

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2011**

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.....	15,183	15,183	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	45,923	45,923	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	20,425,461	20,425,461	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	20,061,751	20,061,751	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).....	20,061,751	20,061,751	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	19,751,695	19,751,695	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,015,889	2,015,889	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,735,806	17,735,806	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	515,563	515,563	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,166,893	2,166,893	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(155,440)	(155,440)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	20,262,822	20,262,822	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(201,071)	(201,071)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	203,207	203,207	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).....	2,136	2,136	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(151,926)	(151,926)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	154,062	154,062	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, 2011**

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.....	15,183	15,183	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	45,923	45,923	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	20,425,461	20,425,461	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	20,061,751	20,061,751	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).....	20,061,751	20,061,751	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	19,751,695	19,751,695	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,015,889	2,015,889	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,735,806	17,735,806	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	515,563	515,563	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,166,893	2,166,893	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(155,440)	(155,440)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	20,262,822	20,262,822	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(201,071)	(201,071)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	203,207	203,207	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).....	2,136	2,136	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(151,926)	(151,926)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	154,062	154,062	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, 2011**

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	2,522	0	2,522	0	0	0	0	0	0	0
2. First Quarter	2,146	0	2,146	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	6,386	0	6,386	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,479	0	1,479	0	0	0	0	0	0	0
8. Non-Physician	371	0	371	0	0	0	0	0	0	0
9. Total	1,850	0	1,850	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	155	0	155	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	31	0	31	0	0	0	0	0	0	0
12. Health Premiums Written	2,859,565	0	2,859,565	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	2,859,565	0	2,859,565	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	3,239,910	0	3,239,910	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,765,237	0	2,765,237	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.....	2,146	2,146	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,386	6,386	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,859,564	2,859,564	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,808,645	2,808,645	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).....	2,808,645	2,808,645	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,765,237	2,765,237	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	282,224	282,224	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,483,013	2,483,013	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	72,179	72,179	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	303,365	303,365	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(21,762)	(21,762)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,836,795	2,836,795	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(28,150)	(28,150)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	28,449	28,449	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).....	299	299	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(21,270)	(21,270)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	21,569	21,569	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.....	2,146	2,146	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,386	6,386	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,859,564	2,859,564	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,808,645	2,808,645	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).....	2,808,645	2,808,645	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,765,237	2,765,237	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	282,224	282,224	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,483,013	2,483,013	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	72,179	72,179	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	303,365	303,365	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(21,762)	(21,762)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,836,795	2,836,795	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(28,150)	(28,150)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	28,449	28,449	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).....	299	299	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(21,270)	(21,270)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	21,569	21,569	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, 2011**

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	3,210	0	3,210	0	0	0	0	0	0	0
2. First Quarter	13,037	0	13,037	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	39,537	0	39,537	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	9,084	0	9,084	0	0	0	0	0	0	0
8. Non-Physician	2,278	0	2,278	0	0	0	0	0	0	0
9. Total	11,362	0	11,362	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	949	0	949	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	193	0	193	0	0	0	0	0	0	0
12. Health Premiums Written	17,565,896	0	17,565,896	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	17,565,896	0	17,565,896	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	19,902,306	0	19,902,306	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	16,986,458	0	16,986,458	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.....	13,037	13,037	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	39,537	39,537	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	17,565,896	17,565,896	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	17,253,106	17,253,106	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).....	17,253,106	17,253,106	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,986,458	16,986,458	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,733,665	1,733,665	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,252,793	15,252,793	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	443,384	443,384	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,863,528	1,863,528	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(133,678)	(133,678)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	17,426,027	17,426,027	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(172,921)	(172,921)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	174,758	174,758	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).....	1,837	1,837	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(130,656)	(130,656)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	132,493	132,493	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.....	13,037	13,037	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	39,537	39,537	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	17,565,896	17,565,896	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	17,253,106	17,253,106	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).....	17,253,106	17,253,106	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,986,458	16,986,458	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,733,665	1,733,665	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,252,793	15,252,793	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	443,384	443,384	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,863,528	1,863,528	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(133,678)	(133,678)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	17,426,027	17,426,027	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(172,921)	(172,921)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	174,758	174,758	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).....	1,837	1,837	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(130,656)	(130,656)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	132,493	132,493	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				