

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..... | 371.63 | 371.63 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | XXXXXXXX | 0.00 | 0.00 |
| 4. Net premium income..... | 362.58 | 362.58 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Change in unearned premium reserves & reserve for rate credits..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6. Fee-for-service (gross revenues)..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0.00 |
| 7. Risk revenue..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | 0.00 | XXXXXXXX | 0.00 |
| 8. Aggregate write-ins for other health related revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9. Aggregate write-ins for other non-health revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10. TOTAL REVENUE (L4 to L9)..... | 362.58 | 362.58 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11. Hospital and medical benefits..... | 323.96 | 323.96 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12. Net reins recoveries..... | 14.17 | 14.17 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13. TOTAL HOSPITAL & MEDICAL (L11 less L12)..... | 309.79 | 309.79 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 14. Claims adjustment expenses..... | 10.48 | 10.48 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 15. General administrative expenses..... | 32.84 | 32.84 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 16. Increase in reserves for A&H contracts..... | (9.31) | (9.31) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)..... | 343.80 | 343.80 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17)..... | 18.78 | 18.78 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 19. Net Investments Gains (Losses)..... | 8.90 | 8.90 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20. Aggregate write-ins for other income or expenses..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20) | 27.68 | 27.68 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 22. Federal and foreign income taxes incurred..... | 5.91 | 5.91 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 23. NET INCOME / (LOSS) (L21 less L22)..... | 21.77 | 21.77 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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

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: 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..... | 369.93 | 369.93 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | XXXXXXXX | 0.00 | 0.00 |
| 4. Net premium income..... | 364.07 | 364.07 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Change in unearned premium reserves & reserve for rate credits..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6. Fee-for-service (gross revenues)..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0.00 |
| 7. Risk revenue..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | 0.00 | XXXXXXXX | 0.00 |
| 8. Aggregate write-ins for other health related revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9. Aggregate write-ins for other non-health revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10. TOTAL REVENUE (L4 to L9)..... | 364.07 | 364.07 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11. Hospital and medical benefits..... | 318.35 | 318.35 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12. Net reins recoveries..... | 7.37 | 7.37 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13. TOTAL HOSPITAL & MEDICAL (L11 less L12)..... | 310.98 | 310.98 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 14. Claims adjustment expenses..... | 8.44 | 8.44 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 15. General administrative expenses..... | 40.56 | 40.56 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 16. Increase in reserves for A&H contracts..... | 0.49 | 0.49 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)..... | 360.46 | 360.46 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17)..... | 3.61 | 3.61 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 19. Net Investments Gains (Losses)..... | 5.42 | 5.42 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20. Aggregate write-ins for other income or expenses..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 9.03 | 9.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 22. Federal and foreign income taxes incurred..... | 1.95 | 1.95 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 23. NET INCOME / (LOSS) (L21 less L22)..... | 7.08 | 7.08 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State | | | | * Other (identify products(s); eg PPO, Non-Risk): | | | |
| 24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 0 | of Texas enrollees and Federal employees.) | | | | Identify Assumptions: _____ | | | |

0

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 |
| 2. MEMBER MONTHS..... | 39,614 | 39,614 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct premium income..... | 371.64 | 371.64 | 0.00 | 0.00 | 0.00 | 0.00 | XXXXXXXX | 0.00 | 0.00 |
| 4. Net premium income..... | 362.76 | 362.76 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6. Fee-for-service (gross revenues)..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0.00 |
| 7. Risk revenue..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | 0.00 | XXXXXXXX |
| 8. Aggregate write-ins for other health related revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9. Aggregate write-ins for other non-health revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10. TOTAL REVENUE (L4 to L9)..... | 362.76 | 362.76 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11. Hospital and medical benefits..... | 322.73 | 322.73 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12. Net reins recoveries..... | 12.92 | 12.92 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13. TOTAL HOSPITAL & MEDICAL (L11 less L12)..... | 309.82 | 309.82 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 14. Claims adjustment expenses..... | 10.38 | 10.38 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 15. General administrative expenses..... | 33.01 | 33.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 16. Increase in reserves for A&H contracts..... | (9.32) | (9.32) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16)..... | 343.88 | 343.88 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17)..... | 18.88 | 18.88 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 19. Net Investments Gains (Losses)..... | 6.17 | 6.17 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20. Aggregate write-ins for other expenses..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20)..... | 25.05 | 25.05 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 22. Federal and foreign income taxes incurred..... | 5.63 | 5.63 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 23. NET INCOME (LOSS) (L21 less L22)..... | 19.42 | 19.42 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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 |
| 2. MEMBER MONTHS..... | 166,285 | 166,285 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct premium income..... | 369.93 | 369.93 | 0.00 | 0.00 | 0.00 | 0.00 | XXXXXXXX | 0.00 | 0.00 |
| 4. Net premium income..... | 364.12 | 364.12 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6. Fee-for-service (gross revenues)..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0.00 |
| 7. Risk revenue..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0.00 |
| 8. Aggregate write-ins for other health related revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9. Aggregate write-ins for other non-health revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10. TOTAL REVENUE (L4 to L9)..... | 364.12 | 364.12 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11. Hospital and medical benefits..... | 318.06 | 318.06 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12. Net reins recoveries..... | 7.07 | 7.07 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13. TOTAL HOSPITAL & MEDICAL (L11 less L12)..... | 310.99 | 310.99 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 14. Claims adjustment expenses..... | 8.41 | 8.41 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 15. General administrative expenses..... | 40.60 | 40.60 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 16. Increase in reserves for A&H contracts..... | 0.49 | 0.49 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16)..... | 360.48 | 360.48 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17)..... | 3.63 | 3.63 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 19. Net Investments Gains (Losses)..... | 4.77 | 4.77 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20. Aggregate write-ins for other expenses..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20)..... | 8.40 | 8.40 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 22. Federal and foreign income taxes incurred..... | 1.88 | 1.88 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 23. NET INCOME (LOSS) (L21 less L22)..... | 6.52 | 6.52 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 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..... | 371.62 | 371.62 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | XXXXXXXX | 0.00 | 0.00 |
| 4. Net premium income..... | 362.43 | 362.43 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6. Fee-for-service (gross revenues)..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0.00 |
| 7. Risk revenue..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | 0.00 | XXXXXXXX | 0.00 |
| 8. Aggregate write-ins for other health related revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9. Aggregate write-ins for other non-health revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10. TOTAL REVENUE (L4 to L9)..... | 362.43 | 362.43 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11. Hospital and medical benefits..... | 324.95 | 324.95 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12. Net reins recoveries..... | 15.19 | 15.19 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13. TOTAL HOSPITAL & MEDICAL (L11 less L12)..... | 309.76 | 309.76 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 14. Claims adjustment expenses..... | 10.57 | 10.57 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 15. General administrative expenses..... | 32.71 | 32.71 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 16. Increase in reserves for A&H contracts..... | (9.31) | (9.31) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16)..... | 343.73 | 343.73 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17)..... | 18.70 | 18.70 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 19. Net Investments Gains (Losses)..... | 11.13 | 11.13 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20. Aggregate write-ins for other expenses..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20)..... | 29.83 | 29.83 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 22. Federal and foreign income taxes incurred..... | 6.14 | 6.14 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 23. NET INCOME (LOSS) (L21 less L22)..... | 23.69 | 23.69 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 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: **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 |
| 2. MEMBER MONTHS..... | 203,285 | 203,285 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct premium income..... | 369.92 | 369.92 | 0.00 | 0.00 | 0.00 | 0.00 | XXXXXXXX | 0.00 | 0.00 |
| 4. Net premium income..... | 364.04 | 364.04 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6. Fee-for-service (gross revenues)..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0.00 |
| 7. Risk revenue..... | 0.00 | XXXXXXXX | 0.00 | 0.00 | 0.00 | XXXXXXXX | XXXXXXXX | 0.00 | 0.00 |
| 8. Aggregate write-ins for other health related revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9. Aggregate write-ins for other non-health revenues..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10. TOTAL REVENUE (L4 to L9)..... | 364.04 | 364.04 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11. Hospital and medical benefits..... | 318.59 | 318.59 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12. Net reins recoveries..... | 7.61 | 7.61 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 13. TOTAL HOSPITAL & MEDICAL (L11 less L12)..... | 310.98 | 310.98 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 14. Claims adjustment expenses..... | 8.46 | 8.46 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 15. General administrative expenses..... | 40.53 | 40.53 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 16. Increase in reserves for A&H contracts..... | 0.49 | 0.49 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16)..... | 360.44 | 360.44 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17)..... | 3.59 | 3.59 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 19. Net Investments Gains (Losses)..... | 5.95 | 5.95 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20. Aggregate write-ins for other expenses..... | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20)..... | 9.54 | 9.54 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 22. Federal and foreign income taxes incurred..... | 2.00 | 2.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 23. NET INCOME (LOSS) (L21 less L22)..... | 7.54 | 7.54 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 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: _____ | | | | |