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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	12,004	12,004	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	35,607	35,607	0	0	0	0	0	0	0	0
3. Direct Premium Income	21,342,016	21,342,016	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	21,060,008	21,060,008	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)	21,060,008	21,060,008	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	16,274,671	16,274,671	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	1,215,465	1,215,465	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	15,059,206	15,059,206	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	1,420,623	1,420,623	0	0	0	0	0	0	0	0
15. General Administrative Expenses	1,788,276	1,788,276	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	181,650	181,650	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	18,449,755	18,449,755	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	2,610,253	2,610,253	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	120,621	120,621	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	(44,921)	(44,921)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	2,685,953	2,685,953	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	658,136	658,136	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	2,027,817	2,027,817	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	71.5%	71.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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: 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**	12,004	12,004	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	104,721	104,721	0	0	0	0	0	0	0	0
3. Direct Premium Income	62,095,787	62,095,787	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	61,266,396	61,266,396	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)	61,266,396	61,266,396	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	51,392,919	51,392,919	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	2,905,700	2,905,700	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	48,487,219	48,487,219	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	3,046,953	3,046,953	0	0	0	0	0	0	0	0
15. General Administrative Expenses	6,818,346	6,818,346	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	112,820	112,820	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	58,465,338	58,465,338	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	2,801,058	2,801,058	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	378,117	378,117	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	(3,465)	(3,465)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	3,175,710	3,175,710	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	1,325,599	1,325,599	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	1,850,111	1,850,111	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	79.1%	79.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Cigna Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Dallas**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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	0									
4. Third Quarter	360	1	359	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	3,142	8	3,134	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	759	4	755	0	0	0	0	0	0	0
8. Non-Physician	149	1	148	0	0	0	0	0	0	0
9. Total	908	5	903	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	94	0	94	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	10	0	10	0	0	0	0	0	0	0
12. Health Premiums Written	1,862,874	2,284	1,860,590	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	1,862,874	2,284	1,860,590	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	1,570,748	7,346	1,563,402	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,541,788	7,211	1,534,577	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	360	360	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	1,069	1,069	0	0	0	0	0	0	0	0
3. Direct Premium Income	640,261	640,261	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	631,801	631,801	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)	631,801	631,801	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	488,241	488,241	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	36,464	36,464	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	451,777	451,777	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	42,619	42,619	0	0	0	0	0	0	0	0
15. General Administrative Expenses	53,648	53,648	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	5,449	5,449	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	553,493	553,493	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	78,308	78,308	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	3,619	3,619	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	(1,349)	(1,349)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	80,578	80,578	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	19,744	19,744	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	60,834	60,834	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	71.5%	71.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 1
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	360	360	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	3,142	3,142	0	0	0	0	0	0	0	0
3. Direct Premium Income	1,862,874	1,862,874	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	1,837,992	1,837,992	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)	1,837,992	1,837,992	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	1,541,788	1,541,788	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	87,171	87,171	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	1,454,617	1,454,617	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	91,409	91,409	0	0	0	0	0	0	0	0
15. General Administrative Expenses	204,550	204,550	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	3,384	3,384	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	1,753,960	1,753,960	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	84,032	84,032	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	11,344	11,344	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	(105)	(105)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	95,271	95,271	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	39,768	39,768	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	55,503	55,503	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	79.1%	79.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 1

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015** OF THE **Cigna Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Houston**
(Location)

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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	11,644	28	11,616	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	101,579	255	101,324	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	24,528	114	24,414	0	0	0	0	0	0	0
8. Non-Physician	4,808	22	4,786	0	0	0	0	0	0	0
9. Total	29,336	136	29,200	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3,055	15	3,040	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	327	2	325	0	0	0	0	0	0	0
12. Health Premiums Written	60,232,913	73,848	60,159,065	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	60,232,913	73,848	60,159,065	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	50,787,532	237,527	50,550,005	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	49,851,131	233,147	49,617,984	0	0	0	0	0	0	0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	11,644	11,644	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	34,538	34,538	0	0	0	0	0	0	0	0
3. Direct Premium Income	20,701,755	20,701,755	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	20,428,208	20,428,208	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)	20,428,208	20,428,208	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	15,786,431	15,786,431	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	1,179,001	1,179,001	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	14,607,430	14,607,430	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	1,378,004	1,378,004	0	0	0	0	0	0	0	0
15. General Administrative Expenses	1,734,628	1,734,628	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	176,201	176,201	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	17,896,263	17,896,263	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	2,531,945	2,531,945	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	117,002	117,002	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	(43,572)	(43,572)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	2,605,375	2,605,375	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	638,392	638,392	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	1,966,983	1,966,983	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	71.5%	71.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 1
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	11,644	11,644	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	101,579	101,579	0	0	0	0	0	0	0	0
3. Direct Premium Income	60,232,913	60,232,913	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	59,428,404	59,428,404	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)	59,428,404	59,428,404	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits	49,851,131	49,851,131	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred	2,818,529	2,818,529	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	47,032,602	47,032,602	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses	2,955,544	2,955,544	0	0	0	0	0	0	0	0
15. General Administrative Expenses	6,613,796	6,613,796	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts	109,436	109,436	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	56,711,378	56,711,378	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	2,717,026	2,717,026	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses)	366,773	366,773	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	(3,360)	(3,360)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	3,080,439	3,080,439	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred	1,285,831	1,285,831	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	1,794,608	1,794,608	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	79.1%	79.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 1

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
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