Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
CIGNA PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan
01/01/1983

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CIGNA HOLDING COMPANY

1601 CHESTNUT ST TL05T
PHILADELPHIA, PA 19192-2176

2b Employer Identification Number (EIN)
06-1059331

2c Plan Sponsor's telephone number
215-761-2729

2d Business code (see instructions)
524290

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	DIANE LASTINEC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

DIANE LASTINEC

1601 CHESTNUT STREET, TL15
PHILADELPHIA, PA 19192

3b Administrator's EIN 99-3508774

3c Administrator's telephone number 215-761-8772

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	53085
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	12279
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	11399
b	Retired or separated participants receiving benefits	**6b**	23502
c	Other retired or separated participants entitled to future benefits	**6c**	13590
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	48491
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	3209
f	Total. Add lines **6d** and **6e**.	**6f**	51700
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 3H 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)
- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules
- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached ______
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules
- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ....………..… ☐ Yes ☐ No

If “Yes” is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code______________________

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CIGNA PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CIGNA HOLDING COMPANY

D Employer Identification Number (EIN)
06-1059331

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	**2a**	4107225444
b Actuarial value	**2b**	4316472677

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	25838	2531102927	2531102927
b For terminated vested participants	14993	695521615	695521615
c For active participants	12279	475166088	477410782
d Total	53110	3701790630	3704035324

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.12 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	39
b Expected plan-related expenses	**6b**	8700000
c Target normal cost	**6c**	8700039

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 09/16/2025

JASON GAY
Type or print name of actuary

23-06540
Most recent enrollment number

EMPOWER
Firm name

303-737-6229
Telephone number (including area code)

280 TRUMBULL STREET
HARTFORD, CT 06103
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	309320419
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1364897
9 Amount remaining (line 7 minus line 8)	0	307955522
10 Interest on line 9 using prior year's actual return of 4.92 %	0	15158876
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	323114398

Part III Funding Percentages

14 Funding target attainment percentage	14	107.81 %
15 Adjusted funding target attainment percentage	15	116.53 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.56 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	%	%	%	[X] N/A, full yield curve used

b Applicable month (enter code)	**21b**	
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment [X] Yes [ ] No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	8700039
b Excess assets, if applicable, but not greater than line 31a	**31b**	8700039

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month ______ Day ______ Year ______) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. [X] 2019 [ ] 2020 [ ] 2021

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service / Department of Labor Employee Benefits Security Administration / Pension Benefit Guaranty Corporation	**Service Provider Information** This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan CIGNA PENSION PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CIGNA HOLDING COMPANY	**D** Employer Identification Number (EIN) 06-1059331

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EMPOWER ANN INS CO OF AMERICA

06-1050034

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CIGNA INVESTMENTS INC

06-0861092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	4861432	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	3245721	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

JP MORGAN

13-2624428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19	NONE	82584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FACTSET RESEARCH SYSTEMS INC

13-3362547

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	86400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51	INVESTMENT MANAGER	84449	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

GROOM LAW GROUP CHARTERED

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	22862	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE CIGNA GROUP

59-1031071

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
14 15	PLAN SPONSOR	205275	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	# DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan CIGNA PENSION PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CIGNA HOLDING COMPANY	**D** Employer Identification Number (EIN) 06-1059331

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: CIGNA PENSION PLANS TRUST

b Name of sponsor of entity listed in (a): CIGNA HOLDING COMPANY

c EIN-PN 06-1059331-006	**d** Entity code M	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3842278976

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
CIGNA PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIGNA HOLDING COMPANY

D Employer Identification Number (EIN)
06-1059331

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	4106790413	3842278976
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4106790413	3842278976
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4106790413	3842278976

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		70493836
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		70493836

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	324838432	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		324838432
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	426286	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	4861430	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	495125	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5782841
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		330621273

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-260127437
l Transfers of assets:			
(1) To this plan	2l(1)		-4384000
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

	During the plan year:		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		15000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No
If "Yes," enter the amount of any plan assets that reverted to the employer this year ______.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 556836.

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
CIGNA PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIGNA HOLDING COMPANY

D Employer Identification Number (EIN)
06-1059331

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions........ **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 22-1211670 20-3691708

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year........ **3** 783

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?........ ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month ______ Day ______ Year ______

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)........ **6a**

b Enter the amount contributed by the employer to the plan for this plan year........ **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)........ **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?........ ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?........ ☐ Yes ☐ No ☐ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box........ ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?........ ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock?........ ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)........ ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?........ ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ____________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ____________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ____________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ____________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ____________________

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)........	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)........	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)........	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year........	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers........	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .... ☒

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _______% Private Equity: _______% Investment-Grade Debt and Interest Rate Hedging Assets: 83.0 %

High-Yield Debt: _______% Real Assets: 6.0 % Cash or Cash Equivalents: _______% Other: 11.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.________________________________

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number__________.

CIGNA PENSION PLAN

Financial Statements

December 31, 2024 and 2023

CIGNA PENSION PLAN

TABLE OF CONTENTS

Supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable

Report of Independent Auditors

To the Administrator of Cigna Pension Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Cigna Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of January 1, 2024 and the related statement of changes in accumulated plan benefits for the year then ended, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

PricewaterhouseCoopers LLP

Hartford, Connecticut
October 9, 2025

CIGNA PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	As of December 31, 2024	As of December 31, 2023
	(In thousands)	
Assets		
Plan's interest in Master Trust (See Note 3)	$ 3,842,281	$ 4,106,790
Net assets available for benefits	$ 3,842,281	$ 4,106,790

The accompanying Notes to the Financial Statements are an integral part of these statements.

CIGNA PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the Years Ended December 31, 2024	2023
	(In thousands)	
Additions (reductions) to net assets attributed to:		
Change in Plan's interest in Master Trust	$ 72,720	$ 137,069
Total additions (reductions)	72,720	137,069
Deductions from net assets attributed to:		
Benefit payments	(324,838)	(215,441)
Administrative expenses (See Note 1)	(8,007)	(5,953)
Total deductions	(332,845)	(221,394)
Net decrease before transfer due to plan mergers	(260,125)	(84,325)
Transfers of assets into plan due to plan mergers (See Note 1)	(4,384)	1,274,373
Net increase (decrease)	(264,509)	1,190,048
Net assets available for benefits:		
Beginning of year	4,106,790	2,916,742
End of year	$ 3,842,281	$ 4,106,790

The accompanying Notes to the Financial Statements are an integral part of these statements.

CIGNA PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

		As of January 1, 2024
		(In thousands)
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	$	2,370,435
Participants in active employment		413,760
Former employees not yet commenced receiving benefits		623,170
		3,407,365
Non-vested benefits		1,590
Total	$	3,408,955

The accompanying Notes to the Financial Statements are an integral part of these statements.

CIGNA PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	For the Year Ended January 1, 2024
	(In thousands)
Actuarial present value of accumulated plan benefits as of January 1, 2023	$ 2,376,292
Increase (decrease) during the year attributable to:	
Benefits accumulated	—
Increase for interest due to decrease in discount period	146,874
Loss from experience	1,999
Benefit payments	(215,441)
Plan amendments (See Note 2)	1,099,231
Assumption changes	—
Net increase	1,032,663
Actuarial present value of accumulated plan benefits as of January 1, 2024	$ 3,408,955

The accompanying Notes to the Financial Statements are an integral part of these statements.

Note 1 – Description of the Plan

The following description of the Cigna Pension Plan ("the Plan") provides general information only. A more complete explanation of the features and benefits available under the Plan, a defined benefit pension plan, is contained in the Plan document and Summary Plan Description. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is sponsored by Cigna Holding Company, a wholly-owned subsidiary of The Cigna Group ("Cigna"). As of and for the years ending December 31, 2024 and 2023, Empower Trust Company, LLC ("ETC"), previously Prudential Bank & Trust, FSB, was the Trustee of the Plan and Master Trust.

Effective after December 31, 2008, the Plan was split so that pension obligations for certain former employees and related Plan assets transferred to a new plan, the Cigna Pension Plan for Certain Former Employees (the "Spin-off Plan").

As of March 31, 2008, the Plan was amended to freeze future benefit accruals for Part A (see below for definition of Part A) participants and Part A participants were moved to a cash balance program effective April 1, 2008. As of July 1, 2009, the Plan was frozen to new participants and no Plan participants earn any additional benefits under the Plan other than interest credits.

Effective December 31, 2023, the Spin-off Plan and the Medco Health Solutions, Inc. Cash Balance Retirement Plan (the "Medco Plan") were merged into the Plan with the Plan continuing as the surviving plan (such merger, the "Plan Merger"). Following the Plan Merger, the Plan consists of Part A, Part B (as defined below), the Spin-off Plan (Part C) and the Medco Plan (Part D). The Plan Merger did not affect the benefits that any participant accrued under any part of the Plan and benefits are determined after the Plan Merger in the same manner as before the Plan Merger.

The fair value of the assets transferred into the Plan due to the Plan Merger was $1,188.7 million from the Spin-off Plan (comprised of corporate bonds, short-term investments and fixed income securities) and $85.7 million from the Medco Plan (comprised of fixed income securities, short-term investments and real estate partnerships). The actuarial present value of accumulated plan benefits transferred into the Plan due to the Plan Merger was $1,010.1 million from the Spin-off Plan and $89.1 million from the Medco Plan. The actuarial present value of accumulated plan benefits was revalued as of January 1, 2024, and includes the benefit obligations of the Plan, the Spin-off Plan and the Medco Plan (see Note 2).

Plan Administration

The Cigna Pension Plan Committee (the "Committee"), which is comprised of five members of Cigna's management, is the named Plan fiduciary. The Committee delegates responsibility for administration of the Plan to the Plan Administrator, a Cigna employee. The Plan Administrator has arranged with Empower Annuity Insurance Company ("EAIC") to perform the primary administrative and recordkeeping functions on behalf of the Plan. The Committee is responsible for, among other things, monitoring certain financial-related management.

Funding Policy

The Plan is funded through employer contributions in amounts necessary to provide the Plan with assets sufficient to meet future benefit obligations to Plan participants and to comply with the funding requirements of the Pension Protection Act of 2006 (“PPA”). The minimum required amounts are actuarially determined based on benefits currently offered under the Plan, a prescribed discount rate and assumed rates of mortality, turnover, and retirement. During 2024 and 2023, no contributions were required under the minimum funding requirements of the PPA.

Vesting

As a result of the Plan freeze, all participants in Parts A and B who were not yet vested under the Plan and who were employed on April 1, 2009 were immediately vested in their accrued pension benefits. Because early retirement subsidies do not accrue or vest to Plan participants until they reach the specified attained age, the present value of those benefits is reported as non-vested in the Statement of Accumulated Plan Benefits.

Benefits

As discussed above, the Plan Merger did not affect the benefits that any participant accrued under any part of the Plan and benefits are determined after the Plan Merger in the same manner as before the Plan Merger. Below is the Plan’s summary of benefits prior to the plan freeze for each of the parts of the Plan.

Parts A and B (as defined below): Generally, most active employees accrued benefits under an account balance formula ("Part B"). For each year that a covered employee earned at least 1,000 hours of service, the employee’s pension account balance was credited with a pension benefit ranging from 3% to 8.5% of eligible earnings (based on age, years of completed service and compensation level). Even after the freeze, each quarter the employee’s account balance is credited with interest, based on the yield on 5-year U.S. Treasury securities plus 25 basis points with a minimum rate of 4.5% and a maximum rate of 9.0%. In 2024 and 2023, the interest crediting rate was 4.74% and 4.50%, respectively. An employee’s retirement benefit will equal the accumulated account balance and may be paid in a lump sum or in an annuity. Fully vested benefits are available to participants or beneficiaries upon termination of employment, retirement or death.

Certain employees who first began participating in the Plan prior to 1997 accrued benefits under an annuity formula ("Part A") in effect prior to the Plan’s conversion to an account balance formula. For these employees, normal retirement benefits assuming retirement at age 65 were based upon 2% (1.67% if hired after 1988) of the employee's average eligible earnings, as defined by the Plan, for the highest three (or five if hired after 1988) successive calendar years of service or the last 36 (60 if hired after 1988) successive months of service, whichever was greater, multiplied by the years of credited service with a Cigna company that participates in the Plan, up to a maximum of 30 (35 if hired after 1988) years, less 50% of the employee's expected Social Security benefits. Fully vested benefits are available to participants or beneficiaries upon retirement or death. Benefits are reduced for early retirement.

On February 26, 2019, the Plan was amended to incorporate the remedy ordered by the United States District Court for the District of Connecticut in the Amara v. Cigna class action litigation further described in Note 8. The amendment added what is referred to as an “A+B” benefit to Part A for remedy-eligible class members. The “A” benefit is equal to a remedy-eligible class member’s frozen monthly benefit under Part A as of December 31, 1997 and the “B” benefit is equal to the cash balance benefit and interest credits (not including the opening account balance and any interest accrued on the opening account balance) that the remedy-eligible class member earned after January 1, 1998 under Part B. The resulting “A+B” benefit will be reduced by the value of retirement benefits a remedy-eligible class member has already received or will receive in the future based on their Part B benefit.

Part C: Participants in the Spin-off Plan did not accrue any pension benefits. While they were employed by a Cigna company, they accrued benefits under the Part A formula. The Part A formula is described above under the heading “Parts A and B.”

Part D: Generally, if participants were hired before February 1, 2011, and were eligible full-time employees, participants enrolled automatically in Part D on the first of the month on or following their date of hire with a Medco entity. An eligible full-time employee was defined as an employee regularly scheduled to work 25 or more hours per week. Participants’ pension account balances were credited with a pension benefit ranging from 3.5 % to 4.5% of one’s eligible earnings based on if the participant had 10 or fewer years of service or more than 10 years of service, respectively, prior December 31.

Effective February 28, 2011, the Medco Plan was frozen for all participants and closed to new participants. Participants no longer accrue any benefits under the Medco Plan; however, account balances continue to be credited with interest until paid. The rate of credited interest is equal to the average of the one-year Treasury note yield for the month of November immediately preceding the Medco Plan year. In 2024 and 2023, the interest rate was 5.28% and 4.73%, respectively. An employee’s retirement benefit will equal the accumulated account balance and may be paid in a lump sum or in an annuity. Fully vested benefits are available to participants or beneficiaries upon termination of employment, retirement or death.

<u>Share of Interest in the Master Trust</u>

As required by ERISA, the assets of the Plan are held in trust pursuant to a written Master Trust Agreement between ETC and Cigna. The same trust and Master Trust Agreement apply to the assets of the Spin-off Plan, which was a separate and distinct qualified pension plan also sponsored by Cigna Holding Company prior to the Plan Merger. The trust serves as a funding vehicle for the independent investment and management of the assets under the respective Plan.

The Plan investments are independently managed according to its divided interest in the Master Trust. Net investment income and gains and losses are based on specifically identified assets, and expenses are recorded by each investment fund of the Plan.

Following the Plan Merger, the assets held by the Master Trust consist entirely of assets of the Plan.

<u>Investments</u>

The Plan’s assets in the Master Trust are invested among several pooled and non-pooled separate accounts supported by annuity contracts issued by Connecticut General Life Insurance

Company ("CGLIC"), EAIC, and Prudential Insurance Company of America ("PICA"), a guaranteed deposit account contract ("GDA"). A separate account that has been established solely for this Plan is referred to, in this report, as a non-pooled separate account. A separate account in which several benefit plans or investors participate is referred to as a pooled separate account. CGLIC is a subsidiary of Cigna.

Administrative Expenses

Certain administrative services are provided by Cigna at no cost to the Plan. The value of these services has not been recorded in the financial statements of the Plan. Administrative expenses paid directly from Plan assets include premiums to the Pension Benefit Guaranty Corporation ("PBGC"), amounts charged by EAIC for administrative and actuarial services, and amounts charged by CGLIC for administrative services. Investment expenses are netted against investment returns of each pooled separate accounts. These are comprised of bank services charges, management fees or cost reimbursement charged by both external fund managers and Cigna, tax expense, and other miscellaneous expenses.

Plan Termination

Although it has not expressed any intention to do so, Cigna has the right to terminate the Plan, in whole or in part. Any Plan termination is subject to the approval of the PBGC. Unless Cigna's financial condition is considered distressed (e.g. a bankruptcy filing occurs), the PBGC would require Cigna to fully fund the Plan to a level where retirement annuities could be purchased to satisfy all Plan liabilities, including all vested normal retirement benefits, early retirement benefits, and survivor’s pensions earned through the date of termination. If Plan assets are greater than the amount required to satisfy Plan liabilities at the termination date, they would generally be returned to Cigna.

In the event of a distressed termination, if Plan assets are insufficient to fund Plan liabilities, the PBGC would take over the Plan assets so that all PBGC-guaranteed benefit payments are provided for. However, there is a ceiling on PBGC-guaranteed benefits payments, which means that a plan participant’s PBGC-guaranteed benefit may be lower than benefits earned under the terminated Plan. Therefore, in a distressed termination, whether all participants receive their earned benefits will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated plan benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the PBGC up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Note 2 – Significant Accounting Policies

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP"). Amounts recorded in the financial statements reflect management's estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Significant estimates are discussed throughout these Notes; however, actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investment in the Master Trust is recorded at an amount equal to the Plan's interest in the underlying investments of the Master Trust. Investments of the Master Trust are stated at fair value. Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date. See Note 4 for a discussion of fair value measurements.

Interest income is recorded on the accrual basis. Dividends are considered earned when they are recognized on the ex-dividend date. Purchases and sales are recorded on a trade date basis. Net appreciation or depreciation includes realized gains and losses on investments that were both purchased and sold during the period as well as unrealized appreciation or depreciation of the investments held at the end of the year.

Derivatives may be used in separate accounts held by the Master Trust and are reported at fair value, with changes in fair values reported in Net investment gains from Master Trust investment account. The impact of these derivatives was not material to the financial statements for 2024 or 2023.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future payments that under the Plan's provisions are attributable to the service employees have rendered to date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by the Plan's actuary. This amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of incidence factors for death, termination and retirement) between the valuation date and the expected date of payment.

In 2023, the actuarial present value of accumulated plan benefits was valued as of January 1, 2023, which preceded the effective date of the Plan Merger (see Note 1). As a result, the Plan's actuarial present value of accumulated plan benefits did not include the actuarial present value of accumulated plan benefits associated with the Plan Merger in the amount of $1,099.2 million, which were transferred effective December 31, 2023. The actuarial present value of accumulated plan benefits was revalued as of January 1, 2024, and includes the benefit obligations of the Plan, the Spin-off Plan and the Medco Plan.

The significant actuarial assumptions used in the valuation as of January 1, 2024 were:

Mortality basis	2024 & 2023: Pri-2012 White Collar Dataset, including the Contingent Survivor Table, with Scale MP-2021
Retirement age	63-64
Discount rate	6.50%
Interest credits (per annum):	
Parts A and B	4.74%
Part D	5.28%

The foregoing actuarial assumptions were based on the assumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The discount rate was 6.50% in 2024 and 2023. The actuarial loss for accumulated plan benefits for 2024 was $2.0 million.

<u>Payment of Benefits</u>

Benefits are recorded when paid.

Note 3 – Investments of the Master Trust

The assets of the Master Trust are invested in accordance with an investment strategy approved by the Committee. The following table presents the investments of the Master Trust and the Plan's interest in the Master Trust as of December 31, 2024 and 2023. As disclosed in Note 1, the assets of the Plan are the only assets held by the Master Trust following the Plan Merger.

(In thousands)	As of December 31,			
	2024		2023	
	Master Trust	Plan's Interest in the Master Trust	Master Trust	Plan's Interest in the Master Trust
Non-pooled separate accounts				
Corporate stock	$ 26,293	$ 26,293	$ 32,839	$ 32,839
Corporate bond instruments	2,810,851	2,810,851	2,900,754	2,900,754
Partnership and joint venture interests	631,298	631,298	669,797	669,797
Mortgage loans	27,352	27,352	45,833	45,833
Interest bearing cash and short term investments	181,836	181,836	99,491	99,491
	$ 3,677,630	$ 3,677,630	$ 3,748,714	$ 3,748,714
Fund investments and pooled separate accounts	75,832	75,832	278,525	278,525
Guaranteed deposit account contract and other	47,787	47,787	47,846	47,846
Total investments at fair value	$ 3,801,249	$ 3,801,249	$ 4,075,085	$ 4,075,085
Add:				
Non-interest bearing cash	$ 4,168	$ 4,168	$ 1,231	$ 1,231
Accrued interest and dividends	35,347	35,347	35,742	35,742
Receivables and other assets	2,433	2,433	4,641	4,641
Less:				
Payables and other liabilities	(916)	(916)	(9,909)	(9,909)
Total	$ 3,842,281	$ 3,842,281	$ 4,106,790	$ 4,106,790

The following table presents the net investment income (loss) from Master Trust investment account for the year ended:

(In thousands)	December 31,	
	2024	2023
Net appreciation/(depreciation) in fair value of investments	$ (73,514)	$ 121,350
Interest	165,156	151,965
Other income (loss)*	(16,122)	(25,944)
Dividends	2,246	626
Investment expenses	(5,046)	(5,124)
Net investment income (loss) from Master Trust investment account	$ 72,720	$ 242,873

* *Other income (loss) primarily comes from investments in partnerships and joint ventures.*

Note 4 – Fair Value Measurements of Investments Held in Master Trust

The investments in the Master Trust are carried at fair value.

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date.

The Master Trust's investments carried at fair value have been classified based upon a hierarchy defined by GAAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's classification is based on the lowest level input that is significant to its measurement. For example, an investment carried at fair value would be classified in Level 3 if unobservable inputs were significant to the investment's fair value even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

The Plan has contracted with Cigna Investments Inc. ("CII") to provide certain investment-related management, accounting and reporting services through the Company's investment professionals. CII is responsible for estimating fair value, as well as designating the appropriate level within the fair value hierarchy, based on the significance of unobservable inputs. Fair values are estimated using prices obtained from third parties or internal pricing methods. CII reviews methodologies, processes and controls of third-party pricing services and compares prices on a test basis to those obtained from other external pricing sources or internal estimates. CII performs ongoing analyses of both prices received from third-party pricing services and those developed internally to determine that they represent appropriate estimates of fair value. The controls executed by CII include reviewing to ensure that prices do not become stale and whether changes from prior valuations are reasonable or require additional review. Exceptions identified during these processes indicate that adjustments to prices are infrequent and do not significantly impact valuations. An annual due-diligence review of the most significant pricing service is conducted to review their processes, methodologies and controls. This review includes a walk-through of inputs of a sample of securities held across various asset types to validate the documented pricing process.

Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available, and other market information that a market participant may use to estimate fair value. When market prices are not available, fair value is generally estimated by CII using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little or no market activity for the same or similar instruments, fair value is estimated using methods, models and assumptions that CII believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment that becomes significant with increasingly complex instruments or pricing models.

Financial Assets Carried at Fair Value

The following tables provide information as of December 31, 2024 and 2023 about the Master Trust's financial assets measured at fair value on a recurring basis. Investments that are measured using the practical expedient for NAV are excluded from the fair value hierarchy.

December 31, 2024	**Quoted Prices in Active Markets for Identical Assets**	**Significant Other Observable Inputs**	**Significant Unobservable Inputs**	
(In thousands)	**Level 1**	**Level 2**	**Level 3**	**Total**
Financial assets at fair value:				
Non-pooled separate accounts:				
Corporate stock	$ 1	$ —	$ 26,292	$ 26,293
Corporate bond instruments	—	2,684,699	126,152	2,810,851
Commercial mortgage loans	—	—	27,352	27,352
Interest-bearing cash and short-term investments	98,829	83,007	—	181,836
Total non-pooled separate accounts	$ 98,830	$ 2,767,706	$ 179,796	$ 3,046,332
Fund Investments and Pooled separate accounts:				
Money market and short term investments	—	127	—	127
Fixed income	—	75,705	—	75,705
Total Fund Investments and Pooled separate accounts	$ —	$ 75,832	$ —	$ 75,832
Guaranteed Deposit Account contract	—	—	47,787	47,787
Subtotal, financial assets at fair value	$ 98,830	$ 2,843,538	$ 227,583	$ 3,169,951
Financial assets priced at NAV as a practical expedient for fair value				631,298
Total financial assets at fair value				$ 3,801,249

December 31, 2023	**Quoted Prices in Active Markets for Identical Assets**	**Significant Other Observable Inputs**	**Significant Unobservable Inputs**	
(In thousands)	**Level 1**	**Level 2**	**Level 3**	**Total**
Financial assets at fair value:				
Non-pooled separate accounts:				
Corporate stock	$ —	$ —	$ 32,839	$ 32,839
Corporate bond instruments	—	2,813,039	87,715	2,900,754
Commercial mortgage loans	—	—	45,833	45,833
Interest-bearing cash and short-term investments	—	99,491	—	99,491
Total non-pooled separate accounts	$ —	$ 2,912,530	$ 166,387	$ 3,078,917
Fund Investments and Pooled separate accounts:				
Money market and short term investments	—	395	—	395
Fixed income	—	278,130	—	278,130
Total Fund Investments and Pooled separate accounts	$ —	$ 278,525	$ —	$ 278,525
Guaranteed Deposit Account contract	—	—	47,846	47,846
Subtotal, financial assets at fair value	$ —	$ 3,191,055	$ 214,233	$ 3,405,288
Financial assets priced at NAV as a practical expedient for fair value				669,797
Total financial assets at fair value				$ 4,075,085

Level 1 Financial Assets

Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets or liabilities in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets. Assets in Level 1 include actively traded exchange-listed equity securities.

Level 2 Financial Assets

Inputs for instruments classified in Level 2 include quoted prices for similar assets or liabilities in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if CII determines that unobservable inputs are insignificant.

Level 2 assets include the Master Trust’s investments in Fixed Income funds. These investments are valued using the unadjusted NAV as of the reporting date, which is the basis for current transactions.

Level 3 Financial Assets

Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect CII’s best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

The Master Trust holds certain corporate stock investments that are classified in Level 3 because an active market does not exist and fair value is based on the transaction price. CII considers recent transactions and current market conditions since the last transaction and will adjust fair value as applicable.

Level 3 assets that are valued using pricing models that discount future cash flows, incorporating significant unobservable inputs include commercial mortgage loans and corporate bond instruments.

The following tables summarize the fair value, principal valuation technique, and significant unobservable inputs developed directly by CII to measure the fair value of these assets as of December 31, 2024 and 2023.

Significant increases in credit or liquidity spreads would result in a lower fair value measurement while decreases in these inputs would result in a higher fair value measurement. Generally, the unobservable inputs are not interrelated and a change in the assumption used for one unobservable input is not accompanied by a change in the other unobservable input.

December 31, 2024 *(Fair value in millions)*	**Fair Value**	**Principal Valuation Technique**	**Unobservable Input**	**Unobservable Adjustment Range (Weighted Average by Quantity)**
Commercial mortgage loans	$ 27	Discounted cash flow analysis	Credit Spread	130 - 270 (200) bps
Corporate bond instruments	$ 126	Discounted cash flow analysis	Liquidity	70 - 550 (155) bps

December 31, 2023 *(Fair value in millions)*	**Fair Value**	**Principal Valuation Technique**	**Unobservable Input**	**Unobservable Adjustment Range (Weighted Average by Quantity)**
Commercial mortgage loans	$ 46	Discounted cash flow analysis	Credit Spread	680 - 740 (710) bps
Corporate bond instruments	$ 88	Discounted cash flow analysis	Liquidity	70 - 565 (170) bps

The Master Trust holds a Guaranteed Deposit Account (GDA) contract that is also classified in Level 3. The GDA is an EAIC fair value account and has certain liquidation restrictions and minimum funding requirements. The fund is classified in Level 3 because the key input developed by EAIC into the fund's valuation, the composite market value factor, is largely based on inputs that are not readily observable in the market. The composite market value factor is determined based on an aggregation of market value factors computed for each investment year represented in the underlying investment assets. Market value factors of the Plan ranged from 0.945272 to 1.018345 and from 0.90455 to 1.057704 for each investment year included in the 2024 and 2023 composite, respectively. The composite market value factors were 0.975647 and 0.948798 at December 31, 2024 and 2023, respectively.

Changes in Level 3 Financial Assets Carried at Fair Value

The following tables contain information about financial assets classified in Level 3 for the years ended December 31, 2024 and 2023.

Level 3 Assets						
As of December 31, 2024	**Non-Pooled**					
(In thousands)	Corporate Stock	Corporate Bonds	Mortgages	Total	Guaranteed Deposit Account	Total
Balance, beginning of year	32,839	87,715	45,833	166,387	47,846	214,233
Purchases	951	2,721	—	3,672	330,965	334,637
Sales	(3,750)	(883)	—	(4,633)	—	(4,633)
Settlements	(526)	(1,384)	(15,563)	(17,473)	(334,168)	(351,641)
Income on Investments still held	—	9	—	9	1,262	1,271
Unrealized Gains (Losses)	4,585	(7,187)	1,659	(943)	1,882	939
Realized Gains (Losses)	(7,807)	—	(976)	(8,783)	—	(8,783)
Transfers into Level 3	—	95,854	—	95,854	—	95,854
Transfers out of Level 3	—	(50,693)	(3,601)	(54,294)	—	(54,294)
Balance, end of year	26,292	126,152	27,352	179,796	47,787	227,583

Level 3 Assets						
As of December 31, 2023	**Non-Pooled**					
(In thousands)	Corporate Stock	Corporate Bonds	Mortgages	Total	Guaranteed Deposit Account	Total
Balance, beginning of year	35,209	57,586	63,346	156,141	51,123	207,264
Purchases	8,515	6,287	61,020	75,822	291,943	367,765
Sales	(7,267)	—	—	(7,267)	—	(7,267)
Settlements	(144)	(2,302)	(78,930)	(81,376)	(296,017)	(377,393)
Income on Investments still held	—	(42)	—	(42)	359	317
Unrealized Gains (Losses)	11,693	3,989	581	16,263	438	16,701
Realized Gains (Losses)	(15,167)	—	(184)	(15,351)	—	(15,351)
Transfers into Level 3	—	46,418	—	46,418	—	46,418
Transfers out of Level 3	—	(24,221)	—	(24,221)	—	(24,221)
Balance, end of year	32,839	87,715	45,833	166,387	47,846	214,233

For the GDA, purchases represent Cigna's funding of payments made by the Plan, which are reflected as settlements in the table above. Transfers into or out of the Level 3 category occur when unobservable inputs, such as CII’s best estimate of what a market participant would use to determine a current transaction price, become more or less significant to the fair value measurement. For the years ended December 31, 2024 and 2023, transfer activity between Level 3 and Level 2 primarily reflects changes in the level of unobservable inputs used to value certain private corporate bonds, principally related to credit risk of the issuers.

Financial Assets Priced at NAV as a Practical Expedient of Fair Value

The Master Trust's investments in securities partnerships, real estate, and hedge funds are generally valued based on the Master Trust's ownership share of the equity of the investee (NAV as a practical expedient), including changes in the fair values of its underlying investments. The following table provides additional information on these investments.

Instrument *($ in millions)*	Fair Value as of 12/31/2024	Fair Value as of 12/31/2023	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Securities partnerships	$ 410	$ 419	$ 215	Not applicable	Not applicable
Real estate funds, non-pooled	221	251	3	Quarterly	30-90 days
Total	$ 631	$ 670			

As of December 31, 2024, there are no plans to sell any of these assets at an amount that is less than fair value. These investments are structured to satisfy longer-term investment objectives. Securities partnerships are contractually unredeemable, and the underlying investment assets are expected to be liquidated by the fund managers within ten years after inception.

Note 5 – Tax Status

The Plan's design and current operations are consistent with all Internal Revenue Service (IRS) requirements for tax exemption. This was confirmed by the IRS through the issuance to Cigna of a favorable Determination Letter dated January 31, 2018. The Plan has been amended since receiving the determination letter; however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan may be subject to IRS audit but there is no such audit currently in progress for the Plan, nor has there been one in the recent past. Plan years 2021-2023 are presently open. However, Cigna's federal income tax return years that remain open and subject to an audit based on IRS general procedures are 2017 to 2022. Tax years 2017 and 2018 are currently under examination.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As of December 31, 2024 and 2023, there were no uncertain tax positions taken that had an effect on the Plan financial statements or that required disclosure.

Note 6 – Related Party Transactions

There are transactions between the Plan and Cigna and its affiliates which, in the opinion of management, are exempt from detailed reporting under Title I of ERISA. Investments in separate accounts of CGLIC represent investments for which CII has fiduciary responsibility. Investments in the GDA represent participation in the general account assets of EAIC. In addition, EAIC is the record keeper and the issuer of certain Plan investments. As discussed in Note 1, administrative expenses are charged by EAIC and CGLIC. In 2024, interest earned on the GDA account that is held at EAIC was $1.3 million.

Note 7 – Certifications

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Plan interest in Master Trust as stated on the Statements of Net Assets Available for Benefits (excluding the fair value adjustments for the GDA fund - 2024: $(1.2) million and 2023: $(2.6) million) and change in Plan interest in Master Trust as stated on the Statements of Changes in Net Assets Available for Benefits (excluding unrealized appreciation/(depreciation) of the GDA fund: $1.4 million in 2024 and $(0.4) million in 2023) have been certified as complete and accurate and are presented below:

(In thousands)	**Plan's interest in Master Trust**		**Plan's interest in Net investment gains (losses)**	
	For the year ended December 31,		For the year ended December 31,	
Entity	2024	2023	2024	2023
ETC	$ 48,980	$ 50,428	$ 1,459	$ 173
CGLIC	$ 3,794,492	$ 3,973,258	$ 69,871	$ 137,251
State Street Bank	$ —	$ 85,686	$ —	$ —

Investments at fair value in Master Trust as disclosed in Note 3 (excluding the fair value adjustments for the GDA fund - 2024: $(1.2) million and 2023: $(2.6) million) and Net investment income for the Master Trust as stated in the Note 3 (excluding unrealized depreciation of the GDA fund - 2024: $1.4 million and 2023: $0.4 million) have been certified as complete and accurate and are presented below:

(In thousands)	**Total Master Trust**		**Net investment gains (losses) for the Master Trust**	
	For the year ended December 31,		For the year ended December 31,	
Entity	2024	2023	2024	2023
ETC	$ 48,980	$ 50,428	$ 1,459	$ 359
CGLIC	$ 3,794,492	$ 3,973,258	$ 69,871	$ 242,076
State Street Bank	$ —	$ 85,686	$ —	$ —

Financial assets in Master Trust measured at fair value on a recurring basis as disclosed in Note 4 were also certified as complete and accurate.

Note 8 – Litigation

Amara v. Cigna: In February 2019, the Pension Plan was amended to incorporate the “A + B” remedy as ordered by the United States District Court for the District of Connecticut (the “District Court”) and Cigna began to implement the remedy. On May 19, 2020, plaintiffs filed an appellate brief with the United States Court of Appeals for the Second Circuit (the “Court of Appeals”) and on June 3, 2020, Cigna filed a motion to dismiss the appeal. On August 6, 2020, the District Court denied plaintiffs' motion for an equitable accounting. On August 23, 2020, plaintiffs filed a notice of appeal from the order denying plaintiffs' motion for equitable accounting with the Court of Appeals.

The plaintiffs' two appeals were consolidated into one appeal that was heard by the Court of Appeals on November 22, 2021.

On November 10, 2022, the Court of Appeals affirmed the earlier rulings of the District Court and agreed with Cigna that (1) the Court of Appeals lacked jurisdiction to decide the merits appeal issues because plaintiffs' appeal was not timely and (2) the District Court was right to reject plaintiffs' sanctions and accounting arguments. On December 9, 2022, the plaintiffs filed a petition for a panel rehearing before all judges of the Court of Appeals (i.e., a rehearing *en banc*). On January 12, 2023, the Court of Appeals denied plaintiffs' petition for a panel rehearing *en banc*.

On April 12, 2023, the plaintiffs' filed a petition for certiorari with the Supreme Court of the United States (the "Supreme Court") arguing that the Supreme Court should resolve a circuit split regarding when a post-judgment order becomes "final" for purposes of appeal. On May 15, 2023, the Supreme Court denied plaintiffs' petition for certiorari.

In June 2023, plaintiffs filed a motion for accounting in the District Court regarding the Plan's administration of the "A + B" remedy. The District Court heard oral arguments on plaintiffs' motion and Cigna's opposition to the motion on April 19, 2024. On May 6, 2024, the District Court denied plaintiffs' motion for accounting in its entirety. Plaintiffs then filed a motion for reconsideration on May 13, 2024, which Cigna opposed on June 3, 2024. On October 4, 2024, the District Court denied the plaintiffs' motion for reconsideration. On November 1, 2024, the plaintiffs filed a notice to appeal with the Court of Appeals. The case has been fully briefed on appeal, and the parties are waiting for the Court of Appeals to set an oral argument date.

Note 9 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that, such changes could materially affect the amounts reported in the statement of net assets available for benefits. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 10 – Subsequent Events

No subsequent events were identified through October 9, 2025, the date these financial statements were issued.

Cigna Pension Plan
EIN / PN 06-1059331 / 001
Form 5500 2024 Schedule SB, Line 26a - Schedule of Active Participant Data

	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	1	N/A	0	N/A	4	N/A	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	7	N/A	280	3,186	17	N/A	64	1,590	86	3,677	3	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	1	N/A	500	4,335	336	18,173	157	10,003	260	7,411	91	12,491	1	N/A	0	N/A	0	N/A	0	N/A
45 to 49	0	N/A	527	5,607	542	23,270	473	35,362	268	11,696	303	19,966	72	24,014	3	N/A	0	N/A	0	N/A
50 to 54	2	N/A	501	8,264	547	32,994	606	49,494	488	42,446	363	31,330	172	33,680	40	38,177	3	N/A	0	N/A
55 to 59	1	N/A	484	8,825	408	41,268	505	59,437	474	60,853	456	67,706	189	41,214	65	50,490	9	N/A	1	N/A
60 to 64	1	N/A	339	9,257	308	44,284	426	66,814	354	55,587	358	49,418	161	40,900	46	44,670	27	84,442	3	N/A
65 to 69	1	N/A	135	10,130	113	52,631	108	58,983	154	58,483	144	40,686	71	37,096	25	33,268	7	N/A	1	N/A
70 & up	0	N/A	35	12,084	30	66,612	36	79,144	36	45,361	30	49,968	8	N/A	8	N/A	2	N/A	0	N/A

Active Life Count: 12,279

Note that compensation information is not being reported on this attachment, the reason being that effective July 1, 2009, all future benefit accruals ceased.

Actuarial methods

Under the actuarial methods described below, if all current assumptions remain constant and are realized, funding at least the minimum required contribution each year will eventually accumulate sufficient plan assets to cover the funding target.

Cost method

Costs have been computed in accordance with the unit credit actuarial cost method and reflect the actuarial assumptions described under "Actuarial assumptions" of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target normal cost

The target normal cost is the present value of benefits expected to accrue during the plan year plus an estimate of the expenses to be paid from plan assets during the plan year.

Funding target and funding shortfall

The funding target is the present value of benefits accrued as of the beginning of the plan year and the funding shortfall is the excess of the funding target over the actuarial value of assets (reduced by the credit balance). The initial funding shortfall is amortized over 15 years.

In subsequent years, the funding shortfall less the present value of prior year amortization installments is amortized over 15 years, and added to any prior year amortization installments.

The funding target is developed based on the full yield curve published at the month prior to the valuation date.

Sponsor elections

Discount rate: Full yield curve

Mortality table: Prescribed IRS generational mortality table – separate

At-risk determination

The at-risk funding target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the at-risk funding target and at-risk target normal cost when a plan is at-risk in at least two years during the preceding four years. The load increases the at-risk funding target by 4% of the not at-risk funding target plus $700 per participant, and increases the at-risk target normal cost by 4% of the not at-risk target normal cost.

The funding target and target normal cost are calculated by multiplying the not at-risk values by 100% minus the phase-in percentage, plus the at-risk values multiplied by the phase-in percentage.

Credit balance

The credit balance consists of the carryover balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the prefunding balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the minimum required contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The actuarial value of assets is reduced by the credit balance to determine certain funded percentages and to determine the funding shortfall.

Asset valuation method

The actuarial value of assets is determined using an annual average of the adjusted fair market value of assets with the earliest determination 24 months prior to the valuation date. The fair market value of assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the fair market value of assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the fair market value of assets.

The actuarial value of assets is adjusted to be no less than 90% or no more than 110% of the fair market value of assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an actuarial value of assets slightly below the fair market value of assets.

The actuarial value of assets for determining the maximum tax deductible contribution reflects interest rate stabilization rates for discounting contributions and limiting expected earnings.

The fair market value of assets used for funds invested in the general account of an insurance company is the stated contract value with a market value adjustment factor. This value is an estimate only and not the precise calculation which would be done at contract discontinuance or to measure the impact of excess withdrawals in any calendar year. It does not constitute a final offer by Empower or a final experience adjustment.

Actuarial assumptions

Funding Assumptions

The discount rate and mortality assumptions are prescribed assumptions set by law. All other assumptions are non-prescribed assumptions set by the actuary which reflect estimates of future experience, are appropriate for the purpose of the measurement, consider relevant plan characteristics, and contain no significant bias unless otherwise noted. Relevant historical information, such as credible plan experience and experience from representative populations, was considered in the selection of the non-prescribed assumptions with a significant effect on the measurement. Factors that may affect future experience and the views of experts were also considered.

The Expected Return on Plan Assets assumption is consistent with the plan's asset allocation and reflects a weighted average of expected returns by asset class based on the Empower Capital Market Assumptions.

Below are details on previous assumption studies that were used to help set the plan's assumptions:

The Part A & Part C retirement age, as well as distribution rate assumptions, consider the experience study completed in September 2019 based on plan experience from 2014 through 2018.

The Part B termination and retirement age, as well as distribution rate assumptions, consider the experience study completed in November 2018 based on plan experience from 2015 through 2017.

The Part A & Part C form of payment assumption considers the experience study completed in November 2020 based on plan experience from 2015 through 2019.

The Part B form of payment assumption considers the experience study completed in November 2018 based on plan experience from 2015 through 2017.

The Part A & Part C marital and spouse age difference assumption considers the experience study completed in November 2020 based on plan experience from 2015 through 2019.

Below are the actuarial assumptions as of January 1, 2024:

Effective Rate 5.12% (see Appendix E for the full yield curve).

Expected Return on Plan Assets 6.50% per annum.

Cap on Expected Return to Develop AVA 5.59%

Mortality The IRS 2024 Generational Mortality Table for males and females.

Estimated Expenses $8.7 million added to normal cost. Previously, $5.5 million added to normal cost.

Future Interest Crediting Rates For benefits accrued under the Part B and Part A Cash Balance Formula:

Year	Crediting Rate
*2024	4.74%
2025+	4.50%

For benefits accrued under Part D:

Year	Crediting Rate
*2024	5.28%
2025+	2.00%

*Based on actual published interest rates.

Future 417(e) Mortality Equals 2024 table

Future 417(e) Segment Rates

Year	1st Segment	2nd Segment	3rd Segment
*2024	5.50%	5.76%	5.83%
2025	4.25%	5.00%	5.50%
2026+	3.50%	5.00%	6.00%

*Based on actual published interest rates.

The annuity amount after conversion of the Part B cash balance benefit is floored at the benefit determined using the 417(e) minimum present value segment rates for the month of November 2008.

Termination

10% of the participants in the Part A & Part C Plan terminate each year.

Termination Rates for the Part B Plan:

Age	Rate
< 40	5.0%
40 – 54	3.0%

Termination Rates for the Part D Plan:

Age	Rate %
< 30	11.0%
30 - 34	7.0%
35 - 39	6.0%
40 - 44	5.0%
45 - 49	4.0%
50 - 54	4.5%

Retirement

It is assumed that from an initial group of employees, retirement rates are as follows:

Age	Part A & C*	Part B	Part D
55	6%	3%	5%
56	6%	3%	5%
57	6%	3%	5%
58	6%	3%	5%
59	6%	5%	5%
60	8%	5%	7%
61	11%	5%	7%
62	11%	9%	7%
63	11%	9%	7%
64	13%	9%	10%
65	40%	25%	12%
66	30%	25%	12%
67	15%	25%	15%
68	15%	25%	10%
69	30%	25%	10%
70	100%	25%	100%
71	100%	25%	100%
72 and up	100%	100%	100%
Avg. Ret. Age:	63	64	64

*3% of the total percentage of those terminating between age 55 and 64 are assumed to defer payment and follow the schedule for current vested terminated employees from the Part A & Part C Plan who are eligible to retire early.

It is assumed that future New Formula vested terminated employees with less than 15 years of Eligible Service will commence benefits at age 65.

It is assumed that future New Formula vested terminated employees with at least 15 years of Eligible Service will commence benefits at age 61.

It is assumed that all other future vested terminated employees will commence benefits at age 57.

It is assumed that the current Old Formula vested terminated employees from the Part A & Part C Plan who are eligible to retire early and are eligible for the Early Retirement reductions described in the Early Retirement section in the plan provisions will commence benefits based on the following table:

Age	Rate
55	50%
56	20%
57	15%
58	15%
59	15%
60	15%
61	15%
62	25%
63	20%
64	15%
65 and up	100%

It is assumed that all other current vested terminated employees from the Part A & Part C Plan who are eligible to retire early will commence benefits based on the following table:

Age	Rate
55	20%
56	5%
57	5%
58	5%
59	5%
60	5%
61	5%
62	10%
63	7%
64	7%
65 and up	100%

It is assumed that the current vested terminated employees from the Part A & Part C Plan who are not eligible to retire early will commence benefits at age 65.

It is assumed that current vested terminated employees from the Part C Plan who were part of the Intracorp plan will commence benefits at age 65.

It is assumed that current vested terminated employees from the Part B Plan will elect distribution based on the following schedule:

Age	Rate
30 - 59	3%
60 - 64	7%
65	70%
66 - 70	25%
71	100%

In addition, all future such employees will elect distribution based on the following schedule at termination, and will follow the current distribution, as noted above, following the year of termination:

Age	Rate
< 62	33%
62 – 64	50%
65 and up	100%

Retirement Rates for participants acquired from the Conn. General Life Field Retirement Plan DB Supplement as based on the following schedule:

Age	Rate
< 65	0%
65 and up	100%

Disability

It is assumed that current Part D active employees will become disabled based on the following table:

Age	Rate %	Age	Rate %
20	0.06%	42	0.27%
21	0.07%	43	0.30%
22	0.07%	44	0.34%
23	0.08%	45	0.37%
24	0.08%	46	0.41%
25	0.09%	47	0.44%
26	0.09%	48	0.50%
27	0.10%	49	0.56%
28	0.10%	50	0.62%
29	0.11%	51	0.68%
30	0.11%	52	0.75%
31	0.12%	53	0.84%
32	0.12%	54	0.94%
33	0.13%	55	1.03%
34	0.14%	56	1.13%
35	0.15%	57	1.23%
36	0.16%	58	1.37%
37	0.17%	59	1.52%
38	0.19%	60	1.66%
39	0.21%	61	1.80%
40	0.23%	62 and up	1.95%
41	0.25%		

No disability is assumed for current Part A, Part B, & Part C actives employees.

Benefit Commencement Date

Part D Active Employees: It is assumed that upon future termination, retirement, or disablement:

50% of participants will commence their benefit immediately.

35% of participants will commence their benefit in the year following decrement.

15% of participants will commence their benefit at age 65, or immediately if over age 65.

It is assumed that current Part D vested terminated employees will receive payment based on the following table:

Age	Rate %
< 45	5%
45 - 59	6%
60 - 64	12%
65 - 69	20%
70 and up	100%

It is assumed that future preretirement death benefits will be paid immediately upon death.

It is assumed that current beneficiaries not yet in pay status, alternate payees eligible to receive benefits through a QDRO, and current disabled participants not yet in pay status as of the valuation date will commence their benefits at age 65.

Form of Payment

It is assumed that current Old Formula participants from the Part A & Part C Plan who are eligible to retire early and are eligible for the Early Retirement reductions described in the Early Retirement section in the plan provisions will elect their form of payment based on the following Table:

Sex	Life Annuity	50% J&S Annuity
Male	30%	70%
Female	60%	40%

It is assumed that current participants from the Part A & Part C Plan other than those described above will elect their form of payment based on the following Table:

Sex	Life Annuity	50% J&S Annuity
Male	40%	60%
Female	70%	30%

It is assumed that current employees in the Part B Plan will elect their form of payment based on the following Table:

Age	Lump Sum	Life Annuity
< 55	100%	0%
55 – 59	75%	25%
60 – 64	60%	40%
65 and up	40%	60%

For any participant in the Part B Plan with a cash balance account value less than $7,000 as of the valuation date, it is assumed 100% lump sum election rate regardless of age.

It is assumed that current employees in the Part D Plan will elect a lump sum 100% of the time.

Salary Scale

None

Social Security

N/A

Survivor's Benefit

It is assumed that husbands are two years older than wives and that 85% of the male Participants and 65% of the female Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible Spouse or Domestic Partner.

<u>Assumptions specific to additional benefits provided due to the Amara litigation</u>

Future 30-year Treasury Rate

Year	Rate
*2024	4.66%
2025+	4.25%

*Based on actual published interest rates.

Retirement Rates

Part B Benefit in Plan	Follows rates under Part A except that Part B must be distributed before this benefit may be received.
Part B Distributed from Plan	Retirement rates very based on early retirement subsidy as follows: Old Formula participants who met the Early Retirement eligibility described in the Plan Provisions: Age 55. All other Old Formula participants eligible to commence their benefits prior to age 65: Age 65. Employees eligible for early retirement that entered the Plan on or after January 1, 1989: Age 60. Not eligible for early retirement: Age 65.

Appendix E – Yield curve spot rates

Yield Curve Spot Rates

Below is the applicable IRS yield curve for the 2024 plan year.

Maturity	Spot Rate	Maturity	Spot Rate	Maturity	Spot Rate	Maturity	Spot Rate
0.5	5.46%	25.5	5.18%	50.5	5.14%	75.5	5.12%
1.0	5.31%	26.0	5.18%	51.0	5.14%	76.0	5.12%
1.5	5.17%	26.5	5.18%	51.5	5.14%	76.5	5.12%
2.0	5.05%	27.0	5.18%	52.0	5.14%	77.0	5.12%
2.5	4.95%	27.5	5.17%	52.5	5.14%	77.5	5.12%
3.0	4.88%	28.0	5.17%	53.0	5.13%	78.0	5.12%
3.5	4.84%	28.5	5.17%	53.5	5.13%	78.5	5.12%
4.0	4.81%	29.0	5.17%	54.0	5.13%	79.0	5.12%
4.5	4.80%	29.5	5.17%	54.5	5.13%	79.5	5.12%
5.0	4.80%	30.0	5.17%	55.0	5.13%	80.0	5.12%
5.5	4.81%	30.5	5.17%	55.5	5.13%	80.5	5.12%
6.0	4.83%	31.0	5.16%	56.0	5.13%	81.0	5.12%
6.5	4.86%	31.5	5.16%	56.5	5.13%	81.5	5.12%
7.0	4.89%	32.0	5.16%	57.0	5.13%	82.0	5.12%
7.5	4.93%	32.5	5.16%	57.5	5.13%	82.5	5.12%
8.0	4.97%	33.0	5.16%	58.0	5.13%	83.0	5.12%
8.5	5.00%	33.5	5.16%	58.5	5.13%	83.5	5.12%
9.0	5.04%	34.0	5.16%	59.0	5.13%	84.0	5.12%
9.5	5.07%	34.5	5.16%	59.5	5.13%	84.5	5.12%
10.0	5.10%	35.0	5.16%	60.0	5.13%	85.0	5.12%
10.5	5.13%	35.5	5.16%	60.5	5.13%	85.5	5.12%
11.0	5.15%	36.0	5.15%	61.0	5.13%	86.0	5.12%
11.5	5.17%	36.5	5.15%	61.5	5.13%	86.5	5.12%
12.0	5.19%	37.0	5.15%	62.0	5.13%	87.0	5.12%
12.5	5.21%	37.5	5.15%	62.5	5.13%	87.5	5.12%
13.0	5.22%	38.0	5.15%	63.0	5.13%	88.0	5.12%
13.5	5.23%	38.5	5.15%	63.5	5.13%	88.5	5.12%
14.0	5.23%	39.0	5.15%	64.0	5.13%	89.0	5.12%
14.5	5.24%	39.5	5.15%	64.5	5.13%	89.5	5.12%
15.0	5.24%	40.0	5.15%	65.0	5.13%	90.0	5.12%

Maturity	Spot Rate	Maturity	Spot Rate	Maturity	Spot Rate	Maturity	Spot Rate
15.5	5.24%	40.5	5.15%	65.5	5.13%	90.5	5.12%
16.0	5.24%	41.0	5.15%	66.0	5.13%	91.0	5.12%
16.5	5.24%	41.5	5.15%	66.5	5.13%	91.5	5.12%
17.0	5.24%	42.0	5.15%	67.0	5.13%	92.0	5.12%
17.5	5.24%	42.5	5.15%	67.5	5.13%	92.5	5.12%
18.0	5.24%	43.0	5.14%	68.0	5.13%	93.0	5.12%
18.5	5.23%	43.5	5.14%	68.5	5.13%	93.5	5.12%
19.0	5.23%	44.0	5.14%	69.0	5.12%	94.0	5.12%
19.5	5.22%	44.5	5.14%	69.5	5.12%	94.5	5.12%
20.0	5.22%	45.0	5.14%	70.0	5.12%	95.0	5.12%
20.5	5.22%	45.5	5.14%	70.5	5.12%	95.5	5.12%
21.0	5.21%	46.0	5.14%	71.0	5.12%	96.0	5.12%
21.5	5.21%	46.5	5.14%	71.5	5.12%	96.5	5.12%
22.0	5.20%	47.0	5.14%	72.0	5.12%	97.0	5.12%
22.5	5.20%	47.5	5.14%	72.5	5.12%	97.5	5.12%
23.0	5.20%	48.0	5.14%	73.0	5.12%	98.0	5.12%
23.5	5.19%	48.5	5.14%	73.5	5.12%	98.5	5.12%
24.0	5.19%	49.0	5.14%	74.0	5.12%	99.0	5.12%
24.5	5.19%	49.5	5.14%	74.5	5.12%	99.5	5.11%
25.0	5.19%	50.0	5.14%	75.0	5.12%	100.0	5.11%

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CIGNA PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CIGNA HOLDING COMPANY

D Employer Identification Number (EIN)
06-1059331

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	2a	4,107,225,444
b Actuarial value	2b	4,316,472,677

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	25,838	2,531,102,927	2,531,102,927
b For terminated vested participants	14,993	695,521,615	695,521,615
c For active participants	12,279	475,166,088	477,410,782
d Total	53,110	3,701,790,630	3,704,035,324

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	5.12%
6 Target normal cost		
a Present value of current plan year accruals	6a	39
b Expected plan-related expenses	6b	8,700,000
c Target normal cost	6c	8,700,039

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Jason Gay
Signature of actuary

09/16/2025
Date

Jason Gay
Type or print name of actuary

2306540
Most recent enrollment number

Empower
Firm name

303-737-6229
Telephone number (including area code)

280 TRUMBULL STREET
HARTFORD CT 06103
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	309,320,419
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,364,897
9	Amount remaining (line 7 minus line 8)	0	307,955,522
10	Interest on line 9 using prior year's actual return of 4.92 %	0	15,158,876
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.07 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	323,114,398

Part III Funding Percentages

14	Funding target attainment percentage	14	107.81 %
15	Adjusted funding target attainment percentage	15	116.53 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.56 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	%	%	%	☒ N/A, full yield curve used

b Applicable month (enter code)	**21b**	
22 Weighted average retirement age	**22**	64

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	8,700,039
b Excess assets, if applicable, but not greater than line 31a	**31b**	8,700,039

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _________ Day _________ Year _________) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☒ 2019 ☐ 2020 ☐ 2021

Cigna Pension Plan
EIN / PN 06-1059331 / 001
Form 5500 2024 Schedule SB, Line 7 - Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Line 7

The amount on line 7 differs from line 13 from prior year due to the merger as of 12/31/2023 of the Cigna Pension Plan for Certain Former Employees (EIN/PN 06-1059331/005) and the Medco Health Solutions, Inc. Cash Balance Retirement Plan (EIN/PN 22-3461740/002) into the Cigna Pension Plan (EIN/PN 06-1059331/001). Part II is shown below for the merged plan.

Part II Beginning of Year Carryover and Prefunding Balances

		Carryover Balance				Prefunding Balance			
Line		Cigna Pension Plan	Cigna Pension Plan for Certain Former Employees	Medco Health Solutions, Inc. Cash Balance Retirement Plan	Total	Cigna Pension Plan	Cigna Pension Plan for Certain Former Employees	Medco Health Solutions, Inc. Cash Balance Retirement Plan	Total
7	Balance at Beginning of Prior Year (PY)	0	0	0	0	$ 305,058,722	$ 2,896,800	$ 1,364,897	$ 309,320,419
8	Portion Elected to Offset Prior Year Funding Requirement	0	0	0	0	0	0	$ 1,364,897	$ 1,364,897
9	Amount Remaining (7-8)	0	0	0	0	$ 305,058,722	$ 2,896,800	0	$ 307,955,522
10	Interest on Line 9 using PY Actual Return	0	0	0	0	$ 14,886,866	$ 272,010	0	$ 15,158,876 *
11a	Present Value of Excess Contributions (line 38a PY)					0	0	0	0
11b(1)	Interest on Line 38a over Line 38b from PY using Eff Rate					0	0	0	0
11b(2)	Interest on line 38b from PY using Actual Return					0	0	0	0
11c	Total Available at BOY to Add to Prefunding Balance					0	0	0	0
11d	Portion of (c) to be Added to Prefunding Balance					0	0	0	0
12	Other Reductions in Balances	0	0	0	0	0	0	0	0
13	Balance at Beginning of Current Year (9 + 10 + 11d - 12)	0	0	0	0	$ 319,945,588	$ 3,168,810	0	$ 323,114,398
	Prior Year Actual Return	4.88%	9.39%	8.87%		4.88%	9.39%	8.87%	4.92%
	Prior Year Effective Rate	5.07%	5.08%	5.08%		5.07%	5.08%	5.08%	

* The actual rate of return shown on Line 10 is the weighted average return based on the return of the individual plans and the credit balance that existed in those plans at the beginning of the prior year.

Cigna Pension Plan
EIN / PN 06-1059331 / 001
Form 5500 2024 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

WEIGHTED AVERAGE RETIREMENT AGE:

For Part A & C Employees:

Age	Probability of Retirement	Weighted Retirement Age
55	6.0%	3.30
56	5.6%	3.14
57	5.3%	3.02
58	5.0%	2.90
59	4.7%	2.77
60	5.9%	3.54
61	7.4%	4.51
62	6.6%	4.09
63	5.9%	3.72
64	6.2%	3.97
65	16.6%	10.79
66	7.4%	4.88
67	2.6%	1.74
68	2.2%	1.50
69	3.8%	2.62
70	8.8%	6.16
		62.65

For Part B Employees:

Age	Probability of Retirement	Weighted Retirement Age
55	3.0%	1.65
56	2.9%	1.62
57	2.8%	1.60
58	2.7%	1.57
59	4.4%	2.60
60	4.2%	2.52
61	4.0%	2.44
62	6.8%	4.22
63	6.2%	3.91
64	5.7%	3.65
65	14.3%	9.30
66	10.8%	7.13
67	8.1%	5.43
68	6.0%	4.08
69	4.5%	3.11
70	3.4%	2.38
71	2.6%	1.85
72	7.6%	5.47
		64.53

For Part D Employees:

Age	Probability of Retirement	Weighted Retirement Age
55	5.0%	2.75
56	4.8%	2.66
57	4.5%	2.57
58	4.3%	2.49
59	4.1%	2.40
60	5.4%	3.25
61	5.0%	3.07
62	4.7%	2.90
63	4.4%	2.74
64	5.8%	3.70
65	6.3%	4.06
66	5.5%	3.63
67	6.1%	4.05
68	3.4%	2.33
69	3.1%	2.13
70	27.8%	19.44
		64.17

Active Part A Employees:	188
Active Part B Employees:	8,234
Active Part C Employees:	28
Active Part D Employees:	3,829
Total Active Employees:	12,279
Weighted Average:	64.38

64.38=((62.65*188)+(64.53*8,234)+(62.65*28)+(64.17*3,829))/12,279

EMPOWER

Actuarial methods

Under the actuarial methods described below, if all current assumptions remain constant and are realized, funding at least the minimum required contribution each year will eventually accumulate sufficient plan assets to cover the funding target.

Cost method

Costs have been computed in accordance with the unit credit actuarial cost method and reflect the actuarial assumptions described under "Actuarial assumptions" of this report as provided under the applicable regulations of the Pension Protection Act of 2006.

Target normal cost

The target normal cost is the present value of benefits expected to accrue during the plan year plus an estimate of the expenses to be paid from plan assets during the plan year.

Funding target and funding shortfall

The funding target is the present value of benefits accrued as of the beginning of the plan year and the funding shortfall is the excess of the funding target over the actuarial value of assets (reduced by the credit balance). The initial funding shortfall is amortized over 15 years.

In subsequent years, the funding shortfall less the present value of prior year amortization installments is amortized over 15 years, and added to any prior year amortization installments.

The funding target is developed based on the full yield curve published at the month prior to the valuation date.

Sponsor elections

Discount rate:	Full yield curve
Mortality table:	Prescribed IRS generational mortality table – separate

At-risk determination

The at-risk funding target is determined by assuming that participants eligible to retire in the current plan year and next 10 plan years retire at the earliest possible date, but not before the end of the plan year. All participants are assumed to elect the optional form resulting in the highest possible present value.

A load is added to the at-risk funding target and at-risk target normal cost when a plan is at-risk in at least two years during the preceding four years. The load increases the at-risk funding target by 4% of the not at-risk funding target plus $700 per participant, and increases the at-risk target normal cost by 4% of the not at-risk target normal cost.

The funding target and target normal cost are calculated by multiplying the not at-risk values by 100% minus the phase-in percentage, plus the at-risk values multiplied by the phase-in percentage.

Credit balance

The credit balance consists of the carryover balance from excess contributions prior to the Pension Protection Act (PPA) of 2006, plus the prefunding balance from elected excess contributions after the PPA. Balances accumulate with interest and are reduced for amounts applied towards the minimum required contribution, voluntary waivers by the plan sponsor, and compelled waivers to avoid benefit restrictions. The actuarial value of assets is reduced by the credit balance to determine certain funded percentages and to determine the funding shortfall.

Asset valuation method

The actuarial value of assets is determined using an annual average of the adjusted fair market value of assets with the earliest determination 24 months prior to the valuation date. The fair market value of assets in prior years is adjusted for contributions, benefit payments, expenses and expected earnings (not to exceed the third segment rate).

This is equivalent to the fair market value of assets, plus two-thirds of the (gain)/loss from the prior year, plus one-third of the (gain)/loss from the second preceding year. The (gain)/loss in each year is the difference between the expected and actual returns on the fair market value of assets.

The actuarial value of assets is adjusted to be no less than 90% or no more than 110% of the fair market value of assets, as required by IRC Section 430(g)(3)(B)(iii).

Since the expected earnings assumption cannot exceed the third segment rate, over time, the method may produce an actuarial value of assets slightly below the fair market value of assets.

The actuarial value of assets for determining the maximum tax deductible contribution reflects interest rate stabilization rates for discounting contributions and limiting expected earnings.

The fair market value of assets used for funds invested in the general account of an insurance company is the stated contract value with a market value adjustment factor. This value is an estimate only and not the precise calculation which would be done at contract discontinuance or to measure the impact of excess withdrawals in any calendar year. It does not constitute a final offer by Empower or a final experience adjustment.

Actuarial assumptions

Funding Assumptions

The discount rate and mortality assumptions are prescribed assumptions set by law. All other assumptions are non-prescribed assumptions set by the actuary which reflect estimates of future experience, are appropriate for the purpose of the measurement, consider relevant plan characteristics, and contain no significant bias unless otherwise noted. Relevant historical information, such as credible plan experience and experience from representative populations, was considered in the selection of the non-prescribed assumptions with a significant effect on the measurement. Factors that may affect future experience and the views of experts were also considered.

The Expected Return on Plan Assets assumption is consistent with the plan's asset allocation and reflects a weighted average of expected returns by asset class based on the Empower Capital Market Assumptions.

Below are details on previous assumption studies that were used to help set the plan's assumptions:

The Part A & Part C retirement age, as well as distribution rate assumptions, consider the experience study completed in September 2019 based on plan experience from 2014 through 2018.

The Part B termination and retirement age, as well as distribution rate assumptions, consider the experience study completed in November 2018 based on plan experience from 2015 through 2017.

The Part A & Part C form of payment assumption considers the experience study completed in November 2020 based on plan experience from 2015 through 2019.

The Part B form of payment assumption considers the experience study completed in November 2018 based on plan experience from 2015 through 2017.

The Part A & Part C marital and spouse age difference assumption considers the experience study completed in November 2020 based on plan experience from 2015 through 2019.

Below are the actuarial assumptions as of January 1, 2024:

Effective Rate 5.12% (see Appendix E for the full yield curve).

Expected Return on Plan Assets 6.50% per annum.

Cap on Expected Return to Develop AVA 5.59%

Mortality The IRS 2024 Generational Mortality Table for males and females.

Estimated Expenses $8.7 million added to normal cost. Previously, $5.5 million added to normal cost.

Future Interest Crediting Rates For benefits accrued under the Part B and Part A Cash Balance Formula:

Year	Crediting Rate
*2024	4.74%
2025+	4.50%

For benefits accrued under Part D:

Year	Crediting Rate
*2024	5.28%
2025+	2.00%

*Based on actual published interest rates.

Future 417(e) Mortality Equals 2024 table

Future 417(e) Segment Rates

Year	1st Segment	2nd Segment	3rd Segment
*2024	5.50%	5.76%	5.83%
2025	4.25%	5.00%	5.50%
2026+	3.50%	5.00%	6.00%

*Based on actual published interest rates.

The annuity amount after conversion of the Part B cash balance benefit is floored at the benefit determined using the 417(e) minimum present value segment rates for the month of November 2008.

Termination

10% of the participants in the Part A & Part C Plan terminate each year.

Termination Rates for the Part B Plan:

Age	Rate
< 40	5.0%
40 – 54	3.0%

Termination Rates for the Part D Plan:

Age	Rate %
< 30	11.0%
30 - 34	7.0%
35 - 39	6.0%
40 - 44	5.0%
45 - 49	4.0%
50 - 54	4.5%

Retirement

It is assumed that from an initial group of employees, retirement rates are as follows:

Age	Part A & C*	Part B	Part D
55	6%	3%	5%
56	6%	3%	5%
57	6%	3%	5%
58	6%	3%	5%
59	6%	5%	5%
60	8%	5%	7%
61	11%	5%	7%
62	11%	9%	7%
63	11%	9%	7%
64	13%	9%	10%
65	40%	25%	12%
66	30%	25%	12%
67	15%	25%	15%
68	15%	25%	10%
69	30%	25%	10%
70	100%	25%	100%
71	100%	25%	100%
72 and up	100%	100%	100%
Avg. Ret. Age:	63	64	64

*3% of the total percentage of those terminating between age 55 and 64 are assumed to defer payment and follow the schedule for current vested terminated employees from the Part A & Part C Plan who are eligible to retire early.

It is assumed that future New Formula vested terminated employees with less than 15 years of Eligible Service will commence benefits at age 65.

It is assumed that future New Formula vested terminated employees with at least 15 years of Eligible Service will commence benefits at age 61.

It is assumed that all other future vested terminated employees will commence benefits at age 57.

It is assumed that the current Old Formula vested terminated employees from the Part A & Part C Plan who are eligible to retire early and are eligible for the Early Retirement reductions described in the Early Retirement section in the plan provisions will commence benefits based on the following table:

Age	Rate
55	50%
56	20%
57	15%
58	15%
59	15%
60	15%
61	15%
62	25%
63	20%
64	15%
65 and up	100%

It is assumed that all other current vested terminated employees from the Part A & Part C Plan who are eligible to retire early will commence benefits based on the following table:

Age	Rate
55	20%
56	5%
57	5%
58	5%
59	5%
60	5%
61	5%
62	10%
63	7%
64	7%
65 and up	100%

It is assumed that the current vested terminated employees from the Part A & Part C Plan who are not eligible to retire early will commence benefits at age 65.

It is assumed that current vested terminated employees from the Part C Plan who were part of the Intracorp plan will commence benefits at age 65.

It is assumed that current vested terminated employees from the Part B Plan will elect distribution based on the following schedule:

Age	Rate
30 - 59	3%
60 - 64	7%
65	70%
66 - 70	25%
71	100%

In addition, all future such employees will elect distribution based on the following schedule at termination, and will follow the current distribution, as noted above, following the year of termination:

Age	Rate
< 62	33%
62 – 64	50%
65 and up	100%

Retirement Rates for participants acquired from the Conn. General Life Field Retirement Plan DB Supplement as based on the following schedule:

Age	Rate
< 65	0%
65 and up	100%

Disability

It is assumed that current Part D active employees will become disabled based on the following table:

Age	Rate %	Age	Rate %
20	0.06%	42	0.27%
21	0.07%	43	0.30%
22	0.07%	44	0.34%
23	0.08%	45	0.37%
24	0.08%	46	0.41%
25	0.09%	47	0.44%
26	0.09%	48	0.50%
27	0.10%	49	0.56%
28	0.10%	50	0.62%
29	0.11%	51	0.68%
30	0.11%	52	0.75%
31	0.12%	53	0.84%
32	0.12%	54	0.94%
33	0.13%	55	1.03%
34	0.14%	56	1.13%
35	0.15%	57	1.23%
36	0.16%	58	1.37%
37	0.17%	59	1.52%
38	0.19%	60	1.66%
39	0.21%	61	1.80%
40	0.23%	62 and up	1.95%
41	0.25%		

No disability is assumed for current Part A, Part B, & Part C actives employees.

Benefit Commencement Date

Part D Active Employees: It is assumed that upon future termination, retirement, or disablement:

50% of participants will commence their benefit immediately.

35% of participants will commence their benefit in the year following decrement.

15% of participants will commence their benefit at age 65, or immediately if over age 65.

It is assumed that current Part D vested terminated employees will receive payment based on the following table:

Age	Rate %
< 45	5%
45 - 59	6%
60 - 64	12%
65 - 69	20%
70 and up	100%

It is assumed that future preretirement death benefits will be paid immediately upon death.

It is assumed that current beneficiaries not yet in pay status, alternate payees eligible to receive benefits through a QDRO, and current disabled participants not yet in pay status as of the valuation date will commence their benefits at age 65.

Form of Payment

It is assumed that current Old Formula participants from the Part A & Part C Plan who are eligible to retire early and are eligible for the Early Retirement reductions described in the Early Retirement section in the plan provisions will elect their form of payment based on the following Table:

Sex	Life Annuity	50% J&S Annuity
Male	30%	70%
Female	60%	40%

It is assumed that current participants from the Part A & Part C Plan other than those described above will elect their form of payment based on the following Table:

Sex	Life Annuity	50% J&S Annuity
Male	40%	60%
Female	70%	30%

It is assumed that current employees in the Part B Plan will elect their form of payment based on the following Table:

Age	Lump Sum	Life Annuity
< 55	100%	0%
55 – 59	75%	25%
60 – 64	60%	40%
65 and up	40%	60%

For any participant in the Part B Plan with a cash balance account value less than $7,000 as of the valuation date, it is assumed 100% lump sum election rate regardless of age.

It is assumed that current employees in the Part D Plan will elect a lump sum 100% of the time.

Salary Scale

None

Social Security

N/A

Survivor's Benefit

It is assumed that husbands are two years older than wives and that 85% of the male Participants and 65% of the female Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible Spouse or Domestic Partner.

Assumptions specific to additional benefits provided due to the Amara litigation

Future 30-year Treasury Rate

Year	Rate
*2024	4.66%
2025+	4.25%

*Based on actual published interest rates.

Retirement Rates

Part B Benefit in Plan	Follows rates under Part A except that Part B must be distributed before this benefit may be received.
Part B Distributed from Plan	Retirement rates very based on early retirement subsidy as follows: Old Formula participants who met the Early Retirement eligibility described in the Plan Provisions: Age 55. All other Old Formula participants eligible to commence their benefits prior to age 65: Age 65. Employees eligible for early retirement that entered the Plan on or after January 1, 1989: Age 60. Not eligible for early retirement: Age 65.

Appendix E – Yield curve spot rates

Yield Curve Spot Rates

Below is the applicable IRS yield curve for the 2024 plan year.

Maturity	Spot Rate	Maturity	Spot Rate	Maturity	Spot Rate	Maturity	Spot Rate
0.5	5.46%	25.5	5.18%	50.5	5.14%	75.5	5.12%
1.0	5.31%	26.0	5.18%	51.0	5.14%	76.0	5.12%
1.5	5.17%	26.5	5.18%	51.5	5.14%	76.5	5.12%
2.0	5.05%	27.0	5.18%	52.0	5.14%	77.0	5.12%
2.5	4.95%	27.5	5.17%	52.5	5.14%	77.5	5.12%
3.0	4.88%	28.0	5.17%	53.0	5.13%	78.0	5.12%
3.5	4.84%	28.5	5.17%	53.5	5.13%	78.5	5.12%
4.0	4.81%	29.0	5.17%	54.0	5.13%	79.0	5.12%
4.5	4.80%	29.5	5.17%	54.5	5.13%	79.5	5.12%
5.0	4.80%	30.0	5.17%	55.0	5.13%	80.0	5.12%
5.5	4.81%	30.5	5.17%	55.5	5.13%	80.5	5.12%
6.0	4.83%	31.0	5.16%	56.0	5.13%	81.0	5.12%
6.5	4.86%	31.5	5.16%	56.5	5.13%	81.5	5.12%
7.0	4.89%	32.0	5.16%	57.0	5.13%	82.0	5.12%
7.5	4.93%	32.5	5.16%	57.5	5.13%	82.5	5.12%
8.0	4.97%	33.0	5.16%	58.0	5.13%	83.0	5.12%
8.5	5.00%	33.5	5.16%	58.5	5.13%	83.5	5.12%
9.0	5.04%	34.0	5.16%	59.0	5.13%	84.0	5.12%
9.5	5.07%	34.5	5.16%	59.5	5.13%	84.5	5.12%
10.0	5.10%	35.0	5.16%	60.0	5.13%	85.0	5.12%
10.5	5.13%	35.5	5.16%	60.5	5.13%	85.5	5.12%
11.0	5.15%	36.0	5.15%	61.0	5.13%	86.0	5.12%
11.5	5.17%	36.5	5.15%	61.5	5.13%	86.5	5.12%
12.0	5.19%	37.0	5.15%	62.0	5.13%	87.0	5.12%
12.5	5.21%	37.5	5.15%	62.5	5.13%	87.5	5.12%
13.0	5.22%	38.0	5.15%	63.0	5.13%	88.0	5.12%
13.5	5.23%	38.5	5.15%	63.5	5.13%	88.5	5.12%
14.0	5.23%	39.0	5.15%	64.0	5.13%	89.0	5.12%
14.5	5.24%	39.5	5.15%	64.5	5.13%	89.5	5.12%
15.0	5.24%	40.0	5.15%	65.0	5.13%	90.0	5.12%

Maturity	Spot Rate	Maturity	Spot Rate	Maturity	Spot Rate	Maturity	Spot Rate
15.5	5.24%	40.5	5.15%	65.5	5.13%	90.5	5.12%
16.0	5.24%	41.0	5.15%	66.0	5.13%	91.0	5.12%
16.5	5.24%	41.5	5.15%	66.5	5.13%	91.5	5.12%
17.0	5.24%	42.0	5.15%	67.0	5.13%	92.0	5.12%
17.5	5.24%	42.5	5.15%	67.5	5.13%	92.5	5.12%
18.0	5.24%	43.0	5.14%	68.0	5.13%	93.0	5.12%
18.5	5.23%	43.5	5.14%	68.5	5.13%	93.5	5.12%
19.0	5.23%	44.0	5.14%	69.0	5.12%	94.0	5.12%
19.5	5.22%	44.5	5.14%	69.5	5.12%	94.5	5.12%
20.0	5.22%	45.0	5.14%	70.0	5.12%	95.0	5.12%
20.5	5.22%	45.5	5.14%	70.5	5.12%	95.5	5.12%
21.0	5.21%	46.0	5.14%	71.0	5.12%	96.0	5.12%
21.5	5.21%	46.5	5.14%	71.5	5.12%	96.5	5.12%
22.0	5.20%	47.0	5.14%	72.0	5.12%	97.0	5.12%
22.5	5.20%	47.5	5.14%	72.5	5.12%	97.5	5.12%
23.0	5.20%	48.0	5.14%	73.0	5.12%	98.0	5.12%
23.5	5.19%	48.5	5.14%	73.5	5.12%	98.5	5.12%
24.0	5.19%	49.0	5.14%	74.0	5.12%	99.0	5.12%
24.5	5.19%	49.5	5.14%	74.5	5.12%	99.5	5.11%
25.0	5.19%	50.0	5.14%	75.0	5.12%	100.0	5.11%

Plan provisions

This synopsis reflects the major features and provisions of the Plan as valued effective January 1, 2024. Certain provisions of the Prior Plans as they existed prior to the Restatement Date continue to apply. Please refer to the plan document for more detailed definitions.

DEFINITIONS

Part A	Traditional benefits accrued prior to January 1, 1998. Certain participants were eligible to continue accruing Part A benefits in the plan past January 1, 1998. On April 1, 2008, the Part A benefit formula was amended to be a cash balance formula.
Part B	Cash balance benefits accrued after January 1, 1998. Certain participants had their previously accrued Part A benefits converted into an opening cash balance account under Part B. Additionally, other certain rehired participants did not have their Part A benefits converted to Part B, and began to participate in Part B only after their rehire.
Part C	Former Part A benefits that were spun off into the Cigna Pension Plan for Certain Former Employees on January 1, 2009. Effective December 31, 2023, the Cigna Pension Plan for Certain Former Employees was merged back into the Cigna Pension Plan.
Part D	Cash balance benefits that were merged into the Cigna Pension Plan from the Medco Health Solutions, Inc. Cash Balance Retirement Plan on December 31, 2023.

Plan provisions specific to Part A, Part B, and Part C

Effective July 1, 2009, the Part A & Part B Plan were frozen to new entrants and all future benefit accruals ceased.

Eligible Earnings	Total compensation for Services rendered, including bonuses, overtime, and commissions. For 2009, Part A & Part B compensation was limited to $245,000, as indexed.
Final Earnings	For Part A & Part C Plan Participants, the greater of: (a) the highest average yearly earnings received during three (five for New Formula plan participants) consecutive full calendar years, or (b) the last months, not exceeding 36 (60 for New Formula plan participants), prior to retirement, termination, or disability. For Part A Plan Participants, Final Earnings shall not include eligible earnings paid after June 30, 2009.
Interest Credits	Interest applied each calendar year quarter equal to the 5 year Treasury Bond rate plus 25 basis points, determined in November of the previous calendar year, but not less than 4.5% and not more than 9.0%.
Eligible Service	All years of Service from date of employment up to the earlier of termination of employment, or January 1, 1994. Thereafter 1,000 hours worked in a plan year equals 1 year of Service.

Credited Service — All Service from date of employment to termination of employment. Prior to January 1, 1994 Credited Service shall be counted in whole years and full months, and limited according to the benefit formulas below. Credited Service after January 1, 1994 is based on 1,000 hours equals 1 year of Service. Part A Credited Service is frozen effective July 1, 2009.

Normal Form of Annuity — Life Annuity

Normal Retirement Date — The first day of the month following the Participant's 65th birthday, or the completion of five years of Eligible Service, if later.

PENSION BENEFITS

Normal

Eligibility for Plan Participation — Employment by Cigna Corporation or a participating company and working within the United States.

Effective July 1, 2009, the Part A and Part B were frozen to new entrants.

Benefit Formula — For Part A & Part C Plan Participants (for benefits earned through March 31, 2008):

Old Formula - Final Earnings multiplied by the percentage of (a), minus Social Security offset in (b), with a minimum of (c).

(a) 2% multiplied by a Participant's years of Credited Service (earned through March 31, 2008) not in excess of 30 years.

(b) 50% of a Participant's Social Security amount prorated over 35 years by use of a fraction: with Credited Service (earned through December 31, 2007) up to 30 years as the numerator, and 35 years as the denominator.

(c) $72 for each year of Credited Service (earned through March 31, 2008) not in excess of 15 years.

For employees of Cigna Dental Healthplan, Equicor, Metropolitan Counseling Clinic, and employees hired on or after January 1, 1989 (New Formula):

(a) 1.67% multiplied by a Participant's years of Credited Service not in excess of 35 years.

(b) 50% of a Participant's Social Security amount prorated over 35 years by use of a fraction: with Credited Serviceup to 35 years as the numerator, and 35 years as the denominator.

(c) $72 for each year of Credited Service not in excess of 15 years.

And for employees of Cigna Healthplan:

(a) 1.0% multiplied by a Participant's years of Credited Service through December 31, 1988 up to a maximum of 30 years; plus 1.67% for years of Credited Service after January 1, 1989 up to a maximum of 35 years. With regard to maximum service, preference is given to years of service after January 1, 1989. Past Service Benefits may be payable to employees who were participants of the ABC-HMO, Inc. Pension Plan as of September 30, 1981; and benefits may be offset by other pension benefits as a result of credited service with Hospital Affiliates International, Inc.

(b) 50% of a Participant's Social Security amount prorated over 35 years by use of a fraction: with Credited Service up to 35 years as the numerator, and 35 years as the denominator.

(c) $72 for each year of Credited Service not in excess of 15 years.

For Part A Plan Participants (for benefits earned on and after April 1, 2008):

A Retirement Account consisting of the accumulation of Benefit Credits with Interest Credits applied each calendar year quarter.

Benefit Credits are based on the following schedule:

Calendar Year	Percentage of Pension Eligible Pay
2008	8%
2009	9%
2010 and after	10%
30 years of service or greater	3%

Benefit Formula Cont.

For Part B Plan Participants:

Value of (A) plus (B) with Interest Credits applied each calendar year quarter.

(A) The Initial Retirement Account is the lump sum value of the accrued benefit calculated as of December 31, 1997.

(B) Benefit Credits (Credit (a) plus Credit (b)) based on the following schedule of points. Points are the sum of the full year of Age and Years of Credited Service on January 1 of the Plan Year.

Credit (a) is the contribution percentage applied to Pension Eligible Earnings up to 50% of the Social Security Taxable Wage Base.

Credit (b) is the contribution percentage applied to the Pension Eligible Earnings in excess of 50% of the Social Security Taxable Wage Base.

Points	Credit (a)	Credit (b)
Under 35	3%	4.5%
35 to 44	4%	5.5%
45 to 54	5%	6.5%
55 to 64	6%	7.5%
65 or above	7%	8.5%

Effective July 1, 2009, all future benefit accruals ceased.

Income Payable

Amount described in sections (a) or (b), whichever applies:

(a) If a Participant has a Spouse or Qualified Domestic Partner as of his retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by the appropriate factor.

(b) If a Participant either has no Spouse or Qualified Domestic Partner as of his retirement date or elects to receive his income under the Normal Form, retirement income will be the amount determined under the benefit formula.

Early	For Old Formula Part A & Part C Plan Participants:
Eligibility	Age 55 and 10 years of Eligible Service.
Benefit Formula	For the benefit accrued through December 31, 2004: If a Participant has 15 or more years of Eligible Service, the accrued benefit reduced by 3% per year between 55 and 62. Otherwise, the accrued benefit reduced by 2.4% per year prior to normal retirement. The Social Security offset is postponed until age 65.
	For the benefit accrued on and after January 1, 2005 through March 31, 2008: If a Participant has 10 years of vesting service and terminates employment on or after age 55, the accrued benefit reduced by 6% per year for the first 5 years early and 4% per year for the next 5 years early. Otherwise, the accrued benefit reduced by tabled factors grading from 100% at age 65 to 47.5% at age 55. The Social Security offset is applied at the Annuity Commencement Date.
	For Part A Plan Participants, the benefit accrued on and after April 1, 2008: Retirement Account Balance converted to Single Life Annuity.
	For New Formula Part A & Part C Plan Participants:
Eligibility	Age 55 and 15 years of Eligible Service.
Benefit Formula	The accrued benefit reduced by 5% per year between 55 and 65. The Social Security offset is postponed until age 62.
	For Part B Plan Participants:
Eligibility	At Termination with 5 years of eligibility service.
Benefit Formula	Account Balance converted to Single Life Annuity.

Vested

Eligibility	Five years of Eligible Service for Frozen Part A & Part C Benefits. Part A accruals on and after April 1, 2008 under the new benefit structure are fully vested at April 1, 2008. Three years of Eligible Service for Part B benefits. Participants who were active as of April 1, 2009 and participants who were hired between April 1, 2009 and June 30, 2009 were deemed fully vested in benefits accrued as of June 30, 2009.
Benefit Formula	Normal retirement benefit accrued to date of termination.

<u>SUPPLEMENTAL BENEFITS</u>

For Part A & Part C Old Formula Participants

Preretirement Spouse Benefit

Eligibility	Married or in a Qualified Domestic Partnership at least one full year prior to death or retirement date. The Participant has attained age 30.
Benefit Formula	Prior to age 55: 30% of the Participant's Ultimate Retirement Income. This benefit is frozen effective January 1, 2005. For those participants hired prior to 1985, the benefit is based on credited service and earnings projected to age 65. For all others eligible, credited service and earnings are frozen at December 31, 2004.

Age 55:

The greater of the value of a) 30% of Ultimate Retirement Income, or b) 50% of the Adjusted Retirement Income, as reduced for the Joint and Survivor form of payment. The 30% Ultimate Retirement Income benefit is frozen effective January 1, 2005. For those participants hired prior to 1985, the benefit is based on credited service and earnings projected to age 65. For all others eligible, credited service and earnings are frozen at December 31, 2004.

Pre-Retirement Spouse Benefit Other Than Above

Eligibility	Married or in a Qualified Domestic Partnership at least one full year prior to death or retirement date other than the benefits described above.
Benefit Formula	50% of the Retirement Income, as reduced for Joint and Survivor form of payment.

Post Retirement Spouse Benefit

For Active Part A & Part C Old Formula Plan Participants

Eligibility	Married or in a Qualified Domestic Partnership at least one full year prior to death or retirement date. Participant has retired from employment.
Benefit Formula	30% of the Retirement Income. The 30% benefit is frozen effective January 1, 2005.

For Part B Plan Participants and Part A Plan benefits accrued from April 1, 2008 forward:

Death Benefits

Eligibility	Legal spouse or Qualified Domestic Partner is beneficiary. If the spouse or Domestic Partner has waived the rights, automatic distribution will be made to the designated beneficiary.
Benefit Formula	Lump Sum or Single Life Annuity. Spouse or Domestic Partner may defer Annuity payment to the participant's 65th birthday. Non-spouse or non-Domestic Partner beneficiary may not defer annuity payment beyond end of next calendar year following death of participant.

For participants acquired in the merger of the Conn. General Life Field Retirement Plan DB Supplement, the summary plan provisions are as follows:

Form of Annuity	Life Annuity.
Normal Retirement Date	The first day of the month coinciding with or next following the Participant's 65th birthday.
Participation Eligibility	Limited to certain Participants of Connecticut General Life Insurance Company Agents Retirement Plan who:
Income Payable	Amount described in sections (a) or (b), whichever applies: (a) Retired from the Service of a CG Company and to the Contingent Annuitants and beneficiaries of such Participants entitled to retirement income payments under the applicable options form of payment in force. (b) Were Participants as of 01/01/1971 in the CG Agents Plan, and were actively employed as of 01/01/1979.

Benefit Formula	Supplemental retirement income payments are stated in Article XIIB of the Plan plus adjustment of benefits accrued under former Plan as of 01/01/1971.
Early Retirement Eligibility	First of the month coinciding with or next following age 55.
Early Benefit Amount	Normal retirement benefit (under GR-164) accrued to early retirement date, adjusted by the appropriate early retirement factor. The supplemental benefit is accumulated to early retirement date and then converted to an annuity based on the age at early retirement.
Preretirement Spouse Benefit	
Eligibility	Eligible for early retirement and married one full year prior to death.
Benefit Formula	Payment will be 50% of the Supplemental Account, converted to a life annuity, and payable for the life of the beneficiary.
Cost of Living Adjustment	Must be a retired Participant of the Agents Retirement Plan. Must meet eligibility requirement defined in the amendments to the Plan which award and define such adjustments. These adjustments are paid in the form of a life annuity.

Plan provisions specific to additional benefits provided due to the Amara litigation

Eligibility: Any plan participant who participated in both Part A and Part B of the Cigna Pension Plan.

The Amara benefit is equal to "A+B" less the Offset where:

'A' Benefit: Same as the Part A benefit described above except the benefit is based on earnings and service earned through the date the benefit was converted to an opening balance under Part B, generally January 1, 1998.

'B' Benefit: Same as described above for Part B except the benefit is based only on the Benefit Credits and interest earned on those Benefit Credits.

Offset: The Part B payment made from the plan adjusted as follows:

(a) The payment is increased with interest from the Part B payment date to the Amara benefit payment date based on the thirty-year treasury rate for the November preceding the year Part B was paid. If such Part B payment was distributed as an annuity, it is first converted to a lump sum based on the 417(e) interest and mortality applicable in the year of the Part B payment and then adjusted by the 30 year treasury rate.

(b) Once the interest adjustment in 'a' has been made, that value is then converted to a life annuity based on the 417(e) interest and mortality applicable in the year Part B was paid but based on the age at the Amara benefit payment date.

The Amara benefit is subject to the provisions of Part A for all purposes except the following:

(a) Late retirement adjustments are based on the provisions of Part B based on the year the Amara benefit was scheduled to commence.

(b) Forms of payment are limited to a life annuity and a 50% Joint & Survivor annuity and small benefit lump sum cashouts, if applicable.

<u>Plan provisions specific to Part D</u>

Employees Eligible for Participation

Effective February 28, 2011, the plan was closed to new entrants.

Compensation

Base salary of a participant as of January 1 of each plan year (or hire if later), excluding bonuses and other forms of extra compensation.

Contributions

The company pays the entire cost of the plan.

Normal Retirement Eligibility

First of month coincident with or next following age 65.

Early Retirement Eligibility

First day of any month coincident with or next following attainment of age 55 and 7 years of service, prior to normal retirement date.

Postponed Retirement Eligibility

First day of calendar month coincident with or next following actual retirement after the normal retirement date.

Vested Termination Eligibility

Participant who terminates employment prior to early, normal or disability retirement date and has completed three years of vesting service.

A participant who reaches normal retirement age becomes 100% vested in the accrued benefit regardless of the number of years of service in the Company.

Disability Eligibility	Upon total and permanent disability, a participant may retire on the first day of the month coincident with or next following such disability. Such retirement date is the disability retirement date.
Preretirement Death Eligibility	Spouses or beneficiaries of vested participants not in pay status.
Normal Retirement Benefit	The plan was frozen effective February 28, 2011. A participant's accrued benefit shall be determined as follows: (a) For each participant who was a member of the Predecessor Plan as of December 31, 1988, the accrued benefit as of January 1, 1989 shall be the actuarial equivalent of the benefit accrued as December 31, 1988 under such Predecessor Plan. For purposes of this paragraph (a), the assumptions used to determine actuarial equivalence shall be the actuarial assumptions used under the Predecessor Plan. (b) The benefit accrued each year increases every year before retirement based on the rate of credited interest determined at the beginning of each plan year. The crediting rate is based on the one year Treasury rate average of November of the prior year.

Establishment of Accumulation Accounts:

Each participant shall have an accumulation account established as of the entry date. The initial accumulation account as of January 1, 1989 for a member in the Predecessor Plan as of December 31, 1988 who is actively employed by the company or an affiliate on January 1, 1989 shall be the actuarial equivalent on January 1, 1989 of such participant's accrued annual benefit under such Predecessor Plan as of December 31, 1988. For all other participants, the Accumulation Account is set at zero as of the entry date.

Solely for purposes of determining the initial accumulation account for a participant as of January 1, 1989, actuarial equivalence shall be determined based on the actuarial assumptions used under the Predecessor Plan.

The lump sum present value of the accrued benefit earned each plan year will be added to the participants' accumulation account. The lump sum value of a participant's accrued benefit earned each plan year is expressed as an account addition to such participant's accumulation account as follows:

For each year of service while a participant prior to January 1, 1998, an amount equal to 2.5% of compensation for that year shall be added to the participants accumulation account. Such amount shall be the account addition for such plan year. For each plan year ending after December 31, 1997, if the participant has 10 or fewer years of service as of the end of the plan year immediately preceding such plan year, an amount equal to 3.5% of compensation for that plan year or if the participant has more than 10 years of service as of the end of the plan year immediately preceding such plan year, an amount equal to 4.5% of compensation for that plan year shall be added to the participant's accumulation account. Such amount shall be the account addition for the plan year.

Minimum Benefit: If a participant was a member of the Predecessor Plan as of December 31, 1988, such participant's accrued benefit shall not be less than the actuarial equivalent of the accrued benefit to which such participant is entitled under the provisions of the Predecessor Plan determined as of December 31, 1988. For purposes of this paragraph, the assumptions used to determine actuarial equivalence shall be the actuarial assumptions under the Predecessor Plan.

Early Retirement Benefit

The benefit accrued at early retirement date may be payable at normal retirement date. Alternatively, an actuarial equivalent benefit may be payable at early retirement date.

Postponed Retirement Benefit

The benefit payable at postponed retirement date shall be equal to the accrued benefit as of the postponed retirement date.

Vested Termination Benefit	The participant will be entitled to their accrued benefit, as described under normal retirement date.
Disablement Benefit	The benefit accrued at disability retirement date may be payable at normal retirement date. Alternatively, an actuarially equivalent benefit may be payable at disability retirement date.
Preretirement Death Benefit	In the case of any participant who dies before distribution of benefits under the plan have commenced, a preretirement survivor annuity shall be payable to the surviving spouse or beneficiary of the participant. The term preretirement survivor annuity means an annuity payable for the life of the participant's surviving spouse which is the actuarial equivalent, as of the date such benefits commence, of (i) the participant's accrued benefit if employed by the company or an affiliate at death, or (ii) the participant's vested accrued benefit if death occurs subsequent to termination of employment with the company or affiliate. Such preretirement survivor annuity is payable commencing on the first of the month following the participant's death. Alternatively, the surviving spouse may elect to receive the preretirement survivor annuity immediately in the form of a lump sum. The lump sum form is the only form available if a non-spouse beneficiary or beneficiaries are chosen to receive the preretirement survivor benefit.
Forms of Payment	For Single Participants: The normal form of benefit for single participants is a life annuity. For Married Participants: The normal form of benefit for married participants is a level joint and 50% survivor annuity. This benefit is the actuarial equivalent of the normal form for single participants.

Optional Forms

Lump Sum: Under this option, a participant may elect to receive the vested value of the accumulation account paid as a lump sum.

Level Single Life Annuity: Under this option, a participant may elect to receive a level retirement income payable for the participant's lifetime.

Increasing Single Life Annuity: Under this option, a participant may elect to receive retirement income payable for the participant's lifetime with annual increases to their monthly income equal to the plan's interest crediting rate for the previous plan year.

10 Year Certain and Life Option: Under this option, a participant may elect to receive a level retirement income payable for the participant's lifetime provided that, in the event of death within 10 years following the start of payments, retirement income will continue to a designated beneficiary for the remainder of the 10 year period.

Contingent Annuitant Option: Under this option, a participant's lifetime with a percentage designated by the Participant equal to either 50%, 75%, or 100% of said income, payable after the participant's death to a contingent annuitant for the contingent annuitant's lifetime.

All optional forms shall be the actuarial equivalent of the normal form of benefit.

Changes since last year's valuation

Changes in pension plan provisions

On December 31, 2023, the Cigna Pension Plan for Certain Former Employees (Former EE) and the Medco Health Solutions, Inc. Cash Balance Retirement Plan (Medco) were merged into the Cigna Pension Plan.

The January 1, 2024 results presented in this report are post-merger, while the January 1, 2023 results are based on the Cigna Pension Plan alone prior to the merger.

Legislated changes

There were no legislative changes recognized with this actuarial valuation.

Changes in actuarial assumptions

Effective with the January 1, 2024 valuation, the following assumption changes were recognized:

	January 1, 2024	January 1, 2023
Estimated expenses	$8.7 million added to normal cost	$5.5 million added to normal cost

Changes in actuarial methods

No changes in actuarial methods were recognized with this actuarial valuation.

Cigna Pension Plan
EIN / PN 06-1059331 / 001
Form 5500 2024 Schedule SB, Line 26a - Schedule of Active Participant Data

	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB	No.	Avg. CB
Under 25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25 to 29	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30 to 34	0	N/A	1	N/A	0	N/A	4	N/A	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35 to 39	7	N/A	280	3,186	17	N/A	64	1,590	86	3,677	3	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40 to 44	1	N/A	500	4,335	336	18,173	157	10,003	260	7,411	91	12,491	1	N/A	0	N/A	0	N/A	0	N/A
45 to 49	0	N/A	527	5,607	542	23,270	473	35,362	268	11,696	303	19,966	72	24,014	3	N/A	0	N/A	0	N/A
50 to 54	2	N/A	501	8,264	547	32,994	606	49,494	488	42,446	363	31,330	172	33,680	40	38,177	3	N/A	0	N/A
55 to 59	1	N/A	484	8,825	408	41,268	505	59,437	474	60,853	456	67,706	189	41,214	65	50,490	9	N/A	1	N/A
60 to 64	1	N/A	339	9,257	308	44,284	426	66,814	354	55,587	358	49,418	161	40,900	46	44,670	27	84,442	3	N/A
65 to 69	1	N/A	135	10,130	113	52,631	108	58,983	154	58,483	144	40,686	71	37,096	25	33,268	7	N/A	1	N/A
70 & up	0	N/A	35	12,084	30	66,612	36	79,144	36	45,361	30	49,968	8	N/A	8	N/A	2	N/A	0	N/A

Active Life Count: 12,279

Note that compensation information is not being reported on this attachment, the reason being that effective July 1, 2009, all future benefit accruals ceased.

Cigna Pension Plan
EIN / PN 06-1059331 / 001
Form 5500 2024 Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	15,930,613	35,726,901	255,313,767	306,971,281
2025	18,881,443	38,520,277	247,335,209	304,736,928
2026	21,535,685	43,381,687	239,222,114	304,139,487
2027	24,141,632	45,452,128	231,072,397	300,666,157
2028	26,782,149	48,436,299	222,795,176	298,013,624
2029	29,290,989	51,460,206	214,393,249	295,144,444
2030	31,350,328	52,104,137	205,877,010	289,331,475
2031	32,809,529	52,309,553	197,174,102	282,293,184
2032	34,463,176	52,212,524	188,259,311	274,935,011
2033	35,477,475	52,537,927	179,153,363	267,168,765
2034	36,781,453	51,336,667	169,874,681	257,992,802
2035	36,986,962	50,259,601	160,446,553	247,693,115
2036	37,619,988	49,191,094	150,901,315	237,712,397
2037	37,584,519	48,601,094	141,277,628	227,463,241
2038	37,149,537	46,520,714	131,619,797	215,290,047
2039	36,534,843	45,550,023	121,980,086	204,064,952
2040	35,559,372	43,777,751	112,415,606	191,752,729
2041	34,772,513	42,066,040	102,987,018	179,825,571
2042	33,626,039	40,391,931	93,756,322	167,774,292
2043	32,480,310	38,775,918	84,784,702	156,040,930
2044	31,047,350	36,976,221	76,131,182	144,154,754
2045	29,647,921	35,127,498	67,851,194	132,626,613
2046	28,058,143	33,240,964	59,995,365	121,294,472
2047	26,524,394	31,302,807	52,608,452	110,435,653
2048	24,996,145	29,375,044	45,728,391	100,099,580
2049	23,440,276	27,429,161	39,385,190	90,254,627
2050	22,011,157	25,384,039	33,599,485	80,994,681
2051	20,558,916	23,374,476	28,381,590	72,314,982
2052	19,121,607	21,388,716	23,731,125	64,241,448
2053	17,680,710	19,422,015	19,637,030	56,739,755
2054	16,313,305	17,511,764	16,078,281	49,903,350
2055	14,998,210	15,643,164	13,025,114	43,666,487
2056	13,728,987	13,856,180	10,440,593	38,025,759
2057	12,501,644	12,168,529	8,282,491	32,952,664
2058	11,310,004	10,596,870	6,505,275	28,412,148
2059	10,181,887	9,146,273	5,062,069	24,390,229
2060	9,111,815	7,825,477	3,906,373	20,843,664
2061	8,106,416	6,638,166	2,993,607	17,738,189
2062	7,166,161	5,584,283	2,282,337	15,032,780
2063	6,291,826	4,660,187	1,735,169	12,687,182
2064	5,484,697	3,859,341	1,319,276	10,663,314
2065	4,745,875	3,173,010	1,006,568	8,925,453
2066	4,075,266	2,590,944	773,622	7,439,831
2067	3,471,697	2,102,022	601,360	6,175,079
2068	2,933,081	1,694,916	474,590	5,102,587
2069	2,456,580	1,358,608	381,460	4,196,648
2070	2,038,775	1,082,736	312,901	3,434,412
2071	1,675,817	857,883	262,115	2,795,815
2072	1,363,574	675,674	224,103	2,263,350
2073	1,097,710	528,822	195,234	1,821,766

EMPOWER

Cigna Pension Plan
EIN / PN 06-1059331 / 001
Form 5500 2024 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

WEIGHTED AVERAGE RETIREMENT AGE:

For Part A & C Employees:

Age	Probability of Retirement	Weighted Retirement Age
55	6.0%	3.30
56	5.6%	3.14
57	5.3%	3.02
58	5.0%	2.90
59	4.7%	2.77
60	5.9%	3.54
61	7.4%	4.51
62	6.6%	4.09
63	5.9%	3.72
64	6.2%	3.97
65	16.6%	10.79
66	7.4%	4.88
67	2.6%	1.74
68	2.2%	1.50
69	3.8%	2.62
70	8.8%	6.16
		62.65

For Part B Employees:

Age	Probability of Retirement	Weighted Retirement Age
55	3.0%	1.65
56	2.9%	1.62
57	2.8%	1.60
58	2.7%	1.57
59	4.4%	2.60
60	4.2%	2.52
61	4.0%	2.44
62	6.8%	4.22
63	6.2%	3.91
64	5.7%	3.65
65	14.3%	9.30
66	10.8%	7.13
67	8.1%	5.43
68	6.0%	4.08
69	4.5%	3.11
70	3.4%	2.38
71	2.6%	1.85
72	7.6%	5.47
		64.53

For Part D Employees:

Age	Probability of Retirement	Weighted Retirement Age
55	5.0%	2.75
56	4.8%	2.66
57	4.5%	2.57
58	4.3%	2.49
59	4.1%	2.40
60	5.4%	3.25
61	5.0%	3.07
62	4.7%	2.90
63	4.4%	2.74
64	5.8%	3.70
65	6.3%	4.06
66	5.5%	3.63
67	6.1%	4.05
68	3.4%	2.33
69	3.1%	2.13
70	27.8%	19.44
		64.17

Active Part A Employees:	188
Active Part B Employees:	8,234
Active Part C Employees:	28
Active Part D Employees:	3,829
Total Active Employees:	12,279
Weighted Average:	64.38

64.38=((62.65*188)+(64.53*8,234)+(62.65*28)+(64.17*3,829))/12,279

EMPOWER

Cigna Pension Plan
EIN / PN 06-1059331 / 001
Form 5500 2024 Schedule SB, Line 7 - Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Line 7

The amount on line 7 differs from line 13 from prior year due to the merger as of 12/31/2023 of the Cigna Pension Plan for Certain Former Employees (EIN/PN 06-1059331/005) and the Medco Health Solutions, Inc. Cash Balance Retirement Plan (EIN/PN 22-3461740/002) into the Cigna Pension Plan (EIN/PN 06-1059331/001). Part II is shown below for the merged plan.

Part II Beginning of Year Carryover and Prefunding Balances

		Carryover Balance				Prefunding Balance			
Line		Cigna Pension Plan	Cigna Pension Plan for Certain Former Employees	Medco Health Solutions, Inc. Cash Balance Retirement Plan	Total	Cigna Pension Plan	Cigna Pension Plan for Certain Former Employees	Medco Health Solutions, Inc. Cash Balance Retirement Plan	Total
7	Balance at Beginning of Prior Year (PY)	0	0	0	0	$ 305,058,722	$ 2,896,800	$ 1,364,897	$ 309,320,419
8	Portion Elected to Offset Prior Year Funding Requirement	0	0	0	0	0	0	$ 1,364,897	$ 1,364,897
9	Amount Remaining (7-8)	0	0	0	0	$ 305,058,722	$ 2,896,800	0	$ 307,955,522
10	Interest on Line 9 using PY Actual Return	0	0	0	0	$ 14,886,866	$ 272,010	0	$ 15,158,876 *
11a	Present Value of Excess Contributions (line 38a PY)					0	0	0	0
11b(1)	Interest on Line 38a over Line 38b from PY using Eff Rate					0	0	0	0
11b(2)	Interest on line 38b from PY using Actual Return					0	0	0	0
11c	Total Available at BOY to Add to Prefunding Balance					0	0	0	0
11d	Portion of (c) to be Added to Prefunding Balance					0	0	0	0
12	Other Reductions in Balances	0	0	0	0	0	0	0	0
13	Balance at Beginning of Current Year (9 + 10 + 11d - 12)	0	0	0	0	$ 319,945,588	$ 3,168,810	0	$ 323,114,398
	Prior Year Actual Return	4.88%	9.39%	8.87%		4.88%	9.39%	8.87%	4.92%
	Prior Year Effective Rate	5.07%	5.08%	5.08%		5.07%	5.08%	5.08%	

* The actual rate of return shown on Line 10 is the weighted average return based on the return of the individual plans and the credit balance that existed in those plans at the beginning of the prior year.

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	15,930,613	35,726,901	255,313,767	306,971,281
2025	18,881,443	38,520,277	247,335,209	304,736,928
2026	21,535,685	43,381,687	239,222,114	304,139,487
2027	24,141,632	45,452,128	231,072,397	300,666,157
2028	26,782,149	48,436,299	222,795,176	298,013,624
2029	29,290,989	51,460,206	214,393,249	295,144,444
2030	31,350,328	52,104,137	205,877,010	289,331,475
2031	32,809,529	52,309,553	197,174,102	282,293,184
2032	34,463,176	52,212,524	188,259,311	274,935,011
2033	35,477,475	52,537,927	179,153,363	267,168,765
2034	36,781,453	51,336,667	169,874,681	257,992,802
2035	36,986,962	50,259,601	160,446,553	247,693,115
2036	37,619,988	49,191,094	150,901,315	237,712,397
2037	37,584,519	48,601,094	141,277,628	227,463,241
2038	37,149,537	46,520,714	131,619,797	215,290,047
2039	36,534,843	45,550,023	121,980,086	204,064,952
2040	35,559,372	43,777,751	112,415,606	191,752,729
2041	34,772,513	42,066,040	102,987,018	179,825,571
2042	33,626,039	40,391,931	93,756,322	167,774,292
2043	32,480,310	38,775,918	84,784,702	156,040,930
2044	31,047,350	36,976,221	76,131,182	144,154,754
2045	29,647,921	35,127,498	67,851,194	132,626,613
2046	28,058,143	33,240,964	59,995,365	121,294,472
2047	26,524,394	31,302,807	52,608,452	110,435,653
2048	24,996,145	29,375,044	45,728,391	100,099,580
2049	23,440,276	27,429,161	39,385,190	90,254,627
2050	22,011,157	25,384,039	33,599,485	80,994,681
2051	20,558,916	23,374,476	28,381,590	72,314,982
2052	19,121,607	21,388,716	23,731,125	64,241,448
2053	17,680,710	19,422,015	19,637,030	56,739,755
2054	16,313,305	17,511,764	16,078,281	49,903,350
2055	14,998,210	15,643,164	13,025,114	43,666,487
2056	13,728,987	13,856,180	10,440,593	38,025,759
2057	12,501,644	12,168,529	8,282,491	32,952,664
2058	11,310,004	10,596,870	6,505,275	28,412,148
2059	10,181,887	9,146,273	5,062,069	24,390,229
2060	9,111,815	7,825,477	3,906,373	20,843,664
2061	8,106,416	6,638,166	2,993,607	17,738,189
2062	7,166,161	5,584,283	2,282,337	15,032,780
2063	6,291,826	4,660,187	1,735,169	12,687,182
2064	5,484,697	3,859,341	1,319,276	10,663,314
2065	4,745,875	3,173,010	1,006,568	8,925,453
2066	4,075,266	2,590,944	773,622	7,439,831
2067	3,471,697	2,102,022	601,360	6,175,079
2068	2,933,081	1,694,916	474,590	5,102,587
2069	2,456,580	1,358,608	381,460	4,196,648
2070	2,038,775	1,082,736	312,901	3,434,412
2071	1,675,817	857,883	262,115	2,795,815
2072	1,363,574	675,674	224,103	2,263,350
2073	1,097,710	528,822	195,234	1,821,766

Plan provisions

This synopsis reflects the major features and provisions of the Plan as valued effective January 1, 2024. Certain provisions of the Prior Plans as they existed prior to the Restatement Date continue to apply. Please refer to the plan document for more detailed definitions.

DEFINITIONS

Part A	Traditional benefits accrued prior to January 1, 1998. Certain participants were eligible to continue accruing Part A benefits in the plan past January 1, 1998. On April 1, 2008, the Part A benefit formula was amended to be a cash balance formula.
Part B	Cash balance benefits accrued after January 1, 1998. Certain participants had their previously accrued Part A benefits converted into an opening cash balance account under Part B. Additionally, other certain rehired participants did not have their Part A benefits converted to Part B, and began to participate in Part B only after their rehire.
Part C	Former Part A benefits that were spun off into the Cigna Pension Plan for Certain Former Employees on January 1, 2009. Effective December 31, 2023, the Cigna Pension Plan for Certain Former Employees was merged back into the Cigna Pension Plan.
Part D	Cash balance benefits that were merged into the Cigna Pension Plan from the Medco Health Solutions, Inc. Cash Balance Retirement Plan on December 31, 2023.

<u>Plan provisions specific to Part A, Part B, and Part C</u>

Effective July 1, 2009, the Part A & Part B Plan were frozen to new entrants and all future benefit accruals ceased.

Eligible Earnings	Total compensation for Services rendered, including bonuses, overtime, and commissions. For 2009, Part A & Part B compensation was limited to $245,000, as indexed.
Final Earnings	For Part A & Part C Plan Participants, the greater of: (a) the highest average yearly earnings received during three (five for New Formula plan participants) consecutive full calendar years, or (b) the last months, not exceeding 36 (60 for New Formula plan participants), prior to retirement, termination, or disability. For Part A Plan Participants, Final Earnings shall not include eligible earnings paid after June 30, 2009.
Interest Credits	Interest applied each calendar year quarter equal to the 5 year Treasury Bond rate plus 25 basis points, determined in November of the previous calendar year, but not less than 4.5% and not more than 9.0%.
Eligible Service	All years of Service from date of employment up to the earlier of termination of employment, or January 1, 1994. Thereafter 1,000 hours worked in a plan year equals 1 year of Service.

Credited Service	All Service from date of employment to termination of employment. Prior to January 1, 1994 Credited Service shall be counted in whole years and full months, and limited according to the benefit formulas below. Credited Service after January 1, 1994 is based on 1,000 hours equals 1 year of Service. Part A Credited Service is frozen effective July 1, 2009.
Normal Form of Annuity	Life Annuity
Normal Retirement Date	The first day of the month following the Participant's 65th birthday, or the completion of five years of Eligible Service, if later.

PENSION BENEFITS

Normal

Eligibility for Plan Participation	Employment by Cigna Corporation or a participating company and working within the United States. Effective July 1, 2009, the Part A and Part B were frozen to new entrants.
Benefit Formula	For Part A & Part C Plan Participants (for benefits earned through March 31, 2008): Old Formula - Final Earnings multiplied by the percentage of (a), minus Social Security offset in (b), with a minimum of (c). (a) 2% multiplied by a Participant's years of Credited Service (earned through March 31, 2008) not in excess of 30 years. (b) 50% of a Participant's Social Security amount prorated over 35 years by use of a fraction: with Credited Service (earned through December 31, 2007) up to 30 years as the numerator, and 35 years as the denominator.

(c) $72 for each year of Credited Service (earned through March 31, 2008) not in excess of 15 years.

For employees of Cigna Dental Healthplan, Equicor, Metropolitan Counseling Clinic, and employees hired on or after January 1, 1989 (New Formula):

(a) 1.67% multiplied by a Participant's years of Credited Service not in excess of 35 years.

(b) 50% of a Participant's Social Security amount prorated over 35 years by use of a fraction: with Credited Serviceup to 35 years as the numerator, and 35 years as the denominator.

(c) $72 for each year of Credited Service not in excess of 15 years.

And for employees of Cigna Healthplan:

(a) 1.0% multiplied by a Participant's years of Credited Service through December 31, 1988 up to a maximum of 30 years; plus 1.67% for years of Credited Service after January 1, 1989 up to a maximum of 35 years. With regard to maximum service, preference is given to years of service after January 1, 1989. Past Service Benefits may be payable to employees who were participants of the ABC-HMO, Inc. Pension Plan as of September 30, 1981; and benefits may be offset by other pension benefits as a result of credited service with Hospital Affiliates International, Inc.

(b) 50% of a Participant's Social Security amount prorated over 35 years by use of a fraction: with Credited Service up to 35 years as the numerator, and 35 years as the denominator.

(c) $72 for each year of Credited Service not in excess of 15 years.

For Part A Plan Participants (for benefits earned on and after April 1, 2008):

A Retirement Account consisting of the accumulation of Benefit Credits with Interest Credits applied each calendar year quarter.

Benefit Credits are based on the following schedule:

Calendar Year	Percentage of Pension Eligible Pay
2008	8%
2009	9%
2010 and after	10%
30 years of service or greater	3%

Benefit Formula Cont.

For Part B Plan Participants:

Value of (A) plus (B) with Interest Credits applied each calendar year quarter.

(A) The Initial Retirement Account is the lump sum value of the accrued benefit calculated as of December 31, 1997.

(B) Benefit Credits (Credit (a) plus Credit (b)) based on the following schedule of points. Points are the sum of the full year of Age and Years of Credited Service on January 1 of the Plan Year.

Credit (a) is the contribution percentage applied to Pension Eligible Earnings up to 50% of the Social Security Taxable Wage Base.

Credit (b) is the contribution percentage applied to the Pension Eligible Earnings in excess of 50% of the Social Security Taxable Wage Base.

Points	Credit (a)	Credit (b)
Under 35	3%	4.5%
35 to 44	4%	5.5%
45 to 54	5%	6.5%
55 to 64	6%	7.5%
65 or above	7%	8.5%

Effective July 1, 2009, all future benefit accruals ceased.

Income Payable

Amount described in sections (a) or (b), whichever applies:

(a) If a Participant has a Spouse or Qualified Domestic Partner as of his retirement date and does not elect otherwise, retirement income shall be paid on the basis of Joint and Survivor form, as stipulated by ERISA, and will be the amount determined under the benefit formula multiplied by the appropriate factor.

(b) If a Participant either has no Spouse or Qualified Domestic Partner as of his retirement date or elects to receive his income under the Normal Form, retirement income will be the amount determined under the benefit formula.

Early	For Old Formula Part A & Part C Plan Participants:
Eligibility	Age 55 and 10 years of Eligible Service.
Benefit Formula	For the benefit accrued through December 31, 2004: If a Participant has 15 or more years of Eligible Service, the accrued benefit reduced by 3% per year between 55 and 62. Otherwise, the accrued benefit reduced by 2.4% per year prior to normal retirement. The Social Security offset is postponed until age 65.
	For the benefit accrued on and after January 1, 2005 through March 31, 2008: If a Participant has 10 years of vesting service and terminates employment on or after age 55, the accrued benefit reduced by 6% per year for the first 5 years early and 4% per year for the next 5 years early. Otherwise, the accrued benefit reduced by tabled factors grading from 100% at age 65 to 47.5% at age 55. The Social Security offset is applied at the Annuity Commencement Date.
	For Part A Plan Participants, the benefit accrued on and after April 1, 2008: Retirement Account Balance converted to Single Life Annuity.
	For New Formula Part A & Part C Plan Participants:
Eligibility	Age 55 and 15 years of Eligible Service.
Benefit Formula	The accrued benefit reduced by 5% per year between 55 and 65. The Social Security offset is postponed until age 62.
	For Part B Plan Participants:
Eligibility	At Termination with 5 years of eligibility service.
Benefit Formula	Account Balance converted to Single Life Annuity.

Vested

Eligibility	Five years of Eligible Service for Frozen Part A & Part C Benefits. Part A accruals on and after April 1, 2008 under the new benefit structure are fully vested at April 1, 2008. Three years of Eligible Service for Part B benefits. Participants who were active as of April 1, 2009 and participants who were hired between April 1, 2009 and June 30, 2009 were deemed fully vested in benefits accrued as of June 30, 2009.
Benefit Formula	Normal retirement benefit accrued to date of termination.

<u>SUPPLEMENTAL BENEFITS</u>

For Part A & Part C Old Formula Participants

Preretirement Spouse Benefit

Eligibility	Married or in a Qualified Domestic Partnership at least one full year prior to death or retirement date. The Participant has attained age 30.
Benefit Formula	Prior to age 55: 30% of the Participant's Ultimate Retirement Income. This benefit is frozen effective January 1, 2005. For those participants hired prior to 1985, the benefit is based on credited service and earnings projected to age 65. For all others eligible, credited service and earnings are frozen at December 31, 2004.

	Age 55:
	The greater of the value of a) 30% of Ultimate Retirement Income, or b) 50% of the Adjusted Retirement Income, as reduced for the Joint and Survivor form of payment. The 30% Ultimate Retirement Income benefit is frozen effective January 1, 2005. For those participants hired prior to 1985, the benefit is based on credited service and earnings projected to age 65. For all others eligible, credited service and earnings are frozen at December 31, 2004.

Pre-Retirement Spouse Benefit Other Than Above

Eligibility	Married or in a Qualified Domestic Partnership at least one full year prior to death or retirement date other than the benefits described above.
Benefit Formula	50% of the Retirement Income, as reduced for Joint and Survivor form of payment.

Post Retirement Spouse Benefit

For Active Part A & Part C Old Formula Plan Participants

Eligibility	Married or in a Qualified Domestic Partnership at least one full year prior to death or retirement date. Participant has retired from employment.
Benefit Formula	30% of the Retirement Income. The 30% benefit is frozen effective January 1, 2005.

For Part B Plan Participants and Part A Plan benefits accrued from April 1, 2008 forward:

Death Benefits

Eligibility	Legal spouse or Qualified Domestic Partner is beneficiary. If the spouse or Domestic Partner has waived the rights, automatic distribution will be made to the designated beneficiary.
Benefit Formula	Lump Sum or Single Life Annuity. Spouse or Domestic Partner may defer Annuity payment to the participant's 65th birthday. Non-spouse or non-Domestic Partner beneficiary may not defer annuity payment beyond end of next calendar year following death of participant.

For participants acquired in the merger of the Conn. General Life Field Retirement Plan DB Supplement, the summary plan provisions are as follows:

Form of Annuity	Life Annuity.
Normal Retirement Date	The first day of the month coinciding with or next following the Participant's 65th birthday.
Participation Eligibility	Limited to certain Participants of Connecticut General Life Insurance Company Agents Retirement Plan who:
Income Payable	Amount described in sections (a) or (b), whichever applies: (a) Retired from the Service of a CG Company and to the Contingent Annuitants and beneficiaries of such Participants entitled to retirement income payments under the applicable options form of payment in force. (b) Were Participants as of 01/01/1971 in the CG Agents Plan, and were actively employed as of 01/01/1979.

Benefit Formula	Supplemental retirement income payments are stated in Article XIIB of the Plan plus adjustment of benefits accrued under former Plan as of 01/01/1971.
Early Retirement Eligibility	First of the month coinciding with or next following age 55.
Early Benefit Amount	Normal retirement benefit (under GR-164) accrued to early retirement date, adjusted by the appropriate early retirement factor. The supplemental benefit is accumulated to early retirement date and then converted to an annuity based on the age at early retirement.
Preretirement Spouse Benefit	
Eligibility	Eligible for early retirement and married one full year prior to death.
Benefit Formula	Payment will be 50% of the Supplemental Account, converted to a life annuity, and payable for the life of the beneficiary.
Cost of Living Adjustment	Must be a retired Participant of the Agents Retirement Plan. Must meet eligibility requirement defined in the amendments to the Plan which award and define such adjustments. These adjustments are paid in the form of a life annuity.

Plan provisions specific to additional benefits provided due to the Amara litigation

Eligibility: Any plan participant who participated in both Part A and Part B of the Cigna Pension Plan.

The Amara benefit is equal to "A+B" less the Offset where:

'A' Benefit: Same as the Part A benefit described above except the benefit is based on earnings and service earned through the date the benefit was converted to an opening balance under Part B, generally January 1, 1998.

'B' Benefit: Same as described above for Part B except the benefit is based only on the Benefit Credits and interest earned on those Benefit Credits.

Offset: The Part B payment made from the plan adjusted as follows:

(a) The payment is increased with interest from the Part B payment date to the Amara benefit payment date based on the thirty-year treasury rate for the November preceding the year Part B was paid. If such Part B payment was distributed as an annuity, it is first converted to a lump sum based on the 417(e) interest and mortality applicable in the year of the Part B payment and then adjusted by the 30 year treasury rate.

(b) Once the interest adjustment in 'a' has been made, that value is then converted to a life annuity based on the 417(e) interest and mortality applicable in the year Part B was paid but based on the age at the Amara benefit payment date.

The Amara benefit is subject to the provisions of Part A for all purposes except the following:

(a) Late retirement adjustments are based on the provisions of Part B based on the year the Amara benefit was scheduled to commence.

(b) Forms of payment are limited to a life annuity and a 50% Joint & Survivor annuity and small benefit lump sum cashouts, if applicable.

__Plan provisions specific to Part D__

Employees Eligible for Participation

Effective February 28, 2011, the plan was closed to new entrants.

Compensation

Base salary of a participant as of January 1 of each plan year (or hire if later), excluding bonuses and other forms of extra compensation.

Contributions

The company pays the entire cost of the plan.

Normal Retirement Eligibility

First of month coincident with or next following age 65.

Early Retirement Eligibility

First day of any month coincident with or next following attainment of age 55 and 7 years of service, prior to normal retirement date.

Postponed Retirement Eligibility

First day of calendar month coincident with or next following actual retirement after the normal retirement date.

Vested Termination Eligibility

Participant who terminates employment prior to early, normal or disability retirement date and has completed three years of vesting service.

A participant who reaches normal retirement age becomes 100% vested in the accrued benefit regardless of the number of years of service in the Company.

Disability Eligibility	Upon total and permanent disability, a participant may retire on the first day of the month coincident with or next following such disability. Such retirement date is the disability retirement date.
Preretirement Death Eligibility	Spouses or beneficiaries of vested participants not in pay status.
Normal Retirement Benefit	The plan was frozen effective February 28, 2011.

A participant's accrued benefit shall be determined as follows:

(a) For each participant who was a member of the Predecessor Plan as of December 31, 1988, the accrued benefit as of January 1, 1989 shall be the actuarial equivalent of the benefit accrued as December 31, 1988 under such Predecessor Plan. For purposes of this paragraph (a), the assumptions used to determine actuarial equivalence shall be the actuarial assumptions used under the Predecessor Plan.

(b) The benefit accrued each year increases every year before retirement based on the rate of credited interest determined at the beginning of each plan year. The crediting rate is based on the one year Treasury rate average of November of the prior year.

Establishment of Accumulation Accounts:

Each participant shall have an accumulation account established as of the entry date. The initial accumulation account as of January 1, 1989 for a member in the Predecessor Plan as of December 31, 1988 who is actively employed by the company or an affiliate on January 1, 1989 shall be the actuarial equivalent on January 1, 1989 of such participant's accrued annual benefit under such Predecessor Plan as of December 31, 1988. For all other participants, the Accumulation Account is set at zero as of the entry date.

Solely for purposes of determining the initial accumulation account for a participant as of January 1, 1989, actuarial equivalence shall be determined based on the actuarial assumptions used under the Predecessor Plan.

The lump sum present value of the accrued benefit earned each plan year will be added to the participants' accumulation account. The lump sum value of a participant's accrued benefit earned each plan year is expressed as an account addition to such participant's accumulation account as follows:

For each year of service while a participant prior to January 1, 1998, an amount equal to 2.5% of compensation for that year shall be added to the participants accumulation account. Such amount shall be the account addition for such plan year. For each plan year ending after December 31, 1997, if the participant has 10 or fewer years of service as of the end of the plan year immediately preceding such plan year, an amount equal to 3.5% of compensation for that plan year or if the participant has more than 10 years of service as of the end of the plan year immediately preceding such plan year, an amount equal to 4.5% of compensation for that plan year shall be added to the participant's accumulation account. Such amount shall be the account addition for the plan year.

Minimum Benefit: If a participant was a member of the Predecessor Plan as of December 31, 1988, such participant's accrued benefit shall not be less than the actuarial equivalent of the accrued benefit to which such participant is entitled under the provisions of the Predecessor Plan determined as of December 31, 1988. For purposes of this paragraph, the assumptions used to determine actuarial equivalence shall be the actuarial assumptions under the Predecessor Plan.

Early Retirement Benefit

The benefit accrued at early retirement date may be payable at normal retirement date. Alternatively, an actuarial equivalent benefit may be payable at early retirement date.

Postponed Retirement Benefit

The benefit payable at postponed retirement date shall be equal to the accrued benefit as of the postponed retirement date.

Vested Termination Benefit	The participant will be entitled to their accrued benefit, as described under normal retirement date.
Disablement Benefit	The benefit accrued at disability retirement date may be payable at normal retirement date. Alternatively, an actuarially equivalent benefit may be payable at disability retirement date.
Preretirement Death Benefit	In the case of any participant who dies before distribution of benefits under the plan have commenced, a preretirement survivor annuity shall be payable to the surviving spouse or beneficiary of the participant. The term preretirement survivor annuity means an annuity payable for the life of the participant's surviving spouse which is the actuarial equivalent, as of the date such benefits commence, of (i) the participant's accrued benefit if employed by the company or an affiliate at death, or (ii) the participant's vested accrued benefit if death occurs subsequent to termination of employment with the company or affiliate. Such preretirement survivor annuity is payable commencing on the first of the month following the participant's death. Alternatively, the surviving spouse may elect to receive the preretirement survivor annuity immediately in the form of a lump sum. The lump sum form is the only form available if a non-spouse beneficiary or beneficiaries are chosen to receive the preretirement survivor benefit.
Forms of Payment	For Single Participants: The normal form of benefit for single participants is a life annuity. For Married Participants: The normal form of benefit for married participants is a level joint and 50% survivor annuity. This benefit is the actuarial equivalent of the normal form for single participants.

Optional Forms

Lump Sum: Under this option, a participant may elect to receive the vested value of the accumulation account paid as a lump sum.

Level Single Life Annuity: Under this option, a participant may elect to receive a level retirement income payable for the participant's lifetime.

Increasing Single Life Annuity: Under this option, a participant may elect to receive retirement income payable for the participant's lifetime with annual increases to their monthly income equal to the plan's interest crediting rate for the previous plan year.

10 Year Certain and Life Option: Under this option, a participant may elect to receive a level retirement income payable for the participant's lifetime provided that, in the event of death within 10 years following the start of payments, retirement income will continue to a designated beneficiary for the remainder of the 10 year period.

Contingent Annuitant Option: Under this option, a participant's lifetime with a percentage designated by the Participant equal to either 50%, 75%, or 100% of said income, payable after the participant's death to a contingent annuitant for the contingent annuitant's lifetime.

All optional forms shall be the actuarial equivalent of the normal form of benefit.

Cigna Pension Plan
EIN / PN 06-1059331 / 001
2024 Form 5500 Schedule R - line 18 - Funded Percentage of Plans Contributing to the Liabilities of Plan Participants

	Plans Included in Merger as of December 31, 2023		
Plan Name	**Cigna Pension Plan**	**Cigna Pension Plan for Certain Former Employees**	**Medco Health Solutions, Inc. Cash Balance Retirement Plan**
Employer Identification Number	06-1059331	06-1059331	22-3461740
Plan Number	001	005	002
Funding Target Attainment Percentage[1]	105.57%	114.33%	91.92%

[1]The Funding Target Attainment Percentages above are based on the January 1, 2024 Funding Target, Actuarial Value of Assets, and Credit Balance directly prior to the merger for each of the plans.

Changes since last year's valuation

Changes in pension plan provisions

On December 31, 2023, the Cigna Pension Plan for Certain Former Employees (Former EE) and the Medco Health Solutions, Inc. Cash Balance Retirement Plan (Medco) were merged into the Cigna Pension Plan.

The January 1, 2024 results presented in this report are post-merger, while the January 1, 2023 results are based on the Cigna Pension Plan alone prior to the merger.

Legislated changes

There were no legislative changes recognized with this actuarial valuation.

Changes in actuarial assumptions

Effective with the January 1, 2024 valuation, the following assumption changes were recognized:

	January 1, 2024	January 1, 2023
Estimated expenses	$8.7 million added to normal cost	$5.5 million added to normal cost

Changes in actuarial methods

No changes in actuarial methods were recognized with this actuarial valuation.