0000701221		CGO PARTICIPATOS LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	99.780	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0901	Cigna Group		00-000000	1591167	0000701221		YCFM Servicios LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	56.020	Cigna Corporation	N	
.0901	Cigna Group		AA-3190987	1591167	0000701221		Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		23-3008279	1591167	0000701221		Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	80.000	Cigna Corporation	N	
.0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Palmetto Holdings, Ltd.	BMU	DS	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Apac Holdings Limited	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd.	GBR	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		LINA Life Insurance Company of Korea		IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Korea Foundation		NIA	LINA Life Insurance Company of Korea	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna International Services Australia Pty Ltd	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Data Services (Shanghai) Company Limited	CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna HLA Technology Services Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Worldwide General Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Worldwide Life Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Life Insurance New Zealand Limited	NZL	IA	Cigna International Health Services Sdn. Bhd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		11-9598164				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		AA-1560515	1591167	0000701221		Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)		NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000				LINA Financial Service		NIA	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		RHP (Thailand) Limited	THA	NIA	Cigna Apac Holdings Limited	Ownership	49.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Brokerage & Marketing (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	75.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		KDM (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Insurance Public Company Limited	THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Taiwan Life Assurance Company Limited	TWN	IA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1154657				Cigna Myrtle Holdings, Ltd.	MLT	NIA	Cigna Apac Holdings Limited	Ownership	50.540	Cigna Corporation	N	
.0901	Cigna Group		98-1155943				Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		98-1181787				Cigna Beechwood Holdings	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	N	
.0901	Cigna Group		AA-1240009	1591167	0000701221		Cigna Life Insurance Company of Europe S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Oak Holdings, Ltd.	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Willow Holdings, Ltd.	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Legal Protection Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Insurance Services (Europe) Limited	GBR	NIA	Cigna Willow Holdings, LTD.	Ownership	100.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna International Health Services, BVBA	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna International Health Services, LLC	FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	N	

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

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.0901	Cigna Group		00-000000				Cigna International Health Services Kenya Limited	.KEN	.NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Sequoia Holdings SPRL	.BEL	.NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Cedar Holdings, Ltd.	.MLT	.NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Magnolia Holdings, Ltd.	.BMU	.NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	.TUR	.NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Nederland Alpha Cooperatief U.A.	.NLD	.NIA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Nederland Beta B.V.	.NLD	.NIA	Cigna Nederland Alpha Cooperatief U.A.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Nederland Gamma B.V.	.NLD	.NIA	Cigna Nederland Beta B.V.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Finans Emeklilik Ve Hayat A.S.	.TUR	.NIA	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Health Solution India Pvt. Ltd.	.IND	.NIA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		46-4098800				Cigna Poplar Holdings, Inc.	.DE	.NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		PT GAR Indonesia	.IDN	.NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		PT PGU Indonesia	.IDN	.NIA	PT GAR Indonesia	Ownership	99.990	Cigna Corporation	.N	
.0901	Cigna Group		00-000000	1591167	0000701221		Cigna Global Insurance Company Limited	.GGY	.IA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				CignaTTK Health Insurance Company Limited	.IND	.IA	Cigna Holdings Overseas, Inc.	Ownership	26.000	TTK (non-affiliate)	.N	
.0901	Cigna Group		00-000000				Cigna SAICO Benefits Services W.L.L.	.BHR	.NIA	Cigna Holdings Overseas, Inc.	Ownership	50.000	Cigna Corporation and SAICO (non affiliate)	.N	
.0901	Cigna Group	.90859	23-2088429	1591167	0000701221		Cigna Worldwide Insurance Company	.DE	.IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	.N	
.0901	Cigna Group		AA-5360003	1591167	0000701221		PT. Asuransi Cigna	.IDN	.IA	Cigna Worldwide Insurance Company	Ownership	80.000	Cigna Corporation	.N	
.0901	Cigna Group		00-000000				Cigna Teak Holdings, LLC	.DE	.NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	.N	

Asterisk	Explanation



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	06-1059331	Cigna Corporation	579,700,000	(22,000,000)	.0	193,500	(32,151,105)	.0	.0	.0	525,742,395	.0
	06-1072796	Cigna Holdings, Inc.	1,177,942,490	(289,085,000)	.0	.0	(1,676,519)	.0	.0	.0	887,180,971	.0
	51-0402128	Cigna Intellectual Property, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	06-1095823	Cigna Investment Group, Inc.	(3,642,490)	.0	.0	.0	.0	.0	.0	.0	(3,642,490)	.0
	52-0291385	Cigna International Finance, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	23-1914061	Former Cigna Investments, Inc	.0	.0	.0	.0	2,188,846	.0	.0	.0	2,188,846	.0
	06-0861092	Cigna Investments, Inc.	.0	.0	.0	.0	39,103,604	.0	.0	.0	39,103,604	.0
	01-0947889	Cigna Benefits Financing, Inc.	.0	.0	.0	.0	2,160,000	.0	.0	.0	2,160,000	.0
	06-0840391	Connecticut General Corporation	28,750,000	(28,750,000)	.0	.0	59,958,538	.0	.0	.0	59,958,538	.0
	81-0585518	Benefit Management Corp.	(5,000,000)	.0	.0	.0	.0	.0	.0	.0	(5,000,000)	.0
12814	20-4433475	Allegiance Life & Health Insurance Company	.0	.0	.0	.0	(1,845,897)	234,290	.0	.0	(1,611,607)	29,632
	20-3851464	Allegiance Re, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	81-0400550	Allegiance Benefit Plan Management, Inc.	.0	.0	.0	.0	416,213	.0	.0	.0	416,213	.0
	71-0916514	Allegiance COBRA Services, Inc.	.0	.0	.0	.0	660	.0	.0	.0	660	.0
	00-0000000	Allegiance Provider Direct, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Community Health Network, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	81-0425785	Intermountain Underwriters, Inc.	.0	.0	.0	.0	33,301	.0	.0	.0	33,301	.0
	00-0000000	Star Point, LLC	.0	.0	.0	.0	88,717	.0	.0	.0	88,717	.0
	20-1821898	HealthSpring, Inc.	.0	.0	.0	.0	(8,972,596)	.0	.0	.0	(8,972,596)	.0
	76-0628370	NewQuest, LLC	(21,250,000)	.0	.0	.0	(228,572)	.0	.0	.0	(21,478,572)	.0
	52-1929677	NewQuest Management Northeast, LLC	.0	.0	.0	.0	116,482,363	.0	.0	.0	116,482,363	.0
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.	.0	.0	.0	.0	(27,192,370)	.0	.0	.0	(27,192,370)	.0
11254	52-2363406	Bravo Health Pennsylvania, Inc.	.0	.0	.0	.0	(87,876,040)	.0	.0	.0	(87,876,040)	.0
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	.0	.0	.0	.0	(315,770,121)	.0	.0	.0	(315,770,121)	.0
95781	63-0925225	HealthSpring of Alabama, Inc.	.0	.0	.0	.0	(101,795,691)	.0	.0	.0	(101,795,691)	.0
11532	65-1129599	HealthSpring of Florida, Inc.	.0	.0	.0	.0	(118,602,443)	.0	.0	.0	(118,602,443)	.0
	77-0632665	NewQuest Management of Illinois, LLC	(4,000,000)	.0	.0	.0	60,278,356	.0	.0	.0	56,278,356	.0
	20-4954206	NewQuest Management of Florida, LLC	(12,000,000)	.0	.0	.0	93,829,309	.0	.0	.0	81,829,309	.0
	20-8647386	HealthSpring Management of America, LLC	(10,500,000)	.0	.0	.0	458,155,940	.0	.0	.0	447,655,940	.0
	45-0633893	NewQuest Management of West Virginia, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	75-3108527	TexQuest, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	75-3108521	HouQuest, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	76-0657035	GulfQuest, LP	(95,000,000)	.0	.0	.0	(16,389)	.0	.0	.0	(95,016,389)	.0
	33-1033586	NewQuest Management of Alabama, LLC	(20,000,000)	.0	.0	.0	177,437,738	.0	.0	.0	157,437,738	.0
	72-1559530	HealthSpring USA, LLC	(10,000,000)	.0	.0	.0	17,324,625	.0	.0	.0	7,324,625	.0
	62-1540621	HealthSpring Management, Inc.	.0	.0	.0	.0	159,591,437	.0	.0	.0	159,591,437	.0
11522	62-1593150	HealthSpring of Tennessee, Inc.	.0	.0	.0	.0	(259,642,995)	.0	.0	.0	(259,642,995)	.0
	20-5524622	Tennessee Quest, LLC	(6,000,000)	.0	.0	.0	(884)	.0	.0	.0	(6,000,884)	.0
	26-2353476	HealthSpring Pharmacy Services, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	20-4266628	Home Physicians Management, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	35-2562415	Alegis Care Services, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13733	03-0452349	Cigna Arbor Life Insurance Company	.0	.0	.0	.0	(7,355)	.0	.0	.0	(7,355)	.0
	41-1648670	Cigna Behavioral Health, Inc.	(75,000,000)	.0	.0	.0	(61,107,900)	.0	.0	.0	(136,107,900)	.0
	94-3107309	Cigna Behavioral Health of California, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	75-2751090	Cigna Behavioral Health of Texas, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	06-1346406	MCC Independent Practice Association of New York, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	59-2308055	Cigna Dental Health, Inc.	(11,425,000)	.0	.0	.0	28,026,652	.0	.0	.0	16,601,652	.0
	59-2600475	Cigna Dental Health Of California, Inc.	(8,700,000)	.0	.0	(147,500)	(318,302)	.0	.0	.0	(9,165,802)	.0
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(1,250,000)	.0	.0	.0	(969,492)	.0	.0	.0	(2,219,492)	.0
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.	.0	.0	.0	.0	(24,114)	.0	.0	.0	(24,114)	.0
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(7,000,000)	.0	.0	.0	(3,505,721)	.0	.0	.0	(10,505,721)	.0
	06-1351097	Cigna Dental Health of Illinois, Inc.	.0	.0	.0	(23,000)	.0	.0	.0	.0	(23,000)	.0
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(750,000)	.0	.0	.0	(165,536)	.0	.0	.0	(915,536)	.0
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(2,200,000)	.0	.0	.0	(1,114,110)	.0	.0	.0	(3,314,110)	.0
11160	06-1582068	Cigna Dental Health Of Missouri, Inc.	(475,000)	.0	.0	.0	(468,556)	.0	.0	.0	(943,556)	.0
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(500,000)	.0	.0	.0	(1,411,340)	.0	.0	.0	(1,911,340)	.0
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.	.0	.0	.0	.0	(502,114)	.0	.0	.0	(502,114)	.0
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(2,800,000)	.0	.0	.0	(865,755)	.0	.0	.0	(3,665,755)	.0
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.	(1,500,000)	.0	.0	.0	(545,861)	.0	.0	.0	(2,045,861)	.0
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(7,200,000)	.0	.0	.0	(4,121,872)	.0	.0	.0	(11,321,872)	.0
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,000,000)	.0	.0	.0	(590,785)	.0	.0	.0	(1,590,785)	.0
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.	(3,000,000)	.0	.0	.0	417,053	.0	.0	.0	(2,582,947)	.0
48119	59-2740468	Cigna Dental Health Of Maryland, Inc.	(2,200,000)	.0	.0	.0	(1,156,135)	.0	.0	.0	(3,356,135)	.0
	62-1312478	Cigna Health Corporation	(5,400,000)	14,250,000	.0	.0	33,038,782	.0	.0	.0	41,888,782	.0
	02-0387748	Healthsource, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
95125	86-0334392	Cigna HealthCare of Arizona, Inc.	.0	78,000,000	.0	.0	(76,521,513)	(375,868)	.0	.0	1,102,619	670,022
	95-3310115	Cigna HealthCare of California, Inc.	.0	9,000,000	.0	.0	(89,452)	.0	.0	.0	8,910,548	4,746,698
95604	84-1004500	Cigna HealthCare of Colorado, Inc.	.0	.0	.0	.0	(491,943)	710,294	.0	.0	218,351	44,766
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.	.0	.0	.0	.0	(2,034,219)	(3,944)	.0	.0	(2,038,163)	2,105
95136	59-2089259	Cigna HealthCare of Florida, Inc.	.0	.0	.0	.0	(230,053)	(18,517)	.0	.0	(248,570)	9,881
95602	36-3385638	Cigna HealthCare of Illinois, Inc.	.0	.0	.0	(23,000)	(380,576)	(9,195)	.0	.0	(412,771)	4,907
95477	01-0418220	Cigna HealthCare of Maine, Inc.	.0	.0	.0	.0	36	.0	.0	.0	36	.0
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.	.0	.0	.0	.0	8	.0	.0	.0	8	.0
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.	.0	.0	.0	.0	(2,284)	.0	.0	.0	(2,284)	.0
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.	.0	.0	.0	.0	(16,230)	.0	.0	.0	(16,230)	.0
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.	.0	2,500,000	.0	.0	(663,108)	55,288	.0	.0	1,892,180	7,172
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.	.0	.0	.0	.0	(5,900,065)	283,757	.0	.0	(5,616,308)	47,200
95518	62-1230908	Cigna HealthCare of Utah, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
96229	58-1641057	Cigna HealthCare of Georgia, Inc.	.0	52,000,000	.0	.0	(62,105,279)	(36,725)	.0	.0	(10,142,004)	19,598
95383	74-2767437	Cigna HealthCare of Texas, Inc.	.0	14,000,000	.0	.0	(23,105,571)	1,906,225	.0	.0	(7,199,346)	724,319
95525	35-1679172	Cigna HealthCare of Indiana, Inc.	.0	.0	.0	.0	(21,424)	(161)	.0	.0	(21,585)	5,892
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.	.0	.0	.0	.0	(4,254,232)	.0	.0	.0	(4,254,232)	173,780
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.	.0	5,500,000	.0	.0	(13,796,100)	(53,468)	.0	.0	(8,349,568)	28,532
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.	.0	11,500,000	.0	.0	(14,881,069)	(752)	.0	.0	(3,381,821)	401
	00-0000000	Temple Insurance Company Limited	.0	.0	.0	.0	(22,257)	.0	.0	.0	(22,257)	.0
	86-3581583	Arizona Health Plan, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	02-0467679	Healthsource Properties, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Managed Care Consultants, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	02-0515554	Cigna Benefit Technology Solutions, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	35-1641636	Sagamore Health Network, Inc.	.0	.0	.0	.0	1,032,647	.0	.0	.0	1,032,647	.0
	84-0985843	Cigna Healthcare Holdings, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
95388	93-1174749	Great-West Healthcare of Illinois, Inc.	.0	.0	.0	.0	(1,839)	.0	.0	.0	(1,839)	.0
	02-0495422	Cigna Healthcare, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
64548	13-2556568	Cigna Life Insurance Company of New York	(9,700,000)	.0	.0	.0	(1,248,842)	10,624,135	.0	.0	(324,707)	154,395,629
62308	06-0303370	Connecticut General Life Insurance Company	(63,000,000)	16,921,030	.0	.0	(5,347,546)	(87,235,847)	.0	.0	(138,662,363)	(826,297,536)
	45-3481107	CG Mystic Center LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Station Landing, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	45-3481241	CG Mystic Land LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	20-3870049	CG Skyline, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Skyline ND/CG LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Skyline Mezzanine Borrower LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Skyline at Station Landing LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	26-0180898	CareAllies, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	CG Bayport LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Bayport Colony Apartments LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	32-0222252	Cigna Onsite Health, LLC	.0	.0	.0	.0	14,811,904	.0	.0	.0	14,811,904	.0
	00-0000000	Gillette Ridge Community Council, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	20-3700105	Gillette Ridge Golf, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	52-2149519	Hazard Center Investment Company LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	23-3074013	TEL-DRUG of Pennsylvania, L.L.C.	(41,000,000)	.0	.0	.0	(61,549)	.0	.0	.0	(41,061,549)	.0
	00-0000000	GRG Acquisitions LLC	.0	1,520,753	.0	.0	.0	.0	.0	.0	1,520,753	.0
	27-5402196	Cigna Affiliates Realty Investment Group LLC	.0	5,619,967	.0	.0	.0	.0	.0	.0	5,619,967	.0
	00-0000000	CR Longwood Investors L.P.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	ND/CR Longwood LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	ARE/ND/CR Longwood LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Secon Properties, LP	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Transwestern Federal Holdings, L.L.C.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Transwestern Federal, L.L.C.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Market Street Residential Holdings LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Arborpoint at Market Street LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-000000	Diamondview Tower CM-CG LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	CR Washington Street Investors LP	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	Civic Holding, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	Dulles Town Center Mall, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	ND/CR Unicorn LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	Union Wharf Apartments LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	AMD Apartments Limited Partnership	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	SP Newport Crossing LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	PUR Arbors Apartments Venture LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	CG Seventh Street LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	Ideal Properties II LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	80-0668090	Alessandro Partners, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	80-0908244	Mallory Square Partners I, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	Houston Briar Forest Apartments Limited Partnership	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	Newtown Partners II, LP	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	Newtown Square GP LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	AFA Apartments Limited Partnership	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	SB-SNH LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	680 Investors LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	685 New Hampshire LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	CGGL 18301 LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	222 Main Street CARING GP LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	222 Main Street Investors LP	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	Notch 8 Residential, L.L.C.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	UVL, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-000000	3601 North Fairfax Drive Associates, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	47-4235739	CI Perris 151, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	47-4375626	Lakehills CM-CG LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	30-0939067	Affiliated Hotel Subsidiary	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	81-2481274	CGGL 6280 LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	81-2650133	Berewick Apartments LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	81-3389374	CIG-LEI Ygnacio Associates LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	61-1797835	CGGL Orange Collection LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	81-3281922	CGGL Chapman LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	81-3313562	CGGL City Parkway LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	27-0268530	CORAC, LLC	.0	(1,153,486)	.0	.0	.0	.0	.0	.0	(1,153,486)	.0
	27-3923999	Bridgepoint Office Park Associates, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	27-3126102	Fairway Center Associates, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	27-3582688	Henry on the Park Associates, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
67369	59-1031071	Cigna Health and Life Insurance Company	(995,000,000)	(33,532,076)	.0	.0	(73,957,210)	111,950,034	.0	.0	(990,539,252)	94,794,298
	45-2681649	CarePlexus, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	27-3396038	Cigna Corporate Services, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	27-1903785	Cigna Insurance Agency, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	34-1970892	Ceres Sales of Ohio, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
61727	34-0970995	Central Reserve Life Insurance Company	.0	.0	.0	.0	(312,172)	.0	.0	.0	(312,172)	.0
67903	23-1335885	Provident American Life & Health Insurance Company	.0	.0	.0	.0	(574,610)	.0	.0	.0	(574,610)	.0
65269	75-2305400	United Benefit Life Insurance Company	.0	.0	.0	.0	(22,421)	.0	.0	.0	(22,421)	.0
65722	63-0343428	Loyal American Life Insurance Company	.0	(6,500,000)	.0	.0	(23,150,876)	.0	.0	.0	(29,650,876)	.0
88366	59-2760189	American Retirement Life Insurance Company	.0	21,500,000	.0	.0	(27,906,479)	.0	.0	.0	(6,406,479)	.0
	23-3744987	QualCare Alliance Networks, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	22-3129563	QualCare, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	22-2483867	Scibal Associates, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	46-1634843	QualCare Captive Insurance Company Inc., PCC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	46-1801639	QualCare Management Resources Limited Liability Company	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	46-2086778	Health-Lynx, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
77399	13-1867829	Sterling Life Insurance Company	(2,100,000)	.0	.0	.0	(3,529,363)	.0	.0	.0	(5,629,363)	.0
	91-1500758	Olympic Health Management Systems, Inc.	(2,800,000)	.0	.0	.0	.0	.0	.0	.0	(2,800,000)	.0
	91-1599329	Olympic Health Management Services, Inc.	(100,000)	.0	.0	.0	.0	.0	.0	.0	(100,000)	.0
	88-0455414	WorldDoc, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	23-1728483	Cigna Health Management, Inc	.0	.0	.0	.0	168,501,604	.0	.0	.0	168,501,604	.0
	20-8064696	Kronos Optimal Health Company	.0	.0	.0	.0	756,635	.0	.0	.0	756,635	.0
65498	23-1503749	Life Insurance Company of North America	.0	(4,376,188)	.0	(1,642,804)	(28,474,614)	69,807,940	.0	.0	35,314,334	669,673,856
	00-0000000	Cigna & CMB Life Insurance Company Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	58-1136865	Cigna Direct Marketing Company, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	46-0427127	Tel-Drug, Inc.	(144,000,000)	.0	.0	.0	(111,660)	.0	.0	.0	(144,111,660)	.0
	00-0000000	Cigna Global Wellbeing Holdings Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Global Wellbeing Solutions Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	98-0463704	Vielife Services, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	06-1332403	CG Individual Tax Benefits Payments, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	06-1332405	CG Life Pension Benefits Payments, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	06-1332401	CG LINA Pension Benefits Payments, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	62-1724116	Cigna Federal Benefits, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	23-2741293	Cigna Healthcare Benefits, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	23-2924152	Cigna Integratedcare, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	23-2741294	Cigna Managed Care Benefits Company	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	06-1071502	Cigna RE Corporation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	06-1522976	Blodget & Hazard Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	06-1567902	Cigna Resource Manager, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	06-1252419	Connecticut General Benefit Payments, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	06-1533555	Healthsource Benefits, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**SCHEDULE Y**

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

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NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	35-2041388	IHN, Inc.	.0	.0	.0	.0	(4,567)	.0	.0	.0	(4,567)	.0
	06-1252418	LINA Benefit Payments, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	88-0334401	Mediversal, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	88-0344624	Universal Claims Administration	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	81-2760646	CareAllies, Inc.	.0	17,901,000	.0	.0	.0	.0	.0	.0	17,901,000	.0
	51-0389196	Cigna Global Holdings, Inc.	(55,400,000)	135,184,000	.0	.0	.0	.0	.0	.0	79,784,000	.0
	51-0111677	Cigna International Corporation, Inc.	.0	.0	.0	.0	(10,000,008)	.0	.0	.0	(10,000,008)	.0
	23-2610178	Cigna International Services, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	30-3087621	Cigna International Marketing (Thailand) Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	CGO PARTICIPATOS LTDA.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	YCFM Servicos LTDA	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	AA-3190987	Cigna Global Reinsurance Company, Ltd.	(155,500,000)	.0	.0	1,642,804	(8,751)	(106,649,298)	.0	.0	(260,515,245)	(99,309,124)
	23-3009279	Cigna Holdings Overseas, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Bellevue Alpha LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	46-4110289	Cigna Linden Holdings, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	98-1146864	Cigna Laurel Holdings, Ltd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Palmetto Holdings, Ltd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Apac Holdings Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Alder Holdings, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Walnut Holdings, Ltd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	98-1137759	Cigna Chestnut Holdings, Ltd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	LINA Life Insurance Company of Korea	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Korea Foundation	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna International Services Australia Pty Ltd	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Hong Kong Holdings Company Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Data Services (Shanghai) Company Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna HLA Technology Services Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Worldwide General Insurance Company Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Worldwide Life Insurance Company Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna International Health Services Sdn. Bhd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Life Insurance New Zealand Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	11-9599164	Grown Ups New Zealand Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	AA-1560515	Cigna Life Insurance Company of Canada	.0	.0	.0	.0	(19,562,727)	(799,187)	.0	.0	(20,361,914)	(47)
	00-0000000	Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	LINA Financial Service	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	RHP (Thailand) Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

**SCHEDULE Y**

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

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NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	KDM (Thailand) Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Insurance Public Company Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Taiwan Life Assurance Company Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	98-1154657	Cigna Myrtle Holdings, Ltd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	98-1155943	Cigna Elmwood Holdings, SPRL	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	98-1181787	Cigna Beechwood Holdings	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.	.0	.0	.0	.0	(22,855)	(400,358)	.0	.0	(423,213)	46,954
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna European Services (UK) Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	CIGNA 2000 UK Pension LTD	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Oak Holdings, Ltd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Willow Holdings, Ltd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	FirstAssist Administration Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Legal Protection Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Insurance Services (Europe) Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna International Health Services, BVBA	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna International Health Services, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna International Health Services Kenya Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Sequoia Holdings SPRL	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Cedar Holdings, Ltd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Magnolia Holdings, Ltd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Nederland Alpha Cooperatief U.A.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Nederland Beta B.V.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Nederland Gamma B.V.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Health Solution India Pvt. Ltd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	46-4099800	Cigna Poplar Holdings, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	PT GAR Indonesia	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	PT PGU Indonesia	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Global Insurance Company Limited	.0	.0	.0	.0	(2,753,185)	(10,011)	.0	.0	(2,763,196)	.0
	00-0000000	CignaTK Health Insurance Company Limited	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna SAICO Benefits Services W.L.L.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
90859	23-2088429	Cigna Worldwide Insurance Company	.0	.0	.0	.0	578,255	21,369	.0	.0	599,624	181,065

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	AA-5360003	PT. Asuransi Cigna	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
	00-0000000	Cigna Teak Holdings, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9999999 Control Totals			0	0	0	0	4	1	XXX	0	5	0



**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

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









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

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

Explanations:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 26.

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12. Life Supplement [Document Identifier 205]	
13. Property/Casualty Supplement [Document Identifier 207]	
14. SIS Stockholder Information Supplement [Document Identifier 420]	
15. Participating Opinion for Exhibit 5 [Document Identifier 371]	
16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17. Medicare Part D Coverage Supplement [Document Identifier 365]	
18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Relief from the one-year cooling off period for independent CPA  
[Document Identifier 225]



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



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



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit  
[Document Identifier 213]



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



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## Cigna HealthCare of New Jersey, Inc.

### Table of Key Indicators

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

### Identification

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

### Scope

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of December 31, 2016.

A.	Claims unpaid (Page 3, Line 1)	\$ 493,932
B.	Accrued medical incentive pool and bonus payments (Page 3, Line 2)	\$ 0
C.	Unpaid claims adjustment expenses (Page 3, Line 3)	\$ 11,693
D.	Aggregate health policy reserves (Page 3, Line 4) Including unearned premium reserves, premium deficiency reserves and additional policy reserves from the Underwriting & Investment Exhibit – Part 2D	\$ 1,314,160
E.	Aggregate Life Policy Reserve (Page 3, Line 5)	\$ 0
F.	Property/casualty unearned premium reserve (Page 3, Line 6)	\$ 0
G.	Aggregate health claim reserves (Page 3, Line 7)	\$ 0
H.	Any other loss reserves, actuarial liabilities, or related items presented as liabilities in the annual statement	\$ 0
I.	Specified actuarial items presented as assets in the annual statement	\$ 1,990,187
	1. Accrued retrospective premiums (Page 2, Line 15.3)	

## Reliance

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

## Opinion

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

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

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

Signature Gregory N. Malone

Date 2/21/17

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

I, Brandon A. Ho, hereby affirm that the listings and summaries, and analyses relating to data prepared for and submitted to Gregory N. Malone in support of his actuarial opinion for Cigna Healthcare of New Jersey, Inc. as of December 31, 2016, were prepared under my direction and, to the best of my knowledge and belief, are accurate and complete and the same as, or derived from, the records and other data which form the basis of the annual statement for the period ended December 31, 2016.

Signature Brandon A Ho

Date 2/23/17

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

I, Michelle M. Girton, hereby affirm that the data related to the medical loss ratio rebate accrual established as of December 31, 2016, which were prepared for and submitted to Gregory N. Malone in support of his actuarial opinion for Cigna HealthCare of New Jersey, Inc. as of December 31, 2016, were prepared under my direction and, to the best of my knowledge and belief, reflect the most accurate data available to me at the time the rebate accrual was established.

Signature Michelle M. Girton

Date 2/23/17

Michelle M. Girton, FSA  
Actuarial Director  
Member of the American Academy of Actuaries  
900 Cottage Grove Rd. Wilde, C5PRC, Hartford, CT 06152  
860-226-9664





SUPPLEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**SUPPLEMENTAL COMPENSATION EXHIBIT**

For the Year Ended December 31, 2016

(To be filed by March 1)

**PART 1 - INTERROGATORIES**

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

**PART 2 - OFFICERS AND EMPLOYEES COMPENSATION**

1 Name and Principal Position	2 Year	3 Salary	4 Bonus	5 Stock Awards	6 Option Awards	7 Sign-on Payments	8 Severance Payments	9 All Other Compensation	10 Totals
Current:									
1. Principal Executive Officer .....	2016	328,257	196,330	133,373	133,361			12,227	803,548
SCOTT EDWARD EVELYN - PRESIDENT .....	2015	375,000	303,188	79,352	71,141			76,958	905,639
SCOTT EDWARD EVELYN - PRESIDENT .....	2014	375,000	355,781	67,988	66,205			111,788	976,762
Current:									
2. Principal Financial Officer .....	2016	189,242	75,000	39,538	39,538			886	344,204
SCOTT RONALD LAMBERT - TREASURER .....	2015	180,788	58,188	43,846	39,373			1,618	323,813
SCOTT RONALD LAMBERT - TREASURER .....	2014	166,231	55,703	22,556	22,006			1,064	267,560
3. MICHAEL WAYNE TRIPLETT SR. - ASSISTANT VICE PRESIDENT .....	2016	467,077	347,760	357,517	357,519			8,444	1,538,317
PETER WESLEY MCCAULEY M.D. - MEDICAL SENIOR DIRECTOR .....	2015	303,139	95,265	53,260	47,779			3,138	502,581
ROBERT DAVID PICINICH - VICE PRESIDENT .....	2014	274,740	142,178	51,031	49,660			1,550	519,159
4. MATTHEW MORRIS - ASSISTANT VICE PRESIDENT .....	2016	470,365	279,000	265,771	265,755			1,898	1,282,789
THOMAS JOHN GARVERY - VICE PRESIDENT .....	2015	297,861	208,000	83,118	74,525			2,526	666,030
THOMAS JOHN GARVEY - VICE PRESIDENT .....	2014	290,027	217,350	203,216	203,216				913,809
5. ANDREW DAVID CROOKS - ASSISTANT VICE PRESIDENT .....	2016	318,573	181,877	125,994	125,966			10,524	762,933
DANIEL JULES NICOLL M.D. - VICE PRESIDENT .....	2015	295,439	62,183	33,893	30,276			5,846	427,637
DANIEL JULES NICOLL - VICE PRESIDENT .....	2014	292,060	66,803	31,834	30,949			5,768	427,414
6. THOMAS JOHN GARVERY - VICE PRESIDENT .....	2016	305,644	187,423	75,179	75,042			2,392	645,679
GLENN MICHAEL GERHARD - VICE PRESIDENT .....	2015	208,233	90,000	37,121	33,260			659	369,273
MICHAEL WAYNE TRIPLETT SR. - ASSISTANT VICE PRESIDENT .....	2014	419,150	373,750	278,913	265,644			5,027	1,342,484
7. RAYMOND SMITHBERGER - ASSISTANT SECRETARY .....	2016	299,839	175,000	82,697	82,521			1,265	641,321
EDWARD VINCENT STACEY JR. - VICE PRESIDENT .....	2015	200,116	56,276					1,180	257,572
PATRICIA JULIE WALSH - ASSISTANT VICE PRESIDENT .....	2014	386,000	253,023	210,004	200,003			7,196	1,056,226
8. JEFF BERARDO - ASSISTANT VICE PRESIDENT .....	2016	230,000		52,625	52,521			292,329	627,475
JOANNE RUTH HART - VICE PRESIDENT .....	2015	150,469	48,000	23,133	20,778			1,064	243,444
ANDREW DAVID CROOKS - ASSISTANT VICE PRESIDENT .....	2014	305,624	192,239	116,268	110,710			9,669	734,510
9. LISA LOUGH - ASSISTANT SECRETARY .....	2016	280,289	151,250	70,724	70,546			674	573,482
ANNA KRISHTUL - SECRETARY .....	2015	151,790	42,000	22,607				116	216,513
THOMAS JOSEPH MARTEL - ASSISTANT VICE PRESIDENT .....	2014	319,667	268,971	159,039	151,426			10,213	909,316
10. PETER WESLEY MCCAULEY M.D. - MEMBER OF BOARD OF DIRECTORS .....	2016	329,264	113,068	49,284	49,033			2,945	543,594
MAUREEN HARDIMAN RYAN - VICE PRESIDENT .....	2015	126,368	25,000	14,507				1,215	167,090
EDWARD PAUL POTANKA - ASSISTANT SECRETARY .....	2014	261,703	138,000	392,901	392,901				1,185,505



SUPPLEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

**PART 3 - DIRECTOR COMPENSATION**

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

SUPPLEMENT FOR THE YEAR 2016 OF THE CIGNA HealthCare of New Jersey Inc.

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

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

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

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