

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	15,640	15,640	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	45,383	45,383	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	26,960,831	26,960,831	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	26,601,397	26,601,397	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).....	26,601,397	26,601,397	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	23,053,012	23,053,012	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	805,834	805,834	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	22,247,178	22,247,178	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,292,960	1,292,960	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	7,988,070	7,988,070	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	4,298,590	4,298,590	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	35,826,798	35,826,798	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(9,225,401)	(9,225,401)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	134,436	134,436	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(28,314)	(28,314)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(9,119,279)	(9,119,279)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,006,677)	(1,006,677)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(8,112,602)	(8,112,602)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.6%	83.6%	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 **MARCH 31, 2016**

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.....	15,640	15,640	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	45,383	45,383	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	26,960,831	26,960,831	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	26,601,397	26,601,397	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).....	26,601,397	26,601,397	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	23,053,012	23,053,012	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	805,834	805,834	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	22,247,178	22,247,178	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,292,960	1,292,960	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	7,988,070	7,988,070	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	4,298,590	4,298,590	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	35,826,798	35,826,798	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(9,225,401)	(9,225,401)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	134,436	134,436	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(28,314)	(28,314)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(9,119,279)	(9,119,279)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,006,677)	(1,006,677)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(8,112,602)	(8,112,602)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.6%	83.6%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	322	1	321	0	0	0	0	0	0	0
2. First Quarter	424	137	287	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,230	368	862	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	192	39	153	0	0	0	0	0	0	0
8. Non-Physician	36	7	29	0	0	0	0	0	0	0
9. Total	228	46	182	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	40	20	20	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	3	1	2	0	0	0	0	0	0	0
12. Health Premiums Written	693,498	140,377	553,121	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	693,498	140,377	553,121	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	561,859	113,367	448,492	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	624,736	211,687	413,049	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	424	424	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,230	1,230	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	730,639	730,639	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	720,898	720,898	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).....	720,898	720,898	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	624,737	624,737	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	21,838	21,838	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	602,899	602,899	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	35,039	35,039	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	216,477	216,477	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	116,492	116,492	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	970,907	970,907	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(250,009)	(250,009)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,643	3,643	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(767)	(767)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(247,133)	(247,133)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(27,281)	(27,281)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(219,852)	(219,852)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.6%	83.6%	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 **MARCH 31, 2016**

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.....	424	424	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,230	1,230	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	730,639	730,639	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	720,898	720,898	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).....	720,898	720,898	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	624,737	624,737	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	21,838	21,838	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	602,899	602,899	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	35,039	35,039	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	216,477	216,477	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	116,492	116,492	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	970,907	970,907	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(250,009)	(250,009)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,643	3,643	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(767)	(767)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(247,133)	(247,133)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(27,281)	(27,281)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(219,852)	(219,852)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.6%	83.6%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	11,569	29	11,540	0	0	0	0	0	0	0
2. First Quarter	15,216	4,922	10,294	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	44,153	13,228	30,925	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	6,902	1,397	5,505	0	0	0	0	0	0	0
8. Non-Physician	1,298	263	1,035	0	0	0	0	0	0	0
9. Total	8,200	1,660	6,540	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,457	722	735	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	92	18	74	0	0	0	0	0	0	0
12. Health Premiums Written	26,267,333	5,039,594	21,227,739	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	26,267,333	5,039,594	21,227,739	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	20,450,163	4,069,927	16,380,236	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	22,428,276	7,599,647	14,828,629	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	15,216	15,216	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	44,153	44,153	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	26,230,192	26,230,192	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	25,880,499	25,880,499	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).....	25,880,499	25,880,499	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	22,428,275	22,428,275	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	783,996	783,996	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	21,644,279	21,644,279	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,257,921	1,257,921	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	7,771,593	7,771,593	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	4,182,098	4,182,098	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	34,855,891	34,855,891	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,975,392)	(8,975,392)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	130,793	130,793	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(27,547)	(27,547)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(8,872,146)	(8,872,146)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(979,396)	(979,396)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(7,892,750)	(7,892,750)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.6%	83.6%	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 **MARCH 31, 2016**

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.....	15,216	15,216	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	44,153	44,153	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	26,230,192	26,230,192	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	25,880,499	25,880,499	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).....	25,880,499	25,880,499	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	22,428,275	22,428,275	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	783,996	783,996	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	21,644,279	21,644,279	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,257,921	1,257,921	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	7,771,593	7,771,593	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	4,182,098	4,182,098	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	34,855,891	34,855,891	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,975,392)	(8,975,392)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	130,793	130,793	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(27,547)	(27,547)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(8,872,146)	(8,872,146)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(979,396)	(979,396)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(7,892,750)	(7,892,750)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.6%	83.6%	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				