

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

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. OTHER |
|---|-------------|--|---|-----------|--------|--|---|--|---|-------------|
| | | | BASIC | ADVANTAGE | PART D | | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD..... | 28,664 | 28,664 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 85,980 | 85,980 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium Income..... | 34,474,296 | 34,474,296 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 |
| 4. Net Premium Income..... | 33,793,335 | 33,793,335 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Change in unearned premium reserve and 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 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 |
| 7. Risk Revenue..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 8. Agg write-in for Other Health Related Revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-ins for other non-health revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 33,793,335 | 33,793,335 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & Medical Benefits..... | 29,650,027 | 29,650,027 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net Reins Recoveries Incurred..... | 1,287,085 | 1,287,085 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 28,362,942 | 28,362,942 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims Adjustment Expenses..... | 1,121,051 | 1,121,051 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General Administrative Expenses..... | 3,151,723 | 3,151,723 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Increase in Reserves for A&H contracts..... | (725,100) | (725,100) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)..... | 31,910,616 | 31,910,616 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17)..... | 1,882,719 | 1,882,719 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net Investments Gains / (Losses)..... | 709,554 | 709,554 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. Aggregate write-ins for other expenses..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 2,592,273 | 2,592,273 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Federal and foreign income taxes incurred..... | (1,148,117) | (1,148,117) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. NET INCOME/(LOSS) (L21 less L22)..... | 3,740,390 | 3,740,390 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.) | | | * Other (identify products(s); eg Non-Risk Business, PPO): | | | | |
| NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 0 | | | | 0 | | | | |

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

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. OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
| | | | BASIC | ADVANTAGE | PART D | | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD..... | 28,664 | 28,664 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 328,958 | 328,958 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium Income..... | 131,048,949 | 131,048,949 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 |
| 4. Net Premium Income..... | 128,443,602 | 128,443,602 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Change in unearned premium reserve and 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 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 |
| 7. Risk Revenue..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 8. Agg write-in for Other Health Related Revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-ins for other non-health revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 128,443,602 | 128,443,602 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & Medical Benefits..... | 115,105,631 | 115,105,631 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net Reins Recoveries Incurred..... | 2,631,421 | 2,631,421 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 112,474,210 | 112,474,210 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims Adjustment Expenses..... | 3,540,960 | 3,540,960 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General Administrative Expenses..... | 13,807,027 | 13,807,027 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Increase in Reserves for A&H contracts..... | 29,160 | 29,160 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)..... | 129,851,357 | 129,851,357 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17)..... | (1,407,755) | (1,407,755) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net Investments Gains / (Losses)..... | 2,304,396 | 2,304,396 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. Aggregate write-ins for other expenses..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 896,641 | 896,641 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Federal and foreign income taxes incurred..... | (1,983,498) | (1,983,498) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. NET INCOME/(LOSS) (L21 less L22)..... | 2,880,139 | 2,880,139 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State | | | * Other (identify products(s); eg Non-Risk Business, PPO): | | | | |
| NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 0 | of Texas enrollees and Federal employees.) | | | 0 | | | | |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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 | 13,197 | 0 | 13,197 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 0 | | | | | | | | | |
| 3. Second Quarter | 0 | | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 12,612 | 0 | 12,612 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 145,712 | 0 | 145,712 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 50,429 | 0 | 50,429 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 7,018 | 0 | 7,018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 57,447 | 0 | 57,447 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 2,622 | 0 | 2,622 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 515 | 0 | 515 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written | 58,297,696 | 0 | 58,297,696 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Property/Casualty | | | | | | | | | | |
| 16. Premiums Earned | 58,297,696 | 0 | 58,297,696 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services | 50,751,107 | 0 | 50,751,107 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 51,203,870 | 0 | 51,203,870 | 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. OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
| | | | BASIC | ADVANTAGE | PART D | | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD..... | 12,612 | 12,612 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 37,831 | 37,831 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium Income..... | 15,168,691 | 15,168,691 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 |
| 4. Net Premium Income..... | 14,869,068 | 14,869,068 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Change in unearned premium reserve and 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 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 |
| 7. Risk Revenue..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 8. Agg write-in for Other Health Related Revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-ins for other non-health revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 14,869,068 | 14,869,068 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & Medical Benefits..... | 13,046,012 | 13,046,012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net Reins Recoveries Incurred..... | 566,317 | 566,317 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 12,479,695 | 12,479,695 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims Adjustment Expenses..... | 493,262 | 493,262 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General Administrative Expenses..... | 1,386,758 | 1,386,758 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Increase in Reserves for A&H contracts..... | (319,044) | (319,044) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)..... | 14,040,671 | 14,040,671 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17)..... | 828,397 | 828,397 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net Investments Gains / (Losses)..... | 312,204 | 312,204 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. Aggregate write-ins for other expenses..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 1,140,601 | 1,140,601 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Federal and foreign income taxes incurred..... | (505,171) | (505,171) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. NET INCOME/(LOSS) (L21 less L22)..... | 1,645,772 | 1,645,772 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State | | | * Other (identify products(s); eg Non-Risk Business, PPO): | | | | |
| NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 0 | of Texas enrollees and Federal employees.) | | | 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. OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
| | | | BASIC | ADVANTAGE | PART D | | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD..... | 12,612 | 12,612 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 145,712 | 145,712 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium Income..... | 57,661,538 | 57,661,538 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 |
| 4. Net Premium Income..... | 56,515,185 | 56,515,185 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Change in unearned premium reserve and 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 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 |
| 7. Risk Revenue..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 8. Agg write-in for Other Health Related Revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-ins for other non-health revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 56,515,185 | 56,515,185 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & Medical Benefits..... | 50,646,478 | 50,646,478 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net Reins Recoveries Incurred..... | 1,157,825 | 1,157,825 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 49,488,653 | 49,488,653 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims Adjustment Expenses..... | 1,558,022 | 1,558,022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General Administrative Expenses..... | 6,075,092 | 6,075,092 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Increase in Reserves for A&H contracts..... | 12,830 | 12,830 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)..... | 57,134,597 | 57,134,597 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17)..... | (619,412) | (619,412) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net Investments Gains / (Losses)..... | 1,013,934 | 1,013,934 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. Aggregate write-ins for other expenses..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 394,522 | 394,522 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Federal and foreign income taxes incurred..... | (872,739) | (872,739) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. NET INCOME/(LOSS) (L21 less L22)..... | 1,267,261 | 1,267,261 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State | | | * Other (identify products(s); eg Non-Risk Business, PPO): | | | | |
| NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 0 | of Texas enrollees and Federal employees.) | | | 0 | | | | |

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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 | 16,134 | 0 | 16,134 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 0 | | | | | | | | | |
| 3. Second Quarter | 0 | | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 16,052 | 0 | 16,052 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 183,246 | 0 | 183,246 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 62,986 | 0 | 62,986 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 8,775 | 0 | 8,775 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 71,761 | 0 | 71,761 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 3,265 | 0 | 3,265 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 641 | 0 | 641 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written | 72,751,253 | 0 | 72,751,253 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Property/Casualty | | | | | | | | | | |
| 16. Premiums Earned | 72,751,253 | 0 | 72,751,253 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services | 63,321,137 | 0 | 63,321,137 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 63,901,761 | 0 | 63,901,761 | 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. OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
| | | | BASIC | ADVANTAGE | PART D | | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD..... | 16,052 | 16,052 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 48,149 | 48,149 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium Income..... | 19,305,605 | 19,305,605 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 |
| 4. Net Premium Income..... | 18,924,267 | 18,924,267 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Change in unearned premium reserve and 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 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 |
| 7. Risk Revenue..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 8. Agg write-in for Other Health Related Revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-ins for other non-health revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 18,924,267 | 18,924,267 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & Medical Benefits..... | 16,604,015 | 16,604,015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net Reins Recoveries Incurred..... | 720,768 | 720,768 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 15,883,247 | 15,883,247 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims Adjustment Expenses..... | 627,789 | 627,789 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General Administrative Expenses..... | 1,764,965 | 1,764,965 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Increase in Reserves for A&H contracts..... | (406,056) | (406,056) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)..... | 17,869,945 | 17,869,945 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17)..... | 1,054,322 | 1,054,322 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net Investments Gains / (Losses)..... | 397,350 | 397,350 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. Aggregate write-ins for other expenses..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 1,451,672 | 1,451,672 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Federal and foreign income taxes incurred..... | (642,946) | (642,946) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. NET INCOME/(LOSS) (L21 less L22)..... | 2,094,618 | 2,094,618 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State | | | * Other (identify products(s); eg Non-Risk Business, PPO): | | | | |
| NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 0 | of Texas enrollees and Federal employees.) | | | 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. OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
| | | | BASIC | ADVANTAGE | PART D | | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD..... | 16,052 | 16,052 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 183,246 | 183,246 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium Income..... | 73,387,411 | 73,387,411 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 |
| 4. Net Premium Income..... | 71,928,417 | 71,928,417 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Change in unearned premium reserve and 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 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 |
| 7. Risk Revenue..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 8. Agg write-in for Other Health Related Revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-ins for other non-health revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 71,928,417 | 71,928,417 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & Medical Benefits..... | 64,459,153 | 64,459,153 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net Reins Recoveries Incurred..... | 1,473,596 | 1,473,596 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 62,985,557 | 62,985,557 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims Adjustment Expenses..... | 1,982,938 | 1,982,938 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General Administrative Expenses..... | 7,731,935 | 7,731,935 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Increase in Reserves for A&H contracts..... | 16,330 | 16,330 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)..... | 72,716,760 | 72,716,760 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17)..... | (788,343) | (788,343) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net Investments Gains / (Losses)..... | 1,290,462 | 1,290,462 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. Aggregate write-ins for other expenses..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 502,119 | 502,119 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Federal and foreign income taxes incurred..... | (1,110,759) | (1,110,759) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. NET INCOME/(LOSS) (L21 less L22)..... | 1,612,878 | 1,612,878 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State | | | * Other (identify products(s); eg Non-Risk Business, PPO): | | | | |
| NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 0 | of Texas enrollees and Federal employees.) | | | 0 | | | | |