

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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: 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.....	31,262	31,262	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	94,931	94,931	0	0	0	0	0	0	0	0
3. Direct premium income.....	35,302,242	35,302,242	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	34,379,617	34,379,617	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).....	34,379,617	34,379,617	0	0	0	0	0	0	0	0
11. Hospital & medical.....	27,392,929	27,392,929	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	418,855	418,855	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	26,974,074	26,974,074	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	804,012	804,012	0	0	0	0	0	0	0	0
15. General administrative expenses.....	4,205,028	4,205,028	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).....	31,983,114	31,983,114	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,396,503	2,396,503	0	0	0	0	0	0	0	0
19. Net investment income earned.....	405,465	405,465	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).....	405,465	405,465	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).....	2,801,968	2,801,968	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	758,188	758,188	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	2,043,780	2,043,780	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 **JUNE 30, 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.....	31,262	31,262	0	0	0	0	0	0	0	0	
2. MEMBER MONTHS.....	190,232	190,232	0	0	0	0	0	0	0	0	
3. Direct premium income.....	70,313,547	70,313,547	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0	
4. Net premium income.....	69,390,922	69,390,922	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).....	69,390,922	69,390,922	0	0	0	0	0	0	0	0	
11. Hospital & medical.....	60,452,954	60,452,954	0	0	0	0	0	0	0	0	
12. Net reinsurance recoveries.....	744,226	744,226	0	0	0	0	0	0	0	0	
13. TOTAL MEDICAL & HOSP (L11 less L12).....	59,708,728	59,708,728	0	0	0	0	0	0	0	0	
14. Claims adjustment expenses.....	1,538,475	1,538,475	0	0	0	0	0	0	0	0	
15. General administrative expenses.....	8,576,003	8,576,003	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).....	71,323,206	71,323,206	0	0	0	0	0	0	0	0	
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(1,932,284)	(1,932,284)	0	0	0	0	0	0	0	0	
19. Net investment income earned.....	812,370	812,370	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).....	812,370	812,370	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).....	(1,119,914)	(1,119,914)	0	0	0	0	0	0	0	0	
24. Extraordinary items & federal & foreign income taxes incurred.....	(116,462)	(116,462)	0	0	0	0	0	0	0	0	
25. NET INCOME/LOSS (L30 less L31).....	(1,003,452)	(1,003,452)	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 **JUNE 30, 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	21,250	0	21,250	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	14,068	0	14,068	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	85,838	0	85,838	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	29,103	0	29,103	0	0	0	0	0	0	0
8. Non-Physician	3,910	0	3,910	0	0	0	0	0	0	0
9. Total	33,013	0	33,013	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,734	0	1,734	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	337	0	337	0	0	0	0	0	0	0
12. Health Premiums Written	31,641,096	0	31,641,096	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	31,641,096	0	31,641,096	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	27,945,702	0	27,945,702	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	27,203,829	0	27,203,829	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.....	14,068	14,068	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	42,571	42,571	0	0	0	0	0	0	0	0
3. Direct premium income.....	15,745,964	15,745,964	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	15,330,783	15,330,783	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).....	15,330,783	15,330,783	0	0	0	0	0	0	0	0
11. Hospital & medical.....	12,194,578	12,194,578	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	187,184	187,184	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,007,395	12,007,395	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	358,868	358,868	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,874,778	1,874,778	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(6,000)	(6,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	14,235,041	14,235,041	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,095,742	1,095,742	0	0	0	0	0	0	0	0
19. Net investment income earned.....	180,832	180,832	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).....	180,832	180,832	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).....	1,276,574	1,276,574	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	344,683	344,683	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	931,891	931,891	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.....	14,068	14,068	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	85,838	85,838	0	0	0	0	0	0	0	0
3. Direct premium income.....	31,641,096	31,641,096	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	31,225,915	31,225,915	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).....	31,225,915	31,225,915	0	0	0	0	0	0	0	0
11. Hospital & medical.....	27,203,829	27,203,829	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	334,902	334,902	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	26,868,928	26,868,928	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	692,314	692,314	0	0	0	0	0	0	0	0
15. General administrative expenses.....	3,859,201	3,859,201	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	675,000	675,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	32,095,443	32,095,443	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(869,528)	(869,528)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	365,567	365,567	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).....	365,567	365,567	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).....	(503,961)	(503,961)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(52,408)	(52,408)	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(451,553)	(451,553)	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 **JUNE 30, 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	25,972	0	25,972	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	17,194	0	17,194	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	104,394	0	104,394	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	35,570	0	35,570	0	0	0	0	0	0	0
8. Non-Physician	4,779	0	4,779	0	0	0	0	0	0	0
9. Total	40,349	0	40,349	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,119	0	2,119	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	412	0	412	0	0	0	0	0	0	0
12. Health Premiums Written	38,672,451	0	38,672,451	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	38,672,451	0	38,672,451	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	34,155,859	0	34,155,859	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	33,249,125	0	33,249,125	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.....	17,194	17,194	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	52,360	52,360	0	0	0	0	0	0	0	0
3. Direct premium income.....	19,048,836	19,048,836	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	19,048,836	19,048,836	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).....	19,048,836	19,048,836	0	0	0	0	0	0	0	0
11. Hospital & medical.....	15,198,351	15,198,351	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	231,671	231,671	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,966,679	14,966,679	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	445,144	445,144	0	0	0	0	0	0	0	0
15. General administrative expenses.....	2,330,250	2,330,250	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	6,000	6,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	17,748,073	17,748,073	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,300,763	1,300,763	0	0	0	0	0	0	0	0
19. Net investment income earned.....	224,634	224,634	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).....	224,634	224,634	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).....	1,525,396	1,525,396	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	413,505	413,505	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,111,891	1,111,891	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.....	17,194	17,194	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	104,394	104,394	0	0	0	0	0	0	0	0
3. Direct premium income.....	38,165,007	38,165,007	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	38,165,007	38,165,007	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).....	38,165,007	38,165,007	0	0	0	0	0	0	0	0
11. Hospital & medical.....	33,249,125	33,249,125	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	409,324	409,324	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,839,800	32,839,800	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	846,161	846,161	0	0	0	0	0	0	0	0
15. General administrative expenses.....	4,716,802	4,716,802	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	825,000	825,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	39,227,763	39,227,763	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(1,062,756)	(1,062,756)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	446,804	446,804	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).....	446,804	446,804	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).....	(615,953)	(615,953)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(64,054)	(64,054)	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(551,899)	(551,899)	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