

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	29,331	29,331	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	88,078	88,078	0	0	0	0	0	0	0	0
3. Direct premium income.....	32,732,379	32,732,379	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	31,935,293	31,935,293	0	0	0	0	0	0	0	0
5. Change in unearned premium reserves & 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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	31,935,293	31,935,293	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	28,533,348	28,533,348	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	1,247,962	1,247,962	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	27,285,386	27,285,386	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	923,275	923,275	0	0	0	0	0	0	0	0
15. General administrative expenses.....	2,892,838	2,892,838	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(820,360)	(820,360)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	30,281,139	30,281,139	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	1,654,154	1,654,154	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	783,896	783,896	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other income or expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	2,438,050	2,438,050	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	520,548	520,548	0	0	0	0	0	0	0	0
23. NET INCOME / (LOSS) (L21 less L22).....	1,917,502	1,917,502	0	0	0	0	0	0	0	0

24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State * Other (identify products(s); eg PPO, Non-Risk): 0
of Texas enrollees and Federal employees.) Identify Assumptions: _____

24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0

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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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	29,331	29,331	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	369,570	369,570	0	0	0	0	0	0	0	0
3. Direct premium income.....	136,713,187	136,713,187	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	134,550,865	134,550,865	0	0	0	0	0	0	0	0
5. Change in unearned premium reserves & 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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	134,550,865	134,550,865	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	117,652,844	117,652,844	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	2,723,088	2,723,088	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	114,929,756	114,929,756	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	3,117,541	3,117,541	0	0	0	0	0	0	0	0
15. General administrative expenses.....	14,989,035	14,989,035	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	179,640	179,640	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	133,215,972	133,215,972	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	1,334,893	1,334,893	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	2,001,893	2,001,893	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other income or expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,336,786	3,336,786	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	720,399	720,399	0	0	0	0	0	0	0	0
23. NET INCOME / (LOSS) (L21 less L22).....	2,616,387	2,616,387	0	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):		0		
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions:				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	13,197	13,197	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	39,614	39,614	0	0	0	0	0	0	0	0
3. Direct premium income.....	14,721,871	14,721,871	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	14,370,112	14,370,112	0	0	0	0	0	0	0	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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	14,370,112	14,370,112	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	12,784,655	12,784,655	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	511,766	511,766	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	12,272,889	12,272,889	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	411,176	411,176	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,307,449	1,307,449	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(369,162)	(369,162)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	13,622,352	13,622,352	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	747,759	747,759	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	244,573	244,573	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	992,333	992,333	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	223,193	223,193	0	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	769,140	769,140	0	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):		0		
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions:				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	13,197	13,197	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	166,285	166,285	0	0	0	0	0	0	0	0
3. Direct premium income.....	61,513,235	61,513,235	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	60,547,119	60,547,119	0	0	0	0	0	0	0	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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	60,547,119	60,547,119	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	52,888,428	52,888,428	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	1,175,573	1,175,573	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	51,712,855	51,712,855	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	1,398,596	1,398,596	0	0	0	0	0	0	0	0
15. General administrative expenses.....	6,750,738	6,750,738	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	80,838	80,838	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	59,943,027	59,943,027	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	604,092	604,092	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	792,672	792,672	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	1,396,764	1,396,764	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	313,126	313,126	0	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	1,083,638	1,083,638	0	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):		0		
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions:				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	16,134	16,134	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	48,464	48,464	0	0	0	0	0	0	0	0
3. Direct premium income.....	18,010,508	18,010,508	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	17,565,181	17,565,181	0	0	0	0	0	0	0	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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	17,565,181	17,565,181	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	15,748,693	15,748,693	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	736,196	736,196	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	15,012,498	15,012,498	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	512,099	512,099	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,585,389	1,585,389	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(451,198)	(451,198)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	16,658,787	16,658,787	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	906,395	906,395	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	539,323	539,323	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	1,445,717	1,445,717	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	297,355	297,355	0	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	1,148,362	1,148,362	0	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):		0		
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions:				

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STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	16,134	16,134	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	203,285	203,285	0	0	0	0	0	0	0	0
3. Direct premium income.....	75,199,952	75,199,952	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	74,003,746	74,003,746	0	0	0	0	0	0	0	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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	74,003,746	74,003,746	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	64,764,416	64,764,416	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	1,547,515	1,547,515	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	63,216,901	63,216,901	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	1,718,945	1,718,945	0	0	0	0	0	0	0	0
15. General administrative expenses.....	8,238,297	8,238,297	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	98,802	98,802	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	73,272,945	73,272,945	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	730,801	730,801	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	1,209,221	1,209,221	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	1,940,022	1,940,022	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	407,273	407,273	0	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	1,532,749	1,532,749	0	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				