



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020
OF THE CONDITION AND AFFAIRS OF THE

SilverScript Insurance Company

NAIC Group Code 0001 0001 NAIC Company Code 12575 Employer's ID Number 20-2833904
(Current) (Prior)

Organized under the Laws of Tennessee State of Domicile or Port of Entry TN

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 05/11/2005 Commenced Business 01/01/2006

Statutory Home Office 1021 Reams Fleming Boulevard , Franklin, TN, US 37064
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1021 Reams Fleming Boulevard
(Street and Number)
Franklin, TN, US 37064 615-807-7500
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1021 Reams Fleming Boulevard , Franklin, TN, US 37064
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1021 Reams Fleming Boulevard
(Street and Number)
Franklin, TN, US 37064 615-807-7500
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.silverscript.com

Statutory Statement Contact Xiaoqi Glenn Wang 401-770-9669
(Name) (Area Code) (Telephone Number)
Xiaoqi.Wang@CVSCaremark.com 401-733-0136
(E-mail Address) (FAX Number)

OFFICERS

President Terri Ann Swanson Controller Daniel Lee Zablocki
Vice President and Secretary Edward Chung-I Lee

OTHER

Kevin James Casey, Senior Investment Officer Jeffrey James Drzazgowski, Actuary Tracy Louise Smith, Vice President and Treasurer

DIRECTORS OR TRUSTEES

Peter Andrew Charles Robert Sean Healy Tracy Louise Smith
Terri Ann Swanson Daniel Lee Zablocki

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

Terri Ann Swanson
Terri Ann Swanson
President

Edward Chung-I Lee
Edward Chung-I Lee
Vice President and Secretary

Daniel Lee Zablocki
Daniel Lee Zablocki
Controller

State of..... Connecticut
County of..... Hartford

Subscribed and sworn to before me this
23 day of October, 2020

Victoria Wollschlager
NOTARY PUBLIC (Seal)

State of..... Connecticut
County of..... Hartford

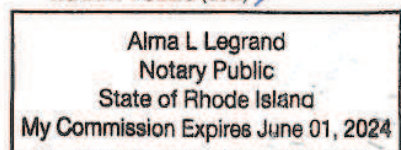
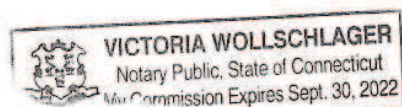
Subscribed and sworn to before me this
____ day of _____, 2020

NOTARY PUBLIC (Seal)

State of..... Rhode Island
County of..... Providence

Subscribed and sworn to before me this
28 day of October, 2020

Alma L. Legrand
NOTARY PUBLIC (Seal)



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



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2020
OF THE CONDITION AND AFFAIRS OF THE

SilverScript Insurance Company

NAIC Group Code	0001 (Current)	0001 (Prior)	NAIC Company Code	12575	Employer's ID Number	20-2833904
Organized under the Laws of	Tennessee		State of Domicile or Port of Entry	TN		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health					
Is HMO Federally Qualified? Yes [] No []						
Incorporated/Organized	05/11/2005		Commenced Business	01/01/2006		
Statutory Home Office	1021 Reams Fleming Boulevard (Street and Number)		Franklin, TN, US 37064 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1021 Reams Fleming Boulevard (Street and Number)		Franklin, TN, US 37064 (City or Town, State, Country and Zip Code)	615-807-7500 (Area Code) (Telephone Number)		
Mail Address	1021 Reams Fleming Boulevard (Street and Number or P.O. Box)		Franklin, TN, US 37064 (City or Town, State, Country and Zip Code)	615-807-7500 (Area Code) (Telephone Number)		
Primary Location of Books and Records	1021 Reams Fleming Boulevard (Street and Number)		Franklin, TN, US 37064 (City or Town, State, Country and Zip Code)	615-807-7500 (Area Code) (Telephone Number)		
Internet Website Address	www.silverscript.com					
Statutory Statement Contact	Xiaoqi Glenn Wang (Name)		401-770-9669 (Area Code) (Telephone Number)	401-733-0136 (FAX Number)		
	Xiaoqi.Wang@CVSCaremark.com (E-mail Address)					

OFFICERS

President	Terri Ann Swanson	Controller	Daniel Lee Zablocki
Vice President and Secretary	Edward Chung-I Lee		

OTHER

Kevin James Casey, Senior Investment Officer	Jeffrey James Drzazgowski, Actuary	Tracy Louise Smith, Vice President and Treasurer
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DIRECTORS OR TRUSTEES

Peter Andrew Charles	Robert Sean Healy	Tracy Louise Smith
Terri Ann Swanson		Daniel Lee Zablocki

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Terri Ann Swanson
President

Edward Chung-I Lee
Vice President and Secretary

Daniel Lee Zablocki
Controller

State of..... Connecticut
County of..... Hartford

State of..... Connecticut
County of..... Hartford

State of..... Rhode Island
County of..... Providence

Subscribed and sworn to before me this
____ day of _____, 2020

Subscribed and sworn to before me this
16 day of October, 2020

Subscribed and sworn to before me this
28 day of October, 2020

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)

NOTARY PUBLIC (Seal)



Alma L. Legrand
Notary Public
State of Rhode Island
My Commission Expires June 01, 2024

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

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	4,133,275	636,523	3,496,752	3,494,539
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$(19,851,922)), cash equivalents (\$282,369,481) and short-term investments (\$485,912)	263,003,471		263,003,471	382,145,368
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
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	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	267,136,746	636,523	266,500,223	385,639,907
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	35,460		35,460	1,018,288
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	70,638,159	44,155,975	26,482,184	27,634,058
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$135,952,435)	135,952,435		135,952,435	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies	154,258,366		154,258,366	93,385,144
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	2,483,913,136	162,002	2,483,751,134	1,718,790,039
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	69,910,512	2,263,684	67,646,828	67,646,828
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	362,242,282	266,111	361,976,171	200,552,908
24. Health care (\$604,057,786) and other amounts receivable	483,246,229		483,246,229	380,637,437
25. Aggregate write-ins for other than invested assets	14,845,869	14,845,869	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	4,042,179,194	62,330,164	3,979,849,030	2,875,304,609
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	4,042,179,194	62,330,164	3,979,849,030	2,875,304,609
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. Prepaid Expenses	14,845,869	14,845,869	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	14,845,869	14,845,869	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	11		11	0
2. Accrued medical incentive pool and bonus amounts	464,000		464,000	0
3. Unpaid claims adjustment expenses			0	0
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	44,394,185		44,394,185	55,992,602
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	32,024,980		32,024,980	30,522,142
9. General expenses due or accrued	9,139,616		9,139,616	8,373,553
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	86,940,584		86,940,584	67,792,042
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	10,683,735		10,683,735	46,883,375
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	2,674,368,278		2,674,368,278	1,537,511,347
23. Aggregate write-ins for other liabilities (including \$200,000,000 current)	200,000,000	0	200,000,000	0
24. Total liabilities (Lines 1 to 23)	3,058,015,389	0	3,058,015,389	1,747,075,061
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	62,900,000
26. Common capital stock	XXX	XXX	2,750,000	2,750,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	124,750,000	124,750,000
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	794,333,641	937,829,548
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	921,833,641	1,128,229,548
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,979,849,030	2,875,304,609
DETAILS OF WRITE-INS				
2301. Extraordinary dividend declared to be paid Q4 2020	200,000,000		200,000,000	
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	200,000,000	0	200,000,000	0
2501. Section 9010 Special Surplus	XXX	XXX	0	62,900,000
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	62,900,000
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

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	XXX	38,367,714	42,622,271	56,681,882
2. Net premium income (including \$ non-health premium income).....	XXX	1,615,227,994	1,940,636,727	2,592,475,361
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	147,550,853	121,987,820	(38,928,601)
4. Fee-for-service (net of \$ medical expenses).....	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	18,226,776	18,361,882	24,432,727
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,781,005,623	2,080,986,429	2,577,979,487
Hospital and Medical:				
9. Hospital/medical benefits		5,646		
10. Other professional services				
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs		1,837,426,234	2,266,817,638	2,580,588,532
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		580,000	51,895	132,742
16. Subtotal (Lines 9 to 15)	0	1,838,011,880	2,266,869,533	2,580,721,274
Less:				
17. Net reinsurance recoveries		362,079,204	449,594,946	509,488,733
18. Total hospital and medical (Lines 16 minus 17)	0	1,475,932,676	1,817,274,587	2,071,232,541
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$23,145,848 cost containment expenses		63,960,340	61,502,810	74,503,915
21. General administrative expenses		211,408,658	192,170,031	262,858,071
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22).....	0	1,751,301,674	2,070,947,428	2,408,594,527
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	29,703,949	10,039,001	169,384,960
25. Net investment income earned		2,288,828	6,634,058	9,524,982
26. Net realized capital gains (losses) less capital gains tax of \$		199,401	4,252	3,953
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,488,229	6,638,310	9,528,935
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$124,334) (amount charged off \$(2,480,592))].		(2,356,258)	(1,169,989)	(1,823,875)
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	29,835,920	15,507,322	177,090,020
31. Federal and foreign income taxes incurred	XXX	19,148,542	3,256,538	67,792,043
32. Net income (loss) (Lines 30 minus 31)	XXX	10,687,378	12,250,784	109,297,977
DETAILS OF WRITE-INS				
0601. Enhanced Medication Therapy Management (eMTM) revenue from CMS	XXX	18,226,776	18,361,882	24,432,727
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	18,226,776	18,361,882	24,432,727
0701.	XXX			0
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.				0
1402.			0	0
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.				0
2902.			0	0
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)

	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.....	1,128,229,548	998,843,851	998,843,851
34. Net income or (loss) from Line 32	10,687,378	12,250,784	109,297,977
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			33,467,735
39. Change in nonadmitted assets	(17,083,281)	(33,334,644)	(13,380,015)
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.....			
44. Capital Changes:			
44.1 Paid in			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders	(200,000,000)		
47. Aggregate write-ins for gains or (losses) in surplus	(4)	0	0
48. Net change in capital & surplus (Lines 34 to 47)	(206,395,907)	(21,083,860)	129,385,697
49. Capital and surplus end of reporting period (Line 33 plus 48)	921,833,641	977,759,991	1,128,229,548
DETAILS OF WRITE-INS			
4701. Rounding	(4)	0	0
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)	(4)	0	0

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	1,610,357,825	1,928,266,481	2,579,167,110
2. Net investment income	3,284,907	6,888,614	9,232,299
3. Miscellaneous income	18,226,776	18,361,882	24,432,727
4. Total (Lines 1 to 3)	1,631,869,508	1,953,516,977	2,612,832,136
5. Benefit and loss related payments	1,577,297,127	1,821,818,771	2,041,716,950
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	173,913,680	151,803,413	275,282,230
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0	36,251,534
10. Total (Lines 5 through 9)	1,751,210,807	1,973,622,184	2,353,250,714
11. Net cash from operations (Line 4 minus Line 10)	(119,341,299)	(20,105,207)	259,581,422
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	199,402	4,252	3,205,252
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	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	199,402	4,252	3,205,252
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	4,146,750
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	4,146,750
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)	199,402	4,252	(941,498)
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	0
16.6 Other cash provided (applied)	0	0	0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	0	0	0
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)	(119,141,897)	(20,100,955)	258,639,924
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	382,145,368	123,505,444	123,505,444
19.2 End of period (Line 18 plus Line 19.1)	263,003,471	103,404,489	382,145,368

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,683,817	0	0	0	0	0	0	0	0	4,683,817
2. First Quarter	4,299,474	0	0	0	0	0	0	0	0	4,299,474
3. Second Quarter	4,232,755	0	0	4	0	0	0	0	0	4,232,751
4. Third Quarter	4,198,223	0	0	6	0	0	0	0	0	4,198,217
5. Current Year	0									
6. Current Year Member Months	38,367,714			26						38,367,688
Total Member Ambulatory Encounters for Period:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a)	2,018,866,454			3,546						2,018,862,908
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,201,446,718			3,546						2,201,443,172
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services.....	1,964,717,447			5,636						1,964,711,811
18. Amount Incurred for Provision of Health Care Services	1,838,011,880			5,646						1,838,006,234

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,018,862,908

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

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

[illegible]

oo

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement		5,636		11	0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health	(377,193,981)	1,954,485,473			(377,193,981)	0
9. Health subtotal (Lines 1 to 8)	(377,193,981)	1,954,491,109	0	11	(377,193,981)	0
10. Healthcare receivables (a)		483,246,229			0	381,417,768
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts			464,000		464,000	0
13. Totals (Lines 9-10+11+12)	(377,193,981)	1,471,244,880	464,000	11	(376,729,981)	(381,417,768)

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

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

SilverScript Insurance Company (the “Company”), a Tennessee domiciled insurance company, is a wholly owned subsidiary of Part D Holding Company, L.L.C. (the “Parent”), and a wholly owned indirect subsidiary of CVS Health Corporation (the “Ultimate Parent”). The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance (the “Department”).

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

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

<u>NET INCOME:</u>	<u>SSAP#</u>	<u>F/S Page</u>	<u>F/S Line#</u>	<u>Nine months Ending September 30, 2020</u>	<u>Year Ending December 31, 2019</u>
(1) SilverScript State Basis (Page 4, Line 32, Column 2 & 4)				\$ 10,687,378	\$ 109,297,977
(2) State Prescribed Practices that increase (decrease) NAIC SAP					
(3) State Permitted Practices that increase (decrease) NAIC SAP					
(4) NAIC SAP (1-2- 3=4)				\$ 10,687,378	\$ 109,297,977
<u>SURPLUS:</u>				<u>September 30, 2020</u>	<u>December 31, 2019</u>
(5) SilverScript State Basis (Page 3, Line 33, Column 3 & 4)				\$ 921,833,641	\$ 1,128,229,548
(6) State Prescribed Practices that increase (decrease) NAIC SAP					
(7) State Permitted Practices that increase (decrease) NAIC SAP	4	2-Assets	1	(636,523)	(651,992)
(8) NAIC SAP (5-6- 7=8)				\$ 922,470,164	\$ 1,128,881,540

The Company owns a Puerto Rico bond as a special deposit with the U.S. territory of Puerto Rico. Based on Tennessee Code Ann. §56-1-405, the Company is required to non-admit special deposits held for the benefit of a specific state’s policyholders to the extent that the deposit exceeds liabilities associated with that state’s policyholders. Accordingly, the Company non-admitted its special deposit with Puerto Rico in the amount of \$637 thousand and \$652 thousand as of September 30, 2020 and December 31, 2019, respectively.

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

The preparation of financial statements in conformity with the *Quarterly Statement Instructions* and Statutory Accounting Principles requires management to make estimates and assumptions that affect amounts reported on the financial statements and accompanying notes. Such estimates and assumptions could change in the future as more information becomes known, which could impact the amounts reported and disclosed herein. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period.

C. Accounting Policy

The Company has adopted accounting policies with respect to particular accounts or transactions which could materially affect its assets, liabilities, capital and surplus or results of operations as follows:

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

Notes to Financial Statement

1. Summary of Significant Accounting Policies and Going Concern (continued)

- (1) Short-term investments, including bonds with an original purchase maturity date of less than one year but greater than three months, are stated at amortized cost using the scientific interest method of amortization on premiums or discounts. Cash Equivalents include money market holdings that are stated at fair value, and bonds with an original purchase maturity date of less than three months that are stated at amortized cost using the scientific interest method of amortization on premiums or discounts and are classified as cash equivalents.
- (2) Bonds with an original purchase maturity date greater than one year are stated at amortized cost using the scientific interest method of amortization on premiums or discounts. During the first nine months of 2020 and 2019, the Company recognized a capital gain of \$199 thousand and \$1 thousand related to an impaired Puerto Rico bond, respectively. The Company recognized no capital loss during the first nine months of both 2020 and 2019.
- (3) As of September 30, 2020 and December 31, 2019, the Company had 10.0 million shares, (\$1 par), of Class A common capital stock authorized, and 2.75 million of such shares issued and outstanding.
- (4) Preferred Stocks: None
- (5) Mortgage Loans: None
- (6) Loan-backed Securities: None
- (7) Investment in Subsidiaries, Controlled and Affiliated Companies: None
- (8) Joint Ventures, Partnerships, and Limited Liability Companies: None
- (9) Derivatives: None
- (10) The Company does not utilize anticipated investment income as a factor in determining premium deficiencies.
- (11) The Company has recorded estimates of incurred but not reported claims for claims paid by external entities and subsequently billed to the Company. Incurred but not reported claims (IBNR) are estimated based on historical experience. At the end of 2nd quarter of 2019, the Company released all IBNRs related to Medicare Part D business after evaluating its historical claims data and completion factors. Prescription drug claims under Medicare Part D business are typically reported and adjudicated within a very short period of time and the unreported claims are negligible.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) Amounts recorded in the Company's financial statements for pharmaceutical rebates are determined based on the amounts CVS Caremark Part D Services, L.L.C. ("Part D Services"), an affiliate of the Parent Company, expects to collect from various pharmaceutical manufacturers.

D. Going Concern: Not Applicable

2. Accounting Changes and Corrections of Errors

Accounting Changes: None

Corrections of Errors: None

3. Business Combinations and Goodwill

- A. Statutory Purchase Method: None
- B. Statutory Merger: None
- C. Assumption Reinsurance: None
- D. Impairment Loss: None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans: None
- B. Debt Restructuring: None
- C. Reverse Mortgages: None
- D. Loan Backed Securities: None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

Notes to Financial Statement

5. Investments (continued)

- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None
- H. Repurchase Agreements Transactions Accounted for as a Sale: None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None
- J. Real Estate: None
- K. Low-Income Housing Tax Credits (“LIHTC”): None
- L. Restricted Assets:

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/(Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Assets	7 Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.000 %	0.000 %
b. Collateral held under security lending agreements	0	0	0	0	0	0.000	0.000
c. Subject to repurchase agreements	0	0	0	0	0	0.000	0.000
d. Subject to reverse repurchase agreements	0	0	0	0	0	0.000	0.000
e. Subject to dollar repurchase agreements	0	0	0	0	0	0.000	0.000
f. Subject to dollar reverse repurchase agreements	0	0	0	0	0	0.000	0.000
g. Placed under option contracts	0	0	0	0	0	0.000	0.000
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	0	0	0	0	0	0.000	0.000
i. FHLB capital stock	0	0	0	0	0	0.000	0.000
j. On deposit with states	3,336,901	3,367,515	(30,614)	0	3,336,901	0.083	0.084
k. On deposit with other regulatory bodies	636,523	651,992	(15,469)	636,523	0	0.016	0.000
l. Pledged collateral to FHLB (including assets backing funding agreements)	0	0	0	0	0	0.000	0.000
m. Pledged as collateral not captured in other categories	0	0	0	0	0	0.000	0.000
n. Other restricted assets	0	0	0	0	0	0.000	0.000
o. Total Restricted Assets	\$ 3,973,424	\$ 4,019,507	\$ (46,083)	\$ 636,523	\$ 3,336,901	0.098%	0.084%

- (1) Restricted Assets (Including Pledged)
- (2) Detail of Assets Pledged as Collateral Not Captured in Other categories: None
- (3) Detail of Other Restricted Assets: None
- (4) Collateral received and reflected as assets within the reporting entity’s financial statements: None
- M. Working Capital Finance Investments: None
- N. Offsetting and Netting of Assets and Liabilities: None
- O. 5GI Securities: None
- P. Short Sales: None

Notes to Financial Statement

5. Investments (continued)
- Q. Prepayment Penalty and Acceleration Fees: None
6. Joint Ventures, Partnerships and Limited Liability Companies
- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- B. The Company did not recognize any impairment write-down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.
7. Investment Income
- A. Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts over 90 days past due are excluded from surplus.
- B. The total amount excluded was: None
8. Derivative Instruments
- None
9. Income Taxes
- No material changes
10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties
- A., B., C. During the first nine months ending September 30, 2020 and the year ending December 31, 2019, the Company did not have any material transfer of assets to affiliates.
- D. The Company reported a gross receivable of \$362.2 million and \$200.8 million from affiliates on line 23 of page 2 as of September 30, 2020 and December 31, 2019, respectively.
- E. The Company does not have any guarantees or undertakings for the benefit of an affiliate, which result in a material contingent exposure of the Company’s or any related party’s assets or liabilities.
- F. The following is a description of management and service contracts and cost sharing agreements involving the Company and any related party:

In general, the Company relies on its Parent Company and other affiliates under common control of the Ultimate Parent for all support and operations functions. For specific owner/affiliate relationships, please refer to the Organizational Chart contained in Schedule Y.

For the Company’s Medicare Part D business, except for amounts due to PDPs, all claims paid and incurred are based on amounts billed by the Parent Company and its affiliates for pharmacy claims filled by pharmacies in the Parent Company’s pharmacy network or claims submitted to the Parent Company for pharmacy claims paid by state agencies. Additionally, all pharmaceutical rebates are received or are recorded as a receivable from Part D Services, which contracts with pharmaceutical manufacturers for such rebates.

Aetna Health Management, L.L.C. (“Aetna Health Management”), an affiliate, provides the services or arranges services from third parties to manage and support the Company’s Medicare Supplement business and certain Medicare Part D functions.

As of September 30, 2020 and December 31, 2019, the Company reported a net receivable of \$257 million and \$79.4 million from the Parent Company and its affiliates, respectively.

The following is a summary of the financial statement presentation of amounts due from and to the Company’s Parent and affiliates.

Assets, Liabilities, Capital and Surplus	September 30, 2020	December 31, 2019
Taxes payable (lines 9 & 10.1)	\$ 94,540,218	\$ 74,576,353
Ceded reinsurance premiums payable (line 11) / (amounts recoverable from reinsurers) (line 16.1)	10,683,735	46,883,375
Amounts due to / (from) parent, subsidiaries and affiliates (Page 2, Line 23, Column 1)	(362,242,282)	(200,819,019)
	<u>\$ (257,018,329)</u>	<u>\$ (79,359,291)</u>

Amounts due to / (from) parent, subsidiaries and affiliates is primarily comprised of amounts due for pharmacy claims processed, management fees from Part D Services and

Notes to Financial Statement

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

Aetna Health Management, and intercompany funding. Both Part D Services and Aetna Health Management are affiliates of the Company. As of September 30, 2020, the Company reported a receivable from affiliates of \$362.2 million, primarily as a result of prefunding of claims activity from Part D Services. The prefunding amount was released with the claims payments in first week of November 2020. *Ceded reinsurance premiums payable or amounts recoverable from reinsurers* is related to the Company’s reinsurance agreements with CVS Caremark Indemnity, Ltd. and Accendo Insurance Company (Accendo). Both are affiliates of the Company.

Before January 1, 2020, the Company paid Part D Services management fees for sales, accounting, tax, legal, information technology, compliance, claims processing and other administrative functions under a management services agreement that had been filed with the Department. Effective January 1, 2020, the Company amended the management services agreement with Part D Services, kept most of services intact but removed the services related to finance, actuarial and underwriting, and Medicare Part D management operations, etc. from its administrative services agreement with Part D Services. The management fee is assessed on a per-member, per-month ("pmpm") and a per claim basis. A new administrative services agreement was entered with Aetna Health Management, effective January 1, 2020. Per this new agreement, Aetna Health Management, replaced Part D Services to provide the services, or arrange services from third parties related to finance, actuarial and underwriting, and Medicare Part D management operations to the Company. The fees charged by Aetna Health Management are based on the full time equivalent (FTE) time allocation or actual expenses incurred. Management agreements have been filed with the Department.

In addition, related to the Company’s reinsurance agreement with CVS Caremark Indemnity, Ltd. and Accendo, the Company recognizes a reduction of expenses related to ceded expenses.

The following is a summary of the financial statement presentation of management fees incurred from Part D Services and Aetna Health Management and reinsurance expenses ceded to the CVS Caremark Indemnity, Ltd. and Accendo.

Statement of Revenue and Expenses	<u>September 30, 2020</u>		<u>September 30, 2019</u>	
Management fee				
Claims adjustment expenses (line 20)	\$	111,268,998	\$	101,452,597
General and administrative expenses (line 21)		191,292,726		225,851,203
Total management fee	\$	302,561,724	\$	327,303,801
Reinsurance expenses ceded				
Claims adjustment expenses (line 20)	\$	16,495,036	\$	15,977,728
General and administrative expenses (line 21)		54,353,375		50,035,706
Total reinsurance expenses ceded	\$	70,848,411	\$	66,013,434

Payment terms require the Company to settle with Part D Services all invoiced amounts for claims and service fees thirty days in arrears after the Company receives an invoice. The settlement of rebates happens within ninety days of the beginning of the calendar quarter following receipt of such rebates by Part D Services.

Payment terms require the Company to settle with Aetna Health Management within 15 calendar days after the end of each calendar month and in no event more than 45 calendar days after the end of each calendar quarter.

The Company has a written tax-sharing agreement with the Ultimate Parent, and its allocation of the Ultimate Parent’s federal and state income and premium taxes is based on the Company’s federal and state tax liability determined as if the Company were filing its own separate tax return each year. The Company’s tax sharing agreement with the Ultimate Parent provides that the Ultimate Parent will pay the Company for its net operating losses to the extent that such net operating loss is utilized in the reduction of the consolidated federal income tax liability.

As of September 30, 2020 and December 31, 2019, the Company owed the Ultimate Parent \$86.9 million and \$67.8 million, respectively, for federal income taxes, which is reported as *current federal and foreign income tax payable* in the Statement of Liabilities, Capital and Surplus. As of September 30, 2020 and December 31, 2019, the Company owed the Ultimate Parent \$7.6 million and \$6.8 million, for state taxes, which is reported as *general expenses due or accrued* in the Statement of Liabilities, Capital and Surplus. Intercompany tax balances are settled annually.

During the first nine months of 2020, the Company didn’t enter any Sale and Purchase Agreement with its affiliates. On December 27, 2019, the Company entered into a Sale and Purchase Agreement with Aetna Health and Life Insurance Company (“AHLIC”), whereby the Company purchased an invested asset from its affiliate AHLIC. In consideration for this transaction, the Company paid cash of \$652,219 for the fair market value of the invested asset. This transaction does not exceed 3% of admitted assets of the Company or AHLIC, therefore this Sale and Purchase Agreement did not require approval by the Connecticut Insurance Department and the Tennessee Department of Commerce & Insurance.

Notes to Financial Statement

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

- G. All outstanding shares of the Company are owned by the Parent Company.
- H. The Company does not own shares of stock of its Parent Company.
- I. The Company does not hold any interest in another company or limited partnership.
- J. The Company did not recognize any impairment write-down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
- K. The Company does not have any investments in a foreign insurance subsidiary.
- L. The Company did not have any investments in a downstream non-insurance holding company.
- M. The Company does not have any subsidiary, controlled and affiliated (SCA) investments.
- N. The Company does not have any investments in insurance SCA's.
- O. SCA and SSAP No.48 Loss Tracking: Not applicable

11. Debt

None

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

No change.

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

- (1) As of September 30, 2020 and December 31, 2019, the Company had 10.0 million shares, (\$1 par), of Class A common capital stock authorized, and 2.75 million of such shares issued and outstanding.
- (2) The Company has no preferred stock outstanding.
- (3) Without prior approval of the domiciliary commissioner, dividends to shareholders are limited by the laws of Tennessee and are based on the restrictions relating to statutory surplus.
- (4) Tennessee Department of Commerce and Insurance (TDCI) approved an extra ordinary dividend request in the amount of \$200 million on August 18, 2020. The extraordinary dividend of \$200 million was paid to Part D Holding Company on October 30, 2020. No dividends were declared and paid by the Company during the year ending December 31, 2019.
- (5) The portion of the Company's profits that may be paid as ordinary dividends is limited by the laws of Tennessee. Tennessee law states that ordinary dividends must follow Tennessee Code Ann. § 56-11-105(e) and Tennessee Code Ann. § 56-11-106(b) for extraordinary dividends. Ordinary dividends are limited to the greater of ten percent of surplus or the net gain from operations for previous twelve months.
- (6) The Company is subject to certain Risk-Based Capital ("RBC") requirements as specified by the NAIC. Under those requirements, the amount of capital and surplus maintained by a life/health insurance company is to be determined based on the various risk factors related to it. As of September 30, 2020 and December 31, 2019, there were no restrictions placed on the unassigned funds (surplus).
- (7) The Company has no mutual reciprocals or any similarly organized entities.
- (8) The Company does not hold any stock of the Ultimate Parent, including stock of affiliated entities for special purposes.
- (9) The Company had a special surplus of \$0 million and \$62.9 million as of September 30, 2020 and December 31, 2019, respectively. The balance reported as special surplus funds is related to health plan fees incurred under Section 9010 of the Affordable Care Act ("ACA"). There was no special surplus for the quarter ending September 30, 2020, due to the *Further Consolidated Appropriations Act, 2020, Division N, Subtitle E §502*, which repeals the annual fee on health insurance providers, for the calendar years beginning after December 31, 2020. Per SSAP No. 106: *Affordable Care Act Section 9010 Assessment*, no segregation of special surplus was needed for the net written premium in 2020 data year.
- (10) As of September 30, 2020 and December 31, 2019, the Company had no unrealized gains or losses.
- (11) The Company did not issue any surplus debenture of similar obligations.
- (12) The Company did not experience an impact of any restatement due to prior quasi-reorganization.
- (13) Not applicable.

Notes to Financial Statement

14. Liabilities, Contingencies and Assessments
- A. Contingent Commitments: None

B. Assessments: None

C. Gain Contingencies: None

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits: None

E. Joint and Several Liabilities: None

F. All Other Contingencies:

a. Bad debt write-offs, net of recoveries, totaled \$2.4 million and \$1.2 million for the first nine months of 2020 and 2019, respectively. These balances were previously reported as non-admitted assets.

15. Leases

- A. Lessee Operating Lease: None
- B. Lessor Leases: None

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

None

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

- A. Transfers of Receivables Reported as Sales: None
- B. Transfer and Servicing of Financial Assets: None
- C. Wash Sales: None

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

- A. ASO Plans: None
- B. ASC Plans

The Company has several Administrative Services Contracts (“ASC”) with Self-Funded Employer Group Waiver Plans (“SF EGWPs”).

For the first nine months ending September 30, 2020 and 2019, the gain from operations from ASC uninsured plans is as follows:

September 30, 2020

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical costs incurred	\$ 3,387,036,422	\$ -	\$ 3,387,036,422
b. Gross administrative fees accrued	84,237,662	-	84,237,662
c. Other income or expense (including interest paid to or received from plans)	-	-	-
d. Gross expenses incurred (claims and administrative)	(3,468,115,104)	-	(3,468,115,104)
e Total Net Operations	\$ 3,158,980	\$ -	\$ 3,158,980

September 30, 2019

	ASC Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASC
a. Gross reimbursement for medical costs incurred	\$ 3,091,700,541	\$ -	\$ 3,091,700,541
b. Gross administrative fees accrued	83,140,645	-	83,140,645
c. Other income or expense (including interest paid to or received from plans)	-	-	-
d. Gross expenses incurred (claims and administrative)	(3,171,881,575)	-	(3,171,881,575)
e Total Net Operations	\$ 2,959,611	\$ -	\$ 2,959,611

- C. Medicare and other Similarly Structured Cost Based Reimbursement Contract:

Notes to Financial Statement

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

- (1) Revenue and prescription drug amounts for the nine months ending September 30, 2020 and 2019, exclude \$8,841.9 million and \$8,818.1 million, respectively, in subsidies from the Centers for Medicare and Medicaid Services (“CMS”) for catastrophic reinsurance subsidies, low income cost sharing subsidies (“LICS”) and the coverage gap discount program (“CGDP”) pursuant to the Company’s contracts with CMS.
- (2) As of September 30, 2020 and December 31, 2019, the admitted *amounts receivable relating to uninsured plans* includes the following:

		<u>09/30/2020</u>	<u>12/31/2019</u>
CMS settlements – 2018	\$	-	\$ 73,264,255
CMS settlements – 2019		1,099,191,777	779,652,894
Coverage gap discount receivable		1,090,706,871	615,795,567
Unbilled group receivable		293,852,486	249,966,362
Billed group receivable		-	110,961
Total amounts receivable related to uninsured plans	\$	2,483,751,134	\$ 1,718,790,039

Settlement amounts due to or from CMS for a plan year for LICS and drugs covered by the catastrophic reinsurance feature are typically settled in the fourth quarter of the following year. These CMS settlements are related to LICS and drugs covered by the catastrophic reinsurance feature. As of September 30, 2020 and December 31, 2019, the Company recorded a CMS settlement receivable of \$1,099.2 million and \$779.7 million for the plan year 2019, respectively. As of September 30, 2020 and December 31, 2019, the Company recorded a CMS settlement receivable of \$0.0 million and \$73.3 million for the plan year 2018, respectively.

Coverage gap discount receivable represents amounts invoiced or to be invoiced by CMS to pharmaceutical manufacturers on the Company’s behalf. Fluctuations in this balance are due to the timing of when CMS invoices the pharmaceutical manufacturers and when collections are received by the Company.

Unbilled group receivables primarily represent the last week of claims for the month that are billed to the respective SF EGWPs the first week of the following month.

As of September 30, 2020 and December 31, 2019, *amounts payable relating to uninsured plans* includes the following:

		<u>09/30/2020</u>	<u>12/31/2019</u>
CMS settlement - 2020	\$	573,659,205	\$ -
Reopener payables		63,571,698	64,525,834
SF EGWP client payables		2,037,137,375	1,472,985,513
Total amounts payable related to uninsured plans	\$	2,674,368,278	\$ 1,537,511,347

Reopener payables represent accruals for prior plan years that are due back to CMS and are the result of retroactivity that happens after the initial settlement with CMS. Reopeners are settled with CMS according to CMS timetable which is approximately 5 years after the initial settlement with CMS. SF EGWP client payables represent the amounts due back to SF EGWP clients for LICS and reinsurance subsidies the Company will collect from CMS on their behalf. The Company expects to collect the LICS and reinsurance subsidies in the fourth quarter of the following plan year and the Company will settle the payable to SF EGWPs at that time. The balance also includes the rebates collected from pharmaceutical manufacturers on the client’s behalf.

- (3) As of September 30, 2020 and December 31, 2019, there were no allowances or reserves for adjustment of recorded revenues.
- (4) The Company has made no adjustment to revenue resulting from audits of receivables related to revenues recorded in the prior period.

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

None

Notes to Financial Statement

20. Fair Value Measurements

SSAP 100R, *Fair Value*, defines fair value, establishes a framework for measuring fair value under accounting principles generally accepted in the United States, and enhances disclosures about fair value measurements. SSAP 100R provides guidance on how to measure fair value when required under existing accounting standards.

The Statement establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels (“Level 1, 2 and 3”) and net asset value (NAV) after initial recognition.

Level 1 inputs are observable inputs that reflect quoted prices for identical assets or liabilities in active markets the Company has the ability to access at the measurement date. Level 2 inputs are observable inputs, other than quoted prices included in Level 1, for the asset or liability. Level 3 inputs are unobservable inputs reflecting the Company’s estimates of the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The hierarchy requires the use of market observable information when available for assessing fair value. As the fair value of the Company’s U.S. Treasury securities are based on unadjusted market prices, they are classified within Level 1.

The following methods and assumptions were used by the Company in estimating the “fair value” disclosures for financial instruments in the accompanying financial statements and notes thereto:

Cash, cash equivalents and short-term investments: The carrying amounts reported in the accompany balance sheets for these financial instruments approximate their fair values.

Investment Securities: Fair values for bonds are based on the price that would be received to sell an asset or would be paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Company utilizes the three-level valuation hierarchy for the recognition and disclosure of fair value measurements. The categorization of assets and liabilities within this hierarchy is based upon the lowest level of input that is significant to the measurement of fair value. The three levels of the hierarchy consist of the following

- *Level 1* - Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.
- *Level 2* - Inputs to the valuation methodology are quoted prices for similar assets and liabilities in active markets, quoted prices in markets that are not active or inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the instrument.
- *Level 3* - Inputs to the valuation methodology are unobservable inputs based upon management’s best estimate of inputs market participants could use in pricing the asset or liability at the measurement date, including assumptions about risk.

Investment reported at NAV is not captured within fair value hierarchy, but separately identified.

A.
(1) Fair Value Measurements at Reporting Date:

September 30, 2020

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at fair value					
Cash	\$ (19,851,922)	\$ -	\$ -	\$ -	\$ (19,851,922)
Cash equivalents	282,369,481	-	-	-	282,369,481
Total Assets at fair value/NAV	\$ 262,517,559	\$ -	\$ -	\$ -	\$ 262,517,559

December 31, 2019

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
Assets at fair value					
Cash	\$ (23,809,618)	\$ -	\$ -	\$ -	\$ (23,809,618)
Cash equivalents	405,954,986	-	-	-	405,954,986
Total Assets at fair value/NAV	\$ 382,145,368	\$ -	\$ -	\$ -	\$ 382,145,368

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

Notes to Financial Statement

20. Fair Value Measurements (continued)

There have been no transfers between Level 1 and Level 2 of the Fair Value Hierarchy in the current reporting period.

- (2) Fair Value Measurement (Level 3) of the Fair Value Hierarchy: Not Applicable
 - (3) Fair Value Measurement (Level 3) Transfers: Not Applicable
 - (4) Inputs for Valuation of Fair Value of Level 2 and Level 3 Investments: Bank valuation provided in monthly statements is utilized to estimate fair market value.
 - (5) Fair Value of Derivative Assets and Liabilities: Not Applicable
- B. Other Accounting Pronouncements: Not Applicable
- C. Aggregate fair value for all financial instruments at reporting date:

September 30, 2020

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 4,216,450	\$ 3,496,752	\$ 4,216,450	\$ -	\$ -	\$ -	\$ -
ST Bonds	485,912	485,912	485,912				
Cash	(19,851,922)	(19,851,922)	(19,851,922)	-	-	-	-
Cash equivalents	282,369,481	282,369,481	282,369,481	-	-	-	-

December 31, 2019

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 4,340,810	\$ 3,494,539	\$ 4,340,810	\$ -	\$ -	\$ -	\$ -
Cash	(23,809,618)	(23,809,618)	(23,809,618)	-	-	-	-
Cash equivalents	405,954,986	405,954,986	405,954,986	-	-	-	-

D. Not Practicable to Estimate Fair Value

As of September 30, 2020 and December 31, 2019, the Company did not own any financial instruments that were not practicable to estimate fair value.

Money market funds in active markets are classified within Level 1 as fair values are based on quoted market prices.

As of September 30, 2020, bonds and cash equivalents with an admitted asset value of \$3.5 million and \$0 million, respectively, were on deposit with state insurance and other departments to satisfy regulatory requirements.

As of December 31, 2019, bonds and cash equivalents with an admitted asset value of \$2.8 million and \$0.7 million, respectively, were on deposit with state insurance and other departments to satisfy regulatory requirements.

Management regularly reviews the value of the Company’s investments. If the value of any investment falls below its cost basis, the decline is analyzed to determine whether it is an other-than-temporary decline in value. To make this determination for each security, the following is considered:

- The length of time and the extent to which the fair value has been below cost;
- The financial condition and near-term prospects of the issuer of the security, including any specific events that may affect its operations or earnings potential; and
- Management’s intent and ability to hold the security long enough for it to recover its value.

Based on that analysis, management makes a judgment as to whether the loss is other-than-temporary. If the loss is other-than-temporary, an impairment charge is recorded within net realized investment gains (losses) in the statements of operations in the period the determination is made. During the first nine months of 2020 and 2019, the Company recognized a capital gain of \$199 thousand and \$1 thousand related to the impaired Puerto Rico bond, respectively. The Company recognized no capital loss during the first nine months of both 2020 and 2019.

E. Investments Measured Using the NAV Practical Expedient: Not applicable

Notes to Financial Statement

21. Other Items

- A. Unusual or Infrequent Items:
- With permissions from insurance regulators of various states, the Company started to underwrite Medicare Supplement business in April 2020.
- B. Troubled Debt Restructuring - Debtors: None
- C. Other Disclosures: The Coronavirus Disease 2019 (“COVID-19”) pandemic continues to evolve. The Company believes COVID-19’s impact on the Company’s businesses, operating results, cash flows and/or financial condition primarily will be driven by the geographies impacted and the severity and duration of the pandemic; the pandemic’s impact on the U.S. and global economies and consumer behavior and health care utilization patterns; and the timing, scope and impact of stimulus legislation as well as other federal, state and local governmental responses to the pandemic. Those primary drivers are beyond the Company’s knowledge and control. As a result, the impact COVID-19 will have on the Company’s businesses, operating results, cash flows and/or financial condition is uncertain, but the impact could be adverse and material. COVID-19 also may result in legal and regulatory proceedings, investigations and claims against the Company.
- D. Business Interruption Insurance Recoveries: None
- E. State Transferable and Non-transferable Tax Credits: None
- F. Subprime-Mortgage-Related Risk Exposure: None
- G. Retained Assets: None
- H. Insurance Linked Securities (ILS) Contracts: None
- I. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy: Not Applicable

22. Events Subsequent

A. Type I – Recognized Subsequent Events

An extraordinary dividend of \$200 million, approved by TDCI on August 18, 2020, was paid to Part D Holding Company, its parent, on October 30, 2020.

B. Type II – Non-Recognized Subsequent Events

The Company has assessed and concluded that there were no other material subsequent events, through November 12, 2020, the date which the financial statements were available to be issued.

23. Reinsurance

A. Ceded Reinsurance Report

The Company has a quota share reinsurance agreement with an affiliate of the Parent Company, CVS Caremark Indemnity, Ltd., a Bermuda domiciled insurer. Under the terms of this agreement, the Company cedes a percentage of the Company’s share of the risk associated with individual and group premiums, claims and administrative expenses related to Medicare Part D business. This agreement was amended in 2017. The percentage risk ceded decreased from 20% to 15%, effective January 1, 2018. The original agreement was approved by the Department on August 15, 2011 and was retroactive to January 1, 2011.

The Company also has a quota share reinsurance agreement with another affiliate of the Parent Company, Accendo Insurance Company, a Utah domiciled insurer. Under the terms of this agreement, the Company cedes 5% of the Company’s share of the risk associated with individual and group premiums, claims and administrative expenses related to Medicare Part D business. This agreement was effective January 1, 2018.

The following is a financial summary of the ceded amounts and related expenses under these agreements:

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

Notes to Financial Statement

23. Reinsurance (continued)

		<u>Month Ending</u> <u>September 30, 2020</u>		<u>Year Ending</u> <u>December 31, 2019</u>
Statement of Revenue and Expense:				
Premiums and other revenue	\$	443,224,565	\$	646,229,716
Benefits		(362,079,204)		(509,488,733)
Commissions expense		(71,016,220)		(85,660,113)
Interest expense		167,809		12,965
Total revenue and expense ceded	\$	10,296,950	\$	51,093,835
Balance Sheet:				
Aggregate Health Policy Reserve	\$	1,058,258	\$	1,815,718
Accrued retrospective premiums		(34,271,952)		-
Premiums received in advance		6,271,373		7,062,094
Premiums receivable		(6,620,488)		(6,908,514)
Accrued Incentive		116,000		-
Healthcare Receivable		(120,811,557)		(95,354,442)
Total ceded balance sheet Items	\$	(154,258,366)	\$	(93,385,144)
Unsettled Prior Year Balance	\$	386,785	\$	(4,210,460)
Funds held by or deposited with reinsured companies	\$	450,722,006	\$	648,211,979
Funds held under reinsurance treaties with unauthorized reinsurers		(594,296,636)		(694,713,748)
Amount due to Accendo & CVS Caremark Indemnity, Ltd.	\$	(143,574,631)	\$	(46,501,769)

- B. Uncollectible Reinsurance: None
- C. Commutation of Ceded Reinsurance:

The Company did not commute any ceded reinsurance, nor did it enter into or engage in any agreement that reinsures policies or contracts that were in-force or had existing reserves as of the effective date of such agreements.
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The Company's Medicare Part D contract with CMS contains a risk corridor feature. Due to the risk corridor feature, the Company’s business is accounted for as a retrospectively rated contract. The Company estimates retrospective premium adjustments using a mathematical approach based on the Company’s underwriting experience. As of September 30, 2020 and December 31, 2019, accrued retroactive premium adjustments were reported as *aggregate health policy reserves* in the amount of \$44.4 million and \$56.0 million, respectively, and as *accrued retrospective premiums and contracts subject to redetermination* of \$136 million and \$0 million, respectively, for different plan years.
- B. The Company records the risk corridor adjustment as an adjustment to earned premiums.
- C. The amount of net direct premiums written by the Company during the first nine months ending September 30, 2020 and 2019 that was subject to the retrospective rating feature was \$1,911.8 million and \$2,384.3 million, respectively, which represented 94.4%, and 98.2%, respectively, of the total premiums written, excluding risk corridor adjustment.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act: There was no MLR recorded during the first six months ending September 30, 2020 and the year ending December 31, 2019.
- E. Risk Sharing Provisions of the ACA: The Company only offers health insurance coverage under Medicare Part D and is not a qualified health plan under the definition of the ACA.

Notes to Financial Statement

25. Change in Incurred Claims and Claim Adjustment Expenses

A. The following table provides a reconciliation of the beginning and ending balances of claims unpaid, accruals for medical incentive pool and bonus, and health care receivables as follows:

	Month Ending September 30, 2020		Year Ending December 31, 2019	
Balances as of January 1:				
Reserves for unpaid claims	\$	-	\$	7,450,339
Health Care Receivable		(381,417,767)		(418,423,697)
Reserve for incentive pools		<u>-</u>		<u>40,000</u>
	\$	<u>(381,417,767)</u>	\$	<u>(410,933,358)</u>
Incurred related to:				
Current year	\$	1,471,244,890	\$	2,097,023,049
Prior year		<u>4,687,786</u>		<u>(25,790,508)</u>
	\$	<u>1,475,932,676</u>	\$	<u>2,071,232,541</u>
Paid (received) related to:				
Current year	\$	1,954,491,108	\$	2,478,440,816
Prior year		<u>(377,193,981)</u>		<u>(436,723,866)</u>
	\$	<u>1,577,297,127</u>	\$	<u>2,041,716,950</u>
Balances as of September 30, 2020 & December 31, 2019:				
Reserves for unpaid claims	\$	11	\$	-
Health Care Receivable		(483,246,229)		(381,417,767)
Reserve for incentive pools		<u>464,000</u>		<u>-</u>
	\$	<u>(482,782,218)</u>	\$	<u>(381,417,767)</u>

Changes in prior year reserves are generally the results of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding claims. It is at least reasonably possible that a further change in reserves for prior years could occur within one year from the date of these financial statements and that such a change in these estimates could be material to the financial statements.

During the first nine months of 2020 and the year of 2019, the Company experienced \$4.7 million unfavorable and \$25.8 million favorable, respectively, of prior year claims development, all of which was related to retrospectively rated policies. This favorable development of \$25.8 million occurred primarily due to favorable pharmaceutical rebates related to the prior year credits to the Company by Part D Services and the favorable changes of IBNR reserves in 2019. In addition, there were changes in the valuation of settlement amounts with CMS and favorable claim run-out activities related to prior years.

B. There were no changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expense during the first nine months of 2020. There were changes in methodologies and assumptions used in calculating the liability for unpaid losses and loss adjustment expense during the year of 2019. The Company released all IBNRs for Medicare Part D business during the second quarter of 2019 after evaluating its historical claims data and completion factors. Prescription drugs claims under Medicare Part D business are typically reported and adjudicated within a very short period of time. The Company considers the potential unreported claims for Medicare Part D business as negligible and no reserves are deemed as necessary.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

The following is a summary of the Company’s *Health Care and Other Amounts Receivable* as of September 30, 2020 and December 31, 2019, respectively. The amounts are presented gross of non-admitted receivable, but net of reinsurance ceded:

	09/30/2020		12/31/2019	
Pharmaceutical Rebates Receivable	\$	35,077,388	\$	11,302,971
Performance Network Rebate Receivable		448,168,841		370,114,796
Total Health Care and Other Amounts Receivable	\$	<u>483,246,229</u>	\$	<u>381,417,767</u>

Notes to Financial Statement

28. Health Care Receivables (continued)

A. Pharmaceutical Rebates Receivables:

The Company has contracted with Part D Services for pharmaceutical rebates. Amounts recorded in the Company’s financial statements are determined based on the amounts the Part D Services has collected or expects to collect as invoiced or otherwise confirmed by Part D Services. The Company reported a pharmaceutical rebate receivable of \$35.1 and \$11.3 million, net of reinsurance ceded, as of September 30, 2020 and December 31, 2019, respectively. All rebates are determined to be received within 90 days after Part D Services receives the payments from manufactures. The pharmaceutical rebates receivables reported below are gross of reinsurance ceded.

Quarter	Estimated Pharmacy Rebates Pertaining to Current Quarter Scripts Filled and as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
09/30/2020	1,898,800,635	1,898,800,635	1,854,953,900	\$ -	\$ -
06/30/2020	1,878,658,855	1,876,290,290	1,876,290,290	-	-
03/31/2020	1,879,954,111	1,894,564,669	1,894,564,669	-	-
12/31/2019	1,994,126,804	1,988,039,037	1,988,039,037	-	-
09/30/2019	2,028,740,752	2,018,419,584	2,018,419,584	-	-
06/30/2019	2,045,546,398	2,031,570,667	2,031,570,667	-	-
03/31/2019	1,975,150,308	1,989,372,136	1,989,372,136	-	-
12/31/2018	1,846,062,624	1,847,511,946	1,847,511,946	-	-
09/30/2018	1,827,685,233	1,835,397,639	1,835,397,639	-	-
06/30/2018	1,814,545,295	1,807,592,945	1,807,592,945	-	-
03/31/2018	1,754,618,121	1,756,423,667	1,756,423,667	-	-
12/31/2017	1,513,146,853	1,514,900,240	1,514,900,240	-	-

B. Risk Sharing Receivables:

None

Other Healthcare Receivables:

CVS Part D Services, the Company’s pharmacy benefit manager, has a pharmacy network that includes a retrospective performance network rebate (PNR). The PNR is performance based upon whether the participating pharmacies have met certain pre-established criteria in the contract. The PNR is calculated by multiplying the applicable claims with a variable network rate based on the actual performance. The PNR agreements for both 2020 and 2019 have three performance measurement periods (measurement period), ending April 30, August 31, and December 31, respectively. The PNR receivables fit the category of Other Health Care Receivables per SSAP No. 84 Health Care and Government Insured Plan Receivables.

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

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 [☐] No [☒]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☒] No [☐]
- 2.2

If yes, date of change:

07/31/2020
- 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?

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☒] No [☐]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☒] No [☐]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
On January 6, 2020, PT Aetna Management Consulting changed its ownership of 23% from PT Asuransi Central Asia to Aetna Global Benefits (Asia Pacific) Limited. On January 23, 2020, Aetna Health Holdings, LLC has acquired IlliniCare Health Plan, Inc.; On February 29, 2020, the ownership of Medical Examination of New York, PC was transferred from Coventry Health Care Workers Compensation, Inc. to Aetna Health Holdings, LLC. On June 30, 2020, MHNet Life and Health Insurance Company was dissolved. On July 29, 2020, Aetna Korea Limited was liquidated. On July 31, 2020, Coventry Health Care Workers Compensation, Inc. and its subsidiaries (First Script Network Services, Inc., FOCUS HealthCare Management, Inc., MetraComp, Inc., and Coventry Rehabilitation Services, Inc.) were sold.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [☒] No [☐]
- 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.

0000064803
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

If yes, complete and file the merger history data file with the NAIC.

Yes [☐] No [☒]
- 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?

If yes, attach an explanation.
A new management agreement was entered with Aetna Health Management (AHM), an affiliate, effective 1/1/2020; AHM provides the services related to finance, underwriting, and Medicare Part D management to SilverScript.

Yes [☒] No [☐] N/A [☐]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2018
- 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.

12/31/2018
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/29/2020
- 6.4

By what department or departments?
State of Tennessee, Department of Commerce and Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [☐] No [☐] N/A [☒]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☒] No [☐] N/A [☐]
- 7.1

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?

Yes [☐] No [☒]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [☐] No [☒]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [☐] No [☒]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 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 [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 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?

Yes [X] No []
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$0

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

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

\$0
- 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	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$0
14.22 Preferred Stock	\$0	\$0
14.23 Common Stock	\$0	\$0
14.24 Short-Term Investments	\$0	\$0
14.25 Mortgage Loans on Real Estate	\$0	\$0
14.26 All Other	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$0	\$0
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] 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.

Yes [] No [] N/A [X]
16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$0

16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0

16.3

Total payable for securities lending reported on the liability page.

\$0

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

GENERAL INTERROGATORIES

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

1 Name of Custodian(s)	2 Custodian Address
Bank of America, N.A.	200 N College Street, Charlotte, NC 28255
Bank of America, N.A.	200 N College Street, Charlotte, NC 28255
Regions Bank	400 West Capitol, Little Rock, AR 72201
Wells Fargo	1021 E. Cary Steet, Richmond, VA 23219
US Bank	225 Water Street, Ste. 700, Jacksonville, FL 32202
Xerox State & Local Solutions, Inc.	100 Hancock Street, 10th Floor, Quincy, MA 02171
State Street Bank and Trust Company	State Street Financial Center, One Lincoln Street, Boston, MA 02111-2900

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

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

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

1 Name of Firm or Individual	2 Affiliation
Kevin James Casey	A.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No [X]
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No [X]
- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
.....	Kevin James Casey .....	.....	Not registered .....	.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

85.0 %

1.2 A&H cost containment percent

1.3 %

1.3 A&H expense percent excluding cost containment expenses

14.3 %

2.1

Do you act as a custodian for health savings accounts?

Yes [☐] No [☒]

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3

Do you act as an administrator for health savings accounts?

Yes [☐] No [☒]

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [☒] No [☐]

3.1

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

Yes [☐] No [☐]

SCHEDULE S - CEDED REINSURANCE

[illegible]

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories									
States, etc.	1	Direct Business Only							
	Active Status (a)	2	3	4	5	6	7	8	9
		Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	L	31,727,025					31,727,025	
2. Alaska	AK	L	695,211					695,211	
3. Arizona	AZ	L	20,525,342					20,525,342	
4. Arkansas	AR	L	33,148,545					33,148,545	
5. California	CA	L	229,201,831					229,201,831	
6. Colorado	CO	L	14,988,373					14,988,373	
7. Connecticut	CT	L	26,750,347					26,750,347	
8. Delaware	DE	L	5,754,321					5,754,321	
9. District of Columbia	DC	L	2,847,388					2,847,388	
10. Florida	FL	L	194,176,848					194,176,848	
11. Georgia	GA	L	65,661,697					65,661,697	
12. Hawaii	HI	L	2,689,566					2,689,566	
13. Idaho	ID	L	8,742,300					8,742,300	
14. Illinois	IL	L	63,127,468					63,127,468	
15. Indiana	IN	L	42,252,086					42,252,086	
16. Iowa	IA	L	22,768,786					22,768,786	
17. Kansas	KS	L	22,186,415					22,186,415	
18. Kentucky	KY	L	35,166,551					35,166,551	
19. Louisiana	LA	L	41,160,160					41,160,160	
20. Maine	ME	L	5,275,169					5,275,169	
21. Maryland	MD	L	33,679,931					33,679,931	
22. Massachusetts	MA	L	75,601,411					75,601,411	
23. Michigan	MI	L	46,302,502					46,302,502	
24. Minnesota	MN	L	31,472,520					31,472,520	
25. Mississippi	MS	L	37,135,161					37,135,161	
26. Missouri	MO	L	57,941,396					57,941,396	
27. Montana	MT	L	8,333,261					8,333,261	
28. Nebraska	NE	L	13,144,263					13,144,263	
29. Nevada	NV	L	6,020,667					6,020,667	
30. New Hampshire	NH	L	8,446,087					8,446,087	
31. New Jersey	NJ	L	65,134,936					65,134,936	
32. New Mexico	NM	L	12,866,004					12,866,004	
33. New York	NY	L	161,594,616					161,594,616	
34. North Carolina	NC	L	63,809,724					63,809,724	
35. North Dakota	ND	L	7,692,065					7,692,065	
36. Ohio	OH	L	48,624,467					48,624,467	
37. Oklahoma	OK	L	35,674,032					35,674,032	
38. Oregon	OR	L	17,231,799					17,231,799	
39. Pennsylvania	PA	L	81,947,579					81,947,579	
40. Rhode Island	RI	L	5,619,578					5,619,578	
41. South Carolina	SC	L	35,444,524					35,444,524	
42. South Dakota	SD	L	7,287,123					7,287,123	
43. Tennessee	TN	L	41,813,989					41,813,989	
44. Texas	TX	L	100,391,440					100,391,440	
45. Utah	UT	L	7,380,753					7,380,753	
46. Vermont	VT	L	7,761,217					7,761,217	
47. Virginia	VA	L	40,309,968					40,309,968	
48. Washington	WA	L	32,379,101					32,379,101	
49. West Virginia	WV	L	17,484,282					17,484,282	
50. Wisconsin	WI	L	36,635,347					36,635,347	
51. Wyoming	WY	L	4,627,663					4,627,663	
52. American Samoa	AS	N						0	
53. Guam	GU	L	8,769					8,769	
54. Puerto Rico	PR	L	195,337					195,337	
55. U.S. Virgin Islands	VI	L	28,226					28,226	
56. Northern Mariana Islands	MP	L	1,287					1,287	
57. Canada	CAN	N						0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX		2,018,866,454	0	0	0	0	2,018,866,454	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0	
61. Totals (Direct Business)	XXX		2,018,866,454	0	0	0	0	2,018,866,454	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX		0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....55

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0

N - None of the above - Not allowed to write business in the state.....2

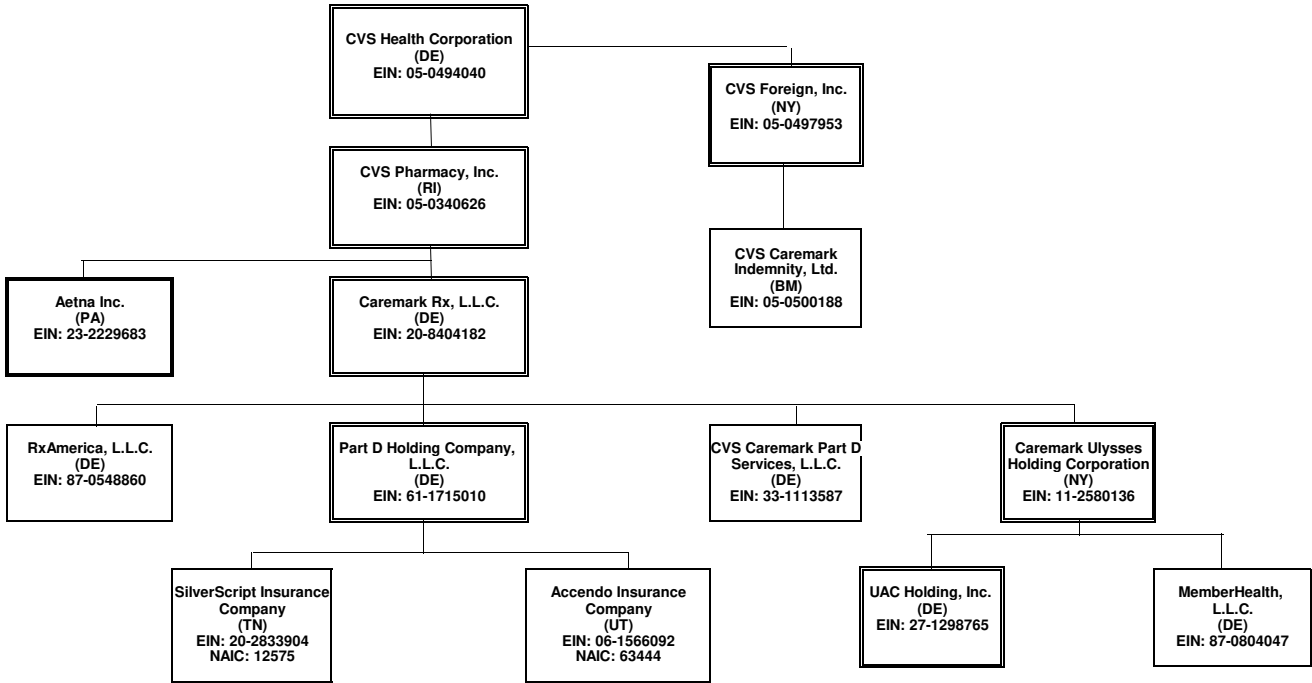
R - Registered - Non-domiciled RRGs.....0

Q - Qualified - Qualified or accredited reinsurer.....0

the basis of the allocation by state is the residency of the member

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

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

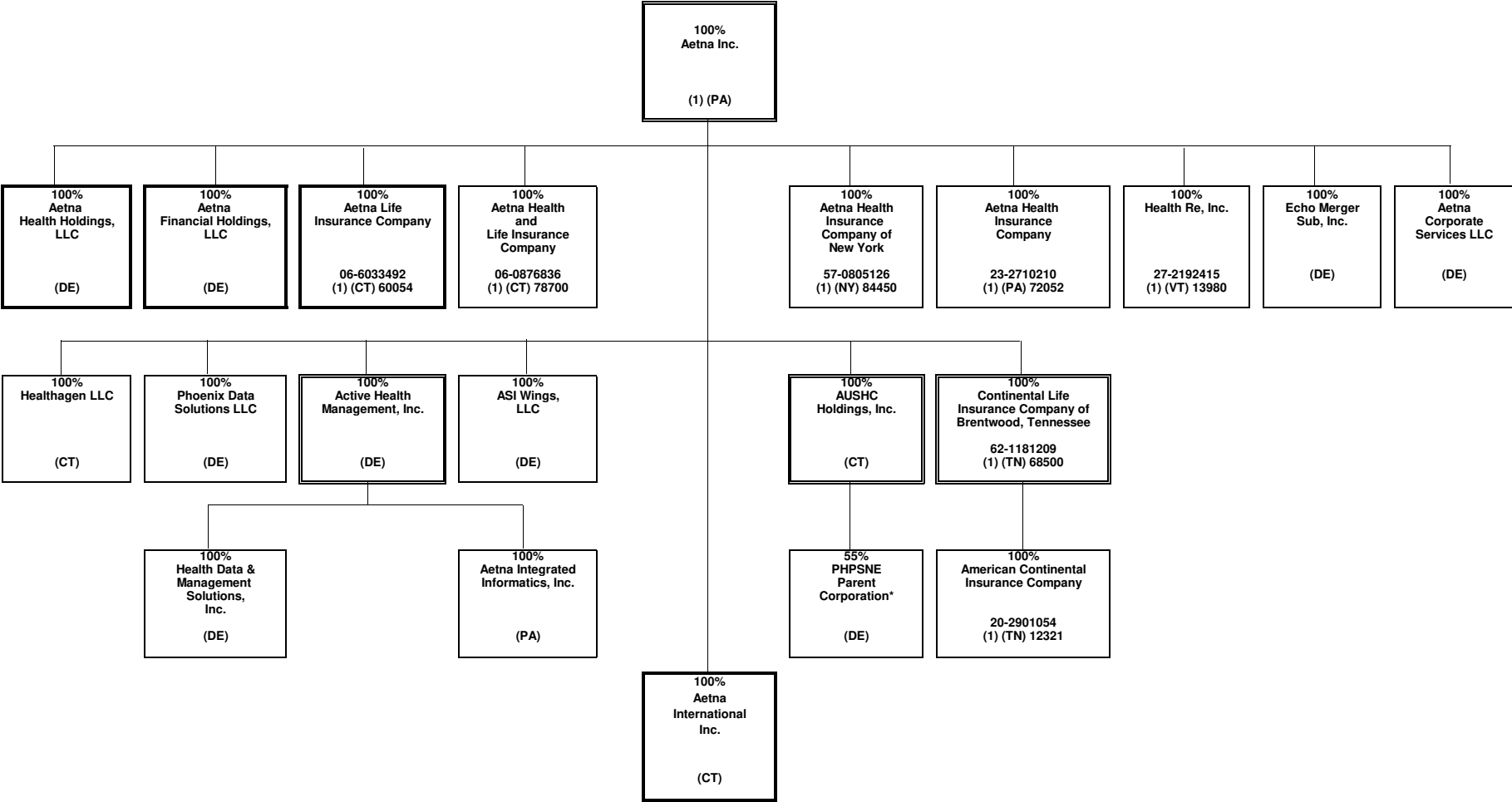
Double borders indicate entity has subsidiaries shown on the same page.

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

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

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

PART 1 - ORGANIZATIONAL CHART

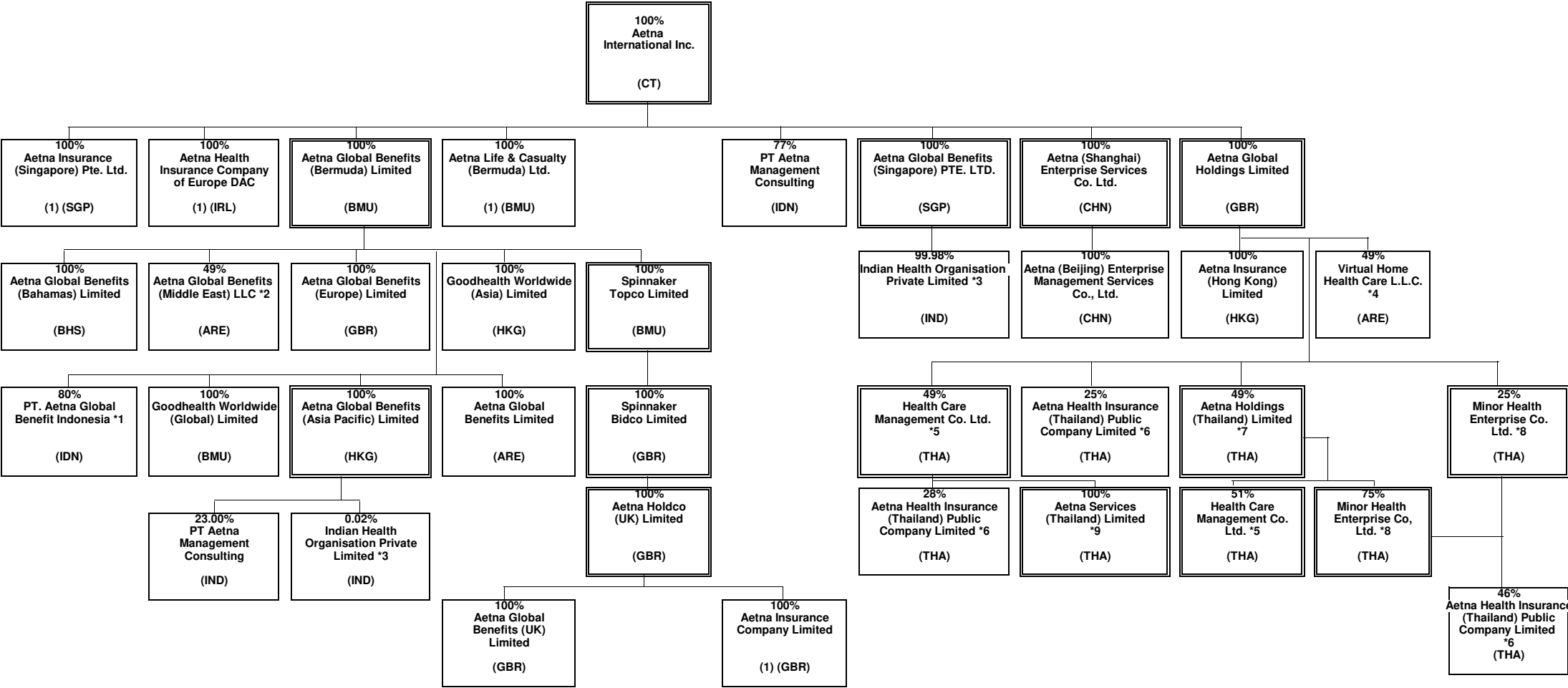


* PHPSNE Parent Corporation is also 45% owned by third parties.

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

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

PART 1 - ORGANIZATIONAL CHART



*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 Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.

*4 Virtual Home Health Care L.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee

*5 Health Care Management Co. Ltd. Is also owned by Aetna Global Benefits (Bermuda) Limited (1 share).

*6 Aetna Health Insurance (Thailand) Public Company Limited is also owned by Aetna Global Benefits (Bermuda) Limited (1 share), Ms. Srissa-ard Sansanapongpherchar (1 Share), Mr. Jitphasong Itsaraphakde (1 Share); Mrs. Suphee Wattana (1 Share); and Mr. Buncha Tanphragorn (1 Share)

*7 Aetna Holdings (Thailand) Limited is also 51% owned by Mr. Paiboon Sutantivorakoon plus Aetna Benefits (Bermuda) Limited owns 1 share.

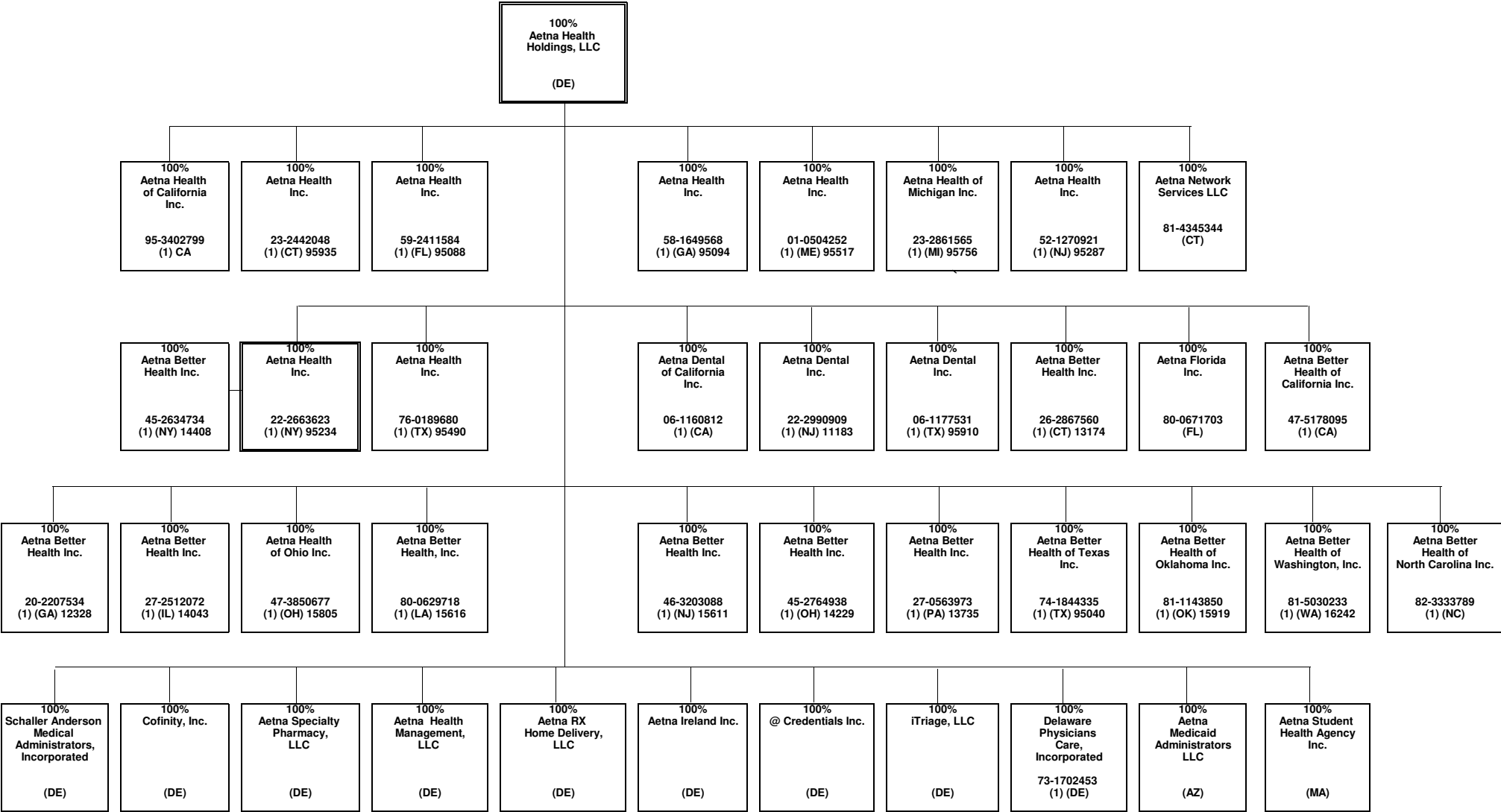
*8 Minor Health Enterprise Co, Ltd is is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited

*9 Aetna Services (Thailand) Limited is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited and (1 share) owned by Aetna Global Holdings Limited

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

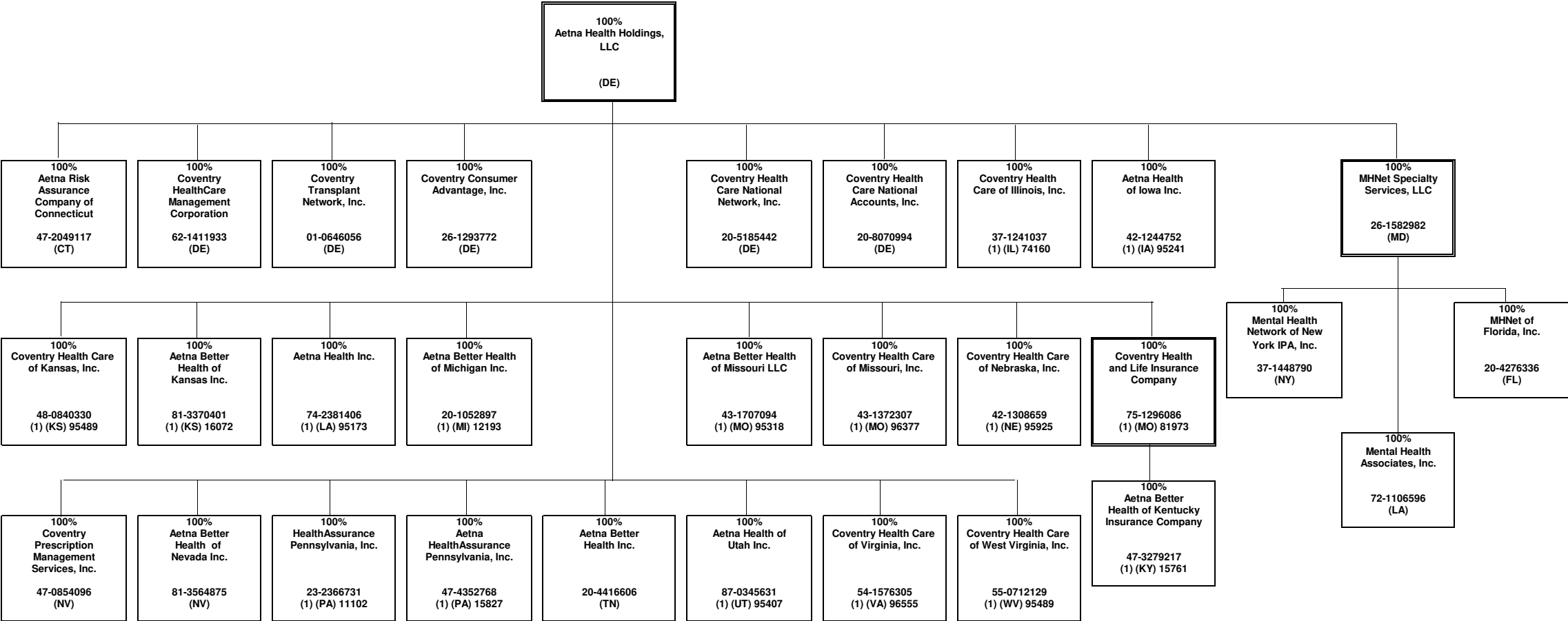
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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

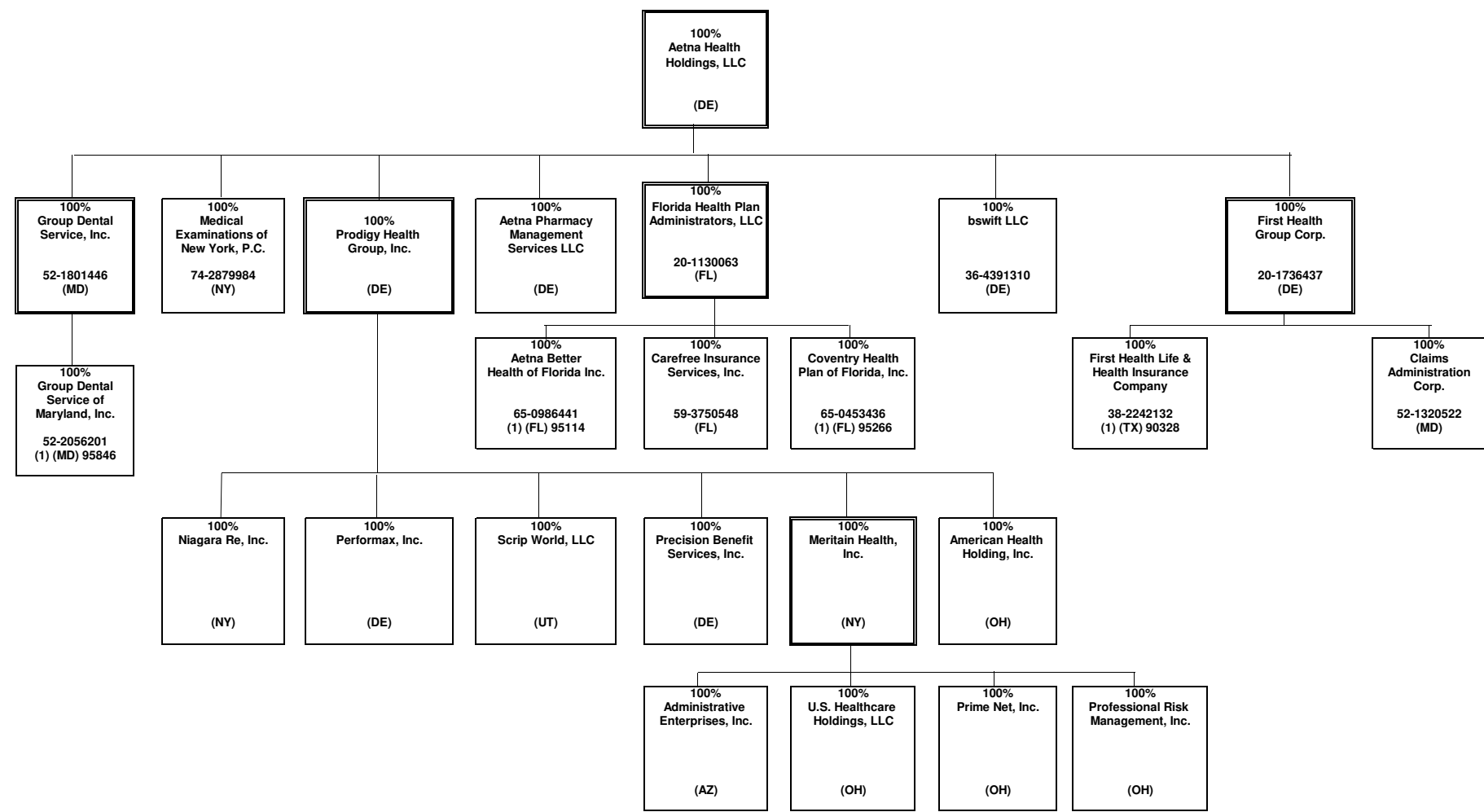
PART 1 - ORGANIZATIONAL CHART



STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

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

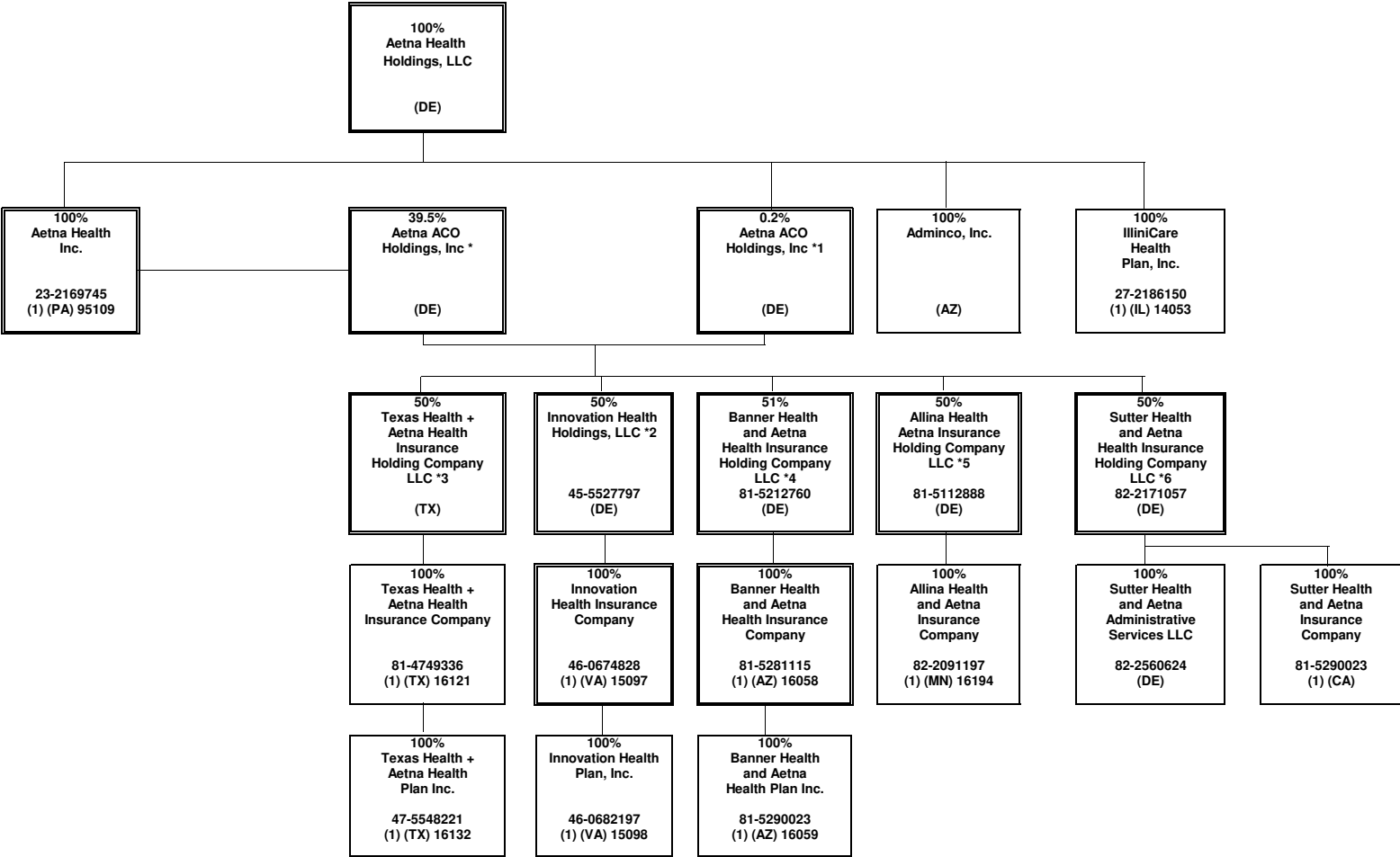
PART 1 - ORGANIZATIONAL CHART



STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

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 Innovation Health Holdings, LLC is also 50% owned by Inova Health System Foundation.

*3 Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.

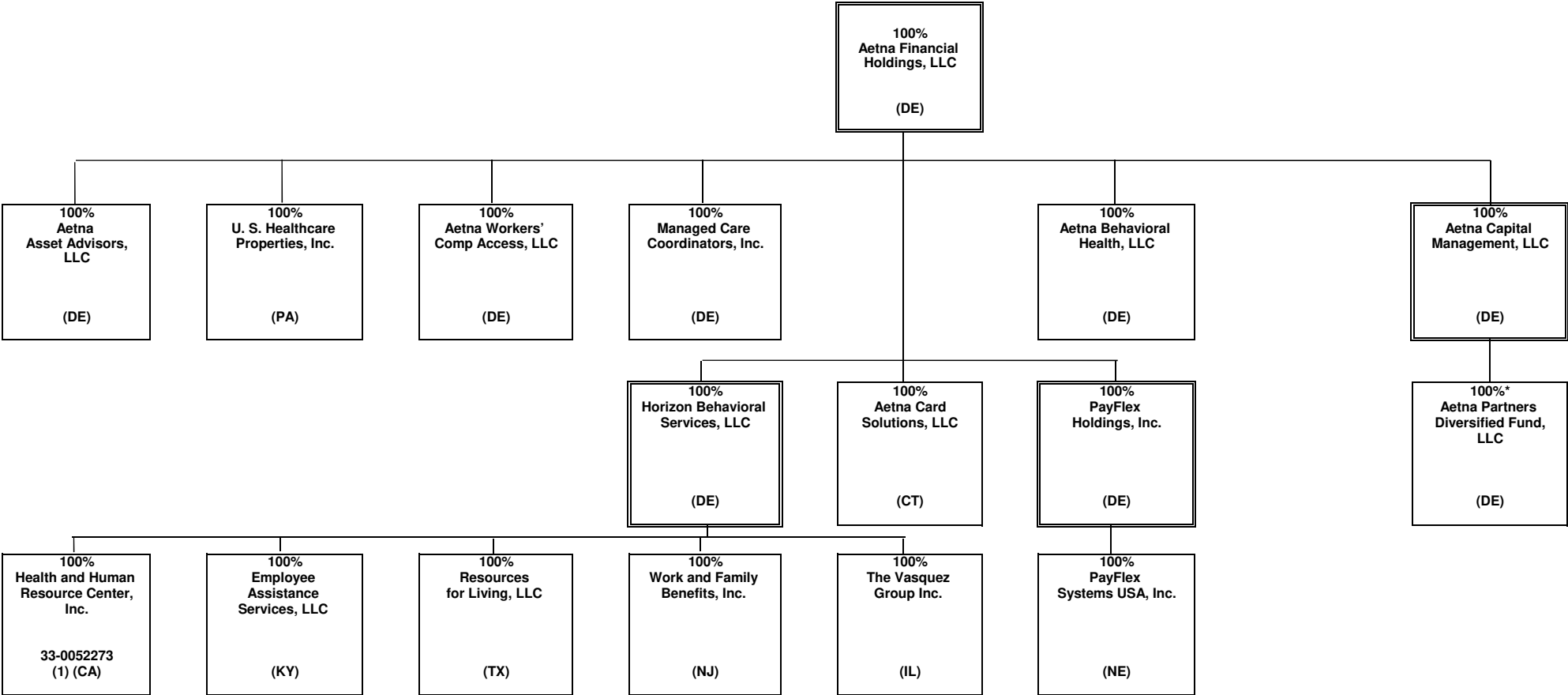
*4 Banner Health and Aetna Health Insurance Holding Company LLC is also 49% owned by Banner Health.

*5 Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.

*6 Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.

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

PART 1 - ORGANIZATIONAL CHART

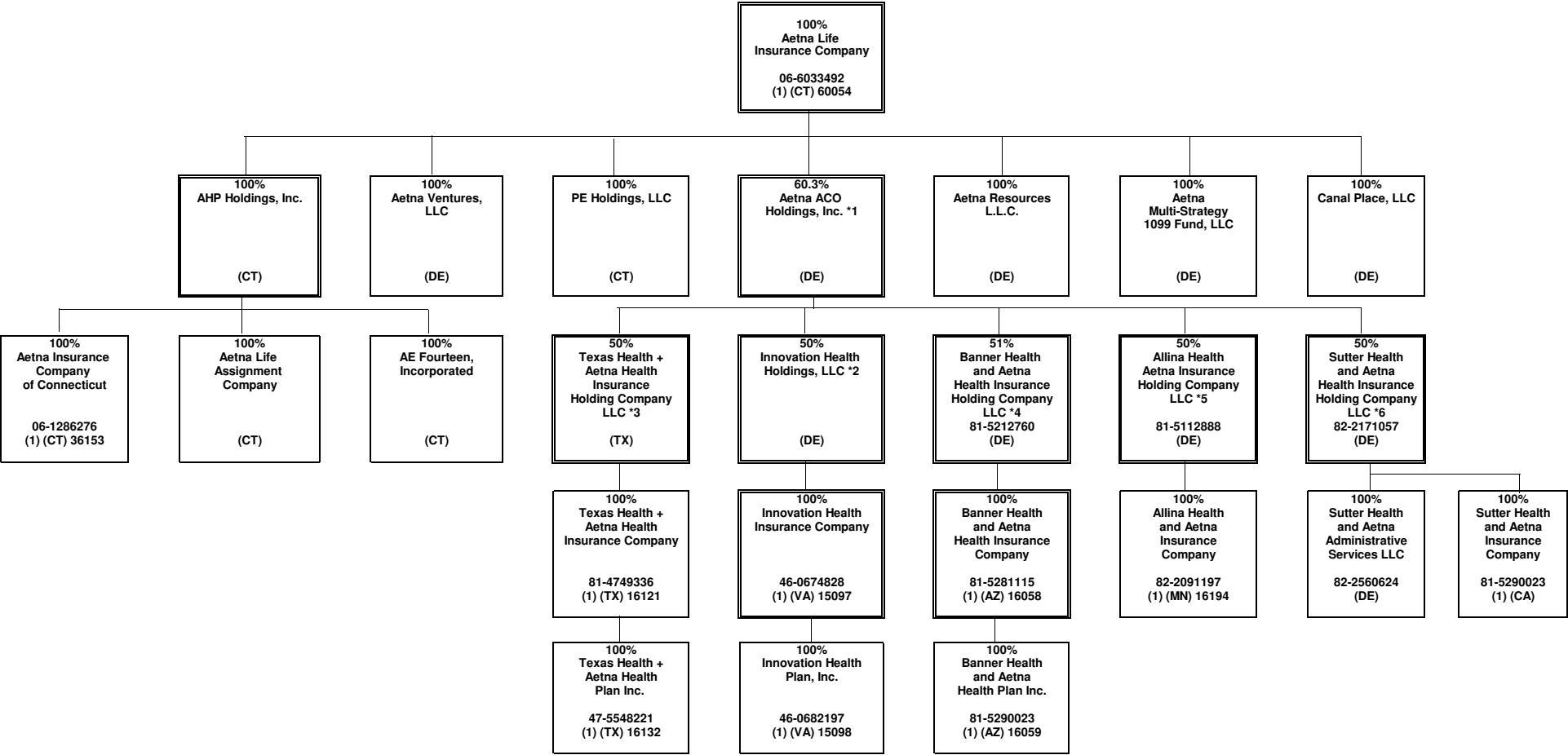


* Aetna Capital Management, LLC owns 100% of the voting rights of Aetna Partners Diversified Fund, LLC ("APDF"). APDF is a fund of hedge funds and certain subsidiaries of CVS Health Group invest in this fund, which does not confer any managing or controlling ownership interests in APDF.

STATEMENT AS OF SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

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).

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*6 Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Per-centage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0001	CVS HEALTH GROUP		05-0494040		0000064803	NYSE	CVS Health Corporation	DE	UIP	Board of Directors	Board of Directors	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	63444	06-1566092				Accendo Insurance Company	UT	IA	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.12575	20-2833904				SilverScript Insurance Company	TN	RE	Part D Holding Company, L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	05-0340626				CVS Pharmacy, Inc.	RI	UIP	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	20-8404182				Caremark Rx, L.L.C.	DE	UIP	CVS Pharmacy, Inc	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	61-1715010				Part D Holding Company, L.L.C.	DE	UDP	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	33-1113587				CVS Caremark Part D Services, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	87-0548860				RxAmerica, L.L.C.	DE	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	11-2580136				Caremark Ulysses Holding Corporation	NY	NIA	Caremark, Rx., L.L.C.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	87-0804047				MemberHealth, L.L.C.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	05-0500188				CVS Caremark Indemnity, Ltd.	BMU	IA	CVS Foreign, Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	27-1298765				UAC Holding, Inc.	DE	NIA	Caremark Ulysses Holding Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	05-0497953				CVS Foreign, Inc.	NY	NIA	CVS Health Corporation	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	23-2229683	3060706	0001122304		Aetna Inc.	PA	UIP	CVS Pharmacy, Inc	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	30-0123754				Aetna Health Holdings, LLC	DE	UDP	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	95-3402799				Aetna Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.95935	23-2442048				Aetna Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.95088	59-2411584				Aetna Health Inc.	FL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.95094	58-1649568				Aetna Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.95517	01-0504252				Aetna Health Inc.	ME	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.95756	23-2861565				Aetna Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.95287	52-1270921				Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.95234	22-2663623				Aetna Health Inc.	NY	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.14408	45-2634734				Aetna Better Health Inc.	NY	IA	Aetna Health Inc. (NY)	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.95490	76-0189680				Aetna Health Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.95040	74-1844335				Aetna Better Health of Texas Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.12328	20-2207534				Aetna Better Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	06-1160812				Aetna Dental of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.11183	22-2990909				Aetna Dental Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.95910	06-1177531				Aetna Dental Inc.	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	30-0123760				Aetna Rx Home Delivery, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	13-3670795				Aetna Health Management, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	22-3187443				Aetna Ireland Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	57-1209768				Aetna Specialty Pharmacy, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	20-1274723				Cofinity, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	23-2671370				@Credentials Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Aetna Services (Thailand) Limited	THA	NIA	Health Care Management Co. Ltd.	Ownership	100.000	CVS Health Corporation	.N	.17
.0001	CVS HEALTH GROUP	.13735	27-0563973				Aetna Better Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.13174	26-2867560				Aetna Better Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	47-5178095				Aetna Better Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.14043	27-2512072				Aetna Better Health Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.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	.N	.0
.0001	CVS HEALTH GROUP	.15616	80-0629718				Aetna Better Health, Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	80-0671703				Aetna Florida Inc.	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.14229	25-2764938				Aetna Better Health Inc.	OH	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.15611	46-3203088				Aetna Better Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.15919	81-1143850				Aetna Better Health of Oklahoma Inc.	OK	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	04-2708160				Aetna Student Health Agency Inc.	MA	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	73-1702453				Delaware Physicians Care, Incorporated	DE	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	01-0826783				Schaller Anderson Medical Administrators, Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	86-0842559				Aetna Medicaid Administrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	45-2944270				iTriage, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	16-1471176				Prodigy Health Group, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
0001	CVS HEALTH GROUP	00000	74-2879984				Medical Examinations of New York, P.C.	NY	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	0.200	CVS Health Corporation	Y	3
0001	CVS HEALTH GROUP	00000	45-5527797				Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N	6
0001	CVS HEALTH GROUP	15097	46-0674828				Innovation Health Insurance Company	VA	IA	Innovation Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15098	46-0682197				Innovation Health Plan, Inc.	VA	IA	Innovation Health Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	81-3789357				Texas Health + Aetna Health Insurance Holding Company LLC	TX	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N	8
0001	CVS HEALTH GROUP	16121	81-4749336				Texas Health + Aetna Health Insurance Company	TX	IA	Texas Health + Aetna Health Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16132	47-5548221				Texas Health + Aetna Health Plan Inc.	TX	IA	Texas Health + Aetna Health Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95109	23-2169745				Aetna Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Inc. (PA)	Ownership	39.500	CVS Health Corporation	Y	3
0001	CVS HEALTH GROUP	00000	20-0438576				Niagara Re, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	52-2200070				Performax, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	87-0632355				Scrip World, LLC	UT	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	27-1760756				Precision Benefit Services, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	31-1368946				American Health Holding, Inc.	OH	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	16-1264154				Meritain Health, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	86-0537707				Adminco, Inc.	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	86-0527428				Administrative Enterprises, Inc.	AZ	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	16-1684061				U.S. Healthcare Holdings, LLC	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	34-1670299				Prime Net, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	34-1348032				Professional Risk Management, Inc.	OH	NIA	Meritain Health, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	68500	62-1181209				Continental Life Insurance Company of Brentwood, Tennessee	TN	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	12321	20-2901054				American Continental Insurance Company	TN	IA	Continental Life Insurance Company of Brentwood, Tennessee	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	60054	06-6033492				Aetna Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	45-4901541				Aetna ACO Holdings, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership	60.300	CVS Health Corporation	Y	3
0001	CVS HEALTH GROUP	00000	06-1270755				AHP Holdings, Inc.	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	36153	06-1286276				Aetna Insurance Company of Connecticut	CT	IA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1028469				AE Fourteen, Incorporated	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1373153				Aetna Life Assignment Company	CT	NIA	AHP Holdings, Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-3678339				PE Holdings, LLC	CT	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	06-1423207				Aetna Resources L.L.C.	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-3180700				Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-3180700		0001552250		Aetna Ventures, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	41-2035961		0001552250		Aetna Multi-Strategy 1099 Fund, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	79.250	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	41-2035961				Aetna Financial Holdings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	26-2030792				Aetna Asset Advisors, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	23-2354500				U.S. Healthcare Properties, Inc.	PA	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	38-3704481		0001314522		Aetna Capital Management, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	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	N	1
0001	CVS HEALTH GROUP	00000	20-0446676				Aetna Workers' Comp Access, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-0446713				Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	23-2670015				Managed Care Coordinators, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	59-3269144				Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	61-1193498				Employee Assistance Services, LLC	KY	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	33-0052273				Health and Human Resource Center, Inc.	CA	IA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	75-2420973				Resources for Living, LLC	TX	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	36-3681261				The Vasquez Group Inc.	IL	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	22-3178125				Work and Family Benefits, Inc.	NJ	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	27-1773021				Aetna Card Solutions, LLC	CT	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0

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.0001	CVS HEALTH GROUP	.00000	20-5216478				PayFlex Holdings, Inc.	.DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	91-1774434				PayFlex Systems USA, Inc.	.NE	NIA	PayFlex Holdings, Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.78700	06-0876836				Aetna Health and Life Insurance Company	.CT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.72052	23-2710210				Aetna Health Insurance Company	.PA	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.84450	57-0805126				Aetna Health Insurance Company of New York	.NY	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	06-1571642				Aetna International Inc.	.CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	98-0211470				Aetna Life & Casualty (Bermuda) Ltd.	.BMU	IA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Aetna Insurance (Singapore) PTE. LTD.	.SGP	IA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Aetna Global Benefits (Bermuda) Limited	.BMU	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Goodhealth Worldwide (Global) Limited	.BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Aetna Global Benefits (Europe) Limited	.GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Goodhealth Worldwide (Asia) Limited	.HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Aetna Global Benefits Limited	.ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					PT. Aetna Global Benefits Indonesia	.IDN	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	80.000	CVS Health Corporation	.N	.4
.0001	CVS HEALTH GROUP	.00000					Aetna Global Benefits (Middle East) LLC	.ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	49.000	CVS Health Corporation	.N	.5
							Aetna Global Benefits (Asia Pacific) Limited								
.0001	CVS HEALTH GROUP	.00000						.HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					PT Aetna Management Consulting	.IDN	NIA	Aetna International Inc.	Ownership	77.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Spinnaker Topco Limited	.BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Spinnaker Bidco Limited	.GBR	NIA	Spinnaker Topco Limited	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Aetna Holdco (UK) Limited	.GBR	NIA	Spinnaker Bidco Limited	Ownership	100.000	CVS Health Corporation	.N	.0
										Aetna Global Benefits (Asia Pacific) Limited					
.0001	CVS HEALTH GROUP	.00000					PT Aetna Management Consulting	.IDN	NIA	Limited	Ownership	23.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Aetna Global Benefits (UK) Limited	.GBR	NIA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Aetna Insurance Company Limited	.GBR	IA	Aetna Holdco (UK) Limited	Ownership	100.000	CVS Health Corporation	.N	.0
										Aetna Global Benefits (Asia Pacific) Limited					
.0001	CVS HEALTH GROUP	.00000					Indian Health Organisation Private Limited	.IND	NIA	Limited	Ownership	0.020	CVS Health Corporation	.N	.2
							Aetna Health Insurance Company of Europe DAC								
.0001	CVS HEALTH GROUP	.00000						.IRL	IA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Aetna (Shanghai) Enterprise Services Co. Ltd.	.CHN	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
							Aetna (Beijing) Enterprise Management			Aetna (Shanghai) Enterprise Services Co.					
.0001	CVS HEALTH GROUP	.00000					Services Co., Ltd.	.CHN	NIA	Ltd.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Aetna Global Benefits (Singapore) PTE. LTD.	.SGP	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
										Aetna Global Benefits (Singapore) PTE, LTD.					
.0001	CVS HEALTH GROUP	.00000	22-2578985				Indian Health Organisation Private Limited	.IND	NIA		Ownership	99.980	CVS Health Corporation	.N	.2
.0001	CVS HEALTH GROUP	.00000	22-2578985				AUSHC Holdings, Inc.	.CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Aetna Global Holdings Limited	.GBR	NIA	Aetna International Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	06-1182176				Aetna Insurance (Hong Kong) Limited	.HKG	NIA	Aetna Global Holdings Limited	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	06-1182176				PHPSNE Parent Corporation	.DE	NIA	AUSHC Holdings, Inc.	Ownership	55.000	CVS Health Corporation	.N	.7
.0001	CVS HEALTH GROUP	.00000	52-2182411				Active Health Management, Inc.	.DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	47-0970432				Health Data & Management Solutions, Inc.	.DE	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	23-2604867				Aetna Integrated Informatics, Inc.	.PA	NIA	Active Health Management, Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.13980	27-2192415				Health Re, Inc.	.VT	IA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	81-0579372				Phoenix Data Solutions LLC	.DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	46-2469464				Healthagen LLC	.CT	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	51-0029326				ASI Wings, LLC	.DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000					Echo Merger Sub, Inc.	.DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.0001	CVS HEALTH GROUP	.00000	75-1296086				Aetna Corporate Services, LLC	.DE	NIA	Aetna Inc.	Ownership	100.000	CVS Health Corporation	.N	.0
.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	.N	.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	.N	.0
.0001	CVS HEALTH GROUP	.00000	52-1801446				Group Dental Service, Inc.	.MD	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	.N	.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	.N	.0

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0001	CVS HEALTH GROUP	95241	81-4345344				Aetna Network Services LLC	CT	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	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	N	0
0001	CVS HEALTH GROUP	95925	42-1308659				Coventry Health Care of Nebraska, Inc.	NE	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	47-2049117				Aetna Risk Assurance Company of Connecticut Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95173	74-2381406				Aetna Health Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	11102	23-2366731				HealthAssurance Pennsylvania, Inc.	PA	RE	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	47-0854096				Coventry Prescription Management Services, Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16148	81-3564875				Aetna Better Health of Nevada Inc.	NV	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	96555	54-1576305				Coventry Health Care of Virginia, Inc.	VA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	01-0646056				Coventry Transplant Network, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	96377	43-1372307				Coventry Health Care of Missouri, Inc.	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95318	43-1702094				Aetna Better Health of Missouri LLC	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95408	55-0712129				Coventry Health Care of West Virginia, Inc.	WV	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	62-1411933				Coventry HealthCare Management Corporation	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	15827	47-4352768				Aetna HealthAssurance Pennsylvania, Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	95489	48-0840330				Coventry Health Care of Kansas, Inc.	KS	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	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	N	0
0001	CVS HEALTH GROUP	12193	20-1052897				Aetna Better Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	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	N	0
0001	CVS HEALTH GROUP	00000	20-4416606				Aetna Better Health Inc.	TN	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	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	N	0
0001	CVS HEALTH GROUP	00000	20-8070994				Coventry Health Care National Accounts, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-5185442				Coventry Health Care National Network, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	26-1293772				Coventry Consumer Advantage, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-1736437				First Health Group Corp.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	90328	38-2242132				First Health Life & Health Insurance Company	TX	IA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	52-1320522				Claims Administration Corp.	MD	NIA	First Health Group Corp.	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-1130063				Florida Health Plan Administrators, LLC	FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	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	N	0
0001	CVS HEALTH GROUP	95266	65-0453436				Coventry Health Plan of Florida, Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	CVS Health Corporation	N	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	N	0
0001	CVS HEALTH GROUP	00000	36-4391310				bswift LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	26-1582982				Virtual Home Healthcare L.L.C.	ARE	NIA	Aetna Global Holdings Limited	Ownership	49.000	CVS Health Corporation	N	15
0001	CVS HEALTH GROUP	00000	26-1582982				MHNet Specialty Services, LLC	MD	NIA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	37-1448790				Mental Health Network of New York IPA, Inc.	NY	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	72-1106596				Mental Health Associates, Inc.	LA	NIA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	20-4276336				MHNet of Florida, Inc.	FL	IA	MHNet Specialty Services, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16242	81-5030233				Aetna Better Health of Washington, Inc.	WA	IA	Aetna Health Holdings, LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	81-5212760				Banner Health and Aetna Health Insurance Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	51.000	CVS Health Corporation	N	9
0001	CVS HEALTH GROUP	16058	81-5281115				Banner Health and Aetna Health Insurance Company	AZ	IA	Banner Health and Aetna Health Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	16059	81-5290023				Banner Health and Aetna Health Insurance Company	AZ	IA	Banner Health and Aetna Health Insurance Company	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	81-5112888				Allina Health and Aetna Health Insurance Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N	10
0001	CVS HEALTH GROUP	16194	82-2091197				Allina Health and Aetna Insurance Company	MN	IA	Allina Health and Aetna Health Insurance Holding Company LLC	Ownership	100.000	CVS Health Corporation	N	0
0001	CVS HEALTH GROUP	00000	82-2171057				Sutter Health and Aetna Insurance Holding Company LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000	CVS Health Corporation	N	11

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

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Y/N)	16 *
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Relation- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)					
..0001	CVS HEALTH GROUP .....	..00000	82-2560624				Sutter Health and Aetna Administrative Services LLC .....	..DE	..NIA	Sutter Health and Aetna Insurance Holding Company LLC	Ownership.....	100.000	CVS Health Corporation .....	..N	..0
..0001	CVS HEALTH GROUP .....	..00000	81-5290023				Sutter Health and Aetna Insurance Company .....	..CA	..NIA	Sutter Health and Aetna Insurance Holding Company LLC	Ownership.....	100.000	CVS Health Corporation .....	..N	..0
..0001	CVS HEALTH GROUP .....	..00000					Aetna Holdings (Thailand) Limited .....	..THA	..NIA	Aetna Global Holdings Limited	Ownership.....	49.000	CVS Health Corporation .....	..N	..12
..0001	CVS HEALTH GROUP .....	..00000					Aetna Health Insurance (Thailand) Public Company Limited .....	..THA	..NIA	Aetna Global Holdings Limited	Ownership.....	25.000	CVS Health Corporation .....	..N	..13
..0001	CVS HEALTH GROUP .....	..00000					Aetna Health Insurance (Thailand) Public Company Limited .....	..THA	..NIA	Minor Health Enterprise Co, Ltd.	Ownership.....	46.000	CVS Health Corporation .....	..N	..13
..0001	CVS HEALTH GROUP .....	..00000					Aetna Health Insurance (Thailand) Public Company Limited .....	..THA	..NIA	Health Care Management Co. Ltd.	Ownership.....	28.000	CVS Health Corporation .....	..N	..13
..0001	CVS HEALTH GROUP .....	..00000					Health Care Management Co. Ltd. ....	..THA	..NIA	Aetna Global Holdings Limited	Ownership.....	49.000	CVS Health Corporation .....	..N	..16
..0001	CVS HEALTH GROUP .....	..00000					Minor Health Enterprise Co, Ltd. ....	..THA	..NIA	Aetna Global Holdings Limited	Ownership.....	25.000	CVS Health Corporation .....	..N	..15
..0001	CVS HEALTH GROUP .....	..00000					Minor Health Enterprise Co, Ltd. ....	..THA	..NIA	Aetna Holdings (Thailand) Limited	Ownership.....	75.000	CVS Health Corporation .....	..N	..14
..0001	CVS HEALTH GROUP .....	..00000					Health Care Management Co. Ltd. ....	..THA	..NIA	Aetna Holdings (Thailand) Limited	Ownership.....	51.000	CVS Health Corporation .....	..N	..16
..0001	CVS HEALTH GROUP .....	..00000					Aetna Global Benefits (Bahamas) Limited .....	..BHS	..NIA	Aetna Global Benefits (Bermuda) Limited	Ownership.....	100.000	CVS Health Corporation .....	..N	..0
..0001	CVS HEALTH GROUP .....	..00000	82-3333789				Aetna Pharmacy Management Services LLC .....	..DE	..NIA	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation .....	..N	..0
..0001	CVS HEALTH GROUP .....	..16558	82-3333789				Aetna Better Health of North Carolina Inc. ....	..NC	..IA	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation .....	..N	..0
..0001	CVS HEALTH GROUP .....	..14053	27-2186150				IlliniCare Health Plan, Inc. ....	..IL	..IA	Aetna Health Holdings, LLC	Ownership.....	100.000	CVS Health Corporation .....	..N	..0

Asterisk	Explanation
1	Aetna Capital Management, LLC owns 100% of the voting rights 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.
2	Indian Health Organisation Private Limited is 0.019857% owned by Aetna Global Benefits (Asia Pacific) and 99.980143% owned by Aetna Global Benefits (Singapore) PTE. LTD.
3	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).
4	PT. Aetna Global Benefits Indonesia is also 20% owned by Suhatsyah Rivai, Aetna's Nominee.
5	Aetna Global Benefits (Middle East) LLC is also 51% owned by Euro Gulf LLC, Aetna's Nominee.
6	Innovation Health Holdings LLC. Is also 50% owned by Inova Health System Foundation.
7	PHPSNE Parent Corporation 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.
8	Texas Health + Aetna Health Insurance Holding Company LLC is also 50% owned by Texas Health Resources.
9	Banner Health and Aetna Health Insurance Holding Company LLC is also 49% owned by Banner Health.
10	Allina Health and Aetna Insurance Holding Company LLC is also 50% owned by Allina Health.
11	Sutter Health and Aetna Insurance Holding Company LLC is also 50% owned by Sutter Health Plan Products Organization, LLC.
12	Aetna Holdings (Thailand) Limited is also 51% owned by Mr. Paiboon Sutantivorakoon plus Aetna Global Benefits (Bermuda) Limited owns 1 share
13	Aetna Health Insurance (Thailand) Public Company Limited is also owned by Aetna Global Benefits (Bermuda) Limited (1 share), Ms. Srisa-ard Sansanapongpherchar (1 share), Mr. Jitphasong Itsaraphakde (1 share); Mrs. Suphee Wattana (1 share); and Mr. Buncha Tanphragorn (1 share)
14	Minor Health Enterprise Co, Ltd is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited.
15	Virtual Home Health Care L.L.C. is also 51% owned by CBD Commercial Brokers LLC, Aetna's Nominee.
16	Health Care Management Co. Ltd. Is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited.
17	Aetna Services (Thailand) Limited is also (1 share) owned by Aetna Global Benefits (Bermuda) Limited and (1 share) owned by Aetna Global Holdings Limited.

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?

YES

Explanation:

Bar Code:

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended 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 carrying value		
7. Deduct current year's other than temporary impairment recognized		
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

	1	2
	Year to Date	Prior Year Ended 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 interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended 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
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	4,146,531	3,192,410
2. Cost of bonds and stocks acquired		4,146,750
3. Accrual of discount	2,214	8,897
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals	199,401	4,252
6. Deduct consideration for bonds and stocks disposed of	199,402	3,205,252
7. Deduct amortization of premium	15,469	227
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		299
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	4,133,275	4,146,531
12. Deduct total nonadmitted amounts	636,523	651,992
13. Statement value at end of current period (Line 11 minus Line 12)	3,496,752	3,494,539

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	7,108,645	8,447,932	8,442,999	(3,655)	6,642,040	7,108,645	7,109,923	4,146,531
2. NAIC 2 (a)	0				0	0	0	
3. NAIC 3 (a)	0				0	0	0	
4. NAIC 4 (a)	0				0	0	0	
5. NAIC 5 (a)	0				0	0	0	
6. NAIC 6 (a)	0				0	0	0	
7. Total Bonds	7,108,645	8,447,932	8,442,999	(3,655)	6,642,040	7,108,645	7,109,923	4,146,531
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	7,108,645	8,447,932	8,442,999	(3,655)	6,642,040	7,108,645	7,109,923	4,146,531

(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:
NAIC 1 \$ 2,976,648 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	485,912	xxx	485,867	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	
2. Cost of short-term investments acquired	485,867	
3. Accrual of discount	45	
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	485,912	0
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	485,912	0

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

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

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

N O N E

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

N O N E

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

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	405,954,986	131,642,088
2. Cost of cash equivalents acquired	2,535,863,625	4,151,347,948
3. Accrual of discount	4,687	0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	2,659,453,817	3,877,035,050
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	282,369,481	405,954,986
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	282,369,481	405,954,986

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

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
Bank of America Concord, CA					707,472	2,355,510	1,033,573	XXX
Bank of America Concord, CA					(29,032,818)	(29,655,154)	(20,885,495)	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	(28,325,346)	(27,299,644)	(19,851,922)	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	(28,325,346)	(27,299,644)	(19,851,922)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	(28,325,346)	(27,299,644)	(19,851,922)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2020 OF THE SilverScript Insurance Company

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code 0001

NAIC Company Code 12575

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected	1,565,104,108	XXX	63,477,178	XXX	1,628,581,286
2. Earned Premiums	1,714,276,561	XXX	66,725,516	XXX	XXX
3. Claims Paid	1,526,567,550	XXX	50,723,941	XXX	1,577,291,491
4. Claims Incurred	1,426,676,772	XXX	49,250,258	XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claims Paid Net of Reimbursements Applied (a)	XXX	(568,658,456)	XXX	242,228,014	(326,430,442)
6. Aggregate Policy Reserves - Change		XXX		XXX	XXX
7. Expenses Paid	276,629,981	XXX	10,767,386	XXX	287,397,367
8. Expenses Incurred	265,052,308	XXX	10,316,744	XXX	XXX
9. Underwriting Gain or Loss	22,547,481	XXX	7,158,514	XXX	XXX
10. Cash Flow Result	XXX	XXX	XXX	XXX	90,322,870

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ 1,099,191,777 due from CMS or \$ 637,230,903 due to CMS