

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	11,575	11,575	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,743	34,743	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	20,670,710	20,670,710	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	20,395,545	20,395,545	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).....	20,395,545	20,395,545	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	18,039,334	18,039,334	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	881,016	881,016	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,158,318	17,158,318	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	745,118	745,118	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,333,142	2,333,142	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	3,110	3,110	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	20,239,688	20,239,688	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	155,857	155,857	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	124,141	124,141	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	59,503	59,503	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	339,501	339,501	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	50,601	50,601	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	288,900	288,900	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	84.1%	84.1%	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				

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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.....	11,575	11,575	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	69,114	69,114	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	40,753,771	40,753,771	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	40,206,388	40,206,388	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).....	40,206,388	40,206,388	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	35,118,248	35,118,248	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,690,235	1,690,235	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	33,428,013	33,428,013	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,626,330	1,626,330	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,030,070	5,030,070	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(68,830)	(68,830)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	40,015,583	40,015,583	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	190,805	190,805	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	257,496	257,496	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	41,456	41,456	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	489,757	489,757	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	667,463	667,463	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(177,706)	(177,706)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.1%	83.1%	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 **JUNE 30, 2015**

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	407	1	406	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	347	1	346	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	2,073	5	2,068	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	486	2	484	0	0	0	0	0	0	0
8. Non-Physician	92	0	92	0	0	0	0	0	0	0
9. Total	578	2	576	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	62	0	62	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	7	0	7	0	0	0	0	0	0	0
12. Health Premiums Written	1,222,613	1,499	1,221,114	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	1,222,613	1,499	1,221,114	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	1,061,758	4,966	1,056,792	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,053,547	4,927	1,048,620	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	347	347	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,041	1,041	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	620,121	620,121	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	611,866	611,866	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).....	611,866	611,866	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	541,180	541,180	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	26,430	26,430	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	514,750	514,750	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	22,354	22,354	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	69,994	69,994	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	93	93	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	607,191	607,191	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,675	4,675	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,724	3,724	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,784	1,784	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,183	10,183	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,518	1,518	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	8,665	8,665	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	84.1%	84.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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, 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.....	347	347	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,073	2,073	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,222,613	1,222,613	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,206,191	1,206,191	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).....	1,206,191	1,206,191	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,053,547	1,053,547	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	50,707	50,707	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,002,840	1,002,840	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	48,790	48,790	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	150,902	150,902	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(2,065)	(2,065)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,200,467	1,200,467	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,724	5,724	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,725	7,725	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,244	1,244	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	14,693	14,693	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	20,024	20,024	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,331)	(5,331)	0	0	0	0	0	0	0	0
24. Medical Loss Ratio	83.1%	83.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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, 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: 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.....	11,228	11,228	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,702	33,702	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	20,050,589	20,050,589	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,783,678	19,783,678	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).....	19,783,678	19,783,678	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	17,498,153	17,498,153	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	854,586	854,586	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,643,567	16,643,567	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	722,764	722,764	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,263,148	2,263,148	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	3,017	3,017	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	19,632,496	19,632,496	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	151,182	151,182	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	120,417	120,417	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	57,719	57,719	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	329,318	329,318	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	49,083	49,083	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	280,235	280,235	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	84.1%	84.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **JUNE 30, 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.....	11,228	11,228	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	67,041	67,041	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	39,531,158	39,531,158	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	39,000,196	39,000,196	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).....	39,000,196	39,000,196	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	34,064,700	34,064,700	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,639,528	1,639,528	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,425,172	32,425,172	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,577,540	1,577,540	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,879,168	4,879,168	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(66,765)	(66,765)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	38,815,115	38,815,115	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	185,081	185,081	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	249,771	249,771	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	40,212	40,212	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	475,064	475,064	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	647,439	647,439	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(172,375)	(172,375)	0	0	0	0	0	0	0	0
24. Medical Loss Ratio	83.1%	83.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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				