

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	27,783	27,783	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	82,897	82,897	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	32,958,712	32,958,712	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	32,302,167	32,302,167	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).....	32,302,167	32,302,167	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	29,716,362	29,716,362	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	310,357	310,357	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	29,406,005	29,406,005	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	851,557	851,557	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,519,980	3,519,980	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	857,640	857,640	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	34,635,182	34,635,182	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,333,015)	(2,333,015)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	872,868	872,868	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).....	(1,460,147)	(1,460,147)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(543,760)	(543,760)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(916,387)	(916,387)	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 **SEPTEMBER 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.....	27,783	27,783	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	242,978	242,978	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	96,574,653	96,574,653	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	94,650,267	94,650,267	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).....	94,650,267	94,650,267	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	85,455,604	85,455,604	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,344,336	1,344,336	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	84,111,268	84,111,268	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,419,909	2,419,909	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	10,655,304	10,655,304	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	754,260	754,260	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	97,940,741	97,940,741	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,290,474)	(3,290,474)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,594,842	1,594,842	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).....	(1,695,632)	(1,695,632)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(835,381)	(835,381)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(860,251)	(860,251)	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 **SEPTEMBER 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	0									
4. Third Quarter	12,225	0	12,225	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	107,881	0	107,881	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	36,450	0	36,450	0	0	0	0	0	0	0
8. Non-Physician	4,926	0	4,926	0	0	0	0	0	0	0
9. Total	41,376	0	41,376	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,090	0	2,090	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	388	0	388	0	0	0	0	0	0	0
12. Health Premiums Written	43,129,006	0	43,129,006	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	43,129,006	0	43,129,006	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	37,677,824	0	37,677,824	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	38,155,776	0	38,155,776	0	0	0	0	0	0	0

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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.....	12,225	12,225	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	36,475	36,475	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	13,865,674	13,865,674	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,589,472	13,589,472	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).....	13,589,472	13,589,472	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	12,517,807	12,517,807	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	126,217	126,217	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,391,590	12,391,590	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	359,002	359,002	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,477,438	1,477,438	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	378,395	378,395	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	14,606,425	14,606,425	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,016,953)	(1,016,953)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	376,842	376,842	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).....	(640,111)	(640,111)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(236,339)	(236,339)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(403,772)	(403,772)	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.....	12,225	12,225	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	107,881	107,881	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	42,492,847	42,492,847	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	41,646,117	41,646,117	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).....	41,646,117	41,646,117	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	37,600,466	37,600,466	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	591,508	591,508	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	37,008,958	37,008,958	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,064,760	1,064,760	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,688,334	4,688,334	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	331,874	331,874	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	43,093,926	43,093,926	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,447,809)	(1,447,809)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	701,730	701,730	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).....	(746,079)	(746,079)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(367,568)	(367,568)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(378,511)	(378,511)	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 **SEPTEMBER 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	0									
4. Third Quarter	15,558	0	15,558	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	135,097	0	135,097	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	45,194	0	45,194	0	0	0	0	0	0	0
8. Non-Physician	6,113	0	6,113	0	0	0	0	0	0	0
9. Total	51,307	0	51,307	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,588	0	2,588	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	480	0	480	0	0	0	0	0	0	0
12. Health Premiums Written	53,445,647	0	53,445,647	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	53,445,647	0	53,445,647	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	46,682,413	0	46,682,413	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	47,295,097	0	47,295,097	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.....	15,558	15,558	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	46,422	46,422	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	19,093,038	19,093,038	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,712,695	18,712,695	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).....	18,712,695	18,712,695	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	17,198,555	17,198,555	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	184,140	184,140	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,014,415	17,014,415	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	492,555	492,555	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,042,542	2,042,542	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	479,245	479,245	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	20,028,757	20,028,757	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,316,062)	(1,316,062)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	496,026	496,026	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).....	(820,036)	(820,036)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(307,421)	(307,421)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(512,615)	(512,615)	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.....	15,558	15,558	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	135,097	135,097	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	54,081,806	54,081,806	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	53,004,150	53,004,150	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).....	53,004,150	53,004,150	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	47,855,138	47,855,138	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	752,828	752,828	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	47,102,310	47,102,310	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,355,149	1,355,149	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,966,970	5,966,970	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	422,386	422,386	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	54,846,815	54,846,815	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,842,665)	(1,842,665)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	893,112	893,112	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).....	(949,553)	(949,553)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(467,813)	(467,813)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(481,740)	(481,740)	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				