

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	27,372	27,372	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	80,046	80,046	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	32,072,449	32,072,449	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	31,269,611	31,269,611	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).....	31,269,611	31,269,611	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	25,732,483	25,732,483	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	309,105	309,105	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	25,423,378	25,423,378	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	788,853	788,853	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,362,384	3,362,384	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(6,130)	(6,130)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	29,568,485	29,568,485	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,701,126	1,701,126	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	347,252	347,252	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).....	2,048,378	2,048,378	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	630,783	630,783	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,417,595	1,417,595	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 **JUNE 30, 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.....	27,372	27,372	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	160,081	160,081	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	63,615,941	63,615,941	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	62,348,100	62,348,100	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).....	62,348,100	62,348,100	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	55,739,242	55,739,242	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,033,979	1,033,979	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	54,705,263	54,705,263	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,568,352	1,568,352	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	7,135,324	7,135,324	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(103,380)	(103,380)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	63,305,559	63,305,559	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(957,459)	(957,459)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	721,974	721,974	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).....	(235,485)	(235,485)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(291,621)	(291,621)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	56,136	56,136	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 **JUNE 30, 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	11,844	0	11,844	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	71,406	0	71,406	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	23,723	0	23,723	0	0	0	0	0	0	0
8. Non-Physician	3,107	0	3,107	0	0	0	0	0	0	0
9. Total	26,830	0	26,830	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,399	0	1,399	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	256	0	256	0	0	0	0	0	0	0
12. Health Premiums Written	28,627,173	0	28,627,173	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	28,627,173	0	28,627,173	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	25,169,368	0	25,169,368	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	25,082,659	0	25,082,659	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.....	11,844	11,844	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	35,611	35,611	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	14,432,602	14,432,602	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	14,071,325	14,071,325	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).....	14,071,325	14,071,325	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	11,579,617	11,579,617	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	139,098	139,098	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,440,520	11,440,520	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	354,983	354,983	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,513,073	1,513,073	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(2,759)	(2,759)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	13,305,818	13,305,818	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	765,507	765,507	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	156,263	156,263	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).....	921,770	921,770	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	283,853	283,853	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	637,918	637,918	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.....	11,844	11,844	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	71,406	71,406	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	28,627,173	28,627,173	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	28,056,645	28,056,645	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).....	28,056,645	28,056,645	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	25,082,659	25,082,659	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	465,291	465,291	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	24,617,368	24,617,368	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	705,758	705,758	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,210,896	3,210,896	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(46,521)	(46,521)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	28,487,501	28,487,501	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(430,856)	(430,856)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	324,888	324,888	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).....	(105,968)	(105,968)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(131,229)	(131,229)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	25,261	25,261	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 **JUNE 30, 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	15,528	0	15,528	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	88,675	0	88,675	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	28,995	0	28,995	0	0	0	0	0	0	0
8. Non-Physician	3,797	0	3,797	0	0	0	0	0	0	0
9. Total	32,792	0	32,792	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,709	0	1,709	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	313	0	313	0	0	0	0	0	0	0
12. Health Premiums Written	34,988,768	0	34,988,768	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	34,988,768	0	34,988,768	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	30,762,560	0	30,762,560	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	30,656,584	0	30,656,584	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.....	15,528	15,528	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	44,435	44,435	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	17,639,847	17,639,847	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	17,198,286	17,198,286	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).....	17,198,286	17,198,286	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	14,152,866	14,152,866	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	170,007	170,007	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,982,858	13,982,858	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	433,870	433,870	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,849,311	1,849,311	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(3,372)	(3,372)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	16,262,667	16,262,667	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	935,619	935,619	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	190,989	190,989	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).....	1,126,608	1,126,608	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	346,930	346,930	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	779,677	779,677	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.....	15,528	15,528	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	88,675	88,675	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	34,988,768	34,988,768	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	34,291,455	34,291,455	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).....	34,291,455	34,291,455	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	30,656,583	30,656,583	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	568,688	568,688	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	30,087,895	30,087,895	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	862,594	862,594	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,924,428	3,924,428	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(56,859)	(56,859)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	34,818,058	34,818,058	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(526,603)	(526,603)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	397,086	397,086	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).....	(129,517)	(129,517)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(160,392)	(160,392)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	30,875	30,875	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				