

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2023 OF THE CONDITION AND AFFAIRS OF THE

Aetna Better Health of Michigan Inc.

NAIC C	Group Code 0001		npany Code 121	193 Employer	's ID Number _	20-1052897			
Organized under the Laws of	(Current)	(Prior) chigan	State of Do	omicile or Port of	Entry	MI			
Country of Domicile		Unite	ed States of America	a					
Licensed as business type:		Health Ma	aintenance Organiz	ation					
Is HMO Federally Qualified? Ye	es[]No[X]								
Incorporated/Organized	04/22/2004	1	Comme	enced Business		10/01/2004			
Statutory Home Office	28588 Northwestern Hi	ighway, Suite 380B		Southfield, MI, US 48034					
	(Street and I	•		,	or Town, State, 0	Country and Zip Code)			
Main Administrative Office			vestern Highway, Su reet and Number)	uite 380B					
	Southfield, MI, US 48034 own, State, Country and Zip	Code)			800-83 (Area Code) (Tel	1-1166 ephone Number)			
• •	Attn: Stat Compliance; P.O	,				JS 44181-8048			
	(Street and Number or					Country and Zip Code)			
Primary Location of Books and I	Records		western Highway, S	uite 380B					
	Southfield, MI, US 48034		reet and Number)		800-83	1-1166			
(City or To	own, State, Country and Zip	Code)			(Area Code) (Tele	ephone Number)			
Internet Website Address		www.a	aetnabetterhealth.co	om					
Statutory Statement Contact	<u></u>	(im E. Roth (Name)				5-775-6508			
Stat	tutoryReporting@aetna.com	. ,			860-262	(Telephone Number) 2-7767			
	(E-mail Address)				(FAX N	umber)			
Chief Executive Officer and	President Teres		OFFICERS	Corporato	Controllor	Steven Matthew Co	-40		
Vice President and		e Washburn Clark #		Corporate	Controller	Steven Matthew Col	ite		
			OTHER						
Derek Scott Blunt, Senio	r Investment Officer	Frank Ferris Chr	ronister III, Assistant	t Controller	Aaroi	n Jacob Igdalsky, Vice Pres and Assistant Secretary #			
Peter Keller, Assist	ant Controller		Nazworth, Chief Fina y Todisco, Assistant		Tracy Louis	e Smith, Vice President and			
			ORS OR TRUSTE						
Kimberly S Teressa De			on on moon	-		Bryan Sheppard Nazworth Harvey Douglas Turner			
The officers of this reporting entit			y are the described	- Officers of sold so			d atata d abaua		
all of the herein described asset	s were the absolute proper	ty of the said reporting	g entity, free and cle	ear from any lien	is or claims there	on except as herein state	d and that this		
statement, together with related e	eporting entity as of the repo	orting period stated abo	ove, and of its incorr	ne and deduction	s therefrom for th	e period ended, and have h	een completed		
n accordance with the NAIC Anrules or regulations require different	ences in reporting not related	d to accounting practice	es and procedures.	according to the l	best of their inforr	nation knowledge and helie	of respectively		
-urthermore, the scope-of this a except for formatting differences	ttestation by the described	officers also includes	the related correspond	ondina electronic	: filing with the N	AIC when required that is	an exact conv		
enclosed statement.	7 \					1 /			
In Da					1	to m li	5		
Teressa Deonne Chief Executive Officer			ne Washburn Clark esident and Secreta			Steven Matthew Conte Corporate Controller			
		VISC 1 10	solderit and occircle	y		corporate controller			
State of Michigan		State of Pennsyl				Pennsylvania			
County of Wayne		County of Montgor	mery		County of.	Montgomery			
Subscribed and sworn to before r	me this	Subscribed and sworr	n to before me this		Subscribed	d and sworn to before me th	is		
day of July	, 2023	day of		, 2023	day	of August	, 2023		
Do Chur D	. anwai				P				
ÍÓTÁRY PUBLIC (Seal)	<i>y</i>	NOTARY PUBLIC (Se	eal)		NOTARY F	PUBLIC (Seal)			
* * .				-			5001		
					KIM E.	of Pennsylvania - Notary ROTH, Notary Public	seat		
	, •					ntgomery County	1		

My Commission Expires April 25, 2025 Commission Number 1141410

ROCHELLE D. JENKINS NOTARY PUBLIC, STATE OF MI COUNTY OF WAYNE MY COMMISSION EXPIRES Dec 25, 2024 ACTING IN COUNTY OF WOM M a. Is this an original filing? Yes [X] No [$\,$]

b. If no,

1. State the amendment number.....



a. Is this an original filing? Yes [X] No [$\,$] b. If no,

1. State the amendment number......

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

2. Date filed

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2023 OF THE CONDITION AND AFFAIRS OF THE

Aetna Better Health of Michigan Inc.

NAIC Gr	oup Code 0001 (Current)	0001 NAIC Company (Prior)	Code 12193 Employer's	ID Number	20-1052897	
Organized under the Laws of		nigan	State of Domicile or Port of E	ntry	MI	
Country of Domicite		United Sta	tes of America			
Licensed as business type:		Health Mainten	ance Organization			
Is HMO Federally Qualified? Yes	[] No[X]					
Incorporated/Organized	04/22/2004		Commenced Business _		10/01/2004	
Statutory Home Office	28588 Northwestern Hig	hway, Suite 380B		Southfield, MI,	US 48034	
	(Street and N	umber)	(City or	r Town, State, Co	ountry and Zip Code)	
Main Administrative Office			Highway, Suite 380B			
	uthfield, MI, US 48034	· · · · · · · · · · · · · · · · · · ·	nd Number)	800-831-	-1166	
(City or Tov	vn, State, Country and Zip	Code)	(A	Area Code) (Telep	phone Number)	
Mail AddressA	ttn: Stat Compliance; P.O.			leveland, OH, US		
	(Street and Number or P	•	(**)	r Town, State, Co	ountry and Zip Code)	
Primary Location of Books and Re	ecords		n Highway, Suite 380B nd Number)			-
	uthfield, MI, US 48034	· · · · · · · · · · · · · · · · · · ·		800-831-		
	n, State, Country and Zip		•	Area Code) (Telep	phone Number)	
Internet Website Address		www.aetnab	etterhealth.com			
Statutory Statement Contact		m E. Roth (Name)			-775-6508 Telephone Number)	
Statu	toryReporting@aetna.com	` '		860 <u>-262</u> -		
	(E-mail Address)			(FAX Nur	mber)	
Object of a office of			CERS			
Chief Executive Officer and F Vice President and S		sa Deonne Smith Washburn Clark #	_ Corporate C	ontroller	Steven Matthew Co	nte
			-			
		01	HER	Aaron	Jacob Igdalsky, Vice Pres	sident
Derek Scott Blunt, Senior I Peter Keller, Assista			r III, Assistant Controller rth, Chief Financial Officer		and Assistant Secretary # Smith, Vice President an	
		Whitney Dorothy Todis	sco, Assistant Controller			
Vimbork, C.	o Colb-	DIRECTORS	OR TRUSTEES	_		
Kimberly Su Teressa Deor		_			yan Sheppard Nazworth Harvey Douglas Turner	
The officers of this reporting entity all of the herein described assets statement, together with related excondition and affairs of the said rep in accordance with the NAIC Annules or regulations require different enthermore, the scope of this attended to the condition of the enclosed statement.	were the absolute properly hibits, schedules and explanation orting entity as of the report all Statement Instructions acces in reporting not related estation by the described of due to electronic filing) of	/ of the said reporting entity inations therein contained, a ting period stated above, a ind Accounting Practices a to accounting practices and ficers also includes the re	y, free and clear from any liens annexed or referred to, is a full and of its income and deductions and Procedures manual except to procedures, according to the be lated corresponding electronic for	or claims thereound true statemen therefrom for the the extent that: est of their informations	on, except as herein state t of all the assets and liable period ended, and have to (1) state law may differ; or ation, knowledge and belto UC, when required that is	ed, and that this illities and of the been completed or, (2) that state ef, respectively.
Teressa Deonne S Chief Executive Officer ar		Thorne Wa Vice Presider	shburn Clark It and Secretary		Steven Matthew Conte Corporate Controller	ŧ
State of Michigan County of Wayne		State of Pennsylvania County of Montgomery			Pennsylvania Montgomery	
subscribed and sworn to before me	e this	Subscribed and sworn to be	efore me this	Subscribed	and sworn to before me th	nis
day of	, 2023	Zish day of July	, 2023	dav	ofAugust	. 2023
		1				
OTARY PUBLIC (Seal)	ī	NOTARY PUBLIC (Seal)		NOTARY PI	UBLIC (Seal)	
		Commonwealth of Penn KIM E. ROTH, N Montgomer My Commission Expir Commission Num	lotary Public y County es April 25, 2025			

ASSETS

1	7 10	OLIO			
		1	Current Statement Date 2	3 Net Admitted Assets	4 December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	15,242,198	0	15,242,198	15,342,146
2.	Stocks:				
	2.1 Preferred stocks			0	0
	2.2 Common stocks	0	0	0	0
3.	Mortgage loans on real estate:				
	3.1 First liens			0	0
	3.2 Other than first liens	0	0	0	0
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0	_		_	_
	encumbrances)	0	0	0	0
	4.2 Properties held for the production of income (less	_		_	_
	\$0 encumbrances)	0	0	0	0
	4.3 Properties held for sale (less \$	0	0	0	0
5.	Cash (\$6,830,080), cash equivalents				
	(\$				
	investments (\$0)	194.518.783	0	194 . 518 . 783	176.061.780
6.	Contract loans (including \$0 premium notes)				0
7.	Derivatives			0	0
7. 8.	Other invested assets			0	0
9.	Receivables for securities			0	0
10.	Securities lending reinvested collateral assets			0	0
11.	Aggregate write-ins for invested assets			0	0
	Subtotals, cash and invested assets (Lines 1 to 11)			209,760,981	
	Title plants less \$ 0 charged off (for Title insurers	200,700,001		200,700,001	
13.	only)	0	0	0	0
14.	Investment income due and accrued			126,391	
	Premiums and considerations:	120,001		120,001	
13.	15.1 Uncollected premiums and agents' balances in the course of collection	5 030 700	80 508	4 950 201	3 734 060
				4,950,201	
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$0	0	0	0	0
	earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$	11 000 540	0	11 000 540	0 500 070
40	contracts subject to redetermination (\$ 10,215,341)	11,293,549	0	11,293,549	9,369,876
16.	Reinsurance:	0	0	0	0
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies				0
4-	16.3 Other amounts receivable under reinsurance contracts				0
	Amounts receivable relating to uninsured plans			· · · · · · · · · · · · · · · · · · ·	,
	Current federal and foreign income tax recoverable and interest thereon			0	
	Net deferred tax asset			2,953,164	
19.	Guaranty funds receivable or on deposit			0	
20.	Electronic data processing equipment and software	0	0	0	0
21.	Furniture and equipment, including health care delivery assets				
	(\$0)			0	0
	Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23.	Receivables from parent, subsidiaries and affiliates				0
	Health care (\$4,601,067) and other amounts receivable			4,601,067	
25.	Aggregate write-ins for other than invested assets	7,743,359	0	7,743,359	7,979,716
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	250, 139,304	4,400,809	245,738,495	223,935,886
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28.	Total (Lines 26 and 27)	250,139,304	4,400,809	245,738,495	223,935,886
	DETAILS OF WRITE-INS				
1101.					
1102.					
1103.					
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.	Insurance provider assessment	7,743,359	0	7,743,359	7,743,359
2502.	Current state income tax receivable			0	236,357
2503.	CALLET HOUSE TAX 1000				200,001
2598.	Summary of remaining write-ins for Line 25 from overflow page				0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	7,743,359	0		7,979,716
_000.	. Same Lenios Ess I amough 2000 plus 2000/(Line 20 above)	1,1-10,000		1,170,000	1,010,110

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAP		Current Period	<u> </u>	Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ 102,919 reinsurance ceded)		7,147,803		
2.	Accrued medical incentive pool and bonus amounts	6,130,295	0	6,130,295	4,474,860
3.	Unpaid claims adjustment expenses	1,853,091	0	1,853,091	2,094,193
4.	Aggregate health policy reserves, including the liability of				
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act	3,290,369	0	3,290,369	4,402,846
5.	Aggregate life policy reserves	0	0	0	0
6.	Property/casualty unearned premium reserve			0	0
7.	Aggregate health claim reserves				0
8.	Premiums received in advance				
9.	General expenses due or accrued				
10.1	Current federal and foreign income tax payable and interest thereon				
10.1	(including \$0 on realized gains (losses))	4 214 501	0	4 214 501	0
40.0					
	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	526,133	0	526 , 133	768,359
14.	Borrowed money (including \$0 current) and				
	interest thereon \$0 (including				
	\$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives	0	0	0	0
17.	Payable for securities	7,476,375	0	7,476,375	6,987,886
18.	Payable for securities lending	0	0	0	0
19.	Funds held under reinsurance treaties (with \$0				
	authorized reinsurers, \$ 615,181 unauthorized				
	reinsurers and \$ 0 certified reinsurers)	615, 181	0	615, 181	443,091
20.	Reinsurance in unauthorized and certified (\$0)				
	companies	0	0	0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
				10,221,177	
23.	Aggregate write-ins for other liabilities (including \$	740 071	0	740 071	065 047
	•				
	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				
26.	Common capital stock				
27.	Preferred capital stock				0
28.	Gross paid in and contributed surplus				
29.	Surplus notes				0
30.	Aggregate write-ins for other than special surplus funds				0
31.	Unassigned funds (surplus)	XXX	XXX	59,592,487	34,403,867
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26				
	\$0)	XXX	XXX	0	0
	32.20 shares preferred (value included in Line 27				
	\$0)	XXX	XXX	0	0
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)				
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	xxx	245,738,495	223,935,886
	DETAILS OF WRITE-INS			, ,	==0,000,000
2204	Abandoned property liability	7/12 071	0	7/12 071	065 047
2301.					
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)		0	743,871	<i>'</i>
2501.					
2502.					
2503.					
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	xxx	0	0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.		XXX	xxx		
3002.					
3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page				
3099.	Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0
	, 1111 123 0000 p. 00 0000/(, , , , , ,	,,,,		·

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31	
		1 Uncovered	2 Total	3 Total	4 Total	
1.	Member Months		*	*	907,553	
2.	Net premium income (including \$0 non-health		,,,	,	,	
	premium income)	XXX	303 , 177 , 435	278,989,632	556 , 152 , 362	
3.	Change in unearned premium reserves and reserve for rate credits	XXX	0 .	(1,432,424)	12,377,046	
4.	Fee-for-service (net of \$ medical expenses)					
5.	Risk revenue					
6.	Aggregate write-ins for other health care related revenues					
7.	Aggregate write-ins for other non-health revenues					
8.	Total revenues (Lines 2 to 7)	XXX	303 , 177 , 435	277,557,208	568,531,858	
	Hospital and Medical:					
9.	Hospital/medical benefits					
10.	Other professional services				37,297,391	
11.	Outside referrals Emergency room and out-of-area					
12. 13.	Prescription drugs					
14.	Aggregate write-ins for other hospital and medical				0	
15.	Incentive pool, withhold adjustments and bonus amounts					
16.	Subtotal (Lines 9 to 15)					
	Less:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
17.	Net reinsurance recoveries	0	56,171	605 , 146	1,699,566	
18.	Total hospital and medical (Lines 16 minus 17)		*	· ·		
19.	Non-health claims (net)	0	0	0	0	
20.	Claims adjustment expenses, including \$ 12,899,282 cost					
	containment expenses	0	17,232,522	13,531,550	30,673,172	
21.	General administrative expenses	0	34,798,751	33,545,027	65,237,011	
22.	Increase in reserves for life and accident and health contracts					
	(including \$0 increase in reserves for life only) .					
23.	Total underwriting deductions (Lines 18 through 22)					
24.	Net underwriting gain or (loss) (Lines 8 minus 23)					
25.	Net investment income earned	0	4,267,805	832,967	4,025,959	
26.	Net realized capital gains (losses) less capital gains tax of		0.704	(00)	(40)	
07	\$					
27.	• , , , , , ,	0	4,2/1,596	832,947	4,025,940	
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0)					
	(amount charged off \$	0	0	0	0	
29.	Aggregate write-ins for other income or expenses			0	0	
30.	Net income or (loss) after capital gains tax and before all other federal					
00.	income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	32,020,459	15,973,872	26,800,473	
31.	Federal and foreign income taxes incurred	XXX	6,938,278	2,814,027	4,731,561	
32.	Net income (loss) (Lines 30 minus 31)	XXX	25,082,181	13,159,845	22,068,912	
	DETAILS OF WRITE-INS					
0601.	Other income	XXX	0	0	2,450	
0602.		XXX				
0603.		XXX				
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0	
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	2,450	
0701.		XXX				
0702.		XXX				
0703.		XXX				
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0	
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0	
1401.						
1402.						
1403						
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0	
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0	
2901.						
2902.						
2903						
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0	
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0	

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EX	PENSES (C	ontinued	
		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	70,004,867	65 , 197 , 440	65,197,440
34.	Net income or (loss) from Line 32	25,082,181	13,159,845	22,068,912
35.	Change in valuation basis of aggregate policy and claim reserves	0	0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38.	Change in net deferred income tax	1,029,182	0	477 , 121
39.	Change in nonadmitted assets	(922,743)	(350,268)	(1,238,606)
40	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles	0	0	0
44.	Capital Changes:			
	44.1 Paid in	0	0	0
	44.2 Transferred from surplus (Stock Dividend)	0	0	0
	44.3 Transferred to surplus	0	0	0
45.	Surplus adjustments:			
	45.1 Paid in	0	0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital	0	0	0
46.	Dividends to stockholders	0	0	(16,500,000)
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	25,188,620	12,809,577	4,807,427
49.	Capital and surplus end of reporting period (Line 33 plus 48)	95, 193, 487	78,007,017	70,004,867
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

1	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	323,035,628	274,247,841	558,253,175
2.	Net investment income	4,242,475	823,263	4,005,292
3.	Miscellaneous income	0	0	2,450
4.	Total (Lines 1 to 3)	327,278,103	275,071,104	562,260,917
5.	Benefit and loss related payments	235,860,599	216,388,210	436,969,048
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	44,847,107	43,817,171	94,078,429
8.	Dividends paid to policyholders	0	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$	(297,483)	3,086,456	7,718,481
10.	Total (Lines 5 through 9)	280,410,223	263,291,837	538,765,958
11.	Net cash from operations (Line 4 minus Line 10)	46,867,880	11,779,267	23,494,959
11.	Net cash from operations (Line 4 fillings Line 10)	40,007,000	11,779,207	20,434,939
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	111,253	239,678	478, 199
	12.2 Stocks	0	0	0
	12.3 Mortgage loans	0	0	0
	12.4 Real estate	0	0	0
	12.5 Other invested assets	0	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	4,755	(24)	(24)
	12.7 Miscellaneous proceeds	488,489	9,996,306	6,987,886
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	604,497	10,235,960	7,466,061
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	0	0	0
	13.2 Stocks	0	0	0
	13.3 Mortgage loans	0	0	0
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	0	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	604,497	10,235,960	7,466,061
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0	0
	16.3 Borrowed funds	0	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
	16.5 Dividends to stockholders	0	0	16,500,000
	16.6 Other cash provided (applied)	(29,015,374)	6,187,696	11,983,055
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(29,015,374)	6,187,696	(4,516,945)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	18,457,003	28,202,923	26,444,075
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	176,061,780	149,617,705	149,617,705
	19.2 End of period (Line 18 plus Line 19.1)	194,518,783	177,820,628	176,061,780

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Compreh (Hospital &		4	5	6	7	8	9	10	11	12	13	14
	Total	2	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:	Total	marriadai	Огоар	Сирріоніоні	Vicion Only	Bontai Only	Borronto i idii	Wodiodio	Wodiodia	Orodit / tol 1	moomo	Ouro	Other Floatar	Hom House
Prior Year	76,996	0	0	0	0	0	0	23,619	53,377	0	0	0	0	
	70,990				0				•	0		0		
2. First Quarter			0	U	U	0	0	21,768	52,484	0	U	0	0	•
3. Second Quarter	74,830	0	0	0	0	0	0	22,403	52,427	0	0	0	0	
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Current Year Member Months	449,317	0	0	0	0	0	0	133,752	315,565	0	0	0	0	
Total Member Ambulatory Encounters for Period:														
7 Physician	426,920	0	0	0	0	0	0	310,697	116,223	0	0	0	0	•
8. Non-Physician	416,704	0	0	0	0	0	0	315,303	101,401	0	0	0	0	
9. Total	843,624	0	0	0	0	0	0	626,000	217,624	0	0	0	0	
10. Hospital Patient Days Incurred	29,250	0	0	0	0	0	0	20,404	8,846	0	0	0	0	
11. Number of Inpatient Admissions	3,996	0	0	0	0	0	0	2,420	1,576	0	0	0	0	
12. Health Premiums Written (a)	303,503,466	0	0	0	0	0	0	188,740,145	114,763,321	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	303,503,466	0	0	0	0	0	0	188,740,145	114,763,321	0	0	0	0	
Property/Casualty Premiums Earned	0	0	0	0	0	0	0	Λ,,	Λ,,	0	0	0	0	
Amount Paid for Provision of Health Care Services	236,023,084	0 .	0	0	0	0	0	155,563,527	80,459,557	0	0	0	0	
Amount Incurred for Provision of Health Care Services	223,919,163	0	0	0	0	0	0	150,206,937	73,712,226	0	0	0	0	

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

Aging Analysis of Unpaid Claims										
1	2	3	4	5	6	7				
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total				
Claims Unpaid (Reported)	·	•	•	•	•					
• • • •										
0299999 Aggregate accounts not individually listed-uncovered	1,298,996	341,938	35,608	1, 199	1,027	1,678,768				
0399999 Aggregate accounts not individually listed-covered	10,515,378	(13,604)	4,454	10,225	7, 193	10,523,646				
0499999 Subtotals	11,814,374	328,334	40,062	11,424	8,220	12,202,414				
0599999 Unreported claims and other claim reserves						66, 174, 803				
0699999 Total amounts withheld						0				
0799999 Total claims unpaid						78,377,217				
0899999 Accrued medical incentive pool and bonus amounts						6, 130, 295				
2000000 Aloridea inicalida inicentive pool ana pondo amounto						0,100,200				

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAID - PRIOR Y	Claim	ns Paid to Date	Liab End of Curr		5	6
Line of Business	On Claims Incurred Prior to January 1 of Current Year	2	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
Comprehensive (hospital and medical) individual	0	0	0	0	0	0
Comprehensive (hospital and medical) group	0	0	0	0	0	0
Medicare Supplement	0	0	0	0	0	0
4. Dental Only	0	0	0	0	0	0
5. Vision Only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare					45,951,028	55, 168, 907
8 Title XIX - Medicaid	19, 144, 043	61,230,730	6,650,409	19,894,859	25,794,452	36,564,702
9. Credit A&H	0	0	0	0	0	0
10. Disability Income					0	0
11. Long-term care					0	0
12. Other health				0	0	0
13. Health subtotal (Lines 1 to 12)					71,745,480	
14. Health care receivables (a)					0	
15. Other non-health					0	, ,
16. Medical incentive pools and bonus amounts					4.741.640	
17. Totals (Lines 13 - 14 + 15 + 16)	55,053,920		, ,	62,971,393	, ,	87,528,793

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

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan for the periods ended June 30, 2023 and December 31, 2022 is as follows:

		SSAP#	F/S Page	F/S Line#	2023		2022
NET I	NCOME						
(1)	Aetna Better Health of Michigan, Inc. state basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ 25,082,181	\$	22,068,912
(2)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:						
(3)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:						
(4)	Net Income NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 25,082,181	\$	22,068,912
SURPI	LUS						
(5)	Aetna Better Health of Michigan, Inc. State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 95,193,487	\$	70,004,867
(6)	State Prescribed Practices that are an increase/(decrease) from NAIC SAP:						
(7)	State Permitted Practices that are an increase/(decrease) from NAIC SAP:						
(8)	Statutory Surplus NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 95,193,487	\$	70,004,867

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

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

C. Accounting Policies

The Company applies the following significant accounting policies:

(1) No significant change.

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at June 30, 2023. Bonds include all investments whose maturity is greater than one year when purchased. All adjustments between amortized cost and carrying value are reflected in unrealized capital gains and losses and are reported as direct adjustments to surplus.

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

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

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

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

- (3) through (5): No significant change.
- (6) Loan-Backed and Structured Securities

The Company did not have any loan-backed and structured securities at June 30, 2023.

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

D. Going Concern

As of August 10, 2023, management evaluated whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern and management has determined that it is not probable that the Company will be unable to meet its obligations as they become due within one year after the financial statements are available to be issued. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

The Company did not have any accounting changes or corrections of errors in the period ended June 30, 2023.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

No significant change.

- 5. <u>Investments</u>
 - A. through C.: No significant change.
 - D. The Company did not have any loan-backed securities at June 30, 2023.
 - E. <u>Dollar Repurchase Agreements and/or Securities Lending Transactions</u>
 - (1) and (2): No significant change.
 - (3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or repledge as of June 30, 2023.
 - (4) through (7): No significant change.
 - F. The Company did not have any repurchase agreements transactions accounted for as secured borrowing at June 30, 2023.
 - G. The Company did not have any reverse repurchase agreements transactions accounted for as secured borrowing at June 30, 2023.
 - H. The Company did not have any repurchase agreements transactions accounted for as a sale at June 30, 2023.
 - I. The Company did not have any reverse repurchase agreements transactions accounted for as a sale at June 30, 2023.

- J. through L.: No significant change.
- M. The Company did not have any working capital finance investments at June 30, 2023.
- N. The Company did not have any offsetting and netting of derivative, repurchase and reverse repurchase, and securities borrowing and securities lending assets or liabilities at June 30, 2023.
- O. through Q.: No significant change.
- R. The Company did not participate in any Qualified Cash Pools at June 30, 2023.
- 6. Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

7. Investment Income

No significant change.

8. Derivative Instruments

The Company did not have any derivative instruments at June 30, 2023.

9. Income Taxes

No significant change.

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

The Company and Aetna Medicaid Administrators LLC ("AMA") are parties to an administrative services agreement, under which AMA and certain of its affiliates provides certain administrative services, including cash management and accounting and processing of premiums and claims. Effective January 1, 2023, the agreement was amended and the agreement was approved by State of Michigan. Under this amended agreement, the Company is obligated to pay AMA the cost of providing the aforementioned services.

11. <u>Debt</u>

- A. The Company did not have any items related to debt, including capital notes at June 30, 2023.
- B. The Company did not have any Federal Home Loan Bank agreements at June 30, 2023.
- 12. <u>Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans</u>

The Company did not have a retirement plan, deferred compensation plan or other postretirement benefit plan at June 30, 2023.

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

No significant change.

- 14. Liabilities, Contingencies and Assessments
 - A. No significant change.
 - B. Assessments

Insurance Provider Assessment

Effective October 1, 2018 the Company is required to pay the annual Insurance Provider Assessment ("IPA"). The assessment for each HMO is based on the amount determined by the Michigan Department of Health and Human Services ("MDHHS") and applied to the prior year member months for the Medicaid and commercial lines of business. The portion of the assessment attributable to the Medicaid program is fully reimbursed by MDHHS. The Company recognized \$15,486,719 of net premium income and \$15,486,719 as general administrative expenses as of June 30, 2023 related to the IPA. The Company has \$7,743,359 as an aggregate write-in for other than invested assets and \$7,743,359 recorded as general expenses due and accrued on the Statutory Statements of Assets, Liabilities and Capital Surplus at June 30, 2023 related to the payments and reimbursements for 2022 assessment, effective July 2022.

C through F: No significant change.

15. <u>Leases</u>

No significant change.

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

No significant change.

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

No significant change.

- B. Transfer and Servicing of Financial Assets
 - (1) No significant change.
 - (2) and (3): The Company did not have any servicing assets or liabilities at June 30, 2023.
 - (4) The Company did not have any securitized financial assets at June 30, 2023.
 - (5) through (7): No significant change.

C. Wash Sales

- (1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the Company's yield on its investment portfolio.
- (2) The Company had no securities sold during the quarter ended June 30, 2023 and reacquired within 30 days of the sale
- 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
 - A. ASO Plans As of June 30, 2023, the Company has received payments totaling \$40,123,509 and paid a total of \$40,123,509 to the hospitals on behalf of the MDHHS for managed care Medicaid pass-through graduate medical education, hospital reimbursement adjustments, specialty network access and patient centered medical home administration programs, and Quality Assurance (QAS) payments for nursing facilities.

			(1)		(2)	(3)
		AS	SO Uninsured Plans	Partia	red Portion of ally Insured Plans	Total ASO
a.	Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	_	\$	_	\$ _
b.	Total net other income or expenses (including interest paid to or received from plans)		_		_	_
c.	Net gain or (loss) from operations		_		_	_
d.	Total claim payment volume	\$	40,123,509	\$	_	\$ 40,123,509

B and C: No significant change.

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

No significant change.

20. Fair Value Measurements

A.

- (1) The Company had no material assets and liabilities that are measured and reported at fair value in the financial statements as of June 30, 2023.
- (2) There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2023.
- (3) Transfers in and out of all levels are recognized at the end of the reporting period of which the transfer occurred.
- (4) The Company's fair value measurement valuation techniques are described in B. below.
- (5) The Company did not have any derivative instruments at June 30, 2023.
- B. The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:

- Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets.
- **Level 2** Inputs other than Level 1 that are based on observable market data. These include: quoted prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs that are observable that are not prices (such as interest rates and credit risks) and inputs that are derived from or corroborated by observable markets.
- Level 3 Developed from unobservable data, reflecting the Company's own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, the Company uses these quoted market prices to determine the fair value of financial assets and liabilities and classifies these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, the Company estimates fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, the Company determines fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

C. The carrying values and estimated fair values of the Company's financial instruments at June 30, 2023 were as follows:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds, short-term investments, and cash equivalents	\$202,272,205	\$202,930,901	\$ 9,708,008	\$192,564,197	s —	\$ —	\$ —

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

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

21. Other Items

No significant change.

22. Events Subsequent

A. Type I - Recognized Subsequent Events

Subsequent events have been considered through August 10, 2023 for the statutory statement issued on August 11, 2023.

The Company had no known reportable recognized subsequent events.

B. Type II - Non-Recognized Subsequent Events

Subsequent events have been considered through August 10, 2023 for the statutory statement issued on August 11, 2023.

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

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. through D.: No significant change.

E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the ACA risk sharing provisions (YES/NO)? Yes [] No [X]
- (2) through (5): Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

A. Reserves as of December 31, 2022 were \$98,302,662. As of June 30, 2023, \$57,148,113 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$21,433,200 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$19,721,349 favorable prior-year development since December 31, 2022 to June 30, 2023. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional

information becomes known regarding individual claims. Included in this decrease, the Company experienced \$9,372,565 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

B. There has been no significant change in the Company's methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expenses.

26. <u>Intercompany Pooling Arrangements</u>

No significant change.

27. Structured Settlements

No significant change.

28. <u>Health Care Receivables</u>

No significant change.

29. Participating Policies

No significant change.

30. <u>Premium Deficiency Reserves</u>

June 30, 2023

1. Liability carried for premium deficiency reserves

\$314,966

2. Date of the most recent evaluation of this liability

6/30/2023

3. Was anticipated investment income utilized in the calculation?

No

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?	Yes	[] N	lo [X]
1.2	If yes, has the report been filed with the domiciliary state?	Yes	[] N	lo []
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	[] N	lo [X]
2.2	If yes, date of change:					
3.1	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] N	lo []
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?	Yes	[X] N	lo []
3.3	If the response to 3.2 is yes, provide a brief description of those changes. Effective April 25, 2023, Aetna Pharmacy Management Services LLC has been dissolved. Effective April 28, 2023, the remaining 5% of Indian Health Organisation Private Limited shares have been transferred to the buyer. Effective July 7, 2023, Active Health Management, Inc. sold 100% of the outstanding capital stock of CVS Accountable Care Organization Inc. to CVS Pharmacy, Inc.					
3.4	Is the reporting entity publicly traded or a member of a publicly traded group?	Yes	[X] N	lo []
3.5	If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.		0000	0064	803	
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes	[] N	lo [X]
4.2	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 2 3 Name of Entity NAIC Company Code State of Domicile					
5.	If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes If yes, attach an explanation. On 1/1/23, the Contract Terms, Definitions, Administrative Services, Rebate Services, Fees and Expenses, Out-of-Pocket Corporate Maintenance Expenses, and Administrative Fees sections of existing Administrative Services Agreement were amended		No []	N/A	[]
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made.		12/3	31/2	020	
6.1 6.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This					
			12/3	31/2 31/2 23/2	020	
6.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released		12/3	31/2	020	
6.2	State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 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). By what department or departments?		12/3 05/2	31/2 23/2	020	[X]
6.26.36.4	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. 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). By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial	[]	12/3 05/3 No [31/2 23/2	020 022 N/A	
6.26.36.46.5	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. 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). By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?	[]	12/3 05/2 No [31/2 23/2	020 022 N/A	[]
6.26.36.46.56.6	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. 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). By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes Have all of the recommendations within the latest financial examination report been complied with? Yes Has this 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?	[] [X] Yes	12/3 05/2 No [31/2 23/2	020 022 N/A N/A	[]
6.26.36.46.56.67.1	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. 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). By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes Have all of the recommendations within the latest financial examination report been complied with? Yes Has this 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?	[] [X] Yes	12/3 05/2 No [31/2 23/2	D22 N/A N/A	[]
6.2 6.3 6.4 6.5 6.6 7.1	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. 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). By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Have all of the recommendations within the latest financial examination report been complied with? Yes Has this 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? If yes, give full information: Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? If response to 8.1 is yes, please identify the name of the bank holding company.	[] [X] Yes	12/3 05/2 No [31/2 23/2	D22 N/A N/A	[]
6.2 6.3 6.4 6.5 6.6 7.1 7.2	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. 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). By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes Have all of the recommendations within the latest financial examination report been complied with? Yes Has this 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? If yes, give full information: Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	[] [X] Yes	12/3 05/2 No [[31/2 23/2]] N	D22 N/A N/A	[]]
6.2 6.3 6.4 6.5 6.6 7.1 7.2 8.1 8.2	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. 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). By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes Have all of the recommendations within the latest financial examination report been complied with? Yes Has this 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? If yes, give full information: Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? If response to 8.1 is yes, please identify the name of the bank holding company.	[] [X] Yes	12/3 05/2 No [[31/2 23/2]] N	N/A N/A N/A	[]]
6.2 6.3 6.4 6.5 6.6 7.1 7.2 8.1 8.2 8.3	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. 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). By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes Have all of the recommendations within the latest financial examination report been complied with? Yes Has this 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? If yes, give full information: Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? If response to 8.1 is yes, please identify the name of the bank holding company. 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.	[] Yes	12/3 05/2 No [[31/2 23/2]] N	N/A N/A N/A	[]]

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controlle similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?			Yes [X]] No []	
	relationships;	Sorial and professional				
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the report	ting 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					
0.44	(e) Accountability for adherence to the code.					
9.11	If the response to 9.1 is No, please explain:					
9.2	Has the code of ethics for senior managers been amended?			Yes [X]	l No []	
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).					
	In the first quarter, added information about Signify Health, clarified who the Code applies to, clarified when colleace Compliance Exception Line, added information to the Social Media, Colleague Privacy, and Non-Discrimination, Hasections, fixed a hyperlink, and other minor updates.	arassment, Retaliation				
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?			Yes [] No [X]	
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).					
	FINANCIAL					
10.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement	?		γος Γ Υ [·]	l No []	
	If yes, indicate any amounts receivable from parent included in the Page 2 amount:					
	INVESTMENT					
11.1 11.2	Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or ot use by another person? (Exclude securities under securities lending agreements.)			Yes [] No [X]	
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:		\$. 0
13.	Amount of real estate and mortgages held in short-term investments:					
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?			Yes [] No [X]	
14.2	If yes, please complete the following:					
		1 Prior Year-End		Curr	2 ent Quarte	r
		Book/Adjusted			k/Adjusted	
		Carrying Value		Carı	rying Value	
	Bonds					
	Preferred Stock					
	Common Stock					
	Short-Term Investments					
	Mortgage Loans on Real Estate		-			
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)					
	Total Investment in Parent included in Lines 14.21 to 14.26 above					
15.1	Has the reporting entity entered into any hedging transactions reported on Schedule DB?] No [X]	
15.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.		•] No [] N/A []
16.	For the reporting entity's security lending program, state the amount of the following as of the current statement da	te:				
	16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2		\$	·		0
	16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, F					
	16.3. Total payable for eccurities landing reported on the liability page		ď			Λ

GENERAL INTERROGATORIES

1		or trust company in accordan al or Safekeeping Agreements quirements of the NAIC Finan	nce with Section s of the NAIC Fi	1, III - Genera nancial Condit	ion Examiners H	onsiderations, F. andbook?	Yes	[X] No [
State Street Bank a	Name of Custodi	ian(s)	02111-2900			ess In Street; Boston, MA		
For all agreements th location and a comple		the requirements of the NAIC	C Financial Con	dition Examine	ers Handbook, pr	ovide the name,		
1 Name	e(s)	2 Location(s)			3 Complete Explai	nation(s)		
Have there been any If yes, give full information		ame changes, in the custodia	n(s) identified in	17.1 during th	ne current quarte	r?	Yes	[] No [X
1 Old Cust		2 New Custodian				4 Reason		
make investment dec	cisions on behalf of the	stment advisors, investment re reporting entity. For assets ent accounts"; "handle secu	that are manage	ed internally by				
		icer	Affilia A	<u>ition</u>				
17.5097 For those firm	ms/individuals listed in	n the table for Question 17.5, ore than 10% of the reporting	do anv firms/ind	 lividuals unaff	iliated with the re	porting entity (i.e.	Yes	[] No [X
total assets upper those firms or ind	under management a	rith the reporting entity (i.e. de ggregate to more than 50% o able for 17.5 with an affiliation	of the reporting e	ntity's investe	d assets?			[] No [X
table below.		2			3	4		5 Investment Management
Central Registration Depository Number	N	Name of Firm or Individual						
•				N/A		Registered With		Agreement (IMA) Filed
				N/A		Not registered		(IMA) Filed No
Have all the filing requirements of the filing r	uirements of the Purp		ll of the NAIC In	N/A	ysis Office been	Not registered		(IMA) Filed No
Have all the filing required if no, list exceptions: By self-designating 50 a. Documentation security is not b. Issuer or obliging. The insurer ha	uirements of the Purp GI securities, the repo n necessary to permit available. or is current on all cor is an actual expectation	oses and Procedures Manua	Il of the NAIC In	/estment Anal	ysis Office been -designated 5GI	Not registered	Yes	(IMA) Filed NO
Have all the filing required from the filing required from the filing required from the filing required from the filing from t	uirements of the Purp GI securities, the report in necessary to permit available. or is current on all cor is an actual expectation ity self-designated 5G LGI securities, the report ity self-designated prior to ity is holding capital gnation was derived fivate letter rating held entity is not permitted to	orting entity is certifying the folia full credit analysis of the sentracted interest and principal on of ultimate payment of all call securities?	Illowing element ecurity does not I payments. contracted interest of the CD Designation of the by an NAIC CI for examination ne PL security w	vestment Anal	ysis Office been designated 5GI IC CRP credit ra al. f-designated PL0 e security. capacity as a NR ance regulators.	Not registered	Yes	(IMA) Filed NO
Have all the filing required from the filing from the fili	uirements of the Purp GI securities, the report in necessary to permit available. or is current on all cort is an actual expectation ity self-designated 5G LGI securities, the report as purchased prior to an interest of the securities of the security is holding capital gnation was derived from the security is not permitted to the security is not permitted to the security self-designated PL Schedule BA non-regore purchased prior to security is holding capital and a public credit rating and public credit rating the security is holding capital and a public credit rating the security is self-designated and a public credit rating the security is holding capital and a public credit rating the security is holding capital and a public credit rating the security is holding capital and the security is holding capital	orting entity is certifying the folia full credit analysis of the sentracted interest and principal on of ultimate payment of all collaboration of uctions of the sentracted interest and principal on of ultimate payment of all collaborations of the sentracted interest and principal on of ultimate payment of all collaborations of the sentraction of the se	llowing element ecurity does not l payments. contracted interest of the payment o	vestment Anal s for each self exist or an NA est and princip ints of each self exported for the RP in its legal by state insura ith the SVO. rtifying the foll	ysis Office been -designated 5GI IC CRP credit ra al. f-designated PLO e security. capacity as a NR ance regulators. owing elements	followed?security: Security: GI security: SRO which is shown of each self-designated	Yes	(IMA) Filed NO

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages: Yes [] No [X] 2.1 Do you act as a custodian for health savings accounts? 2.2 Yes [] No [X] Do you act as an administrator for health savings accounts? 2.3 2.4 Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No [] 3.

Yes [] No []

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of

3.1

domicile of the reporting entity? ...

SCHEDULE S - CEDED REINSURANCE

Showing	All New Reinsura	nco Trootice	Current \	/oar to Dato	

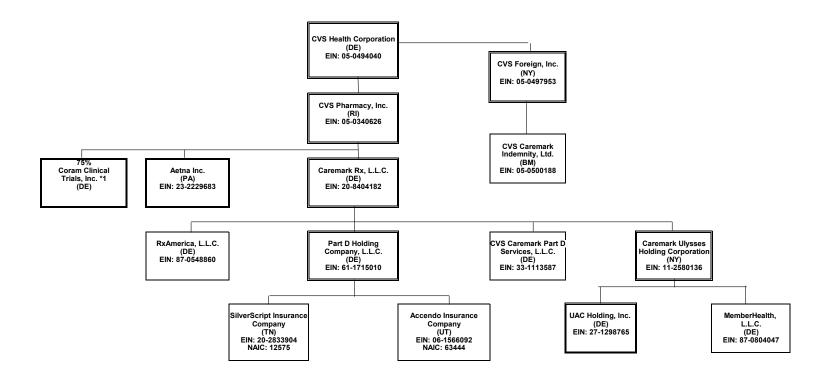
Showing All New Reinsurance Treaties - Current Year to Date											
1 NAIC	2	3	4	5	6	7	8	9 Certified Reinsurer	10 Effective Date of Certified		
Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Rating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

Current Year to Date - Allocated by States and Territories 10 Federal Life and Annuity Premiums & Other Employees Health Accident and Health Active Renefite Total CHIP Title Columns 2 Deposit-Type Program Premiums States, etc. (a) Title XVIII Title XIX XXI Premiums sideration Premiums Through 8 Contracts .0 .0 .0 ..0 .0 ..0 ..0 ΑL .0 Alaska 3. Arizona ΑZ .0 .0 . 0 .0 . 0 .0 .0 .0 0 4 Arkansas AR .N. n n n n 0 0 n ٥ 0 5. California CA .N. .0 .0 .0 .0 .0 .0 .0 .0 0 Colorado .. 6. CO .N... .0 .0 .0 .0 .0 .0 .0 .0 0 Connecticut СТ .0 .N. .0 ..0 .0 .0 .0 .0 .0 .0 DE .0 .0 .0 .0 .0 .0 .0 0 9. District of Columbia DC .0 .0 .0 .0 0 .0 0 10. Florida N ٥ 0 0 0 0 0 0 0 0 11. Georgia GΑ N 0 0 0 0 0 0 0 0 0 12. Hawaii н N 0 0 0 0 0 0 0 0 0 13,904,865 13,904,865 13. .0 Idaho .. ID .L. .0 .0 .0 .0 .0 .0 14. IllinoisN. .0 .0 .0 .0 .0 .0 .0 .0 .0 IL 15. .0 .0 .0 .0 .0 .0 .0 IN 16. .0 .0 .0 .0 .0 .0 .0 .0 0 17. Kansas KS .0 .0 .0 .0 .0 .0 .0 .0 0 18 Kentucky. ΚY N n n 0 n 0 0 n ٥ 0 19. Louisiana ... LA N. .0 .0 .0 . 0 .0 .0 .0 .0 0 20. Maine .. ME .N... .0 .0 .0 .0 .0 .0 .0 .0 .0 21. Maryland .. .0 .0 .0 .0 .0 .0 .0 .0 .0 MD .N. 22. Massachusetts0 .0 .0 .0 .0 MA .0 .0 .N. 23. Michigan .0 122,475,259 .114,738,766 24,555 .0 237,238,580 0 24. Minnesota MN .0 . 0 . 0 .0 .0 .0 .0 0 25. Mississippi ... MS N 0 0 0 0 0 0 0 0 0 26. Missouri MO N 0 0 0 0 0 0 0 0 0 27. Montana .. MT .N. .0 .0 .0 .0 .0 .0 .0 .0 0 28. Nebraska NE .0 .0 .N. .0 .0 .0 .0 .0 .0 .0 29 NV .0 .0 .0 .0 .0 .0 .0 .0 0 30. New Hampshire NH .0 .0 .0 .0 .0 .0 .0 .0 0 .N 31. New Jersey . 0 .0 0 .0 0 .0 .0 .0 0 32 New Mexico NM N ٥ ٥ ٥ ٥ ٥ ٥ Λ ٥ ٥ 33. New York NY N. .0 .0 .0 . 0 .0 .0 .0 .0 0 34. North Carolina NC .N... .0 .0 .0 .0 .0 .0 .0 .0 0 35. North Dakota ND .0 .0 .0 .0 .0 .0 .0 .0 .N. .0 36. .0 .0 .0 .0 .0 .0 .0 .0 .0 ОН Oklahoma 37 0 38 Oregon ... OR .0 52,360,021 .0 .0 . 0 .0 .0 52,360,021 0 39 Pennsylvania PΑ N n n 0 n n 0 n ٥ 0 40. Rhode Island RI .N. .0 .0 .0 .0 .0 .0 .0 .0 .0 41. South Carolina SC .N.. .0 .0 .0 .0 .0 .0 .0 .0 .0 South Dakota 42. SD .0 .0 .0 .N. ..0 .0 .0 .0 .0 .0 43. .0 .0 .0 .0 .0 .0 .0 0 ΤN 44. .0 0 ΤX .0 . 0 .0 .0 .0 .0 .0 45. Utah . UT N 0 0 0 0 0 0 0 0 0 46. Vermont ... VT N 0 0 0 0 0 0 0 0 0 47. Virginia VA N 0 0 0 0 0 0 0 0 0 48. Washington 0 WA .N... .0 .0 .0 .0 .0 .0 .0 .0 West Virginia 49. WV .0 .0 .0 .0 .0 .0 .0 .0 .0 .N. 50. WI .0 .0 .0 .0 .0 .0 .0 0 51. .0 .0 .0 .0 .0 .0 .0 .0 0 Wyoming .. .N. 52 American Samoa AS .0 .0 .0 .0 .0 .0 .0 .0 0 53 Guam GU N n n 0 n n 0 n ٥ 0 Puerto Rico 54. PR N. .0 .0 .0 . 0 .0 .0 .0 .0 0 55. U.S. Virgin Islands .. VI ..N... .0 .0 .0 .0 .0 .0 .0 .0 .0 Northern Mariana 56. Islands .. MP .0 .0 .0 .0 .0 .0 .0 0 57. Canada CAN .0 .0 .0 .0 .0 .0 .0 .0 ..N... ..0 58. Aggregate Other . OT XXX . 0 .0 .0 .0 .0 0 59. Subtotal. .XXX. .0 .188,740,145 .114,738,766 .24,555 .0 .0 303,503,466 .0 .0 Reporting Entity
Contributions for Employe 60. Benefit Plans XXX . 0 .0 0 188,740,145 303,503,466 61 Totals (Direct Business) XXX 114,738,766 24,555 0 0 0 0 DETAILS OF WRITE-INS 58001 XXX. 58002 XXX 58003. XXX. 58998 Summary of remaining write-ins for Line 58 from overflow page Totals (Lines 58001 through XXX .0 .0 0 58999. 58003 plus 58998)(Line 58 0

above)	XXX	0	0	0	0	0	0	0	0	0
(a) Active Status Counts:										
1. L - Licensed or Chartered - Lic	ensed insur	ance carrier or	domiciled RRG	}	3 4. Q - C	Qualified - Qual	lified or accred	ited reinsurer		0
2. R - Registered - Non-domiciled	RRGs				0 5. N - N	lone of the abo	ve - Not allowe	ed to write bus	ness in the sta	ite 54
3. E - Eligible - Reporting entities	eligible or a	pproved to writ	e surplus lines	in the state	0					

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



This organizational chart reflects the insurance entity reporting system and identifies the relationship between the ultimate parent and all member insurers. The ultimate controlling company is a Fortune 7 company with numerous subsidiaries, the majority of which do not interact with the insurance entities.

(1) Insurers/HMO's

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

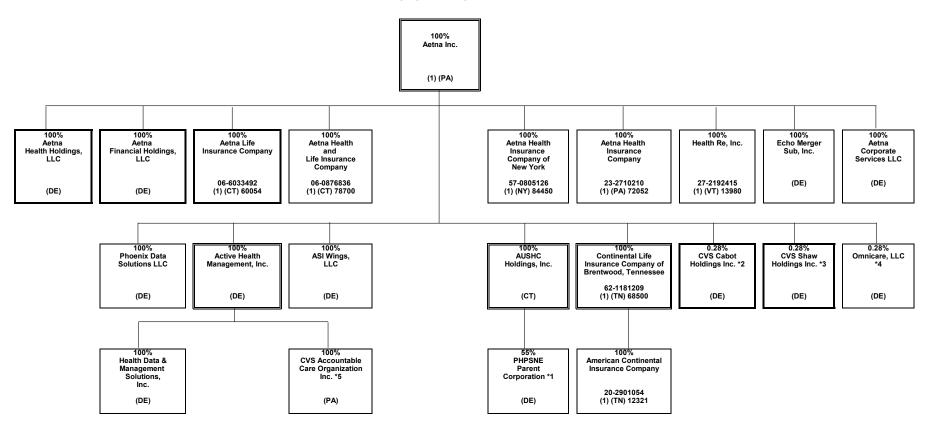
Bold borders indicate entity has subsidiaries shown on a separate page.

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

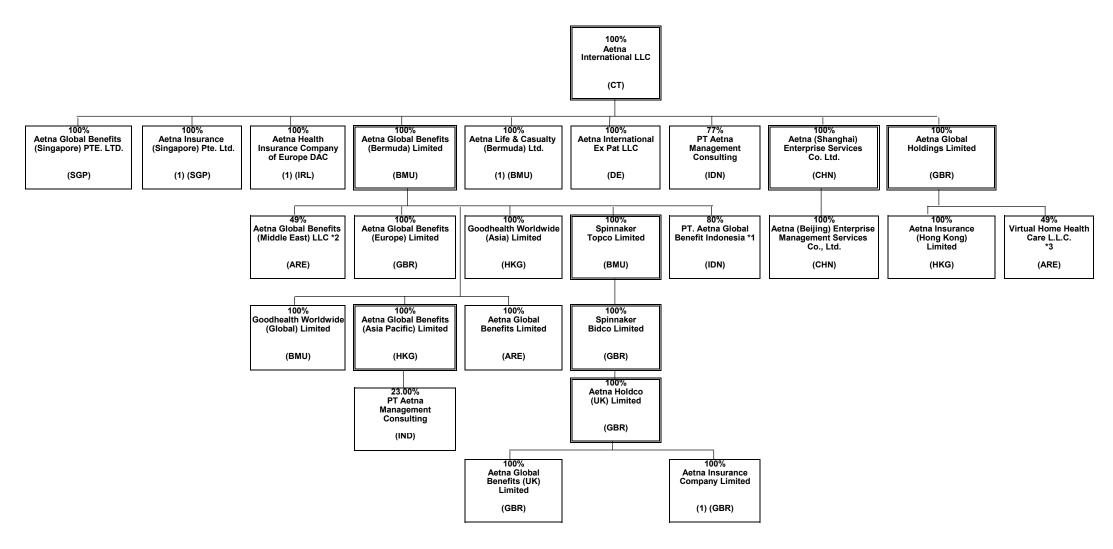
^{*1} Coram Clinical Trials, Inc. is also 25% owned by Aetna Life Insurance Company

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

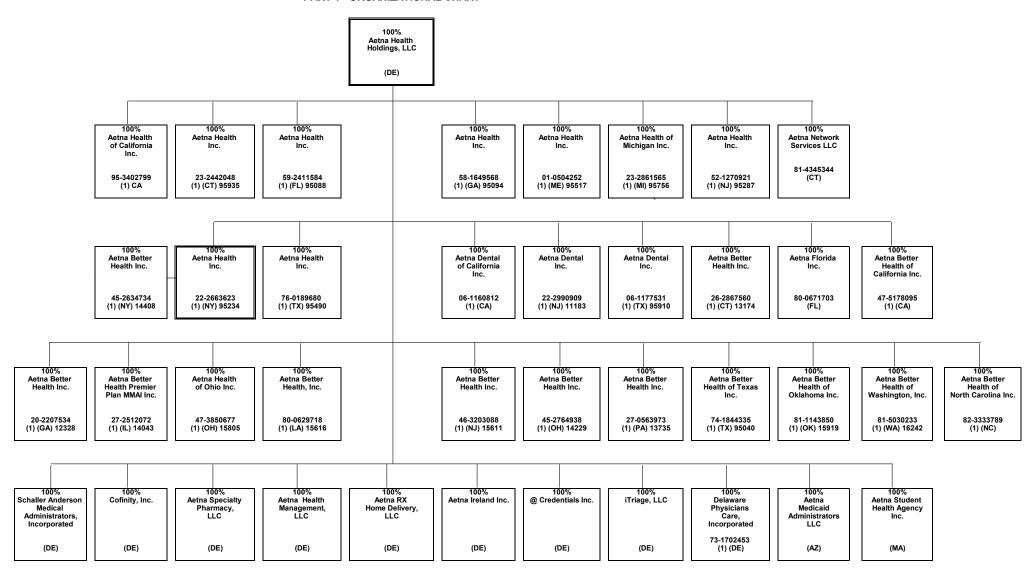
PART 1 - ORGANIZATIONAL CHART

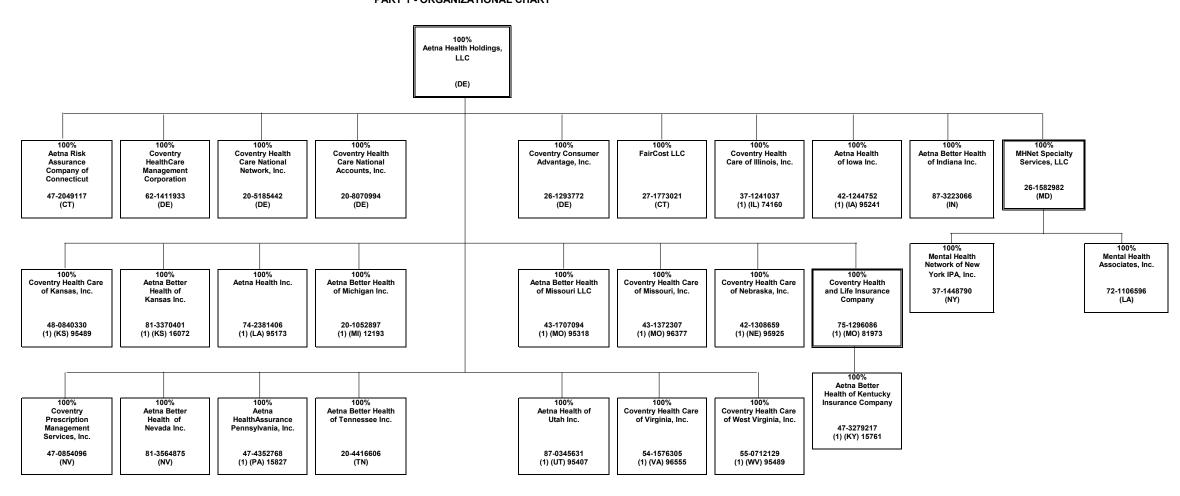


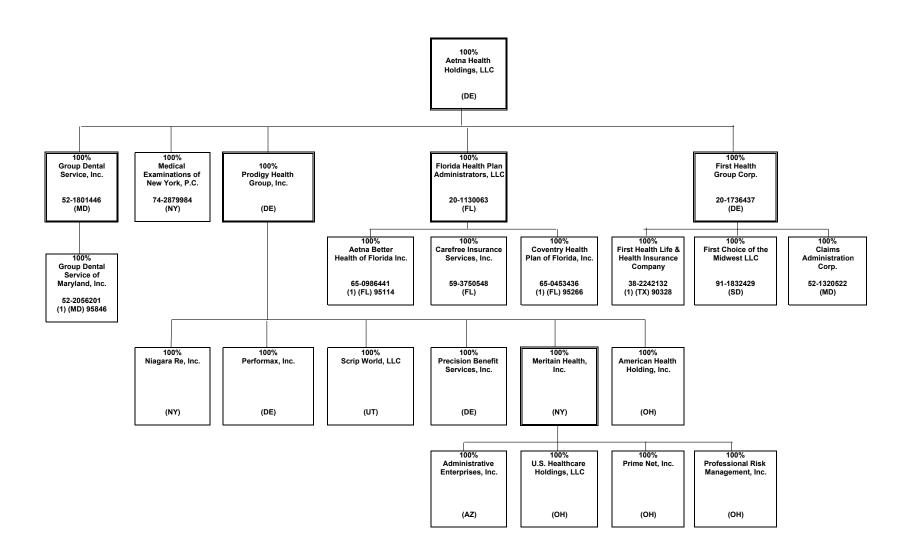
^{*1} PHPSNE Parent Corporation is also 45% owned by third parties.
*2 CVS Cabot Holdngs Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
*3 CVS Shaw Holdngs Inc. is also 99.72% owned by Coram Clinical Trials, Inc.
*4 Omnicare, LLC is also owned by CVS Cabot Holdings Inc and CVS Shaw Holdngs Inc., each with 49.86% ownership.
*5 Effective July 7, 2023, Active Health Management, Inc. sold 100% of the outstanding capital stock of CVS Accountable Care Organization Inc. to CVS Pharmacy, Inc.



^{*1} PT. Aetna Global Benefits Indonesia is also 20% owned by Suhatsyah Rivai, Aetna's Nominee.
*2 Aetna Global Benefits (Middle East) LLC is also 51% is owned by Euro Gulf LLC, Aetna's Nominee.
*3 Virtual Home Health Care L.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee

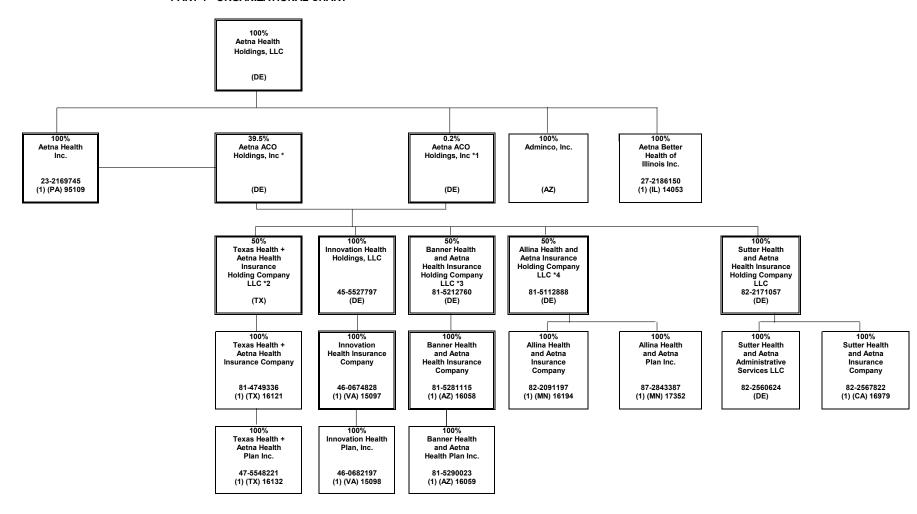






SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

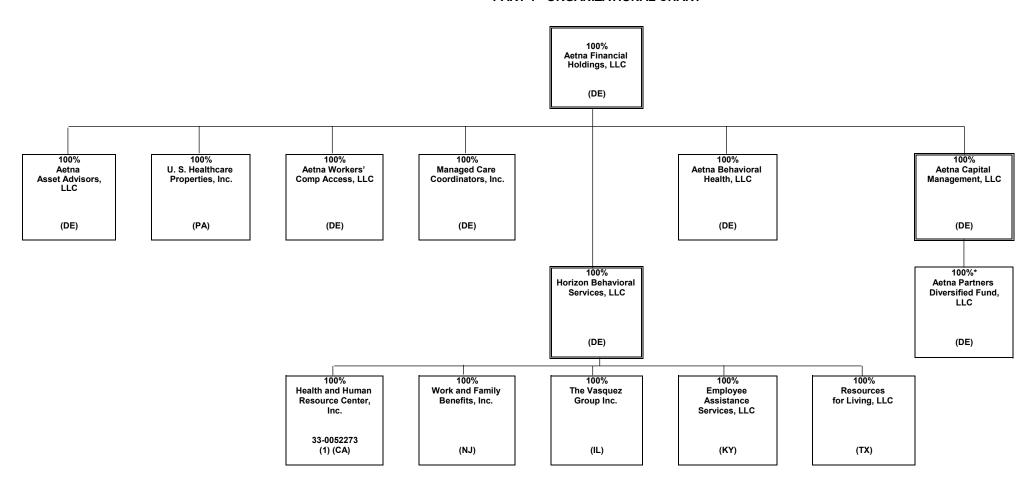
PART 1 - ORGANIZATIONAL CHART



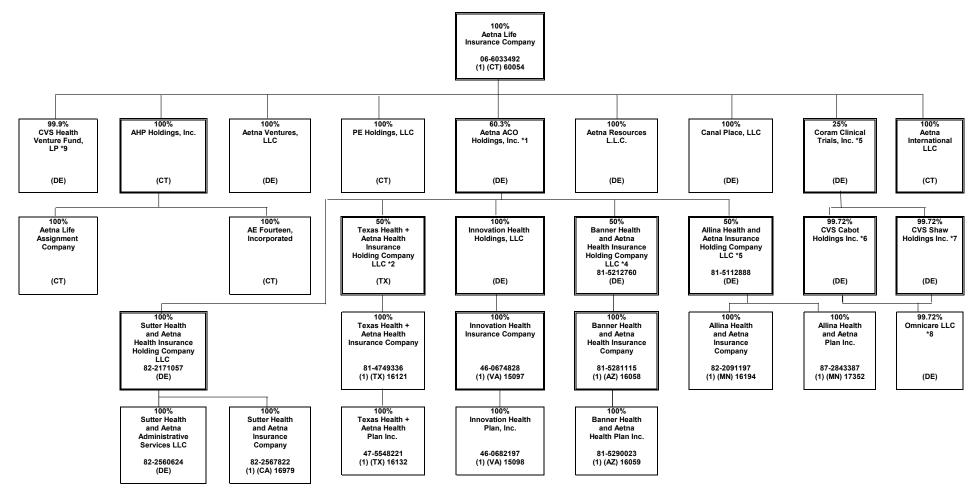
^{*1} Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).

^{*2} Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.

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



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



^{*1} Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
*2 Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.

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

^{*4} Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health System.

^{*5} Coram Clinical Trials, Inc. is also 75% owned by CVS Pharmacy, Inc. *6 CVS Cabot Holdings Inc. is also .28% owned by Aetna Inc.

^{*7} CVS Shaw Holdings Inc. is also .28% owned by Aetna Inc.

^{*8} Remaining .28% owned by Astra Inc. CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc. each owning 49.86%.
*9 CVS Health Venture Fund, LP is also 0.1% owned by CVS Helath Ventures Fund GP, LLC

16

SCHEDULE Y

				FA		4 - DE I AI	L OF INSURANCE	, C I	JOLL	ING COMPANT	O I O I E IVI				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Туре	lf		ļ	
											of Control	Control		ļ	
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0001	CVS HEALTH GROUP		05-0494040		0000064803	NYSE	CVS Health Corporation	DE	UIP	Board of Directors	Board of Directors	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	63444	06-1566092				Accendo Insurance Company	UT	I A	Part D Holding Company, L.L.C	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	12575	20-2833904				SilverScript Insurance Company	TN	I A	Part D Holding Company, L.L.C	Ownership	100.000	CVS Health Corporation	N0	0
. 0001	CVS HEALTH GROUP	00000	05-0340626				CVS Pharmacy, Inc.	RI	UIP	CVS Health Corporation	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-8404182				Caremark Rx, L.L.C.	DE	NI A	CVS Pharmacy, Inc	Ownership		CVS Health Corporation	N0	0
. 0001	CVS HEALTH GROUP	00000	61-1715010				Part D Holding Company, L.L.C	DE	NI A	Caremark, Rx., L.L.C.	Ownership		CVS Health Corporation	N0	0
. 0001	CVS HEALTH GROUP	00000	33-1113587				CVS Caremark Part D Services, L.L.C	DE	NIA	Caremark, Rx., L.L.C.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	87-0548860				RxAmerica, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	11-2580136				Caremark Ulysses Holding Corporation	NY	NIA	Caremark, Rx., L.L.C.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	87-0804047				MemberHealth, L.L.C.	DE	NI A	Caremark Ulysses Holding Corporation	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	05-0500188				CVS Caremark Indemnity, Ltd	BMU	IA	CVS Foreign, Inc.	Ownership		CVS Health Corporation		
. 0001	CVS HEALTH GROUP	00000	27-1298765				UAC Holding, Inc.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	05-0497953				CVS Foreign, Inc.	NY	NIA	CVS Health Corporation	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	58-2160656	0000700	0001122304		Coram Clinical Trials, Inc.	DE	NIA	CVS Pharmacy, Inc	Ownership	75.000	CVS Health Corporation	NO	10
. 0001	CVS HEALTH GROUP	00000	23-2229683	3060706			Aetna Inc.		UDP	CVS Pharmacy, Inc	Ownership	100.000	CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	30-0123754				Aetna Health Holdings, LLC	DE	UDP	Aetna Inc.			CVS Health Corporation		0
. 0001	CVS HEALTH GROUP		95-3402799				Aetna Health of California Inc.	CA		Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95935	23-2442048 59-2411584				Aetna Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		1 1
. 0001	CVS HEALTH GROUP	95088	58-1649568					FL	IA	Aetna Health Holdings, LLC	Ownership				0
. 0001	CVS HEALTH GROUP	95094	01-0504252				Aetna Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	95756	23-2861565				Aetna Health of Michigan Inc.	ME	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	95/56	52-1270921				Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		
. 0001	CVS HEALTH GROUP	95287	22-2663623				Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	14408	45-2634734				Aetna Better Health Inc	NY NY	IA	Aetna Health Inc. (NY)	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	95490	76-0189680				Aetna Health Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95490	74-1844335				Aetna Better Health of Texas Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	12328	20-2207534				Aetna Better Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	06-1160812				Aetna Dental of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		
. 0001	CVS HEALTH GROUP	11183	22-2990909				Aetna Dental Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	95910	06-1177531				Aetna Dental Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	30-0123760				Aetna Rx Home Delivery, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	13-3670795				Aetna Health Management, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	22-3187443				Aetna Ireland Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	1	0
. 0001	CVS HEALTH GROUP	00000	57-1209768	1			Aetna Specialty Pharmacy, LLC	DE	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-1274723	1			Cofinity. Inc.	DE	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	23-2671370				@Credentials Inc.	DE	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	13735	27-0563973				Aetna Better Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	13174	26-2867560				Aetna Better Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	47-5178095				Aetna Better Health of California Inc	CA	IA	Aetna Health Holdings, LLC	Ownership.		CVS Health Corporation		
. 0001	CVS HEALTH GROUP	14043	27-2512072				Aetna Better Health Premier Plan MMAI Inc	IL	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	15805	47-3850677				Aetna Health of Ohio Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	15616	80-0629718				Aetna Better Health, Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	00000	80-0671703				Aetna Florida Inc.	FL	NI A	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation		0
. 0001	CVS HEALTH GROUP	14229	45-2764938				Aetna Better Health Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15611	46-3203088				Aetna Better Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15919	81-1143850				Aetna Better Health of Oklahoma Inc	0K	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	04-2708160	I			Aetna Student Health Agency Inc	MA	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0

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											Type	If			
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											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.Š. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0001	CVS HEALTH GROUP	00000	73-1702453				Delaware Physicians Care, Incorporated	DE	NI A	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
							Schaller Anderson Medical Administrators,								
. 0001	CVS HEALTH GROUP	00000	01-0826783				Incorporated	DE	NI A	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	86-0842559				Aetna Medicaid Adminstrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	45-2944270				iTriage, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	16-1471176				Prodigy Health Group, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	YES	
. 0001	CVS HEALTH GROUP	00000	74-2879984				Medical Examinations of New York, P.C	NY	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15097	45-5527797				Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	0 0 p	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15097	46-0674828 46-0682197				Innovation Health Insurance Company	VA	IA	Innovation Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15098	46-0682197				Innovation Health Plan, Inc	VA	IA	Innovation Health Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	81-3789357				Company LLC	TX	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	NO	6
. 0001	OVO FILALITI GIOGI	00000	01 0/00007			•••••	Texas Health + Aetna Health Insurance Company	۱۸		Texas Health + Aetna Health Insurance	Owner strip.		Ovo reartif our por at roif	١٧٠	0
. 0001	CVS HEALTH GROUP	16121	81-4749336		l		Total Total Company	TX	IA	Holding Company LLC	Ownership	100.000	CVS Health Corporation	NO	0
	0.0 12.2 0.00									Texas Health + Aetna Health Insurance			ore rear the component of		•
. 0001	CVS HEALTH GROUP	16132	47-5548221				Texas Health + Aetna Health Plan Inc	TX	I A	Company	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95109	23-2169745				Aetna Health Inc.	PA	I A	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc	DE	NIA	Aetna Health Inc. (PA)	Ownership	39.500	CVS Health Corporation	YES	2
. 0001	CVS HEALTH GROUP	00000	20-0438576				Niagara Re, Inc.	NY	NI A	Prodigy Health Group, Inc	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	52-2200070				Performax, Inc.	DE	NI A	Prodigy Health Group, Inc	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	87-0632355				Scrip World, LLC	UT	NIA	Prodigy Health Group, Inc	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	27-1760756				Precision Benefit Services, Inc	DE	NIA	Prodigy Health Group, Inc	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	31-1368946				American Health Holding, Inc	OH	NIA	Prodigy Health Group, Inc	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	16-1264154				Meritain Health, Inc.	NY	NI A	Prodigy Health Group, Inc	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	86-0537707				Adminco, Inc.	AZ	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	86-0527428				Administrative Enterprises, Inc	AZ	NI A	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	16-1684061				U.S. Healthcare Holdings, LLC	0H	NIA	Meritain Health, Inc.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	34-1670299				Prime Net, Inc.	0H	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	34-1348032				Professional Risk Management, Inc	OH	NIA	Meritain Health, Inc	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	68500	62-1181209				Continental Life Insurance Company of Brentwood. Tennessee	TN	I A	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	OVO HENEITI UNOUF	00000	02-1101209				Di Gittwood, Telliessee	!!\	IA	Continental Life Insurance Company of	Owner on the		ovo neartii corporation	INU	0
. 0001	CVS HEALTH GROUP	12321	20-2901054				American Continental Insurance Company	TN	IA	Brentwood, Tennessee	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	60054	06-6033492				Aetna Life Insurance Company	CT	IA	Aetna Inc.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NI A	Aetna Life Insurance Company	Ownership		CVS Health Corporation	YES	2
. 0001	CVS HEALTH GROUP	00000	06-1270755				AHP Holdings, Inc.	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	06-1028469				AE Fourteen, Incorporated	CT	NI A	AHP Holdings, Inc	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	06-1373153				Aetna Life Assignment Company	CT	NI A	AHP Holdings, Inc	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-3678339				PE Holdings, LLC	CT	NI A	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	06-1423207				Aetna Resources L.L.C.	DE	NI A	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-3180700				Aetna Ventures, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	58-2160656				Coram Clinical Trials, Inc	DE	NIA	Aetna Life Insurance Company	Ownership		CVS Health Corporation	NO	10
. 0001	CVS HEALTH GROUP	00000	85-3918720				CVS Cabot Holdings Inc.	DE	NI A	Coram Clinical Trials, Inc	Ownership	99.720	CVS Health Corporation	NO	11
. 0001	CVS HEALTH GROUP	00000	85-3918567				CVS Shaw Holdings Inc.	DE	NI A	Coram Clinical Trials, Inc	Ownership		CVS Health Corporation	NO	12
. 0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NI A	CVS Cabot Holdings Inc	Ownership	49.860	CVS Health Corporation	NO	13
. 0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NI A	CVS Shaw Holdings Inc	Ownership		CVS Health Corporation	NO	13
. 0001	CVS HEALTH GROUP	00000	41-2035961				Aetna Financial Holdings, LLC	DE	NI A	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	26-2030792				Aetna Asset Advisors, LLC	DE	NI A	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0

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											Type	If			1
											of Control	Control			1
											(Ownership,	is		Is an	1
						Name of Securities			Relation-		Board,	Owner-		SCA	1
						Exchange		Domi-	ship		Management,	ship		Filing	1
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	ı l
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	1
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0001	CVS HEALTH GROUP	00000	23-2354500				U.S. Healthcare Properties, Inc	PA	NI A	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N0	0
. 0001	CVS HEALTH GROUP	00000	38-3704481				Aetna Capital Management, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	11-3667142		0001314522		Aetna Partners Diversified Fund, LLC	DE	NIA	Aetna Capital Management, LLC	Ownership	100.000	CVS Health Corporation	NO	1
. 0001	CVS HEALTH GROUP	00000	20-0446676				Aetna Workers' Comp Access, LLC	DE	NI A	Aetna Financial Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-0446713				Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	23-2670015				Managed Care Coordinators, Inc	DE	NIA	Aetna Financial Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	59-3269144				Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	61-1193498				Employee Assistance Services, LLC	KY	NI A	Horizon Behavioral Services, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	33-0052273				Health and Human Resource Center, Inc	CA	IA	Horizon Behavioral Services, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	75-2420973				Resources for Living, LLC	TX	NIA	Horizon Behavioral Services, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	36-3681261				The Vasquez Group Inc	IL	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	22-3178125				Work and Family Benefits, Inc	NJ	NIA	Horizon Behavioral Services, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	27-1773021				FairCost LLC	CT	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	78700	06-0876836				Aetna Health and Life Insurance Company	CT	IA	Aetna Inc.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	72052	23-2710210				Aetna Health Insurance Company	PA	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	84450	57-0805126				Aetna Health Insurance Company of New York .	NY	IA	Aetna Inc	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	06-1571642				Aetna International LLC	CT	NIA	Aetna Life Insurance Company	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	98-0211470				Aetna Life & Casualty (Bermuda) Ltd	BMU	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Insurance (Singapore) PTE. LTD	SGP	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	86-1455140				Aetna International Ex Pat LLC	DE	NIA	Aetna International LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Bermuda) Limited	BMU	NIA	Aetna International LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Goodhealth Worldwide (Global) Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Europe) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Goodhealth Worldwide (Asia) Limited	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Global Benefits Limited	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					PT. Aetna Global Benefits Indonesia	IDN	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership		CVS Health Corporation	NO	3
. 0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Middle East) LLC	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	49.000	CVS Health Corporation	NO	4
							Aetna Global Benefits (Asia Pacific) Limited								1
. 0001	CVS HEALTH GROUP	00000						HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					PT Aetna Management Consulting	IDN	NIA	Aetna International LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Spinnaker Topco Limited	BMU	NI A	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Spinnaker Bidco Limited	GBR	NIA	Spinnaker Topco Limited	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Holdco (UK) Limited	GBR	NIA	Spinnaker Bidco Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					PT Aetna Management Consulting	IDN	NIA	Aetna Global Benefits (Asia Pacific)	Ownership	23.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (UK) Limited	GBR	NIA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Insurance Company Limited	GBR	NIA	Aetna Holdco (UK) Limited	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Health Insurance Company of Europe DAC	ubH	IA	Aetha Holdco (UK) Limited	Ownersnip	100.000	CVS Health Corporation	NU	0
. 0001	CVS HEALTH GROUP	00000					Aetha hearth msurance company or Europe DAC	IRL	IA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS FIEALTH GROUP	00000					Aetna (Shanghai) Enterprise Services Co. Ltd.	InL	IM	Aetha international LLC	Owner Strip	100.000	CVS Hearth Corporation	١٧٠	0
. 0001	CVS HEALTH GROUP	00000					Aetha (Shanghar) Enterprise Services Co. Etu.	CHN	NIA	Aetna International LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	OTO ILALIII UIIOOI	00000					Aetna (Beijing) Enterprise Management			Aetna (Shanghai) Enterprise Services Co.	omioi sirip		oro noartii oorporation	۱۷0	🗸
. 0001	CVS HEALTH GROUP	00000					Services Co., Ltd.	CHN	NIA	Ltd	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Global Benefits (Singapore) PTE. LTD.	SGP	NIA	Aetna International LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	22-2578985				AUSHC Holdings, Inc.	CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Global Holdings Limited	GBR	NIA	Aetna International LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					Aetna Insurance (Hong Kong) Limited	HKG	IA	Aetna Global Holdings Limited	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	06-1182176				PHPSNE Parent Corporation	DE	NI A	AUSHC Holdings, Inc.	Ownership		CVS Health Corporation	NO	5
. 0001	CVS HEALTH GROUP	00000	52-2182411	l	l		Active Health Management, Inc.	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	OTO TIENETH WHOOL	00000	VL L 102411				notive meanth management, Inc.	VL		Λοτια 1110	Omitol Still P		010 1001th 001p010t1011	۱٧∪	, v

SCHEDULE Y

				PA	KI 1/	A - DE I AI	L OF INSURANCE	, E i	HOLL	ING COMPANT	SISIEIVI				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.Š. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
. 0001	CVS HEALTH GROUP	00000	47-0970432				Health Data & Management Solutions, Inc	DE	NIA	Active Health Management, Inc	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	23-2604867				CVS Accountable Care Organization Inc	PA	NIA	Active Health Management, Inc	Ownership	100.000	CVS Health Corporation	NO	15
. 0001	CVS HEALTH GROUP	13980	27-2192415				Health Re, Inc.	VT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	81-0579372				Phoenix Data Solutions LLC	DE	NI A	Aetna Inc	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	51-0029326				ASI Wings, LLC	DE	NI A	Aetna Inc.	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	47-4556274				Echo Merger Sub, Inc.	DE	NI A	Aetna Inc	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	47-4547145				Aetna Corporate Services, LLC	DE	NI A	Aetna Inc	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	85-3918720				CVS Cabot Holdings Inc.	DE	NI A	Aetna Inc.	Ownership	0.280	CVS Health Corporation	NO	11
. 0001	CVS HEALTH GROUP	00000	85-3918567				CVS Shaw Holdings Inc.	DE	NI A	Aetna Inc	Ownership		CVS Health Corporation	NO	12
. 0001	CVS HEALTH GROUP	00000	31-1001351				Omnicare, LLC	DE	NI A	Aetna Inc	Ownership		CVS Health Corporation	NO	13
. 0001	CVS HEALTH GROUP	81973	75-1296086				Coventry Health and Life Insurance Company .	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
							Aetna Better Health of Kentucky Insurance			Coventry Health and Life Insurance Company					
. 0001	CVS HEALTH GROUP	15761	47-3279217				Company	KY	IA		Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	52-1801446				Group Dental Service, Inc.	MD	NI A	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95846	52-2056201				Group Dental Service of Maryland, Inc	MD	IA	Group Dental Service, Inc.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	81-4345344				Aetna Network Services LLC	CT	NI A	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95241	42-1244752				Aetna Health of Iowa Inc.	IA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95925	42-1308659				Coventry Health Care of Nebraska, Inc Aetna Risk Assurance Company of Connecticut	NE	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
0001	CVS HEALTH GROUP	00000	47-2049117				Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95173	74-2381406				Aetna Health Inc.	LA		Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS FIEALTH GROUP	931/3	74-2301400				Coventry Prescription Management Services,	LA	IA	Aetha hearth hordings, LLC	owner strip	100.000	CVS nearth corporation	١٧٠	0
. 0001	CVS HEALTH GROUP	00000	47-0854096				Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	16148	81-3564875				Aetna Better Health of Nevada Inc.	NV	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	96555	54-1576305				Coventry Health Care of Virginia, Inc.	VA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	96377	43-1372307				Coventry Health Care of Missouri, Inc	MO	IA	Aetna Health Holdings, LLC	Ownership.		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95318	43-1702094				Aetna Better Health of Missouri LLC	MO	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95408	55-0712129				Coventry Health Care of West Virginia, Inc.	WV	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	62-1411933				Coventry HealthCare Management Corporation	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	15827	47-4352768				Aetna HealthAssurance Pennsylvania, Inc	PA	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	95489	48-0840330				Coventry Health Care of Kansas, Inc.	KS	IA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	16072	81-3370401				Aetna Better Health of Kansas Inc.	KS	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	12193	20-1052897				Aetna Better Health of Michigan Inc	MI	RE	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95407	87-0345631				Aetna Health of Utah Inc.	UT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-4416606				Aetna Better Health of Tennessee Inc	TN	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	74160	37-1241037				Coventry Health Care of Illinois, Inc	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
							Coventry Health Care National Accounts, Inc.								
. 0001	CVS HEALTH GROUP	00000	20-8070994					DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	
. 0001	CVS HEALTH GROUP	00000	20-5185442				Coventry Health Care National Network, Inc.	DE	NI A	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	26-1293772				Coventry Consumer Advantage, Inc	DE	NIA	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-1736437				First Health Group Corp	DE	NI A	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NO	0
							First Health Life & Health Insurance Company								
. 0001	CVS HEALTH GROUP	90328	38-2242132					TX	IA	First Health Group Corp	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	91-1832429				First Choice of the Midwest LLC	SD	NI A	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	52-1320522				Claims Administration Corp.	MD	NI A	First Health Group Corp	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	20-1130063				Florida Health Plan Administrators, LLC	FL	NI A	Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95114	65-0986441				Aetna Better Health of Florida Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	95266	65-0453436				Coventry Health Plan of Florida, Inc	FL	IA	Florida Health Plan Administrators, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000	59-3750548				Carefree Insurance Services, Inc	FL	NIA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	NO	0

SCHEDULE Y

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	lf			
											of Control	Control			
											(Ownership,	is		ls an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
						Exchange		Domi-	ship		Management.	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attornev-in-Fact.	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent. Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
	CVS HEALTH GROUP	00000			Oiix		Virtual Home Healthcare L.L.C.	ARE		Aetna Global Holdings Limited	0 11	49.000	CVS Health Corporation	NO	0
	CVS HEALTH GROUP		26-1582982				MHNet Specialty Services, LLC	MD			Ownership		CVS Health Corporation	NO	9
	CVS HEALTH GROUP		37-1448790				Mental Health Network of New York IPA, Inc.	NY			Ownership		CVS Health Corporation	NO	0
	CVS HEALTH GROUP						Mental Health Associates. Inc.	NY			Ownership			NO	0
			72-1106596							matter openiusty convictor, and matter	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	16242	81-5030233				Aetna Better Health of Washington, Inc Banner Health and Aetna Health Insurance	WA	I A	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	NU	0
0001	CVS HEALTH GROUP	00000	01 5010760				Holding Company LLC	DE	NIA	Aetna ACO Holdings. Inc.	Ownership	EO 000	CVS Health Corporation	NO	7
. 0001	CVS HEALTH GROUP	00000	01-3212/00				Banner Health and Aetna Health Insurance	UE		Banner Health and Aetna Health Insurance	Owner Strip	50.000	. Cvs nearth corporation	NU	/
. 0001	CVS HEALTH GROUP	16058	01_5001115				Company	AZ			Ownership	100 000	CVS Health Corporation	NO	٥
. 0001	CVS TEALTH GROOT	10000	01-3201113				Company	^∠		Banner Health and Aetna Health Insurance	Owner Sirrp	100.000	CVS Hearth corporation	١٧٠	0
0001	CVS HEALTH GROUP	16059	81-5290023				Banner Health and Aetna Health Plan Inc	AZ			Ownership	100 000	CVS Health Corporation	NO	0
. 0001	OF TENETH GROOT	10000	01 0200020				Allina Health and Aetna Health Insurance	,.		ompany			ove nearth corporation		•
. 0001	CVS HEALTH GROUP	00000	81-5112888				Holding Company LLC	DE	NI A	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	NO	8
										Allina Health and Aetna Health Insurance					
. 0001	CVS HEALTH GROUP	16194	82-2091197				Allina Health and Aetna Insurance Company	MN	IA	Holding Company LLC	Ownership	100.000	CVS Health Corporation	NO	0
										Allina Health and Aetna Health Insurance					
. 0001	CVS HEALTH GROUP	17352	87-2843387				Allina Health and Aetna Health Plan Inc	MN	IA	Holding Company LLC	Ownership	100.000	CVS Health Corporation	NO	0
							Sutter Health and Aetna Insurance Holding								
. 0001	CVS HEALTH GROUP	00000	82–2171057				Company LLC	DE			Ownership	100.000	CVS Health Corporation	NO	0
	OVO LIEU TU ODOUD						Sutter Health and Aetna Administrative			Sutter Health and Aetna Insurance Holding		400 000			
. 0001	CVS HEALTH GROUP	00000	82-2560624				Services LLC	DE			Ownership	100.000	CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	16979	82-2567822				Sutter Health and Aetna Insurance Company	04		Sutter Health and Aetna Insurance Holding Company LLC	Ownership	100 000	CVS Health Corporation	NO	0
			-					CA			Ownership				0
	CVS HEALTH GROUP		82-3333789				Aetna Better Health of North Carolina Inc	NC		Aetna Health Holdings, LLC	v		CVS Health Corporation	NO	0
	CVS HEALTH GROUP		27-2186150				Aetna Better Health of Illinois Inc.	IL			Ownership		CVS Health Corporation	NO	0
	CVS HEALTH GROUP		87-3223066				Aetna Better Health of Indiana Inc.	IN		Aetna Health Holdings, LLC	Ownership		CVS Health Corporation	NO	0
. 0001	CVS HEALTH GROUP	00000					CVS Health Venture Fund, LP	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	NO	14
												0.000			
		l	l	1				I		1	1	1			1

Asterisk	Explanation
1 Aetna Capital Management, L	LC is the managing member of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain other subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF. Aetna Life
	rgest investor in APDF and currently owns a majority of the non-managing member interests of APDF.
2 Aetna ACO Holdings Inc. is	owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share).
3 PT. Aetna Global Benefits I	Indonesia is also 20% owned by Suhatsyah Rivai, Aetna's Nominee.
	dle East) LLC is also 51% owned by Euro Gulf LLC, Aetna's Nominee.
5 PHPSNE Parent Corporation i	is 55% owned by AUSHC Holdings, Inc. The remaining 45% is owned by thirteen different hospitals (non-affiliates) which are shareholders with varying degrees of ownership.
	h Insurance Holding Company LLC is also 50% owned by Texas Health Resources.
7 Banner Health and Aetna Hea	alth Insurance Holding Company LLC is also 50% owned by Banner Health.
8 Allina Health and Aetna Ins	surance Holding Company LLC is also 50% owned by Allina Health System.
	.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee.
10 Coram Clinical Trials, Inc.	. is 75% owned by CVS Pharmacy, Inc. and 25% owned by Aetna Life Insurance Company.
11 CVS Cabot Holdings Inc is o	owned 99.72% by Coram Clinical Trials, Inc. and 0.28% owned by Aetna Inc
12 CVS Shaw Holdings Inc is ov	wned 99.72% by Coram Clinical Trials, Inc. and 0.28% owned by Aetna Inc.
13 Omnicare, LLC is 0.28% owner	ed by Aetna Inc. The Company is also owned by CVS Cabot Holdings Inc. and CVS Shaw Holdings Inc., with 49.86% each ownership.
14 CVS Health Venture Fund, LF	P is also 0.1% owned by CVS Health Ventures Fund GP, LLC
	tive Health Management, Inc. sold 100% of the outstanding capital stock of CVS Accountable Care Organization Inc. to CVS Pharmacy, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	_	Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	AUGUST FILING	
2.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	YES
	Explanation:	
1.	The data for this supplement is not required to be filed.	
	Bar Code:	

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

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Asset

	Other Long-Term Invested Assets		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	15,342,146	15,798,288
2.	Cost of bonds and stocks acquired	0	0
3.	Accrual of discount		29 , 133
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of	111,253	478 , 199
7.	Deduct amortization of premium	3,510	7,076
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized		0
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	15,242,198	15,342,146
12.	Deduct total nonadmitted amounts	0	0
13.	Statement value at end of current period (Line 11 minus Line 12)	15,242,198	15,342,146

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

Duling to	ne Current Quarter to		erred Stock by NAIC	Designation	5	6	7	8
	Book/Adjusted	2	3	4	Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
	Carrying Value	Acquisitions	Dispositions	Non-Trading Activity	Carrying Value	Carrying Value	Carrying Value	Carrying Value
	Beginning	During	During	During	End of	End of	End of	December 31
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	185,686,457	897,537,778	884,276,589	2,224,947	185,686,457	201, 172, 593	0	188,305,434
2. NAIC 2 (a)			0	3,042			0	
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	. 0	0	0	0	0	0	0	0
7. Total Bonds	187,440,556	897,537,778	884,276,589	2,227,989	187,440,556	202,929,734	0	190,056,411
PREFERRED STOCK								
8. NAIC 1			• • • • • • • • • • • • • • • • • • • •	0	0	0	0	0
9. NAIC 2				0			0	0
40 NATO 2	0	0	0	0	0	0	0	0
10. NAIC 3								
11. NAIC 4	0	0	0			0	0	0
	0	0			0	0	0	0
11. NAIC 4	0	0	0	0		0		0
11. NAIC 4	0	0	0	0	0	0 0 0		0 0 0 0 190,056,411

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

Schedule DA - Part 1 - Short-Term Investments

NONE

Schedule DA - Verification - Short-Term Investments

NONE

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards ${f N}$ ${f O}$ ${f N}$ ${f E}$

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 - PART 2 - VERIFICATION

(Cash Equivalents)

	(Cash Equivalents)	1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	174,716,575	145,799,029
2.	Cost of cash equivalents acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)	0	0
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	1,657,441,971	3,741,358,584
7.	Deduct amortization of premium	0	0
8.	Total foreign exchange change in book/adjusted carrying value	0	0
9.	Deduct current year's other than temporary impairment recognized	0	0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	187,688,703	174,716,575
11.	Deduct total nonadmitted amounts	0	0
12.	Statement value at end of current period (Line 10 minus Line 11)	187,688,703	174,716,575

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

Schedule A - Part 3 - Real Estate Disposed **NONE**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made NONE

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

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made NONE

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid NONE

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired **NONE**

SCHEDULE D - PART 4

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

Snow All	Long-Term Bo	mus and Stoc	ik Sola, Rea	eemed or c												
1 2 3 4 5 6	7	8	9	10	Ch	ange In Bo	ok/Adjusted	Carrying Val	ue	16	17	18	19	20	21	22
					11	12	13	14	15							NAIC
																Desig-
																nation,
																NAIC
								Total	Total							Desig-
							Current	Change in	Foreign					Bond		nation
							Year's	Book/	Exchange	Book/				Interest/		Modifier
				Prior Year		Current	Other Than	Adjusted	Change in	Adjusted	Foreign			Stock	Stated	and
				Book/	Unrealized	Year's	Temporary	Carrying	Book	Carrying	Exchange	Realized		Dividends	Con-	SVO
CUSIP Number	of			Adjusted	Valuation	(Amor-	Impairment	Value	/Adjusted	Value at	Gain	Gain	Total Gain	Received	tractual	Admini-
Ident- For- Disposal Name Shares of	of Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying	Disposal	(Loss) on	(Loss) on	(Loss) on	During	Maturity	strative
ification Description eign Date of Purchaser Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13)	Value	Date	Disposal	Disposal	Disposal	Year	Date	Symbol
GOVT NATL MTGE ASSN II POOL BF1494 3.500%																
3617G7-UT-0 01/20/48		70,400	70,455 .	70,432	0	(32)		(32)	0 .	70,400	0	0	0	1,026	. 01/20/2048 .	1.A
0109999999. Subtotal - Bonds - U.S. Governments	70,400	70,400	70,455	70,432	0	(32)		(32)		70,400	0	0	0	1,026	XXX	XXX
2509999997. Total - Bonds - Part 4	70,400	70,400	70,455	70,432	0	(32)		(32)		70,400	0	0	0	1,026	XXX	XXX
2509999998. Total - Bonds - Part 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2509999999. Total - Bonds	70,400	70,400	70,455	70,432	0	(32)	0	(32)	0	70,400	0	0	0	1,026	XXX	XXX
4509999997. Total - Preferred Stocks - Part 4	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
4509999998. Total - Preferred Stocks - Part 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4509999999. Total - Preferred Stocks	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999997. Total - Common Stocks - Part 4	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5989999998. Total - Common Stocks - Part 5	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5989999999. Total - Common Stocks	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
599999999. Total - Preferred and Common Stocks	0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
						•••••						•••••				
						•••••										
C000000000 T-t-I-	70		70.4	70 :	-					70						
6009999999 - Totals	70,400	XXX	70,455	70,432	0	(32)	0	(32)	0	70,400	0	0	0	1,026	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

2	3	4	5	Book Ba	Book Balance at End of Each Month				
	-			D	uring Current Quar	ter			
		Amount of	Amount of	6	7	8			
		Quarter					*		
		0	0	5,588,583	7,402,922	5,713,383	XXX.		
	0.000	0	0	575,697	(1,103,633)	1, 116, 697	XXX.		
		-		0	ŭ		XXX		
	XXX	0	0	6,164,280	6,299,289	6,830,080	XXX		
1001	1001		0	0			1001		
		, and the second		0		-	XXX		
		· ·		0	· ·	· ·	XXX		
XXX	XXX	0	0	6,164,280	6,299,289	6,830,080	XXX		
XXX	XXX	XXX	XXX	0	0	0	XXX		
+		0					XXX		
	Code XXX XXX XXX XXX XXX	Rate of Interest	Amount of Interest Received During Current Quarter Quart	Amount of Interest Received During Current Quarter Statement Date	Amount of Interest Received During Current Quarter	Amount of Interest Received During Current Quarter Statement Date First Month Second Month	Amount of Interest Received During Current Quarter Amount of Interest Received During Current Quarter Statement Date First Month Second Month Third Month		

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

Show Investments Owned End of Current Quarter								
1	2	3	4	5	6	7	8	9
						Book/Adjusted	Amount of Interest	Amount Received
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Carrying Value	Due and Accrued	During Year
	Total - U.S. Government Bonds					0	0	0
030999999. Total - All Other Government Bonds							0	0
0509999999. Total - U.S. States, Territories and Possessions Bonds						0	0	0
0709999999	Total - U.S. Political Subdivisions Bonds					0	0	0
	Total - U.S. Special Revenues Bonds					0	0	0
	AMOOR FLEXIBLES NA CP 4 2 1444		06/28/2023	5.400	07/28/2023	910.297	0	410
	AMERICAN ELEC POWER OP 4-2 144A			5.400	07/03/2023	8.729.369	0	37,973
	AMERICAN HONDA FINANCE CP 3(a)3		06/01/2023		07/12/2023		0	3,594
	AMERICAN HONDA FINANCE CP 3(a)3				07/19/2023	3.756.917		2,233
	AMERICAN HOND FINANCE CP 3(a)3				07/13/2023	7.026.737	0	
	AVANGRID INC CP 4(2) 144A				07/27/2023	9.961.211		1.486
	CENTERPOINT ENERGY RESOU OP 4(2)					6.489.026	0	
	DOMINION RESOURCES INC OP 4-2		06/21/2023	5.380	07/12/2023	6.733.836		
	DUKE ENERGY CORPORATION OF 4(2) 144A		06/30/2023	5.220	07/18/2023		0	
	EASTMAN CHEMICAL CORP. CP 4-2			5.380	07/12/2023	4.986.776	n	
	EASTMAN CHEMICAL CORP. CP 4-2			5.400	07/14/2023			
	ENTERGY CORP OP 4(2) 144A		06/01/2023	5.350		6,489,327	0	
	ENLEMA UNIT OF A(2) 144A			5 500	07/10/2023			5.317
	FIDELITY NATL INFO SERV 92-4494A		06/07/2023	5.500	07/10/2023	1,449,996	٠	
	FISERV INC 0P 4(2) 144A			5.240	07/07/2023			
	HP INC CP 4(2) 144A			5.240				
	HUMANA INC CP 4(2) 144A		06/08/2023	5.450				17.381
	HYUNDAI CAPITAL AMERICA CP 4(2) 144A			5.330	07/13/2023			10,641
	MARRIOTT INTERNATIONAL CP 4(2) 144A		06/21/2023	5.330				
	NATL RURAL UTIL COOP FINANCE CP 3(A)3		06/26/2023	5.300	07/17/2023			
	ORE ENERGY CORPORATION OF 4(2) 144A		06/26/2023	5.300				
	PARKER-HANNIFIN CORPORATION CP 4(2) 144A		06/12/2023	5.400	07/20/2023	6.338.831		29,049
			06/30/2023	5.400	07/13/2023	7.140.480		
	REPUBLIC SERVICES INC CP			5.250	07/13/2023		0	
	RYDER SYSTEMS CP			5.450		2,991,903 9.089.825	0	
	RYDER SYSTEMS CP S&P GLOBAL INC CP 4(2) 144A			5.430		9,089,825		
	SOUTHERN COMPANY FUNDING CORP CP 4(2) 1444		06/30/2023	5.230	07/05/2023	9,994,188	0	
	SPIRE INC 0P 4(2) 144A		06/20/2023	5.400		7,360,152	0	12,144
	UNION ELECTRIC CO OP 3(A)3		06/22/2023	5.400	07/21/2023	7,411,665	0	10,006
	VII CREDIT INC CP 4(2) 1444		06/30/2023	5.430	08/02/2023	1,208,140	0	182
	WASHINGTON GAS LIGHT CO CP 3(A)3		06/30/2023	5.350	07/27/2023	6,553,576	0	974
1019999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						187,687,537	0	289,075
1109999999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						187,687,537	0	289,075
	Total - Hybrid Securities					0	0	0
	Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
	Subtotal - Unaffiliated Bank Loans					0	0	0
24199999999.	Total - Issuer Obligations					187,687,537	0	289,075
24299999999.	Total - Residential Mortgage-Backed Securities					0	0	0
	Total - Commercial Mortgage-Backed Securities					0	0	0
	Total - Other Loan-Backed and Structured Securities					0	0	0
24-9399999. Total - SVO Identified Funds						0	0	0
	Total - Affiliated Bank Loans					0	0	0
	Total - Unaffiliated Bank Loans					0	0	0
	•					0	U 0	0
2509999999.						187,687,537	0	289,075
60934N-50-0	FEDERATED INVESTORS INC TREASURY OBLIGATION FUND		03/28/2023	0.000		0	0	0
60934N-50-0	FEDERATED INVESTORS INC TREASURY OBLIGATION FUND		06/29/2023	0.000		1,166	4	21
8209999999. Subtotal - Exempt Money Market Mutual Funds - as Identified by the SVO						1,166	4	21
8609999999 - Total Cash Equivalents						187,688,703	4	289.096