

TEXAS HMO SUPPLEMENT

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

OF THE **Cook Children's Health Plan**

(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.....	72,793	0	0	0	0	43,288	0	0	29,505	0
2. MEMBER MONTHS.....	210,848	0	0	0	0	122,691	0	0	88,157	0
3. Direct premium income.....	176.00	0.00	0.00	0.00	0.00	230.92	0.00	XXXXXXXX	99.57	0.00
4. Net premium income.....	173.28	0.00	0.00	0.00	0.00	226.90	0.00	0.00	98.67	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).....	173.28	0.00	0.00	0.00	0.00	226.90	0.00	0.00	98.67	0.00
11. Hospital and medical benefits.....	169.95	0.00	0.00	0.00	0.00	226.19	0.00	0.00	91.69	0.00
12. Net reins recoveries.....	3.15	0.00	0.00	0.00	0.00	2.12	0.00	0.00	4.59	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	166.80	0.00	0.00	0.00	0.00	224.07	0.00	0.00	87.09	0.00
14. Claims adjustment expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	12.97	0.00	0.00	0.00	0.00	23.83	0.00	0.00	(2.15)	0.00
16. Increase in reserves for A&H contracts.....	10.40	0.00	0.00	0.00	0.00	12.91	0.00	0.00	6.90	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	190.16	0.00	0.00	0.00	0.00	260.81	0.00	0.00	91.84	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	(16.88)	0.00	0.00	0.00	0.00	(33.91)	0.00	0.00	6.82	0.00
19. Net Investments Gains (Losses).....	1.78	0.00	0.00	0.00	0.00	0.03	0.00	0.00	4.23	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).....	(15.10)	0.00	0.00	0.00	0.00	(33.88)	0.00	0.00	11.05	0.00
22. Federal and foreign income taxes incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME / (LOSS) (L21 less L22).....	(15.10)	0.00	0.00	0.00	0.00	(33.88)	0.00	0.00	11.05	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

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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.....	72,793	0	0	0	0	43,288	0	0	29,505	0
2. MEMBER MONTHS.....	772,645	0	0	0	0	434,379	0	0	338,266	0
3. Direct premium income.....	174.48	0.00	0.00	0.00	0.00	238.83	0.00	XXXXXXXX	91.84	0.00
4. Net premium income.....	170.22	0.00	0.00	0.00	0.00	232.92	0.00	0.00	89.70	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).....	170.22	0.00	0.00	0.00	0.00	232.92	0.00	0.00	89.70	0.00
11. Hospital and medical benefits.....	159.75	0.00	0.00	0.00	0.00	217.88	0.00	0.00	85.12	0.00
12. Net reins recoveries.....	3.17	0.00	0.00	0.00	0.00	3.79	0.00	0.00	2.38	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	156.58	0.00	0.00	0.00	0.00	214.08	0.00	0.00	82.74	0.00
14. Claims adjustment expenses.....	2.31	0.00	0.00	0.00	0.00	2.34	0.00	0.00	2.28	0.00
15. General administrative expenses.....	16.61	0.00	0.00	0.00	0.00	20.76	0.00	0.00	11.30	0.00
16. Increase in reserves for A&H contracts.....	2.84	0.00	0.00	0.00	0.00	3.65	0.00	0.00	1.80	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	178.34	0.00	0.00	0.00	0.00	240.82	0.00	0.00	98.11	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	(8.12)	0.00	0.00	0.00	0.00	(7.90)	0.00	0.00	(8.41)	0.00
19. Net Investments Gains (Losses).....	2.86	0.00	0.00	0.00	0.00	0.08	0.00	0.00	6.43	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).....	(5.26)	0.00	0.00	0.00	0.00	(7.82)	0.00	0.00	(1.98)	0.00
22. Federal and foreign income taxes incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME / (LOSS) (L21 less L22).....	(5.26)	0.00	0.00	0.00	0.00	(7.82)	0.00	0.00	(1.98)	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: _____				