

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	30,168	30,168	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	91,260	91,260	0	0	0	0	0	0	0	0
3. Direct premium income.....	33,667,261	33,667,261	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	33,224,650	33,224,650	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).....	33,224,650	33,224,650	0	0	0	0	0	0	0	0
11. Hospital & medical.....	28,666,542	28,666,542	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	730,900	730,900	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	27,935,642	27,935,642	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	655,791	655,791	0	0	0	0	0	0	0	0
15. General administrative expenses.....	3,520,194	3,520,194	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(500,000)	(500,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	31,611,627	31,611,627	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,613,023	1,613,023	0	0	0	0	0	0	0	0
19. Net investment income earned.....	405,627	405,627	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).....	405,627	405,627	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).....	2,018,650	2,018,650	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	316,313	316,313	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,702,337	1,702,337	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 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.....	30,168	30,168	0	0	0	0	0	0	0	0	
2. MEMBER MONTHS.....	281,492	281,492	0	0	0	0	0	0	0	0	
3. Direct premium income.....	103,980,808	103,980,808	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0	
4. Net premium income.....	102,615,572	102,615,572	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).....	102,615,572	102,615,572	0	0	0	0	0	0	0	0	
11. Hospital & medical.....	89,119,496	89,119,496	0	0	0	0	0	0	0	0	
12. Net reinsurance recoveries.....	1,475,126	1,475,126	0	0	0	0	0	0	0	0	
13. TOTAL MEDICAL & HOSP (L11 less L12).....	87,644,370	87,644,370	0	0	0	0	0	0	0	0	
14. Claims adjustment expenses.....	2,194,266	2,194,266	0	0	0	0	0	0	0	0	
15. General administrative expenses.....	12,096,197	12,096,197	0	0	0	0	0	0	0	0	
16. Increase in reserves for A&H contracts.....	1,000,000	1,000,000	0	0	0	0	0	0	0	0	
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	102,934,833	102,934,833	0	0	0	0	0	0	0	0	
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(319,261)	(319,261)	0	0	0	0	0	0	0	0	
19. Net investment income earned.....	1,217,997	1,217,997	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).....	1,217,997	1,217,997	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).....	898,736	898,736	0	0	0	0	0	0	0	0	
24. Extraordinary items & federal & foreign income taxes incurred.....	199,851	199,851	0	0	0	0	0	0	0	0	
25. NET INCOME/LOSS (L30 less L31).....	698,885	698,885	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 **SEPTEMBER 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	0									
4. Third Quarter	13,576	0	13,576	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	126,671	0	126,671	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	36,135	0	36,135	0	0	0	0	0	0	0
8. Non-Physician	4,872	0	4,872	0	0	0	0	0	0	0
9. Total	41,007	0	41,007	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,502	0	2,502	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	506	0	506	0	0	0	0	0	0	0
12. Health Premiums Written	46,791,364	0	46,791,364	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	46,791,364	0	46,791,364	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	41,206,021	0	41,206,021	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	40,103,773	0	40,103,773	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.....	13,576	13,576	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	40,833	40,833	0	0	0	0	0	0	0	0
3. Direct premium income.....	15,150,268	15,150,268	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	14,951,093	14,951,093	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).....	14,951,093	14,951,093	0	0	0	0	0	0	0	0
11. Hospital & medical.....	12,899,944	12,899,944	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	328,905	328,905	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,571,039	12,571,039	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	295,106	295,106	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,584,087	1,584,087	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(225,000)	(225,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	14,225,232	14,225,232	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	725,860	725,860	0	0	0	0	0	0	0	0
19. Net investment income earned.....	182,532	182,532	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).....	182,532	182,532	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).....	908,392	908,392	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	142,341	142,341	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	766,052	766,052	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.....	13,576	13,576	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	126,671	126,671	0	0	0	0	0	0	0	0
3. Direct premium income.....	46,791,364	46,791,364	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	46,177,007	46,177,007	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).....	46,177,007	46,177,007	0	0	0	0	0	0	0	0
11. Hospital & medical.....	40,103,773	40,103,773	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	663,807	663,807	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	39,439,967	39,439,967	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	987,420	987,420	0	0	0	0	0	0	0	0
15. General administrative expenses.....	5,443,289	5,443,289	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	450,000	450,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	46,320,675	46,320,675	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(143,667)	(143,667)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	548,099	548,099	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).....	548,099	548,099	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).....	404,431	404,431	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	89,933	89,933	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	314,498	314,498	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 **SEPTEMBER 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	0									
4. Third Quarter	16,592	0	16,592	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	154,821	0	154,821	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	44,164	0	44,164	0	0	0	0	0	0	0
8. Non-Physician	5,955	0	5,955	0	0	0	0	0	0	0
9. Total	50,119	0	50,119	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3,058	0	3,058	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	618	0	618	0	0	0	0	0	0	0
12. Health Premiums Written	57,189,444	0	57,189,444	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	57,189,444	0	57,189,444	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	50,362,914	0	50,362,914	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	49,015,722	0	49,015,722	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.....	16,592	16,592	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	50,427	50,427	0	0	0	0	0	0	0	0
3. Direct premium income.....	19,024,437	19,024,437	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	18,273,558	18,273,558	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).....	18,273,558	18,273,558	0	0	0	0	0	0	0	0
11. Hospital & medical.....	15,766,598	15,766,598	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	401,995	401,995	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,364,603	15,364,603	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	360,685	360,685	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,936,107	1,936,107	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(275,000)	(275,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	17,386,395	17,386,395	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	887,163	887,163	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.....	669,898	669,898	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	223,095	223,095	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).....	1,110,258	1,110,258	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	173,972	173,972	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	936,285	936,285	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.....	16,592	16,592	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	154,821	154,821	0	0	0	0	0	0	0	0
3. Direct premium income.....	57,189,444	57,189,444	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	56,438,565	56,438,565	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).....	56,438,565	56,438,565	0	0	0	0	0	0	0	0
11. Hospital & medical.....	49,015,723	49,015,723	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	811,319	811,319	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	48,204,404	48,204,404	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	1,206,846	1,206,846	0	0	0	0	0	0	0	0
15. General administrative expenses.....	6,652,908	6,652,908	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	550,000	550,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	56,614,158	56,614,158	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(175,594)	(175,594)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	0	0	0	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	669,898	669,898	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	669,898	669,898	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).....	494,305	494,305	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	109,918	109,918	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	384,387	384,387	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