

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	26,556	26,556	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	80,035	80,035	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	31,543,492	31,543,492	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	31,078,489	31,078,489	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).....	31,078,489	31,078,489	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	30,006,759	30,006,759	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	724,874	724,874	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	29,281,885	29,281,885	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	779,499	779,499	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,772,940	3,772,940	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(97,250)	(97,250)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	33,737,074	33,737,074	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,658,585)	(2,658,585)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	374,722	374,722	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).....	(2,283,863)	(2,283,863)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(922,404)	(922,404)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,361,459)	(1,361,459)	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**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	26,556	26,556	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	80,035	80,035	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	31,543,492	31,543,492	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	31,078,489	31,078,489	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).....	31,078,489	31,078,489	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	30,006,759	30,006,759	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	724,874	724,874	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	29,281,885	29,281,885	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	779,499	779,499	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,772,940	3,772,940	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(97,250)	(97,250)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	33,737,074	33,737,074	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,658,585)	(2,658,585)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	374,722	374,722	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).....	(2,283,863)	(2,283,863)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(922,404)	(922,404)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,361,459)	(1,361,459)	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 **MARCH 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	11,909	0	11,909	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	35,795	0	35,795	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	11,056	0	11,056	0	0	0	0	0	0	0
8. Non-Physician	1,292	0	1,292	0	0	0	0	0	0	0
9. Total	12,348	0	12,348	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	809	0	809	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	135	0	135	0	0	0	0	0	0	0
12. Health Premiums Written	14,194,571	0	14,194,571	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	14,194,571	0	14,194,571	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	13,279,119	0	13,279,119	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	13,503,040	0	13,503,040	0	0	0	0	0	0	0

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

**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.....	11,909	11,909	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	35,795	35,795	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	14,194,571	14,194,571	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,985,320	13,985,320	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).....	13,985,320	13,985,320	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	13,503,042	13,503,042	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	326,193	326,193	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,176,848	13,176,848	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	350,775	350,775	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,697,823	1,697,823	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(43,763)	(43,763)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	15,181,683	15,181,683	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,196,363)	(1,196,363)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	168,625	168,625	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).....	(1,027,738)	(1,027,738)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(415,082)	(415,082)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(612,657)	(612,657)	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.....	11,909	11,909	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	35,795	35,795	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	14,194,571	14,194,571	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,985,320	13,985,320	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).....	13,985,320	13,985,320	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	13,503,042	13,503,042	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	326,193	326,193	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,176,848	13,176,848	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	350,775	350,775	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,697,823	1,697,823	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(43,763)	(43,763)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	15,181,683	15,181,683	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,196,363)	(1,196,363)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	168,625	168,625	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).....	(1,027,738)	(1,027,738)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(415,082)	(415,082)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(612,657)	(612,657)	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 **MARCH 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	14,647	0	14,647	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	44,240	0	44,240	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	13,513	0	13,513	0	0	0	0	0	0	0
8. Non-Physician	1,578	0	1,578	0	0	0	0	0	0	0
9. Total	15,091	0	15,091	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	988	0	988	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	164	0	164	0	0	0	0	0	0	0
12. Health Premiums Written	17,348,921	0	17,348,921	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	17,348,921	0	17,348,921	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	16,230,034	0	16,230,034	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	16,503,716	0	16,503,716	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.....	14,647	14,647	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	44,240	44,240	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	17,348,921	17,348,921	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	17,093,169	17,093,169	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).....	17,093,169	17,093,169	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,503,717	16,503,717	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	398,681	398,681	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,105,037	16,105,037	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	428,724	428,724	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,075,117	2,075,117	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(53,488)	(53,488)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	18,555,391	18,555,391	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,462,222)	(1,462,222)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	206,097	206,097	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).....	(1,256,125)	(1,256,125)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(507,322)	(507,322)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(748,802)	(748,802)	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.....	14,647	14,647	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	44,240	44,240	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	17,348,921	17,348,921	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	17,093,169	17,093,169	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).....	17,093,169	17,093,169	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,503,717	16,503,717	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	398,681	398,681	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,105,037	16,105,037	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	428,724	428,724	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,075,117	2,075,117	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(53,488)	(53,488)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	18,555,391	18,555,391	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,462,222)	(1,462,222)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	206,097	206,097	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).....	(1,256,125)	(1,256,125)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(507,322)	(507,322)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(748,802)	(748,802)	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				