

**FIRST RENEWAL OF  
GROUP DENTAL INSURANCE AGREEMENT**

THIS AGREEMENT made and entered into this 1st day of October, 2024 by and between the Government of the Virgin Islands, through the Health Insurance Board of Trustees, (the "Government") the Virgin Islands Port Authority (the "Authority"), the University of the Virgin Islands ("UVI"), the Virgin Islands Housing Authority (the "Housing Authority"), Non-Profit Organizations defined as eligible by the Government, and Frederiksted Health Care, Inc. ("FHC") (the Government, the Authority, UVI, the Housing Authority, Non-Profit Organizations and FHC hereinafter individually referred to as, each, "Employer Entity" and collectively referred to as the "Employer") and Cigna Health and Life Insurance Company (hereinafter "Cigna"). For purposes of this First Renewal of Group Dental Insurance Agreement (the "First Renewal"), a Non-Profit Organization is an entity determined by the Government to satisfy the requirements under applicable U. S. Virgin Islands law for participation under this First Renewal.

**WITNESSETH:**

**WHEREAS**, the Employer and Cigna entered into an Agreement for Group Dental Insurance (the "Agreement") approved by the Virgin Islands Legislature on September 22, 2023; and

**WHEREAS**, the Agreement was for a one (1) year term and provides that the parties may renegotiate and renew the Agreement for up to four (4) successive twelve (12) month terms; and

**WHEREAS**, the Employer and Cigna intend, pursuant to this First Renewal, to renew the Agreement for an additional twelve (12) month term commencing October 1, 2024 and ending September 30, 2025, and amend the Agreement, as renewed, to provide for new rates defined below.

NOW THEREFORE, for and in consideration of the mutual covenants and promises made herein, the parties agree as follows:

1. The Agreement, pursuant to the terms herein, is renewed for a twelve (12) month term commencing October 1, 2024 and ending September 30, 2025.
2. Commencing October 1, 2024, premium rates shall be set at the following monthly rates established in the First Renewal (hereinafter referred to as the "premiums"):

<u>Category</u>	<u>Cost</u>
Employee & Retiree Only	\$20.40
Employee & Retiree Family	\$52.06

The rates set forth above include all administrative charges for the services agreed to be made available to the Employer.

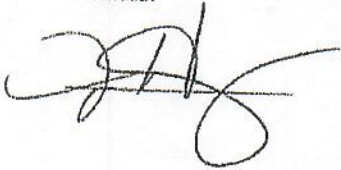
3. Commencing October 1, 2024, Cigna shall continue to provide coverage for all of the present active employees and Pre-65 retiree enrollees and their dependents who are eligible under the Government Plan.
4. The Plan Document prepared by Cigna will describe the benefits provided under the group benefit policy, including but not limited to the benefits required by federal and territorial law.
5. Except as expressly amended by this First Renewal, all terms and provisions of the original Agreement remain in full force and effect.

6. This First Renewal is subject to the appropriation and availability of funds, the approval of the Governor of the U.S. Virgin Islands, and the approval of the Virgin Islands Legislature.

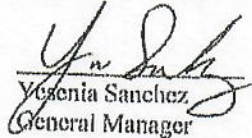
7. For purposes of this First Renewal, a photocopy or facsimile copy of the document or a photocopy or facsimile copy of a signature to the document shall have the same effect as an original. Also, this First Renewal may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF the parties through their authorized representative set their signatures on the day and year indicated.

Witness:



Cigna Health and Life Insurance Company

  
Ysenia Sanchez  
General Manager

Date: 8/7/24

Witness:



Government of the Virgin Islands Health Insurance Board of Trustees

  
Beverly A. Joseph  
Chairperson

Date: 8/9/2024

Witness:

\_\_\_\_\_

Virgin Islands Port Authority

\_\_\_\_\_   
Carlton Dowe  
Executive Director

Date: \_\_\_\_\_

Witness:

\_\_\_\_\_

University of the Virgin Islands

\_\_\_\_\_   
Dr. Safiya George  
President

Date: \_\_\_\_\_

Witness:

\_\_\_\_\_

Virgin Islands Housing Authority

\_\_\_\_\_   
Dwayne Alexander  
Executive Director

Date: \_\_\_\_\_

Witness:

\_\_\_\_\_

Frederiksted Health Care, Inc.

\_\_\_\_\_   
Masserae Sprauve-Webster,  
Chief Executive Officer

Date: \_\_\_\_\_



Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

\_\_\_\_\_

\_\_\_\_\_  
Beverly A. Joseph  
Chairperson

Date: \_\_\_\_\_

Witness:

Virgin Islands Port Authority

*Shirley Hays*

*Carlton Dowe*  
\_\_\_\_\_  
Carlton Dowe  
Executive Director

Date: 8/13/24

Witness:

University of the Virgin Islands

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\_\_\_\_\_  
Dr. Safiya George  
President

Date: \_\_\_\_\_

Witness:

Virgin Islands Housing Authority

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Dwayne Alexander  
Executive Director

Date: \_\_\_\_\_

Witness:

Frederiksted Health Care, Inc.

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\_\_\_\_\_  
Masserae Sprauve-Webster,  
Chief Executive Officer

Date: \_\_\_\_\_

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

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\_\_\_\_\_  
Beverly A. Joseph  
Chairperson

Date: \_\_\_\_\_

Witness:

Virgin Islands Port Authority

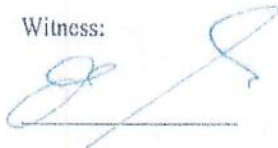
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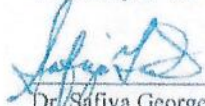
\_\_\_\_\_  
Carlton Dowe  
Executive Director

Date: \_\_\_\_\_

Witness:

University of the Virgin Islands



  
\_\_\_\_\_  
Dr. Safiya George  
President

Date: 8/13/24

Witness:

Virgin Islands Housing Authority

\_\_\_\_\_

\_\_\_\_\_  
Dwayne Alexander  
Executive Director

Date: \_\_\_\_\_

Witness:

Frederiksted Health Care, Inc.

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\_\_\_\_\_  
Masserae Sprauve-Webster,  
Chief Executive Officer

Date: \_\_\_\_\_

Witness: Government of the Virgin Islands Health Insurance Board of Trustees

\_\_\_\_\_  
Beverly A. Joseph  
Chairperson Date: \_\_\_\_\_

Witness: Virgin Islands Port Authority

\_\_\_\_\_  
Carlton Dowe  
Executive Director Date: \_\_\_\_\_

Witness: University of the Virgin Islands

\_\_\_\_\_  
Dr. Safiya George  
President Date: \_\_\_\_\_

Witness: Virgin Islands Housing Authority

M. Webb [Signature] Date: 8/12/24  
Dwayne Alexander  
Executive Director

Witness: Frederiksted Health Care, Inc.

\_\_\_\_\_  
Masserae Sprauve-Webster,  
Chief Executive Officer Date: \_\_\_\_\_

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

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Beverly A. Joseph  
Chairperson

Date: \_\_\_\_\_

Witness:

Virgin Islands Port Authority

\_\_\_\_\_

\_\_\_\_\_  
Carlton Dowe  
Executive Director

Date: \_\_\_\_\_

Witness:

University of the Virgin Islands

\_\_\_\_\_

\_\_\_\_\_  
Dr. Safiya George  
President

Date: \_\_\_\_\_

Witness:

Virgin Islands Housing Authority

\_\_\_\_\_

\_\_\_\_\_  
Dwayne Alexander  
Executive Director

Date: \_\_\_\_\_

Witness:

Frederiksted Health Care, Inc.



\_\_\_\_\_  
Masserae Sprauve-Webster,  
Chief Executive Officer

Date: 8/12/2024




Approved as to Legal Sufficiency  
Department of Justice

Sean P. Bailey, AAG  
Assistant Attorney General

Date: 8/22/2024

Approved:

  
Honorable Albert Bryan Jr.  
Governor of the Virgin Islands

Date: 8/21/24

Approved:

\_\_\_\_\_  
Novelle E. Francis Jr.,  
President, 35th Legislature of the  
Virgin Islands

Date: \_\_\_\_\_



GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES  
GESC/HEALTH INSURANCE  
BOARD OF TRUSTEES  
P.O. Box 11177  
St. Thomas, Virgin Islands 00801

July 31, 2024

Honorable Albert Bryan Jr.  
Governor of the Virgin Islands  
Government House  
Nos. 21-22 Kongens Gade  
St. Thomas, VI 00802

**RE: Justification Letter – GESC/Health Insurance Board of Trustees CIGNA Medical and Dental Renewal effective October 1, 2024, First Renewal**

Dear Governor Bryan:

The Government Employees Service Commission (GESC) Health Insurance Board of Trustees ("Board") acting as the sole body overseeing the operation of the Government employees' health and other benefit plans, has recently secured our first renewal with CIGNA Healthcare after completing a Request for Proposals (RFP) for competitive bids as required by statute for insurance services last year which included Medical and Prescription Drug coverage for active employees and retirees, Employee Assistance Program, Dental, Vision, Life and Accidental Death & Dismemberment (AD&D) plans.

This letter will summarize the CIGNA medical (active employees and Non-Medicare retirees) and dental renewals. Both the Vision insurance and Life and Accidental Death & Dismemberment plans are in a pricing guarantee for the upcoming fiscal year.

Based upon the most recent medical claims experience report through June 2024, the medical claims expenditures are 99% of the medical plans' premiums, exclusive of other plan expenditures such as administrative costs. With losses such as our plan is experiencing, it would be anticipated of have an increase in excess of +25%. However, as stewards of the Government employees' health plan, the Board negotiated a premium cap of +8% for medical coverage and +3% for dental coverage for this upcoming fiscal year no matter how the claims were performing so as to not negatively impact the Government, and its employees and retirees.

According to the Cigna underwriting formula that they have historically used the initial renewal would have been an 18% increase; however, as mentioned prior we negotiated rate caps last year and Cigna is honoring the rate caps with an overall 8% increase for medical coverage and a 3% increase for the

dental coverage. Due to both plans not performing well, they are indicating that they cannot provide any further rate relief without changing our plans and/or reducing the services they provide. Based upon the proposed premiums, the overall medical increase to the Central Government will be approximately \$13.6 million for total of \$187.6 million.

Since there was a substantial increase in premiums, it was vital to the Board that there were no plan design changes (i.e. increasing copayments, deductibles, out-of-pocket maximums). CIGNA agreed to not change any of the benefits, nor did they decrease the level of services that are offered with the current plan.

In addition to the above financial implications, Cigna will continue to include and enhance the following in their contract with the Board:

- Support the USVI community by providing six (6) two-year nursing scholarships to the University of the Virgin Islands in the amount of \$6,250 per student per year and providing \$375,000 in grants to non-profit agencies;
- Provide a Wellness Fund of \$1,000,000;
- Continuation of the two (2) full time on-site Customer Service Representatives;
- Inclusion of MotivateMe, a turnkey wellness incentive program that gives employees and their spouses opportunities to earn rewards for taking charge of and improving their health while funding \$300,000 in incentives;
- Continuation of Omada's Pre-Diabetes Prevention Program;
- Continuation of the 2 Health Improvement Offices with two (2) health coaches and two (2) mobile vans;
- Placing \$1.7 in premiums at risk for performance guarantees; and
- The Cigna Foundation will be offering \$250,000 in grants over the next two years to non-profits in the Territory helping those living with obesity, high blood pressure, diabetes, and other chronic conditions with the goal of improving their overall health.

The Board believes it was able to obtain the overall lowest cost for both the Government, and its employees and retirees, while maintaining a viable benefit offering.

Sincerely,



Beverly A. Joseph  
Chairperson, GESC/Health Insurance Board of Trustees

pc: GESC Health Insurance Board Members  
Pamela R. Tepper, Esq., Solicitor General  
Cindy Richardson, Director of Personnel  
Valerie Clarke-Dalcy, Chief, Group Health Insurance  
Gehring Group Consultant

Attachments

1. Group Health Insurance Budget Projection(s) - FY2023-2024
2. Employee & Employer Contribution Scenario(s)
3. Claims Experience



Government of The Virgin Islands of the United States  
 Central Government & GERS Group Health Projected Budget  
 Fiscal Year: October 1, 2024 - September 30, 2025



Plan	Coverage Type	Enrollment	2023-2024 Estimated FY 2023-2024 Estimated FY		2024-2025 Projected FY 2024-2025 Projected FY	
			Total Premium	Employer Share	Total Premium	Employer Share
Medical	Employee	4,029	\$ 46,555,231	\$ 33,986,045	\$ 50,280,807	\$ 37,170,625
	Family	4,442	\$ 89,752,143	\$ 65,526,354	\$ 96,943,263	\$ 72,707,485
Dental	Employee	4,068	\$ 95,751	\$ 657,975	\$ 996,415	\$ 686,780
	Family	4,378	\$ 2,656,321	\$ 1,805,298	\$ 2,735,554	\$ 1,835,631
Life	Basic	7,865	\$ 95,336	\$ 95,336	\$ 95,336	\$ 95,336
	Voluntary	5,910	\$ 2,331,140	\$ -	\$ 2,331,140	\$ -
	Spouse	1,178	\$ 111,458	\$ -	\$ 111,458	\$ -
	Child(ren)	2,521	\$ 21,073	\$ -	\$ 21,073	\$ -
Vision	Employee	4,735	\$ 227,383	\$ -	\$ 227,383	\$ -
	Family	3,920	\$ 491,098	\$ -	\$ 491,098	\$ -
<b>TOTAL - Active Employees</b>			<b>\$ 143,219,795</b>	<b>\$ 102,072,024</b>	<b>\$ 154,233,628</b>	<b>\$ 113,085,856</b>
<b>% Amount Increase/(Decrease)</b>					<b>7.7%</b>	<b>10.8%</b>
				<b>Requires</b>		<b>0.0%</b>
Under 65 Medical	Retiree	878	\$ 13,154,407	\$ 9,602,717	\$ 14,205,742	\$ 10,655,053
	Retiree Dependents	392	\$ 5,873,036	\$ 4,287,318	\$ 6,342,874	\$ 4,757,153
	Family	438	\$ 12,264,214	\$ 8,952,877	\$ 13,245,360	\$ 9,934,022
Over 65 Medical	Medicare Advantage	6,613	\$ 19,854,051	\$ 13,110,274	\$ 25,214,451	\$ 15,460,674
Dental	Retiree	5,733	\$ 1,375,425	\$ 935,292	\$ 1,416,372	\$ 975,235
	Family	2,195	\$ 1,321,953	\$ 905,728	\$ 1,371,732	\$ 945,507
Life	Basic	8,282	\$ 332,936	\$ 332,936	\$ 332,936	\$ 332,936
	Voluntary	6,519	\$ 8,099,896	\$ -	\$ 8,099,896	\$ -
	Spouse	1,439	\$ 595,684	\$ -	\$ 595,684	\$ -
	Child(ren)	474	\$ 3,811	\$ -	\$ 3,811	\$ -
Vision	Retiree	995	\$ 47,330	\$ -	\$ 47,330	\$ -
	Family	308	\$ 38,586	\$ -	\$ 38,586	\$ -
<b>TOTAL - Retirees</b>			<b>\$ 62,981,335</b>	<b>\$ 38,427,140</b>	<b>\$ 71,915,775</b>	<b>\$ 47,061,581</b>
<b>% Amount Increase/(Decrease)</b>					<b>14.2%</b>	<b>23.4%</b>
<b>TOTAL - Active Employees &amp; Retirees</b>			<b>\$ 206,201,130</b>	<b>\$ 140,199,164</b>	<b>\$ 226,149,403</b>	<b>\$ 160,147,437</b>
<b>% Amount Increase/(Decrease)</b>					<b>9.7%</b>	<b>14.2%</b>

ASSUMES GOVERNMENT ADOPTIONS INCREASE

Notes:  
 1. Projected Budget assumes Maximum Premium Rates Negotiated in GESC RFP No. 2023-01.  
 2. Over 65 Medical is 9-months of the fiscal year (effective January 1, 2025).  
 3. Estimated FY Total Premium may vary based upon actual enrollment for the remainder of current Fiscal Year & proposed Fiscal Year.  
 4. Costs account for various funded subsidies of member contributions for FY2019-2020; FY2020-2021; FY2021-2022; FY2022-2023; & FY2023-2024.



Government of The Virgin Islands of the United States  
 Central Government & GERS Group Health Projected Budget  
 Fiscal Year: October 1, 2024 - September 30, 2025



Plan	Coverage Type	Enrollment	2023-2024 Estimated FY		2023-2024 Estimated FY		2023-2024 Estimated FY		2024-2025 Projected FY		2024-2025 Projected FY		2024-2025 Projected FY	
			Total Premium	Employer Share	Employee Share	Total Premium	Employer Share	Employee Share	Total Premium	Employer Share	Employee Share	Total Premium	Employer Share	Employee Share
Medical	Employee Family	4,029	\$ 46,556,291	\$ 39,986,049	\$ 12,570,182	\$ 50,280,907	\$ 37,207,817	\$ 13,072,990	\$ 89,762,143	\$ 55,526,384	\$ 24,235,779	\$ 96,943,263	\$ 71,738,054	\$ 25,205,210
Dental	Employee Family	4,068	\$ 367,612	\$ 657,976	\$ 309,536	\$ 996,416	\$ 674,395	\$ 322,021	\$ 2,656,321	\$ 1,906,298	\$ 750,023	\$ 2,735,654	\$ 1,851,630	\$ 884,024
Life	Basic	7,866	\$ 95,336	\$ 95,336	\$ -	\$ 95,336	\$ 95,336	\$ -	\$ 2,331,140	\$ -	\$ 2,331,140	\$ -	\$ -	\$ -
	Voluntary	5,910	\$ 2,331,140	\$ -	\$ 2,331,140	\$ 111,458	\$ 111,458	\$ -	\$ 111,458	\$ -	\$ 111,458	\$ -	\$ -	\$ -
	Spouse Child/ren	1,178	\$ 111,458	\$ -	\$ 111,458	\$ 21,073	\$ 21,073	\$ -	\$ 21,073	\$ -	\$ 21,073	\$ -	\$ -	\$ -
Vision	Employee Family	4,785	\$ 227,383	\$ 227,383	\$ 227,383	\$ 491,098	\$ 491,098	\$ -	\$ 491,098	\$ -	\$ 491,098	\$ -	\$ -	
<b>TOTAL - Active Employees</b>			\$ 143,219,795	\$ 102,072,024	\$ 41,147,771	\$ 154,238,628	\$ 111,567,232	\$ 42,666,386	\$ 11,013,833	\$ 9,495,208	\$ 1,518,625	\$ 9,495,208	\$ 1,518,625	\$ 3.7%
<b>% Amount Increase/(Decrease)</b>														
Under 65 Medical	Retiree Retiree Dependents Family	878	\$ 13,154,407	\$ 9,602,717	\$ 3,551,690	\$ 14,206,742	\$ 10,512,985	\$ 3,693,757	\$ 5,873,038	\$ 4,287,318	\$ 1,585,720	\$ 6,342,874	\$ 4,693,725	\$ 1,649,149
Over 65 Medical	Medicare Advantages	458	\$ 12,264,214	\$ 8,957,875	\$ 3,311,338	\$ 13,245,360	\$ 9,801,569	\$ 3,443,791	\$ 19,864,051	\$ 13,110,274	\$ 6,753,777	\$ 26,214,431	\$ 19,190,923	\$ 7,023,929
Dental	Retiree Family	5,783	\$ 1,375,429	\$ 935,292	\$ 440,137	\$ 1,416,372	\$ 958,530	\$ 457,743	\$ 1,331,953	\$ 905,728	\$ 426,225	\$ 1,371,732	\$ 928,458	\$ 443,274
Life	Basic	8,282	\$ 332,936	\$ 332,936	\$ -	\$ 332,936	\$ 332,936	\$ -	\$ 8,099,896	\$ -	\$ 8,099,896	\$ -	\$ -	\$ -
	Voluntary	6,519	\$ 8,099,896	\$ -	\$ 8,099,896	\$ 595,684	\$ 595,684	\$ -	\$ 595,684	\$ -	\$ 595,684	\$ -	\$ -	\$ -
	Spouse Child/ren	1,439	\$ 595,684	\$ -	\$ 595,684	\$ 3,811	\$ 3,811	\$ -	\$ 3,811	\$ -	\$ 3,811	\$ -	\$ -	\$ -
Vision	Retiree Family	996	\$ 47,330	\$ -	\$ 47,330	\$ 47,330	\$ -	\$ 47,330	\$ 38,586	\$ -	\$ 38,586	\$ -	\$ -	
<b>TOTAL - Retirees</b>			\$ 62,981,335	\$ 38,127,140	\$ 24,854,194	\$ 71,915,775	\$ 46,413,825	\$ 25,496,950	\$ 8,934,440	\$ 8,291,685	\$ 642,755	\$ 8,934,440	\$ 8,291,685	\$ 642,755
<b>% Amount Increase/(Decrease)</b>														
<b>TOTAL - Active Employees &amp; Retirees</b>			\$ 206,201,130	\$ 140,199,164	\$ 66,001,966	\$ 226,149,403	\$ 157,986,057	\$ 68,163,346	\$ 19,948,273	\$ 17,786,893	\$ 2,161,380	\$ 19,948,273	\$ 17,786,893	\$ 2,161,380
<b>% Amount Increase/(Decrease)</b>														

- Notes:
- Projected Budget assumes Maximum Premium Rates Negotiated in GEHC RFP No. 2023-01.
  - Over 65 Medical is 6-months of the Fiscal Year (effective January 1, 2025).
  - Estimated FY Total Premium may vary based upon actual enrollment for the remainder of current Fiscal Year & proposed Fiscal Year.
  - Costs account for "Senior Funded Subsidies of member contributions for FY2019-2020; FY2020-2021; FY2021-2022; FY2022-2023; & FY2023-2024

ASSUMES EMPLOYEE/RETIREE PAY 44% INCREASE



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**Government Employees Services Commission**  
**Health Insurance Board**  
**Employee & Employer Contribution Scenarios**  
**Updated July 31, 2024 to include UHC Renewal v2**



## GUSVI Employee/Employer Contribution Government Absorbs the Increase

Medical Only	Current \$ Semi-Monthly Payroll Deduction	Current % of Contribution towards Premium	\$ Semi-Monthly Payroll Deduction	Increase per Pay (per Year)
Active Single	\$131.69	27%	\$131.69	\$0
Active Family	\$232.83	27%	\$232.83	\$0
Retiree Under 65	\$169.78	27%	\$169.78	\$0
Retiree U65 Family	\$305.90	27%	\$305.90	\$0
Retiree Over 65	\$42.54	34%	\$42.54	\$0

Employees & Retirees Under 65 will see a **0% increase** and Government would bear the difference of approximately \$13.6 million or +10.7%.

Retirees Over 65 will see a **0% increase** and the Government would increase approximately \$6.35 million or +48% due to plan increase.

**OVERALL INCREASE TO CENTRAL GOVERNMENT = \$19.9 million or 14.2%**





## GUSVI Employee/Employer Contribution Employee & Retiree Pay a 4% Increase

Medical Only	Current \$ Semi-Monthly Payroll Deduction	Current % of Contribution towards Premium	\$ Semi-Monthly Payroll Deduction at 4% Increase	Increase per Pay (per Year)
Active Single	\$131.69	27%	\$136.95	\$5.27 (\$126)
Active Family	\$232.83	27%	\$242.14	\$9.32 (\$224)
Retiree Under 65	\$169.78	27%	\$176.57	\$6.79 (\$163)
Retiree U65 Family	\$305.90	27%	\$318.13	\$12.23 (\$294)
Retiree Over 65	\$42.54	34%	\$44.24	\$1.70 (\$41)

Employees & Retirees Under 65 will see a **4% increase** and Government would bear the difference of approximately \$11.7 million or +9.2%.

Retirees Over 65 will see a **4% increase** and the Government would increase approximately \$6 million or +46% due to plan increase.

**OVERALL INCREASE TO CENTRAL GOVERNMENT = \$17.8 million or 12.7%**



Government of the United States Virgin Islands  
 Dental PPO Renewal Evaluation (Total Monthly Rates)  
 Effective Date: October 1, 2024



		CURRENT (2023-2024)		FINAL SOLD RENEWAL (2024-2025)	
Dental		Cigna Dental PPO		Cigna Dental PPO	
		In Network	Out of Network	In Network	Out of Network
Calendar Year Maximum Annual dollar max increases \$200 the next plan year when you get preventive care		Year 1: \$1,550 Year 2: \$1,750 Year 3: \$1,950 Year 4: \$2,150	Year 1: \$1,550 Year 2: \$1,750 Year 3: \$1,950 Year 4: \$2,150	Year 1: \$1,550 Year 2: \$1,750 Year 3: \$1,950 Year 4: \$2,150	Year 1: \$1,550 Year 2: \$1,750 Year 3: \$1,950 Year 4: \$2,150
<b>Calendar Year Deductible</b>					
Single		\$25	\$25	\$25	\$25
Family		\$100	\$100	\$100	\$100
Deductible Waived for Preventive Services		Yes	Yes	Yes	Yes
<b>Benefits Payable</b>		<b>Plan Pays</b>		<b>Plan Pays</b>	
Class I: Preventive / Diagnostic		100%	75%	100%	75%
Class II: Basic Restorative		80% after CYD	50% after CYD	80% after CYD	50% after CYD
Class III: Major Restorative		50% after CYD	40% after CYD	50% after CYD	40% after CYD
Coverage Level for Endodontics & Periodontal Services		Basic		Basic	
Orthodontia - Child Only		50% after CYD	40% after CYD	50% after CYD	40% after CYD
<b>Service Information</b>					
Orthodontia Lifetime Max		\$1,000		\$1,000	
Orthodontia Coverage		Children to age 25 Only		Children to age 25 Only	
Waiting Period (Timely Entrants)		None		None	
Out of Network Reimbursement		According to Schedule of Maximum Allowances (Orthodontia is at 85th percentile of R & C)		According to Schedule of Maximum Allowances (Orthodontia is at 85th percentile of R & C)	
<b>Rate Guarantees</b>		Expires 9/30/2024		Expires 9/30/2025	
<b>Monthly Premium</b>					
Employee	9,148	\$19.82		\$20.41	
Family	6,146	\$50.56		\$52.07	
<b>Monthly Premium</b>	<b>15,294</b>	<b>\$492,055</b>		<b>\$506,733</b>	
<b>Annual Premium</b>		<b>\$5,904,661</b>		<b>\$6,080,795</b>	
<b>\$ Increase</b>		<b>N/A</b>		<b>\$176,133</b>	
<b>% Increase over Current</b>		<b>N/A</b>		<b>3.0%</b>	

\*Rate Caps are EXCLUSIVE of PPACA.

Rate cap of 3% 10/1/2024 and 10/1/2025  
 Rate cap of 6% 10/1/2026 and 10/1/2027



**Cigna Dental Benefit Summary**  
**The Government of the US Virgin Islands - VI**  
**Plan Renewal Date: 10/01/2024**



Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.

Receiving regular dental care can not only catch minor problems before they become major and expensive to treat - it may even help improve your overall health. Gum disease is increasingly being linked to complications for pre-term birth, heart disease, stroke, diabetes, osteoporosis and other health issues. That's why this dental plan includes Cigna Dental WellnessPlus<sup>SM</sup> features. When you or your family members receive any preventive care service in one plan year, the annual dollar maximum will increase in the following plan year. When you or your family members remain enrolled in the plan and continue to receive preventive care, the annual dollar maximum will increase in the following plan year, until it reaches the level specified below. Please refer to your plan materials for additional information on this plan feature. **Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

<b>Cigna Dental PPO</b>				
<b>Network Options</b>	<b>In-Network:</b>		<b>Out-of-Network:</b>	
<b>Reimbursement Levels</b>	<b>Cigna DPRO Advantage Network</b>		<b>Non-Network Reimbursement</b>	
	Based on Contracted Fees		Scheduled Amount	
<b>WellnessPlus<sup>SM</sup> Progressive Maximum Benefit:</b> When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase in the following plan year; until it reaches the highest level specified below. Please refer to your plan materials for additional information on this plan feature.				
<b>Calendar Year Benefits Maximum</b> Applies to: Class I, II & III expenses	Year 1: \$1,550 Year 2: \$1,750 Year 3: \$1,950 Year 4 & Beyond: \$2,150		Year 1: \$1,550 Year 2: \$1,750 Year 3: \$1,950 Year 4 & Beyond: \$2,150	
<b>Calendar Year Deductible</b>				
Individual	\$25		\$25	
Family	\$100		\$100	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b>	100%	No Charge	75%	25%
Oral Evaluations	No Deductible		No Deductible	No Deductible
Prophylaxis: routine cleanings				
X-rays: routine				
X-rays: non-routine				
Fluoride Application				
Sealants: per tooth				
Space Maintainers: non-orthodontic				
Emergency Care to Relieve Pain (Note: This service is administered at the in network coinsurance level.)				
<b>Class II: Basic Restorative</b>	80%	20%	50%	50%
Restorative: fillings	After Deductible	After Deductible	After Deductible	After Deductible
Endodontics: minor and major				
Periodontics: minor and major				
Oral Surgery: minor and major				
Anesthesia: general and IV sedation				
Repairs: bridges, crowns and inlays				
Repairs: dentures				
Denture Relines, Rebases and Adjustments				
<b>Class III: Major Restorative</b>	50%	50%	40%	60%
Inlays and Onlays	After Deductible	After Deductible	After Deductible	After Deductible
Crowns: prefabricated stainless steel / resin				
Crowns: permanent cast and porcelain				
Bridges and Dentures				
<b>Class IV: Orthodontia</b>	50%	50%	40%	60%
Coverage for Dependent Children to age 25	After Deductible	After Deductible	After Deductible	After Deductible
Lifetime Benefits Maximum: \$1,000				



<b>Benefit Plan Provisions:</b>	
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Scheduled Amount. The dentist may balance bill up to their usual fees.
<b>Cross Accumulation</b>	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.
<b>Calendar Year Benefits Maximum</b>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.
<b>Calendar Year Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.
<b>Pretreatment Review</b>	Pretreatment review is available on a voluntary basis when dental work in excess of \$300 is proposed.
<b>Alternate Benefit Provision</b>	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
<b>Oral Health Integration Program*</b>	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to <a href="http://www.mycigna.com">www.mycigna.com</a> or call customer service 24/7 at 1-800-Cigna24.
<b>Timely Filing</b>	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
<b>Benefit Limitations:</b>	
Missing Tooth Limitation	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 24 months; thereafter, considered a Class III expense.
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 2 per calendar year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.
Fluoride Application	2 per calendar year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 24 months for children under age 19.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Crowns, Bridges, Dentures and Partials	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Relines, Rebases and Adjustments	Covered if more than 6 months after installation.
<b>Benefit Exclusions:</b>	
Covered Expenses will not include, and no payment will be made for the following:	
<ul style="list-style-type: none"> <li>• Procedures and services not included in the list of covered dental expenses;</li> <li>• Diagnostic: cone beam imaging;</li> <li>• Preventive Services: instruction for plaque control, oral hygiene and diet;</li> <li>• Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;</li> <li>• Periodontics: bite registrations; splinting;</li> <li>• Prosthodontic: precision or semi-precision attachments;</li> <li>• Implants: implants or implant related services;</li> <li>• Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;</li> <li>• Athletic mouth guards;</li> <li>• Services performed primarily for cosmetic reasons;</li> <li>• Personalization or decoration of any dental device or dental work;</li> </ul>	



- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Scheduled Amount.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

A copy of the NH Dental Outline of Coverage is available and can be downloaded at Health Insurance & Medical Forms for Customers | Cigna under Dental Forms.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

Company #: 1115867

**GOVERNMENT OF THE VIRGIN ISLANDS  
OF THE UNITED STATES  
OFFICE OF THE LIEUTENANT GOVERNOR  
Division of Banking, Insurance, and Financial Regulation**

**Certificate of Authority**

This is to certify that in accordance with the Virgin Islands Code, which provides for the regulation of the business of Insurance in the Virgin Islands,

**CIGNA Health and Life Insurance Company**

900 Cottage Grove Road Bloomfield CT 06002

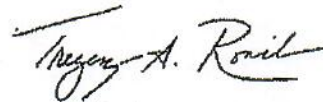
having filed all the documents required by law and having otherwise complied with the applicable insurance laws of the U.S. Virgin Islands is hereby authorized to transact the type(s) of insurance listed below:

Life  
Accident  
Health  
Annuities

NOW, THEREFORE, I **Tregenza A. Roach Esq.** Lieutenant Governor and Commissioner of Insurance, pursuant to the authority vested in me in Section 209 of the Title 22 Virgin Islands Code, hereby issue this Certificate Of Authority which authorizes said Company to transact the type(s) of Insurance set forth above.

This certificate is valid from January 01, 2024 to December 31, 2024. Renewal of this Certificate is required annually upon expiration on the 31st day of December, and it may be suspended or revoked as provided in Section 212 of Title 22 Virgin Islands Code.

Given under the Seal of the Government of the Virgin Islands  
of the United States, at Charlotte Amalie, St. Thomas.



**TREGENZA A. ROACH ESQ.**  
Lieutenant Governor / Insurance Commissioner



HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.  
CIGNA HEALTH AND LIFE INSURANCE COMPANY  
EVERNORTH DIRECT HEALTH, LLC

SECRETARY'S CERTIFICATE

The undersigned, a duly elected Assistant Secretary of HealthSpring Life & Health Insurance Company, Inc. ("HSL&H"), Cigna Health and Life Insurance Company ("CHLIC") and Evernorth Direct Health, LLC ("EDH"), does hereby represent and certify that the following resolutions were adopted by the Board of Directors of HSL&H on March 27, 2023, CHLIC on March, 23, 2023 and by the Sole Manager of EDH on February 20, 2023 and that such resolutions remains in full force and effect as of the date hereof, not having been amended, modified or rescinded since the date of its adoption:

**RFP Signature Authorization**

RESOLVED, that any officer of the Company or person holding the title of Regional Growth Leader, Market Growth Leader, or President of Government & Education for the Company or any of its subsidiaries or affiliates is hereby authorized to enter into and sign requests for proposal responses and any related documents on behalf of the Company.

It is hereby further certified that Yesenia Sanchez is a Vice President of CHLIC having been elected by the Board of Directors on June 28, 2021.

It is hereby further certified that Yesenia Sanchez holds the business title of Market Growth Leader for HSL&H and EDH or any subsidiaries or affiliates related thereto and is authorized to enter into and sign documentation as an Authorized Signatory as set forth in the aforementioned resolution.

IN WITNESS WHEREOF, I hereunto set my hand on this 29th day of March, 2023.

Susan M. Metrow  
Susan M. Metrow, Assistant Secretary



**CERTIFICATE OF REDOMESTICATION**  
**INSURANCE COMPANY REDOMESTICATION TO CONNECTICUT**  
Office of the Secretary of the State

MAILING ADDRESS:  
Commercial Recording Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470  
860-509-6003

DELIVERY ADDRESS:  
Commercial Recording Division  
Connecticut Secretary of the State  
30 Trinity Street  
Hartford, CT 06106  
860-509-6003

*Certificate of Authorization from Insurance Commissioner and a certified copy of the original Articles of Incorporation must be filed with this certificate.*  
FEE: \$100.00 (plus franchise tax)

Space For Office Use Only	Make Checks Payable To "Secretary of the State"
FILING #0004114403 PG 01 OF 30 VOL B-01379 FILED 03/05/2010 12:30 PM PAGE 02807 SECRETARY OF THE STATE CONNECTICUT SECRETARY OF THE STATE	
1. NAME OF INSURANCE COMPANY: Alta Health & Life Insurance Company	
2. CHARTER HISTORY OF CORPORATION (including date and place of incorporation, name change information and information regarding change of domicile state):  The corporation was originally incorporated on May 2, 1963 as "Orange State Life Insurance Company" under the laws of the State of Florida. On June 15, 1982, the corporation's name was changed to "Home Life Financial Assurance Corporation." On August 1, 1994, the corporation transferred its state of domicile from the State of Florida to the State of Ohio. On March 21, 1996, the corporation changed its corporate name to "Anthem Health & Life Insurance Company" and it transferred its state of domicile from the State of Ohio to the State of Indiana. On July 19, 1999, the corporation's name was changed to "Alta Health & Life Insurance Company."	
3. APPROVALS:  The corporation's redomestication to Connecticut was approved by the Insurance Commissioner of the State of Indiana (State from which corporation is redomesticating)  The corporation's redomestication was approved by the Insurance Commissioner of the State of Connecticut as demonstrated by such Commissioner's Certificate of Approval included herewith.  (Please reference an 8 1/2 X 11 attachment if additional space is needed)	

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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

4. VOTE INFORMATION (check and complete A. or B.):

A. The insurance company has authority to issue capital stock. The resolution of redomestication was adopted by its board of directors and approved by its shareholders as follows (provide at minimum the total number of shareholder votes cast in favor of the resolution and the total number of votes cast against the resolution or if no shareholder approval was required, provide a statement to that effect):

The board of directors of the corporation, acting by unanimous written consent, duly adopted resolutions approving the redomestication. The sole shareholder of the corporation, also acting by unanimous written consent, duly approved the redomestication

B. The corporation is a mutual insurance company. The resolution of redomestication was adopted by its board of directors and approved by its members as follows (provide at minimum the total number of member votes cast in favor of the resolution and the total number of votes cast against the resolution or if no membership approval was required, provide a statement to that effect):

5. CERTIFICATE OF INCORPORATION:

The corporation's amended and restated Certificate of Incorporation is attached hereto.

6. EXECUTION:

Signed this 4th day of March, 2010

<u>Shermona Mapp</u> Print or type name of signatory	<u>Corporate Secretary</u> Capacity of signatory	<u>[Signature]</u> Signature
---	---	---------------------------------



AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

ALTA HEALTH AND LIFE INSURANCE COMPANY

SECTION 1. The new name of the corporation shall be CIGNA Health and Life Insurance Company. ✓

SECTION 2. In accordance with Connecticut General Statutes Section 38a-58a, the corporation shall adopt the State of Connecticut as its corporate domicile and shall be subject to the authority and jurisdiction of the State of Connecticut, with all the powers granted by the general statutes, as now enacted or hereafter amended, to corporations formed under the Connecticut Business Corporation Act. The corporation shall be a continuation of the body corporate incorporated in the State of Florida on May 2, 1963. The corporation shall continue to use May 2, 1963 as the date of incorporation.

SECTION 3. The business of the corporation shall be life insurance, endowments, annuities, accident insurance, health insurance and any other business or type of business which any other corporation now or hereafter chartered by Connecticut and empowered to do a health or life insurance business may now or hereafter lawfully do. The corporation is specifically empowered to accept and to cede reinsurance and retrocession of any such risks or hazards. The corporation may exercise such powers outside of Connecticut to the extent permitted by the laws of the particular jurisdiction. Policies or other contracts may be issued stipulated to be with or without participation in profits and with or without a seal.

SECTION 4. The corporation shall be authorized to issue 2,000,000 shares of common stock with a par value of two dollars (\$2) per share. The capital stock of the corporation shall be transferable in accordance with the bylaws and a transfer agent may be employed.

SECTION 5. The annual meeting of the shareholders of the corporation shall be held at such time and place as may be determined from time to time either by or in accordance with the bylaws. If the corporation shall fail to hold its annual meeting at the time specified for the meeting in any year or shall fail to elect directors thereat, the corporation shall not be dissolved nor shall its rights be impaired thereby, but a special meeting of the shareholders shall be called; and at such meeting directors to fill the places of the directors whose terms shall have expired may be elected and any other proper business may be transacted. At all meetings of the shareholders each shareholder shall be entitled to vote in person or by an attorney duly authorized by a written proxy, and each share of stock represented at the meeting shall be entitled to one vote.



SECTION 6. The corporation's principal place of business shall be at 900 Cottage Grove Road, Bloomfield, Connecticut 06152, or at some other place within the State of Connecticut, and the corporation may establish and maintain other offices and agencies in other locations within or without the State. The property and affairs of the corporation shall be managed under the direction of a board of directors. The directors shall have concurrent power with the stockholders to make, alter, amend, change, add to or repeal the bylaws of the corporation. The number of directors of the corporation shall be as from time to time fixed by, or in the manner provided in, the by-laws of the corporation. Directors will be elected by a plurality of the votes cast at each annual meeting of shareholders of the corporation and each director so elected shall hold office until the next annual meeting of shareholders of the corporation or until such director's successor is duly elected and qualified, or until such director's earlier death, resignation or removal. If any vacancy occurs in the board of directors, such vacancy may be filled by a majority of the remaining directors, whether or not such directors constitute a quorum, for the unexpired portion of the term, and if the number of directors is increased by vote of the board of directors between meetings of shareholders, the additional directors may be chosen by the board of directors for terms expiring with the next annual meeting thereafter. Unless the bylaws provide for a lesser or greater quorum as may be permitted by law, a majority of the authorized number of directors, as fixed by the board of directors from time to time, shall constitute a quorum.

SECTION 7. Connecticut General Life Insurance Company shall be the corporation's registered agent. The registered agent's address is 900 Cottage Grove Road, Bloomfield, Connecticut 06152.

SECTION 8. The personal liability of a person who is or was a director of the corporation to the corporation or its shareholders for monetary damages for breach of duty as a director shall be limited to the amount of compensation received by the director for serving the corporation during the year of the violation if such breach did not (a) involve a knowing and culpable violation of law by the director, (b) enable the director or an associate, as defined in Section 33-840 of the Connecticut Business Corporation Act as in effect on the effective date hereof or as it may be amended from time to time (the "Act"), to receive an improper personal economic gain, (c) show a lack of good faith and a conscious disregard for the duty of the director to the corporation under circumstances in which the director was aware that his conduct or omission created an unjustifiable risk of serious injury to the corporation, (d) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the corporation, or (e) create liability under Section 33-757 of the Act. Any lawful repeal or modification of this Section 8 or the adoption of any provision inconsistent herewith by the board of directors and the shareholders of the corporation shall not, with respect to a person who is or was a director, adversely affect any limitation of liability, right or protection existing at or prior to the effective date of such repeal, modification or adoption of a provision inconsistent herewith. The limitation of liability of any person who is or was a director provided for in this Section 8 shall not be exclusive of any other limitation or elimination of liability contained in, or which may be provided to any such person under, Connecticut law as in effect on the effective date hereof or as thereafter amended.

SECTION 9. The corporation may indemnify or advance expenses to a person who is or was a director, officer, employee or agent of the corporation, or who is or was serving at the corporation's request as a director, officer, partner, trustee, employee or agent of another corporation, a partnership, joint venture, trust, an employee benefit plan or other entity, to the extent permitted under Connecticut law as in effect on the effective date hereof or as thereafter amended, including, without limitation, pursuant to Section 33-636(b)(5) of the Act, for liability of any such person for any actions taken, or any failure to take any actions, except for conduct as set out in items (a) through (e) of Section 8, above. The corporation shall indemnify or advance expenses to any such person to the extent required by the bylaws of the corporation, as amended from time to time.



**State of Connecticut**  
*Insurance Department*

This is to Certify, that

- the redomestication of Alta Health & Life Insurance Company, a Indiana Company, pursuant to Section 38a-58a Connecticut General Statutes, is approved, and
- the attached Certificate of Redomestication and Amended and Restated Articles of Incorporation effecting and name are change of domicile is approved.

Witness my hand and official seal, at HARTFORD,

this 3<sup>rd</sup> day of March, 2010

A handwritten signature in black ink, appearing to read "Thomas A. J. [unclear]".

Insurance Commissioner



INDIANA SECRETARY OF STATE  
BUSINESS SERVICES DIVISION  
CORPORATIONS CERTIFIED COPIES

INDIANA SECRETARY OF STATE  
BUSINESS SERVICES DIVISION  
302 West Washington Street, Room E018  
Indianapolis, IN 46204

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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

<http://www.sos.in.gov>

January 13, 2010

Company Requested: ALTA HEALTH & LIFE INSURANCE COMPANY  
Control Number: 1996031230

Date	Transaction	# Pages
03/21/1996	Articles of Incorporation	6
03/10/1999	Miscellaneous	1
04/19/1999	Notice of Change of Registered Office or Registered Agent	2
07/19/1999	Restatement of Articles of Incorporation	6
02/13/2001	Change of Officer	1
02/13/2001	Change of Principal Address	1
02/08/2002	Administrative Dissolution	1
05/21/2002	Application of Reinstatement	3
05/22/2009	Change of Principal Address	1



State of Indiana  
Office of the Secretary of State

I hereby certify that this is a true and complete copy of this 22 page document filed in this office.

Dated: January 13, 2010  
Certification Number: 2010011365565

Secretary of State

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

Indiana Secretary of State  
Packet: 1996031230  
Filing Date: 03/21/1996  
Effective Date: 03/21/1996

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

OF

ANTHEM HEALTH & LIFE INSURANCE COMPANY

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation have been presented to me at my office accompanied by the fees prescribed by law; that I have found such Articles conform to law; all as prescribed by the provisions of the Indiana Business Corporation Law, as amended.

NOW, THEREFORE, I hereby issue to such corporation this Certificate of Incorporation, and further certify that its corporate existence will begin March 21, 1996.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-first day of March, 1996.

  
Deputy

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CONNECTICUT SECRETARY OF THE STATE

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Indiana Secretary of State  
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Effective Date: 03/21/1996

1996031230

APPROVED

DEPARTMENT OF INSURANCE

MAR 19 1996

STATE OF INDIANA  
INSURANCE COMMISSIONER

ARTICLES OF INCORPORATION AND REDOMESTICATION

OF

ANTHEM HEALTH & LIFE INSURANCE COMPANY

APPROVED  
AND  
FILED  
IND. SECRETARY OF STATE

PREAMBLE

The undersigned corporation desires to transfer its corporate domicile from the State of Ohio to the State of Indiana pursuant to the approval of the Indiana Commissioner of Insurance and to be recognized as a corporation from its original date of incorporation of May 2, 1963 in the State of Florida.

The undersigned corporation was incorporated on May 2, 1963 under the laws of the State of Florida under the name Orange State Life Insurance Company. On June 15, 1982, the corporation's name was changed to Home Life Financial Assurance Corporation. On August 1, 1994, the corporation transferred its corporate domicile from the State of Florida to the State of Ohio.

These Articles of Incorporation and Redomestication supersede the existing Articles of Incorporation of Home Life Financial Assurance Corporation.

ARTICLE A

NAME OF THE CORPORATION

The name of the corporation is

ANTHEM HEALTH & LIFE INSURANCE COMPANY

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 120 Monument Circle, Indianapolis, Indiana 46204. The name of its registered agent at such address is Sandra Miller.

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 162 of the Acts of 1935, as amended, and the purposes for which it is organized are:

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Effective Date: 03/21/1996

To insure the lives of persons and to make every insurance appertaining thereto or connected therewith including insurance against permanent mental or physical disability resulting from accident or disease, or against accidental death combined with a policy for life insurance and to grant, purchase or dispoa of annuities.

To insure against bodily injury or death by accident and against disablement resulting from sickness and every insurance appertaining thereto.

All to the extent permitted and authorized by the Department of Insurance.

#### ARTICLE D

##### TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual.

#### ARTICLE E

##### SHARES

The total number of shares which the Corporation has authority to issue is 2,000,000 shares of Common Stock (the "Common Shares") with a par value of \$2.00 each.

#### ARTICLE F

##### PAID-IN CAPITAL

The amount of paid-in capital is Two Million, Five Hundred Twenty Thousand Dollars (\$2,520,000).

#### ARTICLE G

##### PLAN OF BUSINESS

The business of the Corporation shall be conducted on the legal reserve stock plan.

#### ARTICLE H

##### DATA RESPECTING OFFICERS AND DIRECTORS

The names and addresses of the persons elected to serve as Officers and Directors at the time of this reinstatement and until the next Annual Meeting of the Shareholder, or until their

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CONNECTICUT SECRETARY OF THE STATE

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Indiana Secretary of State  
Packet: 1996031230  
Filing Date: 03/21/1996  
Effective Date: 03/21/1996

successors are elected and qualify, are:

Dwane R. Houser 9842 Forestglen Drive Cincinnati, Ohio 45242	Stefen F. Brueckner 4745 Burley Hills Drive Cincinnati, Ohio 45243	William F. Milnes, Jr. 331 Sunny Acres Cincinnati, Ohio 45255
Robert C. Heird 113 Lakeview Court Loveland, Ohio 45140	James A. White 11 Ashland Court Skillman, N.J. 08558	Wayne R. Hanus 54 Green Meadow Middletown, NJ 07748
Jeremiah J. Hanrahan 161 Monroe Avenue Belle Mead, NJ 08502		

#### ARTICLE I

##### PROVISIONS FOR REGULATION OF BUSINESS AND CONDUCT OF AFFAIRS OF CORPORATION

Section I.1. The Corporation shall have the right to engage in all lines of activity allied with or incidental to the purposes for which it is formed, not forbidden by the laws of the State of Indiana, and shall have the capacity to act, the authority and all of the general rights, privileges and powers referred to in Section 80 of Chapter 162 of the Acts of 1935, as amended.

Section I.2. The number of Directors of the Corporation shall not be less than five (5) nor more than twenty-one (21), the exact number of Directors to be determined, from time to time, in such manner as the By-Laws may prescribe.

#### ARTICLE J

##### MANNER OF ADOPTION AND VOTE

Section J.1. Action by Directors On February 1, 1992, a resolution was adopted by the Board of Directors of the Corporation proposing to the Shareholder of the Corporation entitled to vote in respect of the Amendment that the provisions and terms of its Articles of Incorporation be amended so as to read as set forth in these Articles of Incorporation and Redomestication and meeting of such Shareholder was called to be held February 1, 1992 to adopt or reject the Articles of Incorporation and Redomestication, unless the same was so approved by written consent.

Section J.2. Action by Shareholder At a duly-called meeting held February 1, 1992, the holder of one million two hundred sixty thousand shares of the Corporation, being all of the shares of the Corporation entitled to vote in respect of the Amendment, adopted the Amendment.

Section J.3. Compliance with Legal Requirements The manner of the adoption of the Amendment, and the vote by which it was adopted, constitute full legal compliance with the

FILING #0004114403 Pg 11 OF 30 VOL B-01379  
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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

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Indiana Secretary of State  
Packet: 1996031230  
Filing Date: 03/21/1996  
Effective Date: 03/21/1996

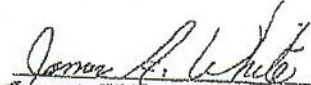
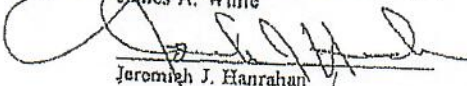
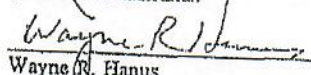
provisions of the Indiana Insurance Law, the Articles of Incorporation and the By-Laws of the Corporation.

ARTICLE K

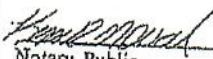
Meetings of stockholders may be held within or without the State of Indiana, as the by-laws may provide. The books of the Corporation may be kept outside the state of Indiana at such place or places as may be designated from time to time by the Board of Directors or in the by-laws of the Corporation.

ARTICLE L

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereinafter prescribed herein and by the laws of the State of Indiana, and all rights conferred upon stockholders herein are granted subject to this reservation.

  
James A. White  
  
Jeromeh J. Hanrahan  
  
Wayne R. Hanus

Subscribed and sworn to before me this 19<sup>th</sup> day of February, 1996.

  
Notary Public  
KIM R. NOVAK  
Notary Public of New Jersey  
My Commission Expires May 17, 2000  
No. 2177858

(eobylem)22m

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Filing Date: 03/21/1996  
Effective Date: 03/21/1996



STATE OF INDIANA  
OFFICE OF THE ATTORNEY GENERAL  
INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR  
402 WEST WASHINGTON STREET • INDIANAPOLIS, IN 46204-2170

PAMELA CARTER  
ATTORNEY GENERAL

TELEPHONE (317) 233-6201

March 21, 1996

CERTIFICATION

I have examined the Articles of Incorporation and Redomestication of Anthem Health and Life Insurance Company and I certify that they conform to the provisions of the Indiana Insurance Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

PAMELA CARTER  
Attorney General of Indiana  
Atty No. 0004242-49

Gordon E. White, Jr.  
Deputy Attorney General  
Atty No. 0001041-49

84019



FILING #0004114403 PG 13 OF 30 VOL B-01379  
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1996031230

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CONNECTICUT SECRETARY OF THE STATE  
SECRETARY OF THE STATE

CERTIFICATE - CHANGE IN PRINCIPAL OFFICE

To: Indiana Department of Insurance  
311 W. Washington Street, Suite 300  
Indianapolis, IN 46204

To: Indiana Secretary of State  
201 State House  
Indianapolis, IN 46204

This will certify that, pursuant to authorization by the Board of Directors, the Principal Office of Anthem Health & Life Insurance Company has changed to 10401 North Meridian Street, Suite 350, Indianapolis, Indiana 46290.

G. R. Derback  
G.R. Derback, Vice President and Treasurer

R. G. Schultz  
R.G. Schultz, Assistant Secretary

STATE OF Colorado )  
                                  ) ss.  
COUNTY OF Arapahoe )

SEARCHED  
SERIALIZED  
INDEXED  
MAR 10 2010  
STATE ARCHIVE

On this 1st day of March, 1999, the undersigned personally appeared before me, known to me to be the persons whose names are subscribed above as Glen R. Derback and Richard G. Schultz, and acknowledged that they have executed the same, and that the foregoing statements are true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

Valerie A. Adair  
Notary Public

My Commission Expires: April 9, 2000



The Indiana Secretary of State filing office certifies that this copy is on file in this office.



**NOTICE OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT ALL CORPORATIONS**  
State Form 26276 (R) 1-88

1996031230

Provided by: EVAN BAYH

Indiana Secretary of State  
Room 133, State House  
Indianapolis, IN 46204  
D17 232-4575

Indiana Code 23-1-24-2 (for profit corporations)  
Indiana Code 23-1-1-53 (non-profit corporations)  
NO FILING FEE

FILED #0004114403 PG 15 OF 30 VOL B-01379  
FILED 03/05/2010 12:30 PM PAGE 02821  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

President original and 2 copies

Name of Corporation <b>Anthem HealthLife Insurance Company</b>		Date of Incorporation <b>March 21, 1996</b>
Current Registered Office Address <b>120 Monument Circle, Indianapolis, IN</b>		ZIP Code <b>46204</b>
New Registered Office Address <b>One North Capitol Avenue, Indianapolis, Indiana 46204</b>		

Current Registered Agent (Type or Print Name) <b>Sandra Miller</b>
New Registered Agent (Type or Print Name) <b>C T Corporation System</b>

**STATEMENT BY REGISTERED AGENT OR CORPORATION**

This statement is a representation that the new registered agent has consented to the appointment as registered agent, or statement attached signed by registered agent giving consent to act as the new registered agent.

After the change or changes are made, the street address of this corporation's registered agent and the address of its registered office will be identical.

The resident agent filing this statement of change of the registered agent's business street address has notified the represented corporation in writing of the change, and the notification was manually signed or signed in facsimile.

IN WITNESS WHEREOF, the undersigned being the Assistant Secretary of said corporation executes this notice and verifies, subject to penalties of perjury, that the statements contained herein are true, this 7 day of April, 19 99

Signature <i>[Signature]</i>	Printed Name <b>Richard Schultz</b>
---------------------------------	--

(INDIANA - 047 - 3/3/88)



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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

STATEMENT OF CONSENT TO ACT  
AS REGISTERED AGENT

C T Corporation System hereby accepts the appointment to serve as  
registered agent in Indiana for Anthem Health Life Insurance Company  
(Name of Corporation)

4-13, 1999

C T CORPORATION SYSTEM

By Marcia J. Sunahara

Marcia J. Sunahara, Asst. V.P.  
(Print Name and Title)

(IND. FORM 855 - 6/21/88)

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APPROVED  
AND  
FILED  
IND. SECRETARY OF STATE

APPROVED  
DEPARTMENT OF INSURANCE  
JUN 30 1999  
STATE OF INDIANA  
INSURANCE COMMISSIONER

RECEIVED  
CORPORATIONS DIV.  
99 JUL 19 PM 3:55  
SUE ANNE GILROY

RESTATED ARTICLES OF INCORPORATION  
OF  
ALTA HEALTH & LIFE INSURANCE COMPANY

RECEIVED  
JUL 07 1999  
ATTORNEY  
OF INDIANA

PREAMBLE

The Corporation was originally incorporated on May 2, 1963 under the law of the State of Florida as Orange State Life Insurance Company. On June 15, 1982, the Corporation's name was changed to Home Life Financial Assurance Corporation. On August 1, 1994, the Corporation transferred its corporate domicile from the State of Florida to the State of Ohio. On March 21, 1996, the Corporation's name was changed to Anthem Health & Life Insurance Company and its corporate domicile was transferred from the State of Ohio to the State of Indiana.

These Restated Articles of Incorporation supersede the existing Articles of Incorporation and Redomestication of Anthem Health & Life Insurance Company.

ARTICLE A

NAME OF THE CORPORATION

The name of the Corporation is ALTA HEALTH & LIFE INSURANCE COMPANY.

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 10401 North Meridian Street, Suite 350, Indianapolis, Indiana 46290.

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 162 of the Acts of 1935, as amended, and the purposes for which it is organized are:

To insure the lives of persons and to make every insurance appertaining thereto or connected therewith including insurance against permanent mental or physical disability resulting from accident or disease, or against accidental death combined with a policy for life insurance and to grant, purchase or dispose of annuities.

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SECRETARY OF THE STATE

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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

To insure against bodily injury or death by accident and against disablement resulting from sickness and every insurance appertaining thereto.

All to the extent permitted and authorized by the Department of Insurance.

#### ARTICLE D

##### TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual.

#### ARTICLE E

##### SHARES

The total number of shares which the Corporation has authority to issue is 2,000,000 shares of common stock with a par value of \$2.00 each, for total authorized capital of \$4,000,000.

#### ARTICLE F

##### PAID-IN CAPITAL

The amount of paid-in capital is \$2,520,000.

#### ARTICLE G

##### PLAN OF BUSINESS

The business of the Corporation shall be conducted on the legal reserve stock plan.

#### ARTICLE H

##### DIRECTORS AND OFFICERS

The following are the names and addresses of the directors of the Corporation who have been elected to serve until the next annual meeting of shareholders, or until their successors are elected and qualified:

<u>Director's Name</u>	<u>Address</u>
Mitchell T.G. Graye	8515 E. Orchard Road Englewood, Colorado 80111
William T. McCallum	8515 E. Orchard Road Englewood, Colorado 80111



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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

<u>Director's Name</u>	<u>Address</u>
Steve H. Miller	8505 E. Orchard Road Englewood, Colorado 80111
James D. Motz	8505 E. Orchard Road Englewood, Colorado 80111
Michael R. Quigley	10401 N. Meridian Street, Suite 350 Indianapolis, Indiana 46290
Martin Rosenbaum	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	1 Centennial Avenue Piscataway, New Jersey 08854

The following are the names, positions and addresses of the principal officers of the Corporation who have been elected to serve until the next annual meeting of directors, or until their successors are elected and qualified:

<u>Officer's Name</u>	<u>Position Held</u>	<u>Address</u>
William T. McCallum	Chairman of the Board	8515 E. Orchard Road Englewood, Colorado 80111
James D. Motz	Vice Chairman and Chief Executive Officer	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	President	1 Centennial Avenue Piscataway, New Jersey 08854
Mitchell T.G. Graye	Executive Vice President and Chief Financial Officer	8515 E. Orchard Road Englewood, Colorado 80111
John T. Hughes	Senior Vice President and Chief Investment Officer	8515 E. Orchard Road, Englewood, Colorado 80111
D. Craig Lennox	Senior Vice President, General Counsel and Secretary	8515 E. Orchard Road, Englewood, Colorado 80111
Glen R. Derback	Vice President and Treasurer	8515 E. Orchard Road, Englewood, Colorado 80111
James L. McCallen	Vice President and Actuary	8515 E. Orchard Road, Englewood, Colorado 80111

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CONNECTICUT SECRETARY OF THE STATE

ARTICLE I

PROVISIONS FOR REGULATION OF BUSINESS AND  
CONDUCT OF AFFAIRS OF CORPORATION

Section I.1. The Corporation shall have the right to engage in all lines of activity allied with or incidental to the purposes for which it is formed, not forbidden by the laws of the State of Indiana, and shall have the capacity to act, the authority and all of the general rights, privileges and powers referred to in Section 80 of Chapter 162 of the Acts of 1935, as amended.

Section I.2. The number of Directors of the Corporation shall not be less than five nor more than twenty-one, the exact number of Directors to be determined, from time to time, in such manner as the By-Laws may prescribe.

ARTICLE J

MANNER OF ADOPTION AND VOTE

Section J.1. Action by Directors On June 15, 1999, a resolution was adopted by the Board of Directors of the Corporation proposing to the sole shareholder of the Corporation that the provisions and terms of its Articles of Incorporation and Redomestication be amended so as to read as set forth in these Restated Articles of Incorporation.

Section J.2. Action by Sole Shareholder On June 15, 1999, a resolution was adopted by the sole shareholder of the Corporation, adopting these Restated Articles of Incorporation.

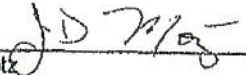
Section J.3. Compliance with Legal Requirements The manner of the adoption of the Restated Articles of Incorporation, and the vote by which it was adopted, constitute full legal compliance with the provisions of the Indiana Insurance Law, the Articles of Incorporation and Redomestication and the By-Laws of the Corporation.

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

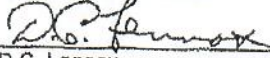
FILING #0004114403 PG 21 OF 30 VOL B-01379  
FILED 03/05/2010 12:30 PM PAGE 02827  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

#### ARTICLE K

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Restated Articles of Incorporation in the manner now or hereinafter prescribed herein and by the laws of the State of Indiana, and all rights conferred upon stockholders herein are granted subject to this reservation.

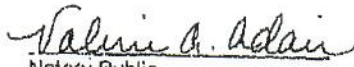
  
\_\_\_\_\_

J.D. Motz  
Vice Chairman and  
Chief Executive Officer

  
\_\_\_\_\_

D.C. Lennox  
Senior Vice President,  
General Counsel and Secretary

Subscribed and sworn before me this 25<sup>th</sup> day of June, 1999

  
\_\_\_\_\_  
Notary Public

My commission expires April 9, 2000.



The Indiana Secretary of State filing office certifies that this copy is on file in this office.



APPROVED  
AND  
FILED  
IND. SECRETARY OF STATE

STATE OF INDIANA  
OFFICE OF THE ATTORNEY GENERAL

INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR  
402 WEST WASHINGTON STREET • INDIANAPOLIS, IN 46204-2770

JEFFREY A. MODISETT  
ATTORNEY GENERAL

TELEPHONE (317) 232-6201

1996031230

July 10, 1999

CERTIFICATION

I have examined the Restated Articles of Incorporation of Alta Health & Life Insurance Company which is changing its name from Anthem Health & Life Insurance Company, and I certify that they conform to the provisions of the Indiana Insurance Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

JEFFREY A. MODISETT  
Attorney General of Indiana  
Atty No. 0014704-49

Gordon E. White, Jr.  
Deputy Attorney General  
Atty No. 0001041-49

RECEIVED  
COAGS & FEEDBACK DIV  
99 JUL 19 PM 3:50  
SUE ANNE GILROY

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CONNECTICUT SECRETARY OF THE STATE

15981



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1996031230

Alta Health & Life Insurance Company  
PO Box 230  
Greenwood, IN 46031-0230  
VAN 501 5174  
www.alta.com

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FILED 03/05/2010 12:30 PM PAGE 02829  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

February 8, 2001

Sue Anne Gilroy  
Indiana Secretary of State  
P.O. Box 5501  
Indianapolis, IN 46255

APPROVED  
MAY 11 2001  
IND. SECRETARY OF STATE

RE: Alta Health & Life Insurance Company

Dear Mrs. Gilroy:

This letter is sent to inform you of a change in the presidency of Alta Health & Life Insurance Company. Effective January 1, 2001 James White retired from his position as President. J. D. Motz, the current Chairman and Chief Executive Officer was appointed to fill the presidency. His biographical affidavit is currently on file with your office because of his previous positions as Director and Officer of the corporation.

Also, please note that our corporate office has had a change in the city name, due to postal reorganization. The address is: 8505 East Orchard Road, Greenwood Village, CO 80111.

Thank you for adding this information to our business entity file.

Sincerely,

*Connie Page*

Connie Page  
Legal Assistant

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1996031230

Alta Health & Life Insurance Company  
PO Box 239  
Greenac, CO 80201-0239  
800 971-5124  
www.alta.com

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CONNECTICUT SECRETARY OF THE STATE

February 8, 2001

Sue Anne Gilroy  
Indiana Secretary of State  
P.O. Box 5501  
Indianapolis, IN 46255

APPROVED  
AND  
FILED  
IND. SECRETARY OF STATE

RE: Alta Health & Life Insurance Company

Dear Mrs. Gilroy:

This letter is sent to inform you of a change in the presidency of Alta Health & Life Insurance Company. Effective January 1, 2001 James White retired from his position as President. J. D. Motz, the current Chairman and Chief Executive Officer was appointed to fill the presidency. His biographical affidavit is currently on file with your office because of his previous positions as Director and Officer of the corporation.

Also, please note that our corporate office has had a change in the city name, due to postal reorganization. The address is: 8505 East Orchard Road, Greenwood Village, CO 80111.

Thank you for adding this information to our business entity file.

Sincerely,

*Connie Page*

Connie Page  
Legal Assistant



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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

## INDIANA SECRETARY OF STATE

### SYSTEM GENERATED ADMINISTRATIVE DISSOLUTION/REVOCATION

Pursuant to the provisions set forth in Indiana Code Title 23  
the entity has been Administratively Dissolved or  
the Certificate of Authority revoked.

A certified copy of this document authenticates the date of  
the Administrative Dissolution/Revocation

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

Indiana Secretary of State  
Packet: 1996031230  
Filing Date: 05/21/2002  
Effective Date: 05/21/2002

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF REINSTATEMENT

of

ALTA HEALTH & LIFE INSURANCE COMPANY

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Application of Reinstatement of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, May 21, 2002.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 21, 2002.

*Sue Anne Gilroy*

SUE ANNE GILROY,  
SECRETARY OF STATE

1996031230 / 2002052459762

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Indiana Secretary of State  
Packet: 1996031230  
Filing Date: 05/21/2002  
Effective Date: 05/21/2002

1996031230



**APPLICATION FOR REINSTATEMENT**  
State Form 4190 (RS / 3-97) / 115  
Approved by the State Board of Accountancy 1995

SUB ANNE GILROY  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. 2018  
Indianapolis, IN 46204  
Telephone: (317) 232-6578

Indiana Code 23-1-40-3 (for profit corporation)  
Indiana Code 23-17-23-3 (not-for-profit corporation)

Application must include:

1. Certificate of Clearance Issued by the Indiana Department of Revenue
2. Corporate Report and Fees: please refer information file to learn what reports are delinquent (317) 232-6576
  - a. To include 1995 Annual Reports filed every year.  
Annual Report fee \$16.00
  - b. Beginning with 1995, Biennial Reports filed every two years  
Biennial Report fee \$30.00  
Corporations incorporated in an even year, file every even year.  
Corporations incorporated in an odd year, file every odd year.
  - c. Nonprofit corporations file Annual Reports every year.  
Nonprofit Corporate Report fee \$10.00
3. Restatement fees: \$30.00

THIS APPLICATION CANNOT BE ACCEPTED WITHOUT A NOTICE OF CLEARANCE FOR REINSTATEMENT FROM THE INDIANA DEPARTMENT OF REVENUE.

SECTION I - CORPORATE INFORMATION	
Name of corporation Alta Health & Life Insurance Company	Date of incorporation (mo., day, yr.) 5/2/1963
Effective date of administrative dissolution 2/8/2002	

SECTION II - AFFIDAVIT OF CORPORATE OFFICER OR DIRECTOR		
<p>The undersigned, being at least one of the principal officers or a director of the above-named corporation deposes and says:</p> <p>A. That the grounds for dissolution did not exist or have been eliminated, and,</p> <p>B. That the Corporation's name satisfies the requirements of Indiana Code 23-1-23-1, or Indiana Code 23-17-5-1.</p>		
<p>IN WITNESS WHEREOF, the undersigned being the <u>Assistant Secretary</u> of said corporation executes this application and verifies, subject to penalties of perjury, that the statements contained herein are true, this <u>1st</u> day of <u>May</u>, 2002.</p>		
<table border="1"> <tr> <td>Signature <i>R. Schultz</i></td> <td>Printed name Richard G. Schultz, Assistant Secretary</td> </tr> </table>	Signature <i>R. Schultz</i>	Printed name Richard G. Schultz, Assistant Secretary
Signature <i>R. Schultz</i>	Printed name Richard G. Schultz, Assistant Secretary	

FILED #0004114403 PG 27 OF 30 VOL B-01379  
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Effective Date: 05/21/2002

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CONNECTICUT SECRETARY OF THE STATE



AD-190 (Rev. 1/01)  
SF#

Indiana Department of Revenue  
CERTIFICATE OF CLEARANCE  
FOR REINSTATEMENT

RECEIVED

APR 26 2002

LAW DEPT

Name of Corporation

Alla Health & Life Insurance Company  
8515 East Orchard Road  
Greenwood Village, CO 80111

Federal ID#	591031071
TID #	0102240450
Date Issued (Valid for 60 days)	04/12/2002

TO: Sue Anne Gilroy  
Secretary of State  
Corporations Division

The corporation named above has filed with the Department of State Revenue an affidavit, Form AD-19, disclosing that the corporation is applying for a Certificate of Reinstatement from the Secretary of State, and requesting a Certificate of Clearance from this Department stating all taxes and fees owed by the corporation have been paid.

An examination of the corporation's existing accounts for listed taxes and fees required to be administered or collected by the Department has determined that all taxes, fees, interest, and penalties due have been paid or satisfied. Execution of this document does not preclude the Department from future examination and adjustment of the corporation's Indiana tax accounts for any period.

This Certificate of Clearance shall be null and void sixty (60) days after its date of issue.

Kenneth L. Miller, Commissioner  
Indiana Department of Revenue

Diane Freeman, Administrator  
Compliance Division

BY:

Instructions to the corporation:

This notice is the signed original. You are to include this certification along with the other documents constituting your Application for Reinstatement (SF#4160). Do Not Mail this certificate separately to the Secretary of State unless you are so directed.

The Indiana Secretary of State filing office certifies that this copy is on file in this office



**NOTICE OF CHANGE OF PRINCIPAL OFFICE ADDRESS**  
State Form 50058 (2/1-03)

RECEIVED  
CORPORATIONS DIV  
03 MAY 22 PM 1:13

TODD ROKITA  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

Indiana Code 23-1-1-1 et seq.

NO FILING FEE

INSTRUCTIONS: Use 8 1/2" x 11" white paper for attachments.  
Present original and one copy to address in upper right corner of this form.  
Please TYPE or PRINT.  
Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov)

Name of corporation or other entity <i>Alta Health &amp; Life Insurance Co.</i>	Date of incorporation / organization / registration <i>3/21/1996</i>
Current principal office address (number and street, city, state, ZIP code) <i>8515 E Orchard Road, Greenwood Village, CO 80111</i>	
New principal office address (number and street, city, state, ZIP code) <i>11595 N. Meridian Street, Suite 600, Carmel, IN 46032</i>	

IN WITNESS WHEREOF, the undersigned executes this notice and verifies, subject to the penalties of perjury, that the statements contained herein are true, this <u>19<sup>th</sup></u> day of <u>May</u> , 20 <u>09</u> .	
Signature <i>Jessie Grant</i>	Title <i>Assistant Secretary</i>

Indiana Secretary of State  
Packet: 1996031230  
Filing Date: 05/22/2009  
Effective Date: 05/22/2009

APPROVED  
AND  
FILED  
*Todd Rokita*  
IND. SECRETARY OF STATE

FILED #0004114403 PG 29 OF 30 VOL B-01317  
FILED 03/05/2010 12:30 PM PAGE 02835  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

COPY

CIGNA CORPORATION  
1601 Chestnut Street  
Philadelphia, PA 19192

March 5, 2010

FILING #0004114403 PG 30 OF 30 VOL B-01379  
FILED 03/05/2010 12:30 PM PAGE 02836  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

Connecticut Secretary of State  
30 Trinity Street  
Hartford, CT 06106


Re: CIGNA Health and Life Insurance Company

Dear Sir/Madam:

I currently have the above-referenced name reserved for use in Connecticut. I hereby transfer the reservation to CT Corporation System.

Thank you for your assistance.

Very truly yours,

  
Jennifer A. Shank