

STATE OF INDIANA ) BEFORE THE INDIANA  
 ) SS:  
COUNTY OF MARION ) COMMISSIONER OF INSURANCE

IN THE MATTER OF: )  
 )  
**Cigna HealthCare of Indiana, Inc.** )  
**One Penn Mark Plaza** )  
**11595 N. Meridian Street** )  
**Carmel, Indiana 46032** )

Examination of: **Cigna HealthCare of Indiana, Inc.**

**NOTICE OF ENTRY OF ORDER**

Enclosed is the Final Order entered by Amy L. Beard, Commissioner of the Indiana Department of Insurance, after fully considering and reviewing the Verified Report of Examination of Cigna HealthCare of Indiana, Inc., any relevant examination work papers, and any written submissions or rebuttals. The Verified Report of Examination, as sent to you on May 16, 2024 has been adopted by the Commissioner.

Pursuant to Ind. Code § 27-1-3.1-12(b), within thirty (30) days of receipt of the Final Order, each director of Cigna HealthCare of Indiana, Inc. shall file an affidavit with the Indiana Department of Insurance stating that he/she has received a copy of the Verified Report of Examination and the Final Order.

The Final Order is a final administrative decision that may be appealed pursuant to Ind. Code § 4-21.5-5.

June 20, 2024 \_\_\_\_\_  
Date Roy Eft  
Chief Financial Examiner

**CERTIFIED MAIL NUMBER: 7019 0700 0000 3590 3154**

STATE OF INDIANA ) BEFORE THE INDIANA  
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COUNTY OF MARION ) COMMISSIONER OF INSURANCE

IN THE MATTER OF: )  
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**Cigna HealthCare of Indiana, Inc.** )  
**One Penn Mark Plaza** )  
**11595 N. Meridian Street** )  
**Carmel, Indiana 46032** )

Examination of: **Cigna HealthCare of Indiana, Inc.**

### FINDINGS AND FINAL ORDER

The Indiana Department of Insurance conducted an examination into the affairs of the Cigna HealthCare of Indiana, Inc. (hereinafter “Company”) for the time period January 1, 2020 through December 31, 2022.

The Verified Report of Examination was filed with the Commissioner of the Department of Insurance (hereinafter “Commissioner”) by the Examiner on April 30, 2024.

A copy of the Verified Report of Examination, along with a Notice of Opportunity to Make Written Submission or Rebuttal, was mailed to the Company via Certified Mail on May 16, 2024 and was received by the Company on May 24, 2024.

The Company did not file any objections.

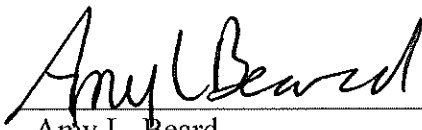
NOW THEREFORE, based on the Verified Report of Examination, I hereby make the following **FINDINGS**:

1. That the Verified Report of Examination is a true and accurate report of the financial condition and affairs of the Cigna HealthCare of Indiana, Inc. as of December 31, 2022.
2. That the Examiner’s Recommendations are reasonable and necessary in order for the Cigna HealthCare of Indiana, Inc. to comply with the laws of the State of Indiana.

Based on the FINDINGS, the Commissioner does hereby ORDER:

1. Pursuant to Ind. Code § 27-1-3.1-11(a)(1), the Verified Report of Examination is adopted and shall be filed. Hereafter the Verified Report of Examination, may constitute prima facie evidence of the facts contained therein in any action or proceeding taken by the Indiana Department of Insurance against the Company, its officers, directors, or agents.
2. The Company shall comply with the Examiner's Recommendations enumerated in summary form and throughout the text of the Verified Report of Examination. A written response to these recommendations should be provided to the Department within 30 days of receipt of this order.
3. Compliance with the Examiner's recommendations shall be completed on or before the filing of the subsequent annual statement. In the event it is not feasible to comply with a recommendation before the filing of the subsequent annual statement, the Company shall submit a written explanation as to why it was not feasible with the filing of the annual statement.

Signed this 20<sup>th</sup> day of  
June, 2024.

  
\_\_\_\_\_  
Amy L. Beard  
Insurance Commissioner  
Indiana Department of Insurance

## ABOUT AFFIRMATIONS

The following pages for affirmations need to be signed by each Board Member and returned to the Indiana Department of Insurance within thirty (30) days in accordance with I.C. §27-1-3.1-12(b).

If your affirmations list individuals that are no longer on your Board of Directors, you may simply retype the form on plain white paper with the correct names and a line to the right for signature. If the names are misspelled, you may do the same, simply re-type the corrected form with a line to the right for signature.

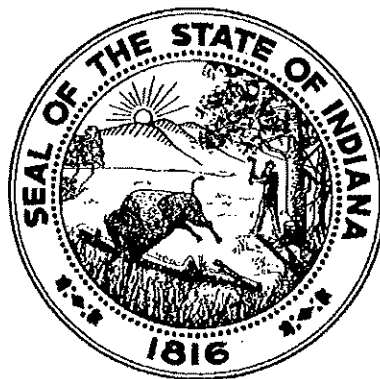
Should you have any questions or difficulties with these forms or you require additional time past the thirty (30) day requirement, please do not hesitate to contact this department at (317) 232-2390.

**STATE OF INDIANA**  
**Department of Insurance**  
**REPORT OF EXAMINATION**  
**OF**

**CIGNA HEALTHCARE OF INDIANA, INC.**  
NAIC Co. CODE 95525  
NAIC GROUP CODE 0901

As of

December 31, 2022



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# STATE OF INDIANA

ERIC J. HOLCOMB, GOVERNOR

**Indiana Department of Insurance**

Amy L. Beard, Commissioner  
311 W. Washington Street, Suite 103  
Indianapolis, Indiana 46204-2787  
Telephone: 317-232-2385  
Fax: 317-234-2103  
Website: [in.gov/idoi](http://in.gov/idoi)

April 30, 2024

Honorable Amy L. Beard, Commissioner  
Indiana Department of Insurance  
311 West Washington Street, Suite 300  
Indianapolis, Indiana 46204-2787

Dear Commissioner:

Pursuant to the authority vested in Appointment Number 4154, an examination has been made of the affairs and financial condition of:

**Cigna HealthCare of Indiana, Inc.**  
**One Penn Mark Plaza**  
**11595 N. Meridian Street**  
**Carmel, Indiana 46032**

hereinafter referred to as the "Company", or "CHC of IN", an Indiana domestic stock health maintenance organization (HMO). The examination was conducted remotely with assistance from the corporate office in Bloomfield, Connecticut.

The Report of Examination, reflecting the status of the Company as of December 31, 2022, is hereby respectfully submitted.

ACCREDITED BY THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES 317-232-2389    COMPANY COMPLIANCE 317-232-3495    CONSUMER SERVICES 317-232-2395/1-800-622-4461    FINANCIAL SERVICES 317-232-2390    MEDICAL MALPRACTICE 317-232-5253    COMPANY RECORDS 317-232-2383    STATE HEALTH INSURANCE PROGRAM 1-800-452-4800

## SCOPE OF EXAMINATION

The Company was last examined by representatives of the Indiana Department of Insurance (INDOI) and covered the period from January 1, 2017 through December 31, 2019. The present risk-focused examination was conducted by Noble Consulting Services, Inc., and covered the period from January 1, 2020 through December 31, 2022, and included any material transactions and/or events occurring subsequent to the examination date and noted during the course of this examination.

The examination was conducted in accordance with the NAIC *Financial Condition Examiners Handbook* (Handbook). 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 identifying and evaluating significant risks that could cause an insurer's surplus to be materially misstated both currently and prospectively.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. This may include assessing significant estimates made by management and evaluating 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.

This examination report includes significant findings of fact, as mentioned in the Indiana Code (IC) 27-1-3.1-10 and general information about the insurer 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 separately communicated to other regulators and/or the Company.

## HISTORY

The Company is licensed as an HMO and commenced operations on September 21, 1986. The Company is a wholly-owned subsidiary of Healthsource, Inc. (Healthsource), which is a wholly-owned subsidiary of Cigna Health Corporation (CHC), which is an indirect wholly-owned subsidiary of Cigna Corporation (Cigna Corp).

The Company is domiciled in Indiana and offers traditional HMO coverage. The Company is not actively marketing its products.

## CAPITAL AND SURPLUS

Healthsource owned 100% of the Company's issued and outstanding stock as of the examination date. There were 20,000 authorized shares of common stock with a par value of \$0.01 per share and 10,000 shares issued and outstanding throughout the examination period.

## DIVIDENDS TO STOCKHOLDERS

The Company paid no dividends during the examination period.



## TERRITORY AND PLAN OF OPERATION

The Company is licensed to transact business exclusively in Indiana and offers traditional HMO coverage in the over-50 market and a point-of-service product with an affiliate, Connecticut Health and Life Insurance Company (CHLIC). The Company's product portfolio remains available, but it is not being actively marketed. As of December 31, 2022, the Company had three (3) members.

## GROWTH OF THE COMPANY

The following table summarizes the financial results of the Company during the examination period:

<u>Year</u>	<u>Admitted Assets</u>	<u>Liabilities</u>	<u>Capital and Surplus</u>	<u>Total Revenue</u>	<u>Net Income</u>
2022	\$ 1,688,399	\$ 27,009	\$ 1,661,390	\$ 6,154	\$ 11,662
2021	1,674,311	24,638	1,649,673	8,368	31,963
2020	1,730,911	100,923	1,629,988	(663)	(94,263)

The 2020 Net Loss was a result of increased general administrative expenses relating to the INDOI financial examination.

## MANAGEMENT AND CONTROL

### Directors

The Bylaws provide that the business affairs of the Company are to be managed by a Board of Directors (Board) consisting of no more than eight (8) directors. At least one (1) of the directors must be a resident of Indiana. The shareholders, at each annual meeting, elect the members of the Board.

The following is a listing of persons serving as directors as of December 31, 2022, and their principal occupations as of that date:

<u>Name and Address</u>	<u>Principal Occupation</u>
Bruce Grimm Marlborough, Connecticut	Senior Vice President Segment Lead / U.S. Markets Cigna Healthcare
Jacqueline Lee-McCord Anderson, Indiana	Provider Contracting Senior Manager / U.S. Markets Cigna HealthCare of Indiana, Inc.
Peter McCauley, M.D. Chicago, Illinois	Medical Managing Director / Chief Health Office Cigna Healthcare
Kathleen O'Neil Glastonbury, Connecticut	Accounting Senior Director / Finance Cigna Healthcare

## Officers

The Bylaws state that the elected officers of the Company shall consist of the President, the Vice President, the Treasurer, the Secretary and such other officers as may be chosen by the Board. Each officer shall be elected by affirmative vote of the Board at the annual meeting thereof and shall hold office until the next annual meeting of the Board or until their successor shall have been elected and qualified or until their death, resignation, or removal by the shareholders of the Company or failure to qualify to so serve.

The following is a list of key officers and their respective titles as of December 31, 2022:

<u>Name</u>	<u>Office</u>
Bruce Grimm	Chairman and President
Geneva Brown	Secretary
Scott Lambert	Treasurer and Vice President
Rebecca Skripol	Actuary and Vice President
Mark Fleming	Vice President
Glenn Gerhard	Vice President
Joanne Hart	Vice President
Aslam Khan, M.D., M.M.	Vice President
Kathleen O'Neil	Vice President
Drew Reynolds	Vice President
Timothy Sheridan	Vice President

## CONFLICT OF INTEREST

Directors and officers are required to review and sign Conflict of Interest statements annually. It was determined that all directors and officers listed in the Management and Control section of this Report of Examination have reviewed and signed their statements as of December 31, 2022.

## CORPORATE RECORDS

### Articles of Incorporation

There were no amendments made to the Articles of Incorporation during the examination period.

### Bylaws

There were no amendments made to the Bylaws during the examination period.

### Minutes

The Board and shareholders meeting minutes were reviewed for the period under examination through the fieldwork date. Significant actions taken during each meeting were noted.

The Audit Committee of Connecticut General Corporation (CGC) acts on behalf of the Company. The CGC Audit Committee meeting minutes for the examination period, and through the fieldwork date, were reviewed.

## AFFILIATED COMPANIES

### Organizational Structure

The following abbreviated organizational chart shows the Company's immediate parent and indirect parent holding companies as of December 31, 2022:

	<u>NAIC Co. Code</u>	<u>Domiciliary State/Country</u>
Cigna Corporation		DE
Cigna Holding Company		DE
Cigna Holdings, Inc.		DE
Connecticut General Corporation		CT
Cigna Health Corporation		DE
Healthsource, Inc.		DE
<b>Cigna HealthCare of Indiana, Inc.</b>	<b>95525</b>	<b>IN</b>

### Affiliated Agreements

The following affiliated agreements and transactions were disclosed as part of the Form B – Holding Company Registration Statement and were filed with the INDOI, as required, in accordance with IC 27-1-23-4.

#### *Line of Credit Agreement*

The Line of Credit Agreement is by and between the Company and Cigna Holdings, Inc. (Cigna Holdings). Under the Line of Credit Agreement, Cigna Holdings would loan funds to the Company from time to time, to ensure that the Company would be able to meet its operational cash obligations while earning additional investment income. There was no liability associated with the Line of Credit Agreement as of December 31, 2022.

#### *Guaranty Agreement*

The Guaranty Agreement is by and between the Company and CHC. Under the Guaranty Agreement, CHC would provide funds in the event the Company does not meet the financial standards and requirements to ensure the Company will be able to continue to operate and pay its obligations. There were no funds distributed to the Company under the Guaranty Agreement as of December 31, 2022.

#### *Management Services Agreement*

The Management Services Agreement is by and between CHC and each of its subsidiaries or affiliates that are signatories thereto. Under the Management Services Agreement, CHC and certain affiliates provide management services to the Company. In 2022, CHC charged the Company \$3,660.

#### *Network Access Agreement*

The Network Access Agreement is by and among the Connecticut General Life Insurance Company (CGLIC) and certain subsidiaries of Cigna Corp, including the HMOs. The Network Access Agreement allows CGLIC and the affiliated HMOs to access the Company's provider networks. There were no charges related to the Network Access Agreement in 2022.

#### *Mental Health Services Agreement*

The Mental Health Services Agreement is by and between Cigna Behavioral Health, Inc. (CBH) and CHC on behalf of their respective subsidiaries and affiliates, including the HMOs. Under the Mental Health Services Agreement,

CBH provides mental health and substance abuse services to the enrollees of the HMOs. There were no charges related to the Mental Health Services Agreement in 2022.

*Dental Consultation Agreement*

The Dental Consultation Agreement is between Cigna Dental Health, Inc. (CDH) and the HMOs. Pursuant to the Dental Consultation Agreement, CDH provides dental consultations to the Company on selected dental cases. There were no charges related to the Dental Consultation Agreement in 2022.

*Investment Advisory Agreement*

The Company participates in an Investment Advisory Agreement pursuant to which Cigna Investments, Inc, serves as the Company's investment advisor. The expense related to the Investment Advisory Agreement was \$2,787 for 2022.

*Cigna Health Management Inc. (Intracorp) Agreement*

The Cigna Health Management Inc. (Intracorp) Agreement is by and between Cigna Health Management Inc. (d/b/a Intracorp), CGLIC and CHC on behalf of the Company and other certain subsidiaries. Pursuant to the Cigna Health Management Inc. (Intracorp) Agreement, Intracorp provides consultative services with respect to utilization management, case management, demand management, disease management, care management and any other consultative services in conjunction with the administration of such plans to the enrollees of participating plans. The expense related to the Cigna Health Management Inc. (Intracorp) Agreement was \$69 in 2022.

*Fee Sharing Agreement*

The Company and several other affiliates are subject to the Health Insurance Providers Fee (the Fee) which is imposed on each covered entity engaged in the business of providing health insurance for any United States health risk in accordance with the Patient Protection and Affordable Care Act. By entering into the Fee Sharing Agreement, each affiliate has consented to select Cigna Corp as its "designated entity" for the payment of this Fee. The Fee Sharing Agreement allows Cigna Corp to pay each year to the United States Treasury the Fee owed collectively by all covered entities in the group, and to perform all necessary and appropriate actions that may be required to fulfill Cigna Corp's responsibilities as the designated entity. There were no charges related to the Fee Sharing Agreement in 2022.

*Pharmacy Benefits Services Agreement*

The Pharmacy Benefits Services Agreement is by and between Express Scripts and various affiliates, including the Company. Pursuant to the Pharmacy Benefits Services Agreement, Express Scripts will provide Pharmacy Benefit Manager services to the Company. There were no charges related to the Pharmacy Benefits Services Agreement for 2022.

*Health System Agreement*

The Health System Agreement is by and between eviCore Healthcare MSI, LLC (eviCore) and CHLIC. Pursuant to the Health System Agreement, eviCore will provide gene therapy drugs through eviCore's network pharmacies and facilitates to CHLIC and its affiliates, including the Company. There were no charges related to the Health System Agreement in 2022.

*Master Health System Agreement*

The Master Health System Agreement is by and between eviCore and CHLIC in which eviCore will arrange for the provision of certain covered services through its established panel of providers to the Company and other affiliates. There were no charges related to the Master Health System Agreement in 2022.

### *State Tax Sharing Agreement*

The State Tax Sharing Agreement is by and between Cigna Corp and each of its subsidiaries. The State Tax Sharing Agreement provides for the allocation of state income tax among subsidiaries in a proportionate manner while allowing for the filing of a Unitary State Tax Return. There were no charges related to the State Tax Sharing Agreement in 2022.

### *Consolidated Tax Allocation Agreement*

The Company participates in the Amended and Restated Consolidated Federal Income Tax Agreement by and between Cigna Corp and its subsidiaries in order to facilitate the filing of a consolidated federal income tax return as an affiliated group under Cigna Corp. Pursuant to the Consolidated Tax Allocation Agreement, payments are made to Cigna Corp based on the taxable income of the Company. In the case of a taxable loss, Cigna Corp pays the Company a refund to the extent Cigna Corp is able to utilize that loss in the consolidated return. There were no charges related to the Consolidated Tax Allocation Agreement in 2022.

## **FIDELITY BOND AND OTHER INSURANCE**

The Company protects itself against loss from any fraudulent or dishonest acts by any employees through a fidelity bond issued by National Union Fire Insurance Co. of Pittsburgh, PA. The bond has a single loss coverage limit of \$15 million with a \$2.5 million deductible. The fidelity bond is adequate to meet the prescribed minimum coverage specified by the NAIC.

The Company had additional types of coverage in-force as of December 31, 2022, including but not limited to commercial automobile liability, commercial general liability, cyber, healthcare professional liability, property damage, umbrella coverage and workers' compensation liability.

## **PENSION, STOCK OWNERSHIP, AND INSURANCE PLANS**

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

CHLIC provides certain deferred compensation and postretirement benefits to its employees through plans sponsored by Cigna Corp. CHLIC also participates in a capital accumulation 401(k) plan sponsored by Cigna Corp in which employee contributions on a before-tax basis are supplemented by CHLIC's matching contributions. Cigna Corp allocates amounts to CHLIC based on salary ratios and member months.

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

## **SPECIAL AND STATUTORY DEPOSITS**

The Company reported one (1) special deposit for the benefit of all policyholders as of December 31, 2022. The deposit was held with the state of Indiana and had a book value of \$560,574 and a fair value of \$478,363.

## REINSURANCE

The need for reinsurance is limited to serve the statutory requirements of IC 27-13-19, which requires an HMO to have a plan for receivership that allows for the continuation of benefits after the date of receivership. The Company's only reinsurance agreement is with an affiliate.

Effective January 1, 2013, the agreement was amended to change the reinsurer to CHLIC for claims incurred on January 1, 2013 and after. The agreement is administered by CHC. Under the provisions of the agreement, the Company is reimbursed a percentage of costs in excess of a deductible for hospital and related services provided to individual health plan members. The required deductible per individual member, per calendar year, was \$150,000 for each year under examination.

## ACCOUNTS AND RECORDS

The Company's accounting procedures, practices, account records, and supporting data were reviewed and tested to the extent deemed necessary. The trial balance prepared from the Company's general ledger for the year ended December 31, 2022 was agreed to the Annual Statement. The Company filed for and received an exemption from filing audited financial statements beginning in 2018. The Company's accounting procedures, practices, and account records were deemed satisfactory.

**FINANCIAL STATEMENTS**

CIGNA HEALTHCARE OF INDIANA, INC.

Assets

As of December 31, 2022

	<u>Per Examination*</u>
Bonds	\$ 560,574
Cash, cash equivalents and short-term investments	<u>1,125,684</u>
Subtotals, cash and invested assets	1,686,258
Investment income due and accrued	<u>2,141</u>
Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts	1,688,399
Totals	<u>\$ 1,688,399</u>

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\* There were no adjustments to the as-filed financial statements, therefore the Annual Statement amounts agree to the examination amounts.

CIGNA HEALTHCARE OF INDIANA, INC.  
Liabilities, Capital and Surplus  
As of December 31, 2022

	Per Examination*
Claims unpaid	\$ 22,970
Unpaid claims adjustment expenses	48
Aggregate health policy reserves	30
General expenses due or accrued	233
Current federal and foreign income tax payable and interest thereon	3,184
Net deferred tax liability	10
Ceded reinsurance premiums payable	45
Amounts due to parent, subsidiaries and affiliates	489
Total liabilities	27,009
Common capital stock	100
Gross paid in and contributed surplus	26,848,244
Unassigned funds (surplus)	(25,186,954)
Total capital and surplus	1,661,390
Total liabilities, capital and surplus	\$ 1,688,399

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\* There were no adjustments to the as-filed financial statements, therefore the Annual Statement amounts agree to the examination amounts.



CIGNA HEALTHCARE OF INDIANA, INC.  
Statement of Revenue and Expenses  
For the Year Ended December 31, 2022

	<u>Per Examination*</u>
Member Months	53
UNDERWRITING INCOME	
Net premium income	\$ 6,154
DEDUCTIONS	
<b>Hospital and Medical:</b>	
Hospital/medical benefits	2,615
Other professional services	872
Prescription drugs	116
Total hospital and medical	<u>3,603</u>
Claims adjustment expenses	622
General administrative expenses	5,219
Increase in reserves for life and accident and health contracts	10
Total underwriting deductions	<u>9,454</u>
Net underwriting gain or (loss)	(3,300)
INVESTMENT INCOME	
Net investment gains (losses)	18,142
OTHER INCOME	
Net gain or (loss) from agents' or premium balances charged off	8
Net income or (loss) after capital gains tax and before all other federal income taxes	14,850
Federal and foreign income taxes incurred	3,188
Net income (loss)	<u>\$ 11,662</u>

\* There were no adjustments to the as-filed financial statements, therefore the Annual Statement amounts agree to the examination amounts.

CIGNA HEALTHCARE OF INDIANA, INC.  
Capital and Surplus Account Reconciliation

	<u>2022</u>	<u>2021</u>	<u>2020</u>
Capital and surplus prior reporting year	\$ 1,649,673	\$ 1,629,988	\$ 1,596,880
Net income or (loss)	11,662	31,963	(94,263)
Change in net deferred income tax	55	(12,278)	12,269
Change in nonadmitted assets	-	-	34
Aggregate write-ins for gains or (losses) in surplus	-	-	115,068
Net change in capital and surplus	<u>11,717</u>	<u>19,685</u>	<u>33,108</u>
Capital and surplus end of reporting period	<u>\$ 1,661,390</u>	<u>\$ 1,649,673</u>	<u>\$ 1,629,988</u>

### COMMENTS ON THE FINANCIAL STATEMENTS

There were no recommended adjustments to the financial statements as of December 31, 2022, based on the results of this examination.

### OTHER SIGNIFICANT ISSUES

There were no significant issues as of December 31, 2022 based on the results of this examination.

### SUBSEQUENT EVENTS

There were no events subsequent to the examination date and prior to the completion of field work which were considered material events requiring disclosure in this Report of Examination.



**AFFIDAVIT**

This is to certify that the undersigned is a duly qualified Examiner-in-Charge appointed by the Indiana Department of Insurance and that she, in coordination with staff assistance from Noble Consulting Services, Inc., performed an examination of Cigna HealthCare of Indiana, Inc., as of December 31, 2022.

The Indiana Department of Insurance is accredited under the National Association of Insurance Commissioners Financial Regulation Accreditation Standards.

This examination was performed in accordance with those procedures required by the NAIC Financial Condition Examiners Handbook and other procedures tailored for this examination. Such procedures performed on this examination do not constitute an audit made in accordance with generally accepted auditing standards and no audit opinion is expressed on the financial statements contained in this report.

The attached Report of Examination is a true and complete report of the condition of Cigna HealthCare of Indiana, Inc. as of December 31, 2022, as determined by the undersigned.

*Karen Milster*

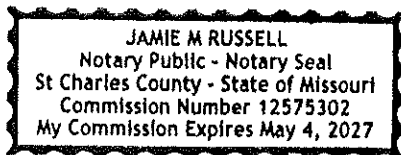
Karen Milster, CFE, CPA  
Noble Consulting Services, Inc.

State of: Missouri  
County of: St. Charles

On this 6<sup>th</sup> day of June, 2024, before me personally appeared, Karen Milster, to sign this document.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal in said County and State, the day and year last above written.

My commission expires: 05.04.2027 *Jamie M Russell*  
Notary Public





Under the Supervision of:

*Jerry Ehlers*

Jerry Ehlers, CFE, AES  
Examinations Manager  
Indiana Department of Insurance

State of: Indiana  
County of: Marion

On this 10<sup>th</sup> day of June, 2024, before me personally appeared, Jerry Ehlers, to sign this document.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal in said County and State, the day and year last above written.

My commission expires:

July 11, 2025 Lorie A. Ellert  
Notary Public

Lorie A. Ellert



