

DEPARTMENT OF COMMERCE & INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

ORDER

After full consideration and review of the report of the financial examination of Cigna Healthcare of St. Louis, Inc. for the period ended December 31, 2023, together with any written submissions or rebuttals and any relevant portions of the examiner's workpapers, I, Angela L. Nelson, Director of the Missouri Department of Commerce and Insurance pursuant to section 374.205.3(3)(a), RSMo, adopt such examination report. After my consideration and review of such report, workpapers, and written submissions or rebuttals, I hereby incorporate by reference and deem the following parts of such report to be my findings and conclusions to accompany this order pursuant to section 374.205.3(4), RSMo: summary of significant finding, company history, management and control, territory and plan of operation, growth of company and loss experience, reinsurance, accounts and records, financial statements, comments on financial statement items, financial statement changes resulting from examination, and summary of recommendations.

Based on such findings and conclusions, I hereby ORDER that the report of the financial examination of Cigna Healthcare of St. Louis, Inc. as of December 31, 2023, be and is hereby ADOPTED as filed and for Cigna Healthcare of St. Louis, Inc. to take the following action or actions, which I consider necessary to cure any violation of law, regulation or prior order of the Director revealed by such report: (1) account for its financial condition and affairs in a manner consistent with the Director's findings and conclusions.

So ordered, signed and official seal affixed this day of June, 2025.

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Angela L Nelson, Director

Department of Commerce and Insurance



REPORT OF FINANCIAL EXAMINATION OF

CIGNA HEALTHCARE OF ST. LOUIS, INC.

AS OF DECEMBER 31, 2023

STATE OF MISSOURI
DEPARTMENT OF COMMERCE & INSURANCE

JEFFERSON CITY, MISSOURI

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Honorable Angela L. Nelson, Director Missouri Department of Commerce and Insurance 301 West High Street, Room 530 Jefferson City, Missouri 65101

Director Nelson:

In accordance with your financial examination warrant, a full-scope financial examination has been made of the records, affairs, and financial condition of

Cigna HealthCare of St. Louis, Inc. (NAIC #95635)

hereinafter referred to as such, as CHCSTL, or as the Company. Its administrative office is located at 900 Cottage Grove Road, Bloomfield, CT 06002, telephone number (860)226-6000. The fieldwork for this examination began on January 8, 2024, and concluded on the above date.

SCOPE OF EXAMINATION

Period Covered

The Missouri Department of Commerce and Insurance (Department) has performed a multi-state financial examination of Cigna HealthCare of St. Louis, Inc. The last examination of the Company by the Department covered the period of January 1, 2016, through December 31, 2018. The current examination covers the period of January 1, 2019, through December 31, 2023, as well as a review of any material transactions and events occurring subsequent to the examination period through the date of this report.

Procedures

We conducted our examination in accordance with the National Association of Insurance Commissioners (NAIC) *Financial Condition Examiners Handbook* (*Handbook*), except where practices, procedures, and applicable regulations of the Department or statutes of the state of Missouri prevailed. The *Handbook* requires that we plan and perform the examination to evaluate the financial condition, assess corporate governance, identify current and prospective risks of the Company, and evaluate system controls and procedures used to mitigate those risks. An examination also includes the identification and evaluation of significant risks that could cause the Company's surplus to be materially misstated, both on a current and prospective basis.

This examination also included a review of significant estimates made by management and evaluation of management's compliance with Statutory Accounting Principles. The examination does not attest to the fair presentation of the financial statements included herein. If, during the course of the examination an adjustment is identified, the impact of such adjustment will be documented separately following the Company's financial statements.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. Those activities considered in the examination as key to CHCSTL included investments, financial reporting, capital & surplus, related parties & expenses, taxes, reserves & claims handling, underwriting, actuarial reserving, and actuarial pricing. The examination also included a review and evaluation of information technology general controls.

This examination was conducted as part of a coordinated examination of The Cigna Group, which consists of 40 insurance companies domiciled in numerous states. The Connecticut Insurance Department is the lead state regulator for the group. Along with Missouri, 19 other states participated in the coordinated examination. The examination was also conducted concurrently with the examination of the Company's Missouri-domiciled affiliate, Cigna Dental Health of Missouri, Inc.

This examination report includes significant findings of fact, as mentioned in Section 374.205 RSMo (Examination, director may conduct, when...) and general information about the Company and its financial condition. There may be other items identified during the examination that, due to their nature (e.g., subjective conclusions, proprietary information, etc.), are not included within the examination report but are separately communicated to other regulators and/or the Company.

SUMMARY OF SIGNIFICANT FINDINGS

There were no material adverse findings, significant non-compliance issues, or material changes to the financial statements noted during the examination.

COMPANY HISTORY

General

CHCSTL was incorporated in the state of Missouri on May 2, 1985, as a Health Maintenance Organization under Sections 354.400 - 354.550 RSMo (Health Maintenance Organizations). The Company commenced business on February 1, 1986, and was federally qualified on April 14, 1986, to contract Medicare business.

Mergers, Acquisitions, and Major Corporate Events

There were no mergers, acquisitions, or other major corporate events during the examination period.

Dividends and Capital Contributions

The following capital contributions were received during the examination period.

Year	Amount
2019	\$ 0
2020	11,000,000
2021	3,000,000
2022	0
2023	0
Total	\$ 14,000,000

There were no dividends approved during the examination period.

Surplus Notes

There were no surplus notes issued or outstanding during the exam period.

MANAGEMENT AND CONTROL

Board of Directors

The management of the Company is vested in a Board of Directors that are elected by the shareholders. The Company's Bylaws specify that there shall be no less than three and no more than six Board members. The Board of Directors elected and serving as of December 31, 2023, were as follows:

Name and Address Principal Occupation and Business Affiliation

Bruce Grimm President

Marlborough, Connecticut Cigna HealthCare of St. Louis, Inc.

Kathleen M. O'Neil Vice President

Glastonbury, Connecticut Cigna HealthCare of St. Louis, Inc.

Peter Wesley McCauley, M.D. Medical Managing Director

Chicago, Illinois Connecticut General Life Insurance Company

Senior Officers

The officers elected and serving, as of December 31, 2023, were as follows:

Office Name Bruce Grimm President Geneva Brown Secretary Treasurer Scott Lambert Rebecca Skripol Actuary Glenn Gerhard Vice President Aslam Mohammad Khan, M.D. Vice President Mark Fleming Vice President Vice President Joanne Hart Kathleen O'Neil Vice President Steven Crooke Vice President Vice President Scott Lambert Timothy Sheridan Vice President Vice President Mario Vengeli

Principal Committees

The Company does not have an Audit Committee. CHCSTL relies upon the Audit Committee of an upstream parent company, Connecticut General Corporation, to fulfill the requirement of RSMo 375.1030 (Annual audit report required, report filed, when – extensions granted, when – audit committee required, when). No Board Committees have been established by CHCSTL. The Company relies upon the various committees of its upstream parent to guide CHCSTL's management.

Corporate Records

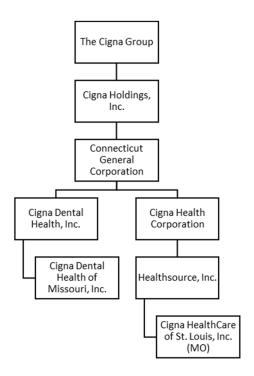
The Company's Articles of Incorporation and Bylaws were reviewed. There were no revisions to either document during the examination period. The minutes of the Board and shareholders were reviewed for the period under examination.

Holding Company, Subsidiaries, and Affiliates

CHCSTL is a member of an Insurance Holding Company System, as defined by Section 382.010 RSMo (Definitions). The ultimate controlling entity is Cigna Corporation

Organizational Chart

The following organizational chart depicts the applicable portion of the holding company group as of December 31, 2023.



Intercompany Transactions

The following agreements represent significant contracts executed with affiliated entities that were in effect as of December 31, 2023. A brief description of these agreements are as follows:

<u>Line of Credit Agreement (Cigna Holdings, Inc.):</u> Under an agreement between the Company and Cigna Holdings, Inc., Cigna Holdings, Inc. will loan funds to the Company when necessary to ensure that the Company is able to meet its operational cash obligations while earning additional investment income.

<u>Management Services Agreement:</u> Agreement between Cigna Health Corporation and multiple affiliates, including the Company. Under the agreement, Cigna Health Corporation agrees to provide underwriting, claims processing, financial services, and other administrative functions for the Company in exchange for a fee that is allocated to Cigna Health Corporation based on the Company's expenses and member months.

<u>Network Access Agreement:</u> Agreement between Connecticut General Life Insurance Company (CGLIC) and multiple affiliates, including the Company. Under the agreement, CGLIC and participating Cigna health maintenance organization (HMO) subsidiaries are permitted to utilize the networks of participating providers of affiliated HMOs.

Mental Health & Substance Abuse Agreement: Agreement between Cigna Behavioral Health, Inc. and Cigna Health Corporation on behalf of its subsidiaries, including the Company. Under the

agreement, Cigna Behavioral Health, Inc. agrees to provide mental health and substance abuse services to subsidiaries of Cigna Health Corporation. The rate charged for the service is on a per member per month basis.

<u>Dental Network Access and Services Agreement:</u> Agreement between Cigna Health and Life Insurance Company and affiliates, including the Company. Under the agreement, the parties agree to provide access to their provider networks and/or administrative services. The rate charged is based on the cost of the service provided.

<u>Investment Advisory Agreement:</u> Agreement between Cigna Investments, Inc. and the Company. Under the agreement, Cigna Investments, Inc. provides investment management and brokerage services to the Company. The Company pays a quarterly fee for the service that is based on the size of the assets managed.

<u>Pharmacy Claims Agreement:</u> Agreement between Cigna Health Corporation and the Company. Under the agreement, pharmacy claims are submitted to Cigna Health Corporation for payment that are later reimbursed by the Company. The Company pays in accordance with the cost of the service provided.

<u>Dental Case Consultation Agreement:</u> Agreement between Cigna Dental Health, Inc., Connecticut General Life Insurance Company, International Rehabilitation Associates, Inc., and the subsidiaries of Cigna Health Corporation, which includes the Company. Under the agreement, Cigna Dental Health, Inc. provides dental consultations at the request of Cigna Health Corporation with respect to select dental cases. The Company pays a fixed amount for each individual dental consultation.

<u>Cigna Health Management Agreement:</u> Agreement between International Rehabilitation Associates, Inc., Connecticut General Life Insurance Company, and certain subsidiaries of the Cigna Health Corporation, which includes the Company. Under the agreement, International Rehabilitation Associates, Inc. agrees to provide access to certain consultation services. The Company pays on a per member per month basis.

<u>Fee Sharing Agreement:</u> Agreement between Cigna Corporation and the Company. Under the agreement, Cigna Health and Life Insurance Company (as Cigna Corporation's delegate) files and pays any fees related to the IRS Form 8963. The Company pays an annual fee that is calculated, in part, based upon the Company's premiums.

<u>Pharmacy Benefit Services Agreement:</u> Agreement between Express Scripts, Inc. and the Company. Under this agreement, Express Scripts, Inc. provides pharmacy benefit services to the Company. The Company pays their costs in accordance with annually agreed-upon prices minus an effective aggregate annual discount.

<u>Medicare and Medicaid Pharmacy Benefit Services Agreement:</u> Agreement between Express Scripts, Inc. and the Company. Under this agreement, Express Scripts, Inc. provides pharmacy benefit management services to the Company. The Company pays in accordance with an agreed-upon price that is governed by CMS to ensure it is fair and reasonable.

Management Services Agreement (NewQuest): Agreement between NewQuest Management Northeast, LLC and the Company. Under the agreement, NewQuest Management Northeast, LLC agrees to provide management and administrative services for the administration of the Company's Medicare Advantage business. The Company pays a monthly management fee that

cannot exceed a set percentage of its yearly operating revenue.

<u>Master Health System Agreement (Commercial Business):</u> Agreement between eviCore Healthcare MSI, LLC and the Company. Under this agreement, eviCore Healthcare MSI, LLC agrees to provide certain covered services to the Company. The Company is charged based on the cost of the services provided.

<u>Master Health Systems Agreement (Medicare Advantage Part D Plans):</u> Agreement between eviCore Healthcare MSI, LLC and the Company. Under the agreement, eviCore Healthcare MSI, LLC agrees to provide medical benefits management services that are specific to the Medicare Advantage Part D plans that the Company offers.

<u>Consolidated Federal Income Tax Agreement:</u> Agreement between Cigna Corporation and its participating subsidiaries, including the Company. Under the agreement, federal tax payments are based on each subsidiary's taxable income and refunds are based on the subsidiary's taxable loss to the extent that Cigna Corporation is able to use the loss in the consolidated tax return.

<u>State Income Tax Sharing Agreement:</u> Agreement between Cigna Corporation and its participating subsidiaries, including the Company. Under the agreement, state tax payments are based on each subsidiary's taxable income and refunds are based on the subsidiary's taxable loss to the extent that Cigna Corporation is able to use the loss in the consolidated tax return.

<u>MDL Affiliate Services Agreement:</u> Agreement between Cigna Life and Health Insurance Company and its affiliates, including MDLIVE, Inc. and the Company. Under the agreement, MDLIVE, Inc. will provide certain services related to online and on-demand healthcare delivery services. The Company pays an annual administrative fee, per participant per month charge, implementation fee, and hourly rate fees for the service.

TERRITORY AND PLAN OF OPERATION

The Company is licensed in Missouri as a Health Maintenance Organization under Chapter 354 RSMo (Health Service Corporation, Health Maintenance Organizations, and Prepaid Dental Plans). The Company is also licensed in Illinois and Kansas. Over 99% of business written in 2023 was in Missouri and Kansas.

GROWTH OF COMPANY AND LOSS EXPERIENCE

The table below summarizes the Company's growth for the period under examination:

(\$000s omitted)

Year	Total Assets	I	Net Premiums Earned	nderwriting Sain (Loss)	Net Income (Loss)	Capital and Surplus	Ratio of Net Premiums to Surplus
2019 \$	14,209	\$	14,020	\$ (990)	\$ (574) \$	8,726	1.61
2020	25,069		34,273	(10,440)	(9,141)	10,805	3.17
2021	25,641		33,494	4,261	4,720	18,569	1.80
2022	22,060		17,826	604	1,070	19,430	0.92
2023	23,223		16,267	(392)	343	19,902	0.82

The table below summarizes the Company's total revenues, incurred hospital and medical expenses, and medical loss ratios for the period under examination:

(\$000s omitted)

	Total Hospital and Medical Medical Loss								
Year	Total Revenues		Benefits	Ratio					
2019	\$ 14,020	\$	12,108	0.86					
2020	34,273		33,962	0.99					
2021	33,874		30,747	0.91					
2022	17,826		15,292	0.86					
2023	16,267		13,446	0.83					

REINSURANCE

General

The Company's premium activity on a direct written, assumed, and ceded basis for the period under examination is detailed below:

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Premium Type	2019	2020	2021	2022	2023
Direct Premiums Written \$	14,047 \$	34,312 \$	33,540 \$	17,896 \$	16,342
Reinsurance Assumed:					
Affiliates					
Non-Affiliates					
Reinsurance Ceded:					
Affiliates	27	39	47	70	75
Non-Affiliates					
Net Premiums Written \$	14,020 \$	34,273 \$	33,494 \$	17,826 \$	16,267

Assumed Reinsurance

The Company did not assume any premiums during the period under examination.

Ceded Reinsurance

The Company cedes losses related to its service agreements with groups and individuals to an affiliate, Cigna Health and Life Insurance Company (CHLIC), pursuant to a stop-loss reinsurance agreement. Under the agreement, CHCSTL retains \$150,000 per member per year. Losses in excess of \$150,000 are split between the Company and CHLIC as follows: 20% Company, 80% CHLIC.

The Company cedes losses related to the supplemental vision benefits in its Medicare Advantage plan policies to EyeMed Insurance Company (EyeMed) pursuant to a quota share agreement. Under the agreement, the Company cedes 100% of the losses covered under the agreement to EveMed.

The Company is contingently liable for all reinsurance losses ceded to others. This contingent liability would become an actual liability in the event that an assuming reinsurer fails to perform its obligations under the reinsurance contract.

ACCOUNTS AND RECORDS

Independent Auditor

The certified public accounting (CPA) firm, PricewaterhouseCoopers LLP, in Hartford, Connecticut, performed the statutory audit of the Company for all years under examination. Reliance was placed upon the CPA workpapers as deemed appropriate.

Actuarial Opinion

The Company's actuarial opinion regarding reserves and other actuarial items was issued by Rebecca A. Skripol, FSA, MAAA for 2022 and 2023. Rebecca A. Skripol is employed by The Cigna Group in Bloomfield, Connecticut.

The Company's actuarial opinion regarding reserves and other actuarial items was issued by Gregory N. Malone, FSA, MAAA for 2019, 2020, and 2021. Gregory N. Malone is employed by The Cigna Group in Bloomfield, Connecticut.

Consulting Actuary

Pursuant to a contract with the Connecticut Insurance Department, Rebecca Sheppard, FSA, MAAA of Risk & Regulatory Consulting, reviewed the underlying actuarial assumptions and methodologies used by CHCSTL to determine the adequacy of reserves and other actuarial items. Rebecca Sheppard determined that the Company made a reasonable provision for the reserves and other actuarial items that were reported in the statutory financial statements, as of December 31, 2023.

Information Systems

In conjunction with this examination, Philip McMurray, AES, IT Specialist with Risk & Regulatory Consulting, conducted a review of the Company's information systems.

FINANCIAL STATEMENTS

The following financial statements are based on the statutory financial statements filed by the Company with the Department and present the financial condition of Cigna HealthCare of St. Louis, Inc. for the period ending December 31, 2023. The accompanying comments on financial statements reflect any examination adjustments to the amounts reported in the financial statements and should be considered an integral part of the financial statements. The failure of any column of numbers to add to its respective total is due to rounding or truncation.

There may have been additional differences found in the course of this examination, which are not shown in the "Comments on Financial Statement Items." These differences were determined to be immaterial concerning their effect on the financial statements, and therefore were only communicated to the Company and noted in the workpapers for each individual key activity.

ASSETS
As of December 31, 2023

	A 4 -	Nonadmitted	1	Net Admitted
	 Assets	Assets		Assets
Bonds	\$ 12,547,270	\$	\$	12,547,270
Cash, Cash Equivalents, and Short-				
Term Investments	8,973,366			8,973,366
Receivables for Securities	610			610
Investment Income Due and Accrued	160,147			160,147
Premiums and Considerations:				
Uncollected Premiums and				
Agents' Balances in the Course				
of Collection	98,313	7,928		90,385
Accrued Retrospective Premiums	163,316			163,316
Amounts Receivable Relating to				
Uninsured Plans	594,927			594,927
Net Deferred Tax Asset	65,095			65,095
Receivables from Parent,				
Subsidiaries, and Affiliates	171,650			171,650
Health Care and Other Amounts				
Receivable	 689,518	 233,686		455,832
TOTAL ASSETS	\$ 23,464,212	\$ 241,614	\$	23,222,598

LIABILITIES, CAPITAL AND SURPLUS

As of December 31, 2023

Claims Unpaid	\$ 1,582,980
Accrued Medical Incentive Pool and Bonus Amounts	329,219
Unpaid Claims Adjustment Expenses	26,818
Aggregate Health Policy Reserves	115,462
General Expenses Due or Accrued	24,954
Current Federal and Foreign Income Tax Payable and Interest Thereon	300,182
Ceded Reinsurance Premiums Payable	4,180
Amounts Withheld or Retained for the Account of Others	1,337
Amounts Due to Parent, Subsidiaries, and Affiliates	321,656
Liability for Amounts Held Under Uninsured Plans	17,691
Aggregate Write-Ins for Other Liabilities	 596,563
TOTAL LIABILITIES	\$ 3,321,042
Common Capital Stock	1,000
Gross Paid-In and Contributed Surplus	47,252,450
Unassigned Funds (Surplus)	(27,351,894)
TOTAL CAPITAL AND SURPLUS	\$ 19,901,556
TOTAL LIABILITIES AND SURPLUS	\$ 23,222,598

STATEMENT OF REVENUE AND EXPENSES

For the Year Ended December 31, 2023

Net Premium Income	\$ \$	16,267,299
Total Revenue	\$	16,267,299
Hospital/Medical Benefits		10,702,758
Other Professional Services		368,020
Outside Referrals		90,340
Emergency Room and Out-of-Area		580,657
Prescription Drugs		1,212,743
Incentive Pool, Withhold Adjustments, and Bonus Amounts		491,599
Claims Adjustment Expenses		1,587,567
General Administrative Expenses		1,625,263
Increase in Reserves for Life and Accident and Health Contracts		370
Total Underwriting Deductions	\$	16,659,317
Net Underwriting Gain (Loss)	\$	(392,018)
Net Investment Income Earned		791,650
Net Realized Capital Gains		(442)
Net Investment Gain (Loss)	\$	791,208
Aggregate Write-Ins for Other Income or Expenses		(10,555)
Net Income (Loss) After Capital Gains Tax and Before All Other Federal Income Taxes	\$	388,635
Federal and Foreign Income Taxes Incurred		45,825
NET INCOME (LOSS)	\$	342,810

RECONCILIATION OF CAPITAL AND SURPLUS

Changes from January 1, 2019 to December 31, 2023

(\$000's omitted)

(\$000 S Offitted)					
	2019	2020	2021	2022	2023
Capital and Surplus,					_
Beginning of Year	\$ 9,238 \$	8,726 \$	10,805 \$	18,569 \$	19,430
Net Income (Loss)	(574)	(9,141)	4,720	1,070	343
Change in Net Deferred					
Income Tax	263	(314)		47	18
Change in Nonadmitted					
Assets	(202)	86	19	(256)	111
Surplus Adjustments:					
Paid In		11,000	3,000		
Aggregate Write-Ins for					
Gains (Losses) in					
Surplus		448	25		
Net Change in Capital and					
Surplus	 (512)	2,079	7,764	861	472
Capital and Surplus, End					
of Year	\$ 8,726 \$	10,805 \$	18,569 \$	19,430 \$	19,902

COMMENTS ON FINANCIAL STATEMENT ITEMS

None

FINANCIAL STATEMENT CHANGES RESULTING FROM EXAMINATION

None

SUMMARY OF RECOMMENDATIONS

None

SUBSEQUENT EVENTS

In January 2024, the Cigna Group entered into a definitive agreement to sell its Medicare Advantage, Medicare Stand-Alone Prescription Plans, Medicare and Non-Medicare Supplement and CareAllies business to Health Care Service Corporation (HCSC). The sale was completed in the first quarter of 2025. For fiscal year 2023, the Medicare Advantage business represented 91.8% of the company's total revenue.

Effective January 1, 2025, the Company ceded its Centers for Medicare & Medicaid Services Medicare Advantage contract (MA contract) to HealthSpring Life & Health Insurance Company, Inc. (HSLH). The novation of the MA contract resulted in full control of the contract being transferred to HSLH for dates of service before or after January 1, 2025.

ACKNOWLEDGMENT

The assistance and cooperation extended by the officers and the employees of Cigna HealthCare of St. Louis, Inc., during the course of this examination is hereby acknowledged and appreciated. In addition to the undersigned, Conner Nilges, CFE, examiner for the Missouri Department of Commerce and Insurance, also participated in this examination.

VERIFICATION

State of Missouri)	
)	SS
County of Cole)	

I, Joshua Nash, CPA, CFE, on my oath swear that to the best of my knowledge and belief the above examination report is true and accurate and is comprised of only facts appearing upon the books, records, or other documents of Cigna HealthCare of St. Louis, Inc., its agents or other persons examined, or as ascertained from the testimony of its officers or agents or other persons examined concerning its affairs, and such conclusions and recommendations as the examiners find reasonably warranted from the facts.

Joshua Nash, CPA, CFE Examiner-In-Charge

Missouri Department of Commerce and

Insurance

Sworn to and subscribed before me this

_ day of _

,2025

My commission expires:

Notary Public

AY COMMISSION EXPIRES MARCH 30, 2027 OSAGE COUNTY COMMISSION #15634386

SUPERVISION

The examination process has been monitored and supervised by the undersigned. The examination report and supporting workpapers have been reviewed and approved. Compliance with NAIC procedures and guidelines as contained in the *Financial Condition Examiners Handbook* has been confirmed, except where practices, procedures, and applicable regulations of the Missouri Department of Commerce and Insurance and statutes of the state of Missouri prevailed.

Michael R. Shadowens

Assistant Chief Financial Examiner
Missouri Department of Commerce and
Insurance