

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Cigna Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	47,222	47,222	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	141,774	141,774	0	0	0	0	0	0	0	0
3. Direct premium income.....	49,036,226	49,036,226	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	47,618,377	47,618,377	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	47,618,377	47,618,377	0	0	0	0	0	0	0	0
11. Hospital and medical.....	44,362,841	44,362,841	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	1,294,377	1,294,377	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	43,068,464	43,068,464	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	990,743	990,743	0	0	0	0	0	0	0	0
15. General administrative expenses.....	4,192,707	4,192,707	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	48,251,914	48,251,914	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(633,537)	(633,537)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	415,912	415,912	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	87,582	87,582	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	503,494	503,494	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(130,043)	(130,043)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(227,404)	(227,404)	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	97,361	97,361	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Cigna Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	47,222	47,222	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	583,570	583,570	0	0	0	0	0	0	0	0
3. Direct premium income.....	203,817,457	203,817,457	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	201,436,492	201,436,492	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	201,436,492	201,436,492	0	0	0	0	0	0	0	0
11. Hospital and medical.....	172,863,623	172,863,623	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	3,491,062	3,491,062	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	169,372,561	169,372,561	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	4,318,410	4,318,410	0	0	0	0	0	0	0	0
15. General administrative expenses.....	20,545,462	20,545,462	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	194,236,433	194,236,433	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	7,200,059	7,200,059	0	0	0	0	0	0	0	0
19. Net investment income earned.....	1,792,743	1,792,743	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	1,826	1,826	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1,794,569	1,794,569	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	8,994,628	8,994,628	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	2,387,606	2,387,606	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	6,607,022	6,607,022	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0	# of Enrollees in C3-Pt D included in C3-Basic		
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0	# of Member Months in C3-Pt D included in C3-Basic		

\* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Cigna Healthcare of Texas, Inc.**REPORT FOR DIVISION: **Dallas**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	29,672	0	29,672	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	23,384	0	23,384	0	0	0	0	0	0	0
6. Current Year Member Months	294,965	0	294,965	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	122,729	0	122,729	0	0	0	0	0	0	0
8. Non-Physician	14,170	0	14,170	0	0	0	0	0	0	0
9. Total	136,899	0	136,899	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	6,522	0	6,522	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,302	0	1,302	0	0	0	0	0	0	0
12. Health Premiums Written	103,426,911	0	103,426,911	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	103,426,911	0	103,426,911	0	0	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	95,485,451	0	95,485,451	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	87,354,905	0	87,354,905	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Cigna Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Dallas**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	23,384	23,384	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	70,462	70,462	0	0	0	0	0	0	0	0
3. Direct premium income.....	24,041,155	24,041,155	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	22,774,563	22,774,563	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	22,774,563	22,774,563	0	0	0	0	0	0	0	0
11. Hospital and medical.....	19,775,815	19,775,815	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	952,977	952,977	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	18,822,838	18,822,838	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	491,750	491,750	0	0	0	0	0	0	0	0
15. General administrative expenses.....	2,074,874	2,074,874	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	21,389,462	21,389,462	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	1,385,101	1,385,101	0	0	0	0	0	0	0	0
19. Net investment income earned.....	206,490	206,490	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	44,501	44,501	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	250,991	250,991	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	1,636,092	1,636,092	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(122,030)	(122,030)	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	1,758,122	1,758,122	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Cigna Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Dallas**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	23,384	23,384	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	294,965	294,965	0	0	0	0	0	0	0	0
3. Direct premium income.....	103,426,911	103,426,911	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	101,680,588	101,680,588	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	101,680,588	101,680,588	0	0	0	0	0	0	0	0
11. Hospital and medical.....	87,354,906	87,354,906	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	2,069,244	2,069,244	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	85,285,662	85,285,662	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	2,182,737	2,182,737	0	0	0	0	0	0	0	0
15. General administrative expenses.....	10,384,688	10,384,688	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	97,853,087	97,853,087	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	3,827,501	3,827,501	0	0	0	0	0	0	0	0
19. Net investment income earned.....	906,141	906,141	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	923	923	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	907,064	907,064	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	4,734,565	4,734,565	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	1,206,814	1,206,814	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	3,527,751	3,527,751	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Cigna Healthcare of Texas, Inc.**REPORT FOR DIVISION: **Houston**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	25,126	0	25,126	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	23,838	0	23,838	0	0	0	0	0	0	0
6. Current Year Member Months	288,605	0	288,605	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	90,939	0	90,939	0	0	0	0	0	0	0
8. Non-Physician	13,217	0	13,217	0	0	0	0	0	0	0
9. Total	104,156	0	104,156	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	6,383	0	6,383	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,290	0	1,290	0	0	0	0	0	0	0
12. Health Premiums Written	100,390,546	0	100,390,546	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	100,390,546	0	100,390,546	0	0	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	95,485,451	0	95,485,451	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	85,508,717	0	85,508,717	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Cigna Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Houston**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	23,838	23,838	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	71,312	71,312	0	0	0	0	0	0	0	0
3. Direct premium income.....	24,995,071	24,995,071	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	24,843,814	24,843,814	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	24,843,814	24,843,814	0	0	0	0	0	0	0	0
11. Hospital and medical.....	24,587,026	24,587,026	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	341,400	341,400	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	24,245,626	24,245,626	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	498,993	498,993	0	0	0	0	0	0	0	0
15. General administrative expenses.....	2,117,833	2,117,833	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	26,862,452	26,862,452	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(2,018,638)	(2,018,638)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	209,422	209,422	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	43,081	43,081	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	252,503	252,503	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(1,766,135)	(1,766,135)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(105,374)	(105,374)	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(1,660,761)	(1,660,761)	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Cigna Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Houston**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	23,838	23,838	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	288,605	288,605	0	0	0	0	0	0	0	0
3. Direct premium income.....	100,390,546	100,390,546	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	99,755,904	99,755,904	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	99,755,904	99,755,904	0	0	0	0	0	0	0	0
11. Hospital and medical.....	85,508,717	85,508,717	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	1,421,818	1,421,818	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	84,086,899	84,086,899	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	2,135,673	2,135,673	0	0	0	0	0	0	0	0
15. General administrative expenses.....	10,160,774	10,160,774	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	96,383,346	96,383,346	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	3,372,558	3,372,558	0	0	0	0	0	0	0	0
19. Net investment income earned.....	886,602	886,602	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	903	903	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	887,505	887,505	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	4,260,063	4,260,063	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	1,180,792	1,180,792	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	3,079,271	3,079,271	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0