

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	11,891	11,891	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	35,830	35,830	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	22,074,693	22,074,693	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	21,790,920	21,790,920	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).....	21,790,920	21,790,920	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	19,101,383	19,101,383	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	235,354	235,354	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	18,866,029	18,866,029	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(1,991,604)	(1,991,604)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,957,862	5,957,862	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	1,935,370	1,935,370	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	24,767,657	24,767,657	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,976,737)	(2,976,737)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	131,681	131,681	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(407)	(407)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,845,463)	(2,845,463)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(395,254)	(395,254)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,450,209)	(2,450,209)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	86.6%	86.6%	0.0%	0.0%	0.0%	0.0%	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				

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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.....	11,891	11,891	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	140,551	140,551	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	84,170,480	84,170,480	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	83,057,316	83,057,316	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).....	83,057,316	83,057,316	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	70,494,302	70,494,302	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,141,054	3,141,054	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	67,353,248	67,353,248	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,055,349	1,055,349	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	12,776,208	12,776,208	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	2,048,190	2,048,190	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	83,232,995	83,232,995	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(175,679)	(175,679)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	509,798	509,798	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,872)	(3,872)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	330,247	330,247	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	930,345	930,345	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(600,098)	(600,098)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	81.1%	81.1%	0.0%	0.0%	0.0%	0.0%	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 **DECEMBER 31, 2015**

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.....	357	357	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,074	1,074	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	662,241	662,241	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	653,727	653,727	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).....	653,727	653,727	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	573,041	573,041	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,061	7,061	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	565,980	565,980	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(59,749)	(59,749)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	178,736	178,736	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	58,062	58,062	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	743,029	743,029	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(89,302)	(89,302)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,950	3,950	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(11)	(11)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(85,363)	(85,363)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(11,858)	(11,858)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(73,505)	(73,505)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	86.6%	86.6%	0.0%	0.0%	0.0%	0.0%	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				

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STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	357	357	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	4,216	4,216	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,525,115	2,525,115	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,491,719	2,491,719	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).....	2,491,719	2,491,719	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,114,829	2,114,829	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	94,232	94,232	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,020,597	2,020,597	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	31,660	31,660	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	383,286	383,286	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	61,446	61,446	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,496,989	2,496,989	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,270)	(5,270)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	15,294	15,294	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(116)	(116)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	9,908	9,908	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	27,910	27,910	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(18,002)	(18,002)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	81.1%	81.1%	0.0%	0.0%	0.0%	0.0%	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, 2015**

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	13,167	32	13,135	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	11,534	29	11,505	0	0	0	0	0	0	0
6. Current Year Member Months	136,335	365	135,970	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	33,965	219	33,746	0	0	0	0	0	0	0
8. Non-Physician	7,298	48	7,250	0	0	0	0	0	0	0
9. Total	41,263	267	40,996	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3,709	24	3,685	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	444	3	441	0	0	0	0	0	0	0
12. Health Premiums Written	81,645,366	102,363	81,543,003	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	81,645,366	102,363	81,543,003	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	67,804,625	440,126	67,364,499	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	68,379,473	441,352	67,938,121	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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(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.....	11,534	11,534	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,756	34,756	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	21,412,452	21,412,452	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	21,137,193	21,137,193	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).....	21,137,193	21,137,193	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	18,528,342	18,528,342	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	228,293	228,293	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	18,300,049	18,300,049	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(1,931,855)	(1,931,855)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,779,126	5,779,126	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	1,877,308	1,877,308	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	24,024,628	24,024,628	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,887,435)	(2,887,435)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	127,731	127,731	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(396)	(396)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,760,100)	(2,760,100)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(383,396)	(383,396)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,376,704)	(2,376,704)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	86.6%	86.6%	0.0%	0.0%	0.0%	0.0%	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 **DECEMBER 31, 2015**

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.....	11,534	11,534	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	136,335	136,335	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	81,645,365	81,645,365	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	80,565,597	80,565,597	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).....	80,565,597	80,565,597	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	68,379,473	68,379,473	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,046,822	3,046,822	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	65,332,651	65,332,651	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,023,689	1,023,689	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	12,392,922	12,392,922	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	1,986,744	1,986,744	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	80,736,006	80,736,006	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(170,409)	(170,409)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	494,504	494,504	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,756)	(3,756)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	320,339	320,339	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	902,435	902,435	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(582,096)	(582,096)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	81.1%	81.1%	0.0%	0.0%	0.0%	0.0%	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				