

TEXAS HMO SUPPLEMENT

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

(Name of Company)

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

(Location)

EXHIBIT II (Filed Annually and Quarterly)

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.....	32,074	32,074	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	95,301	95,301	0	0	0	0	0	0	0	0
3. Direct premium income.....	35,011,305	35,011,305	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	35,011,305	35,011,305	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-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	35,011,305	35,011,305	0	0	0	0	0	0	0	0
11. Hospital & medical.....	33,060,025	33,060,025	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	325,371	325,371	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,734,654	32,734,654	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	734,463	734,463	0	0	0	0	0	0	0	0
15. General administrative expenses.....	4,370,975	4,370,975	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	1,500,000	1,500,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	39,340,092	39,340,092	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(4,328,787)	(4,328,787)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	406,905	406,905	0	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	406,905	406,905	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(3,921,882)	(3,921,882)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(874,650)	(874,650)	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(3,047,232)	(3,047,232)	0	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
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 FOR THE PERIOD ENDING **MARCH 31, 2009**

TEXAS HMO SUPPLEMENT

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

(Name of Company)

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

(Location)

EXHIBIT II (Filed Annually and Quarterly)

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.....	32,074	32,074	0	0	0	0	0	0	0	0	
2. MEMBER MONTHS.....	95,301	95,301	0	0	0	0	0	0	0	0	
3. Direct premium income.....	35,011,305	35,011,305	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0	
4. Net premium income.....	35,011,305	35,011,305	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-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0	
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	
10. TOTAL REVENUE (L4 to L9).....	35,011,305	35,011,305	0	0	0	0	0	0	0	0	
11. Hospital & medical.....	33,060,025	33,060,025	0	0	0	0	0	0	0	0	
12. Net reinsurance recoveries.....	325,371	325,371	0	0	0	0	0	0	0	0	
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,734,654	32,734,654	0	0	0	0	0	0	0	0	
14. Claims adjustment expenses.....	734,463	734,463	0	0	0	0	0	0	0	0	
15. General administrative expenses.....	4,370,975	4,370,975	0	0	0	0	0	0	0	0	
16. Increase in reserves for A&H contracts.....	1,500,000	1,500,000	0	0	0	0	0	0	0	0	
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	39,340,092	39,340,092	0	0	0	0	0	0	0	0	
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(4,328,787)	(4,328,787)	0	0	0	0	0	0	0	0	
19. Net investment income earned.....	406,905	406,905	0	0	0	0	0	0	0	0	
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0	
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	406,905	406,905	0	0	0	0	0	0	0	0	
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0	
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(3,921,882)	(3,921,882)	0	0	0	0	0	0	0	0	
24. Extraordinary items & federal & foreign income taxes incurred.....	(874,650)	(874,650)	0	0	0	0	0	0	0	0	
25. NET INCOME/LOSS (L30 less L31).....	(3,047,232)	(3,047,232)	0	0	0	0	0	0	0	0	
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0	# of Enrollees in C3-Pt D included in C3-Basic			
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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

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 XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	21,439	0	21,439	0	0	0	0	0	0	0
2. First Quarter	14,512	0	14,512	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	43,267	0	43,267	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	13,563	0	13,563	0	0	0	0	0	0	0
8. Non-Physician	1,661	0	1,661	0	0	0	0	0	0	0
9. Total	15,224	0	15,224	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,059	0	1,059	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	183	0	183	0	0	0	0	0	0	0
12. Health Premiums Written	16,104,879	0	16,104,879	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	16,104,879	0	16,104,879	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	14,793,877	0	14,793,877	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	15,009,251	0	15,009,251	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	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.....	14,512	14,512	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	43,267	43,267	0	0	0	0	0	0	0	0
3. Direct premium income.....	15,895,132	15,895,132	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	15,895,132	15,895,132	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-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	15,895,132	15,895,132	0	0	0	0	0	0	0	0
11. Hospital & medical.....	15,009,251	15,009,251	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	147,718	147,718	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,861,533	14,861,533	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	333,446	333,446	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,984,423	1,984,423	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	681,000	681,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	17,860,402	17,860,402	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(1,965,270)	(1,965,270)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	184,735	184,735	0	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	184,735	184,735	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(1,780,535)	(1,780,535)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(397,091)	(397,091)	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(1,383,444)	(1,383,444)	0	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	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.....	14,512	14,512	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	43,267	43,267	0	0	0	0	0	0	0	0
3. Direct premium income.....	15,895,132	15,895,132	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	15,895,132	15,895,132	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-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	15,895,132	15,895,132	0	0	0	0	0	0	0	0
11. Hospital & medical.....	15,009,251	15,009,251	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	147,718	147,718	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,861,533	14,861,533	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	333,446	333,446	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,984,423	1,984,423	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	681,000	681,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	17,860,402	17,860,402	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(1,965,270)	(1,965,270)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	184,735	184,735	0	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	184,735	184,735	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(1,780,535)	(1,780,535)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(397,091)	(397,091)	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(1,383,444)	(1,383,444)	0	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

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 XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	25,783	0	25,783	0	0	0	0	0	0	0
2. First Quarter	17,562	0	17,562	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	52,034	0	52,034	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	16,311	0	16,311	0	0	0	0	0	0	0
8. Non-Physician	1,998	0	1,998	0	0	0	0	0	0	0
9. Total	18,309	0	18,309	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,274	0	1,274	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	221	0	221	0	0	0	0	0	0	0
12. Health Premiums Written	19,368,422	0	19,368,422	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	19,368,422	0	19,368,422	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	17,791,756	0	17,791,756	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	18,050,774	0	18,050,774	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	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.....	17,562	17,562	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	52,034	52,034	0	0	0	0	0	0	0	0
3. Direct premium income.....	19,116,171	19,116,171	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	19,116,171	19,116,171	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-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	19,116,171	19,116,171	0	0	0	0	0	0	0	0
11. Hospital & medical.....	18,050,774	18,050,774	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	177,653	177,653	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,873,121	17,873,121	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	401,017	401,017	0	0	0	0	0	0	0	0
15. General administrative expenses.....	2,386,552	2,386,552	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	819,000	819,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	21,479,690	21,479,690	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(2,363,519)	(2,363,519)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	222,170	222,170	0	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	222,170	222,170	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(2,141,349)	(2,141,349)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(477,559)	(477,559)	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(1,663,790)	(1,663,790)	0	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	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.....	17,562	17,562	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	52,034	52,034	0	0	0	0	0	0	0	0
3. Direct premium income.....	19,116,171	19,116,171	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	19,116,171	19,116,171	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-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	19,116,171	19,116,171	0	0	0	0	0	0	0	0
11. Hospital & medical.....	18,050,774	18,050,774	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	177,653	177,653	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,873,121	17,873,121	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	401,017	401,017	0	0	0	0	0	0	0	0
15. General administrative expenses.....	2,386,552	2,386,552	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	819,000	819,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	21,479,690	21,479,690	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(2,363,519)	(2,363,519)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	222,170	222,170	0	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	222,170	222,170	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(2,141,349)	(2,141,349)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(477,559)	(477,559)	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(1,663,790)	(1,663,790)	0	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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