

QUARTERLY STATEMENT

OF THE

CIGNA Dental Health

of **Ohio, Inc.**

in the state of **Ohio**

TO THE

Insurance Department

OF THE

STATE OF Ohio

FOR THE QUARTER ENDED
March 31, 2002

HEALTH

2002



47805200220100101

HEALTH QUARTERLY STATEMENT**AS OF MARCH 31, 2002**

OF THE CONDITION AND AFFAIRS OF THE

CIGNA Dental Health of Ohio, Inc.

NAIC Group Code	0901 (Current Period)	NAIC Company Code	47805	Employer's ID Number	59-2579774
Organized under the Laws of		Ohio	State of Domicile or Port of Entry		
Country of Domicile		United States			
Licensed as business type: Life, Accident & Health <input type="checkbox"/>		Property/Casualty <input type="checkbox"/>	Health Service Corporation <input type="checkbox"/>	Dental Service Corporation <input type="checkbox"/>	
		Vision Service Corporation <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	Health Maintenance Organization <input type="checkbox"/>	Is HMO Federally Qualified? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Date Incorporated or Organized:		June 17, 1985	Date Commenced Business:		
Statutory Home Office:		300 N.W. 82nd Avenue Suite 700	Plantation, FL	33324	
Main Administrative Office:		300 N.W. 82nd Avenue Suite 700	Plantation, FL	33324	954-423-5800
Mail Address:		P.O. Box 189060	Plantation, FL	33318-9060	
Primary Location of Books and Records:		300 N.W. 82nd Avenue Suite 700	Plantation, FL	33324	954-423-5800
Internet Website Address:		www.cigna.com			
Statement Contact:		Lillie Xavier	954-423-5712	00000	
		lillie.xavier.cigna.com	954-423-5498		
		(E-Mail Address)	(Fax Number)		
Policyowner Relations Contact:		300 N.W. 82nd Avenue Suite 700	Plantation, FL	33324	954-423-5800 00000

OFFICERS

Chairman of the Board
Samuel Lee Westover

President:	Allen Lee West
Secretary:	Gail Murphy Garcia
Treasurer:	Michele Iris Haas
Actuary:	Joseph David Bogdan

Vice-Presidents

Gail Murphy Garcia	Michele Iris Haas	Benjamin Keith Haynes	Barry Richard McHale
Karen Kelley Piacentini			
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DIRECTORS OR TRUSTEES

#Samuel Lee Westover	Gail Murphy Garcia	Michele Iris Haas	
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State of FL
 County of Broward ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)

(Signature)

(Signature)

Allen Lee West

Gail Murphy Garcia

Michele Iris Haas

(Printed Name)

(Printed Name)

(Printed Name)

President

Secretary

Treasurer

Subscribed and sworn to before me this

day of _____, 2002

NOTARY PUBLIC (Seal)

ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds				
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ 0 encumbrances)				(a)
4.2 Properties held for the production of income (less \$ 0 encumbrances)				
4.3 Properties held for sale (less \$ 0 encumbrances)				
5. Cash (\$ 15,200) and short-term investments (\$ 3,035,203)		3,050,403		3,050,403 2,081,649
6. Other long-term invested assets				
7. Receivable for securities				
8. Aggregate write-ins for invested assets				
9. Subtotal cash and invested assets (Lines 1 to 8)	3,050,403		3,050,403	2,081,649
10. Accident and health premiums due and unpaid	137,074		137,074	171,055
11. Health care receivables				
12. Amounts recoverable from reinsurers				
13. Net adjustment in assets and liabilities due to foreign exchange rates				
14. Investment income due and accrued				
15. Amounts due from parent, subsidiaries and affiliates	491,259	2,205	489,054	781,454
16. Amounts receivable relating to uninsured accident and health plans				
17. Furniture and equipment				
18. Amounts due from agents				
19. Federal and foreign income tax recoverable and interest thereon (including \$ 30,171 net deferred tax asset)	30,171		30,171	130,970
20. Electronic data processing equipment and software				
21. Other nonadmitted assets				
22. Aggregate write-ins for other than invested assets				
23. Total assets (Lines 9 plus 10 through 22)	3,708,907	2,205	3,706,702	3,165,128

DETAILS OF WRITE-INS				
0801.....				
0802.....				
0803.....				
0898. Summary of remaining write-ins for Line 8 from overflow page	NONE			
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above)				
2201.....				
2202.....				
2203.....				
2298. Summary of remaining write-ins for Line 22 from overflow page	NONE			
2299. Totals (Lines 2201 through 2203 plus 2298) (Line 22 above)				

(a) \$ 0. health care delivery assets included in Line 4.1, Column 3.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	440,032	67,943	507,975	497,104
2. Accrued medical incentive pool and bonus payments				
3. Unpaid claims adjustment expenses	8,954		8,954	8,311
4. Aggregate policy reserves				
5. Aggregate claim reserves				
6. Premiums received in advance	4,524		4,524	22,922
7. General expenses due or accrued	43,996		43,996	35,619
8. Federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses) (including \$ 0 net deferred tax liability)	41,808		41,808	
9. Amounts withheld or retained for the account of others				
10. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
11. Amounts due to parent, subsidiaries and affiliates				134,433
12. Payable for securities				
13. Funds held under reinsurance treaties with (\$ 0 authorized reinsurers and \$ 0 unauthorized reinsurers)				
14. Reinsurance in unauthorized companies				
15. Net adjustments in assets and liabilities due to foreign exchange rates				
16. Liability for amounts held under uninsured accident and health plans				
17. Aggregate write-ins for other liabilities (including \$ 0 current)				
18. Total liabilities (Lines 1 to 17)	539,314	67,943	607,257	698,389
19. Common capital stock	XXX	XXX	100	100
20. Preferred capital stock	XXX	XXX		
21. Gross paid in and contributed surplus	XXX	XXX	273,258	273,258
22. Surplus notes	XXX	XXX		
23. Aggregate write-ins for other than special surplus funds	XXX	XXX		
24. Unassigned funds (surplus)	XXX	XXX	2,826,087	2,193,381
25. Less treasury stock, at cost:				
25.1 0 shares common (value included in Line 19 \$ 0)	XXX	XXX		
25.2 0 shares preferred (value included in Line 20 \$ 0)	XXX	XXX		
26. Total capital and surplus (Lines 19 to 24 less 25)	XXX	XXX	3,099,445	2,466,739
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	3,706,702	3,165,128

DETAILS OF WRITE-INS				
1701.				
1702.				
1703.				
1798. Summary of write-ins for Line 17 from overflow page	NONE			
1799. Totals (Lines 1701 through 1703 plus 1798) (Line 17 above)				
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of write-ins for Line 23 from overflow page	XXX	XXX		
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1	2	3
	Uncovered	Total	Total
1. Member Months	X X X	280,194	1,148,732
2. Net premium income	X X X	3,205,091	12,870,675
3. Change in unearned premium reserves and reserve for rate credits	X X X		
4. Fee-for-service (net of \$ 0 medical expenses)	X X X		
5. Risk revenue	X X X		
6. Aggregate write-ins for other health care related revenues	X X X		
7. Total revenues (Lines 2 to 6)	X X X	3,205,091	12,870,675
Medical and Hospital:			
8. Hospital/medical benefits			
9. Other professional services	978	1,707,443	7,083,779
10. Outside referrals	110,718	110,718	517,039
11. Emergency room and out-of-area			
12. Prescription drugs			
13. Aggregate write-ins for other medical and hospital			
14. Incentive pool and withhold adjustments			
15. Subtotal (Lines 8 to 14)	111,696	1,818,161	7,600,818
Less:			
16. Net reinsurance recoveries			
17. Total medical and hospital (Lines 15 minus 16)	111,696	1,818,161	7,600,818
18. Claims adjustment expenses		27,716	93,811
19. General administrative expenses		395,271	1,449,049
20. Increase in reserves for accident and health contracts			
21. Total underwriting deductions (Lines 17 through 20)	111,696	2,241,148	9,143,678
22. Net underwriting gain or (loss) (Lines 7 minus 21)	X X X	963,943	3,726,997
23. Net investment income earned		12,079	115,786
24. Net realized capital gains or (losses)			
25. Net investment gains or (losses) (Lines 23 plus 24)		12,079	115,786
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]			
27. Aggregate write-ins for other income or expenses		976,022	3,842,783
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)	X X X	342,193	1,331,689
29. Federal and foreign income taxes incurred	X X X	633,829	2,511,094
30. Net income (loss) (Lines 28 minus 29)	X X X		

DETAILS OF WRITE-INS			
0601.	X X X		
0602.	X X X		
0603.	X X X		
0698. Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X		
1301.			
1302.			
1303.			
1398. Summary of remaining write-ins for Line 13 from overflow page			
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)			
2701.			
2702.			
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page			
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL & SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year
31. Capital and surplus prior reporting period	2,466,739	4,426,365
GAINS AND LOSSES TO CAPITAL & SURPLUS		
32. Net income or (loss) from Line 30	633,829	2,511,094
33. Change in valuation basis of aggregate policy and claim reserves		
34. Net unrealized capital gains and losses		
35. Change in net unrealized foreign exchange capital gain or (loss)		
36. Change in net deferred income tax	586	(13,284)
37. Change in nonadmitted assets	(1,709)	(305)
38. Change in unauthorized reinsurance		
39. Change in treasury stock		
40. Change in surplus notes		
41. Cumulative effect of changes in accounting principles		
42. Capital Changes:		
42.1 Paid in		
42.2 Transferred from surplus (Stock Dividend)		
42.3 Transferred to surplus		
43. Surplus adjustments:		
43.1 Paid in		
43.2 Transferred to capital (Stock Dividend)		
43.3 Transferred from capital		
44. Dividends to stockholders		(4,500,000)
45. Aggregate write-ins for gains or (losses) in surplus		42,869
46. Net change in capital & surplus (Lines 32 to 45)	632,706	(1,959,626)
47. Capital and surplus end of reporting period (Line 31 plus 46)	3,099,445	2,466,739

DETAILS OF WRITE-INS		
4501. Changes related to codification implementation-Deferred Taxes		42,869
4502.		
4503.		
4598. Summary of remaining write-ins for Line 45 from overflow page		
4599. Totals (Lines 4501 through 4503 plus 4598) (Line 45 above)		42,869

CASH FLOW

	1 Current Year To Date	2 Prior Year
Cash from Operations		
1. Premiums and revenues collected net of reinsurance	3,220,826	12,974,577
2. Claims and claims adjustment expenses	1,834,364	7,682,512
3. General administrative expenses paid	345,086	1,626,673
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	1,041,376	3,665,392
6. Net investment income	12,079	115,786
7. Other income (expenses)		
8. Federal and foreign income taxes (paid) recovered	(240,808)	(1,441,431)
9. Net cash from operations (Lines 5 to 8)	812,647	2,339,747
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds		
10.2 Stocks		
10.3 Mortgage loans		
10.4 Real estate		
10.5 Other invested assets		
10.6 Net gains or (losses) on cash and short-term investments		
10.7 Miscellaneous proceeds		
10.8 Total investment proceeds (Lines 10.1 to 10.7)		
11. Cost of investments acquired (long-term only):		
11.1 Bonds		
11.2 Stocks		
11.3 Mortgage loans		
11.4 Real estate		
11.5 Other invested assets		
11.6 Miscellaneous applications		
11.7 Total investments acquired (Lines 11.1 to 11.6)		
12. Net cash from investments (Line 10.8 minus Line 11.7)		
Cash from Financing and Miscellaneous Sources		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in		
13.2 Net transfers from affiliates	156,107	
13.3 Borrowed funds received		
13.4 Other cash provided		
13.5 Total (Lines 13.1 to 13.4)	156,107	
14. Cash applied:		
14.1 Dividends to stockholders paid		4,500,000
14.2 Net transfers to affiliates		359,654
14.3 Borrowed funds repaid		
14.4 Other applications		
14.5 Total (Lines 14.1 to 14.4)		4,859,654
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	156,107	(4,859,654)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	968,754	(2,519,907)
17. Cash and short-term investments:		
17.1 Beginning of period	2,081,649	4,601,556
17.2 End of period (Line 16 plus Line 17.1)	3,050,403	2,081,649

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	93,721					93,721				
2. First Quarter	93,020					93,020				
3. Second Quarter										
4. Third Quarter										
5. Current Year	93,020					93,020				
6. Current Year Member Months	280,194					280,194				
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Premiums Collected	3,220,826					3,220,826				
13. Premiums Earned	3,205,091					3,205,091				
14. Amount Paid for Provision of Health Care Services	1,807,291					1,807,291				
15. Amount Incurred for Provision of Health Care Services	1,818,161					1,818,161				

Statement as of March 31, 2002 of the **CIGNA Dental Health of Ohio, Inc.**

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (Hospital & Medical)						
2. Medicare Supplement						
3. Dental only	385,368	1,421,923			507,975	385,368
4. Vision only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other						
9. Subtotal	385,368	1,421,923			507,975	385,368
10. Medical Incentive pools, accruals and disbursements						
11. Totals	385,368	1,421,923			507,975	385,368
						497,104

NOTES TO FINANCIAL STATEMENTS

Quarterly Filings
CIGNA Dental Health of Ohio, Inc.

Notes to the Financial Statement.

Note 1 Organization and Operations

CIGNA Dental Health of Ohio, Inc. (Company) is a wholly-owned subsidiary of CIGNA Dental Health, Inc. (Parent), and ultimately of CIGNA Corporation (CIGNA). The Company was incorporated on June 17, 1985 under the laws of the State of Ohio and received a certificate of authority on November 6, 1985, to operate as a Specialized Insuring Corporation from the State of Ohio Department of Insurance. The Company is a dental plan, which provides comprehensive dental health services to subscribers for predetermined prepaid monthly fees. The Company pays monthly fees for dental care services provided to its subscribers by participating dental care providers based generally upon the number of individuals enrolled in the plan. When the subscriber is referred to an outside specialist, the Company pays fees based primarily upon the nature of the specific care provided.

Note 2 Summary of Significant Accounting Policies

- A) Basis of Presentation: These financial statements have been prepared in conformity with accounting practices prescribed or permitted by the State of Ohio Department of Insurance and reflect management's estimates and assumptions that affect the recorded amounts. The National Association of Insurance Commissioners (NAIC) *Accounting Practices and Procedures* manual, version effective January 1, 2001, ([NAIC SAP](#)) has been adopted as a component of prescribed or permitted practices by the state of Ohio. These accounting practices vary in certain respects from generally accepted accounting principles followed in determining financial position and results of operations and cash flows. The differences arise from the treatment of certain assets designated as "non-admitted assets" which are charged against accumulated earnings, whereas under generally accepted accounting principles they are considered assets. Non-admitted assets aggregated \$2,205 at March 31, 2002 and consisted primarily of accounts receivable greater than ninety days past due.
- B) Cash and Cash Equivalents: Certificate of Deposits with a maturity of twelve months or less at the time of purchase are reported as cash equivalents. All investments with remaining maturities of one year or less at the time of purchase are reported as short-term investments.
- C) Claims Payable: Claims payable include amounts billed and not paid and an estimate of costs incurred for unbilled services provided as of the balance sheet date.
- D) Premium Revenue: The Company charges monthly fees (premiums) to member groups under contracts entitling subscribers to certain dental care. Premiums are recognized as revenue in the month for which coverage is provided. Premiums received in advance represent that portion of premiums received for which coverage is still due.
- E) Income Taxes: The Company joins its Parent in filing a consolidated United States federal income tax return filed by CIGNA. In accordance with a tax sharing agreement, the provision for federal income taxes is computed as if the Company were filing a separate federal income tax return, except that benefits arising from tax credits and net operating losses are allocated to those subsidiaries producing such attributes only to the extent they have been utilized in the consolidated federal income tax provision.

Deferred federal income taxes and benefits are generally recognized when asset and liabilities have different values for financial statement and tax reporting purposes.

NOTES TO FINANCIAL STATEMENTS

Note 3 Income Taxes

The Company's deferred tax asset balances of [\\$ 30,171](#) as of [March 31, 2002](#), result primarily from specialty referral reserves and bad debt reserves and are classified as admitted assets.

The components of incurred income tax expense and the change in deferred tax asset as of [March 31, 2002](#), are as follows:

Current Income Tax Expense	\$ 342,193
Change in Deferred Tax Asset	\$ 586

In 2002 tax expense approximated the amount computed using the nominal federal income tax rate of 35%.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [] No [X]

1.2 If yes, explain:
.....

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes [] No [X]

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

3.2 If yes, date of change: _____
If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 09/30/2000

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 09/30/2000

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 09/20/2001

7.4 By what department or departments? Ohio Dept of Insurance
.....

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [] No [X]

8.2 If yes, give full information
.....

GENERAL INTERROGATORIES (Continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)
INVESTMENT

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

9.2 If yes, explain
.....

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

10.2 If yes, give full and complete information relating thereto:
.....

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ _____ 0

12. Amount of real estate and mortgages held in short-term investments: \$ _____ 0

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds	\$ 0	\$ 0
13.22 Preferred Stock	\$ 0	\$ 0
13.23 Common Stock	\$ 0	\$ 0
13.24 Short-Term Investments	\$ 0	\$ 0
13.25 Mortgages, Loans or Real Estate	\$ 0	\$ 0
13.26 All Other	\$ 0	\$ 0
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	\$ 0	\$ 0
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$ 0	\$ 0
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above	\$ 0	\$ 0

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [X]

If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV. H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
N/A	

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
N/A		

15.3 Have there been any changes, including name changes, in the custodian(s) identified in 15.1 during the current year? Yes [] No [X]

15.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
N/A			

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
N/A		

NONE **Schedule A, B, and BA Verification**

NONE **Schedule D Part 1B**

SCHEDULE DA - PART 1**Short-Term Investments Owned End of Current Quarter**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099999	Totals	3,035,203	XXX	3,035,203	11,355

SCHEDULE DA - PART 2 - Verification**Short-Term Investments Owned**

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	2,076,953			4,477,941
2. Cost of short-term investments acquired	958,250			1,915,241
3. Increase (decrease) by adjustment				
4. Increase (decrease) by foreign exchange adjustment				
5. Total profit (loss) on disposal of short-term investments				
6. Consideration received on disposal of short-term investments				4,316,229
7. Book/adjusted carrying value, current period	3,035,203			2,076,953
8. Total valuation allowance				
9. Subtotal (Lines 7 plus 8)	3,035,203			2,076,953
10. Total nonadmitted amounts				
11. Statement value (Lines 9 minus 10)	3,035,203			2,076,953
12. Income collected during period	11,355			110,990
13. Income earned during period	11,355			110,990

NONE **Schedule DB Part F Section 1**

NONE **Schedule DB Part F Section 2**

NONE **Schedule S**

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.	1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed (Yes or No)	Direct Business Only Year-to-Date			
			3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefits Program Premiums
1. Alabama	AL	NO	NO			
2. Alaska	AK	NO	NO			
3. Arizona	AZ	NO	NO			
4. Arkansas	AR	NO	NO			
5. California	CA	NO	NO			
6. Colorado	CO	NO	NO			
7. Connecticut	CT	NO	NO			
8. Delaware	DE	NO	NO			
9. Dist. Columbia	DC	NO	NO			
10. Florida	FL	NO	NO			
11. Georgia	GA	NO	NO			
12. Hawaii	HI	NO	NO			
13. Idaho	ID	NO	NO			
14. Illinois	IL	NO	NO			
15. Indiana	IN	NO	NO			
16. Iowa	IA	NO	NO			
17. Kansas	KS	NO	NO			
18. Kentucky	KY	NO	NO			
19. Louisiana	LA	NO	NO			
20. Maine	ME	NO	NO			
21. Maryland	MD	NO	NO			
22. Massachusetts	MA	NO	NO			
23. Michigan	MI	NO	NO			
24. Minnesota	MN	NO	NO			
25. Mississippi	MS	NO	NO			
26. Missouri	MO	NO	NO			
27. Montana	MT	NO	NO			
28. Nebraska	NE	NO	NO			
29. Nevada	NV	NO	NO			
30. New Hampshire	NH	NO	NO			
31. New Jersey	NJ	NO	NO			
32. New Mexico	NM	NO	NO			
33. New York	NY	NO	NO			
34. North Carolina	NC	NO	NO			
35. North Dakota	ND	NO	NO			
36. Ohio	OH	NO	YES	3,205,091		
37. Oklahoma	OK	NO	NO			
38. Oregon	OR	NO	NO			
39. Pennsylvania	PA	NO	NO			
40. Rhode Island	RI	NO	NO			
41. South Carolina	SC	NO	NO			
42. South Dakota	SD	NO	NO			
43. Tennessee	TN	NO	NO			
44. Texas	TX	NO	NO			
45. Utah	UT	NO	NO			
46. Vermont	VT	NO	NO			
47. Virginia	VA	NO	NO			
48. Washington	WA	NO	NO			
49. West Virginia	WV	NO	NO			
50. Wisconsin	WI	NO	NO			
51. Wyoming	WY	NO	NO			
52. American Samoa	AS	NO	NO			
53. Guam	GU	NO	NO			
54. Puerto Rico	PR	NO	NO			
55. U.S. Virgin Islands	VI	NO	NO			
56. Canada	CN	NO	NO			
57. Aggregate Other Alien	OT	XXX	XXX			
58. Total (Direct Business)		XXX	(a) 1	3,205,091		

DETAILS OF WRITE-INS					
5701.					
5702.					
5703.					
5798. Summary of remaining write-ins for Line 57 from overflow page					
5799. Totals (Lines 5701 through 5703 plus 5798) (Line 57 above)					

(a) Insert the number of yes responses except for Canada and other Alien.

NONE

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

0901	CIGNA				CIGNA Corporation
0901	CIGNA				CIGNA Holdings, Inc.
0901	CIGNA				CIGNA Investment Group, Inc.
0901	CIGNA				CIGNA International Finance, Inc.
0901	CIGNA				CIGNA International Investment Advisors, Ltd.
0901	CIGNA				CIGNA Investments, Inc.
0901	CIGNA				CIGNA Mortgage Securities Hartford, LLC
0901	CIGNA				CIGNA Mortgage Securities Philadelphia, LLC
0901	CIGNA				TimeSquare Capital Management, Inc.
0901	CIGNA				TimeSquare Funds Management, Ltd.
0901	CIGNA				TimeSquare Funds, Plc
0901	CIGNA				Connecticut General Corporation
0901	CIGNA				Arbor Reinsurance Company, Ltd. (Bermuda)
0901	CIGNA				CIGNA Bank & Trust Company, FSB
0901	CIGNA				CIGNA Benefits Processing Ireland, Ltd.
0901	CIGNA				CIGNA Behavioral Health, Inc.
0901	CIGNA				CIGNA Dental Health, Inc.
0901	CIGNA				CIGNA Dental Health of California, Inc.
0901	CIGNA	11175	CA	59-2600475	CIGNA Dental Health of Colorado, Inc.
0901	CIGNA	95380	CO	59-2675861	CIGNA Dental Health of Delaware, Inc.
0901	CIGNA	52021	DE	59-2676987	CIGNA Dental Health of Florida, Inc.
0901	CIGNA	52024	FL	59-1611217	CIGNA Dental Health of Kansas, Inc.
0901	CIGNA	52108	KY	59-2619589	CIGNA Dental Health of Kentucky, Inc.
0901	CIGNA	48119	DE	59-2740468	CIGNA Dental Health of Maryland, Inc.
0901	CIGNA	11160		06-1582068	CIGNA Dental Health of Missouri, Inc.
0901	CIGNA	11167	NJ	59-2308062	CIGNA Dental Health of New Jersey, Inc.
0901	CIGNA	47001	NM	95-4452999	CIGNA Dental Health of New Mexico, Inc.
0901	CIGNA	95179	NC	56-1803464	CIGNA Dental Health of North Carolina, Inc.
0901	CIGNA	47805	OH	59-2579774	CIGNA Dental Health of Ohio, Inc.
0901	CIGNA	47041	PA	52-1220578	CIGNA Dental Health of Pennsylvania, Inc.
0901	CIGNA	95037	TX	59-2676977	CIGNA Dental Health of Texas, Inc.
0901	CIGNA	52617	VA	52-2188914	CIGNA Dental Health of Virginia, Inc.
0901	CIGNA	47013	AZ	86-0807222	CIGNA Dental Health Plan of Arizona, Inc..
0901	CIGNA		AZ	86-0334392	CIGNA Financial Partners, Inc.
0901	CIGNA				CIGNA Financial Services, Inc.
0901	CIGNA				CIGNA Health Corporation
0901	CIGNA				Healthsource, Inc.
0901	CIGNA				CIGNA HealthCare of Arizona, Inc.
0901	CIGNA				CIGNA Community Choice, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

0901	CIGNA		CA	95-3310115	CIGNA HealthCare of California, Inc.
0901	CIGNA		CO	84-1004500	CIGNA HealthCare of Colorado, Inc.
0901	CIGNA	95660	CT	06-1141174	CIGNA HealthCare of Connecticut, Inc.
0901	CIGNA		DE	52-1347731	CIGNA HealthCare of Delaware, Inc.
0901	CIGNA		FL	59-2089259	CIGNA HealthCare of Florida, Inc.
0901	CIGNA	95602	DE	36-3385638	CIGNA HealthCare of Illinois, Inc.
0901	CIGNA	95178	KY	61-1275797	CIGNA HealthCare of Kentucky, Inc.
0901	CIGNA	95600	LA	75-2076466	CIGNA HealthCare of Louisiana, Inc.
0901	CIGNA	95447	ME	01-0418220	CIGNA HealthCare of Maine, Inc.
0901	CIGNA	95220	MA	02-0402111	CIGNA HealthCare of Massachusetts, Inc.
0901	CIGNA	95599	MD	52-1404350	CIGNA HealthCare Mid-Atlantic, Inc.
0901	CIGNA	95493	NH	02-0387749	CIGNA HealthCare New Hampshire, Inc.
0901	CIGNA	95500	NJ	22-2720890	CIGNA HealthCare of New Jersey, Inc.
0901	CIGNA	95209	OH	31-1146142	CIGNA HealthCare of Ohio, Inc.
0901	CIGNA	95121	PA	23-2301807	CIGNA HealthCare of Pennsylvania, Inc.
0901	CIGNA	95635	MO	36-3359925	CIGNA HealthCare of St. Louis, Inc.
0901	CIGNA	95518	UT	62-1230908	CIGNA HealthCare of Utah, Inc.
0901	CIGNA	96563	VA	54-1252797	CIGNA HealthCare of Virginia, Inc.
0901	CIGNA				Healthsource South, Inc. (NH)
0901	CIGNA	95499	AR	71-0742124	CIGNA HealthCare of Arkansas, Inc.
0901	CIGNA	96229	GA	58-1641057	CIGNA HealthCare of Georgia, Inc.
0901	CIGNA	95383	TX	74-2767437	CIGNA HealthCare of Texas, Inc.
0901	CIGNA	87980	NH	02-0441070	*CIGNA Insurance Group, Inc.
0901	CIGNA				Healthsource Indiana, Inc. (NH)
0901	CIGNA	95525	IN	35-1679172	CIGNA HealthCare of Indiana, Inc.
0901	CIGNA				Healthsource Management, Inc. (NH)
0901	CIGNA		NY	11-2758941	CIGNA HealthCare of New York, Inc.
0901	CIGNA	95606	TN	62-1218053	CIGNA HealthCare of Tennessee, Inc.
0901	CIGNA				Healthsource Health Plans, Inc. (NC)
0901	CIGNA	95132	NC	56-1479515	CIGNA HealthCare of North Carolina, Inc.
0901	CIGNA				Physicians' Health Systems, Inc.
0901	CIGNA	63405	SC	57-0937292	*CIGNA Insurance Services Company (72%) remaining interest owned Healthsource Management,
0901	CIGNA	95708	SC	06-1185590	CIGNA HealthCare of South Carolina, Inc.
0901	CIGNA		NM	06-0327237	Lovelace Health Systems, Inc.
0901	CIGNA				*Temple Insurance Company Limited (Bermuda)
0901	CIGNA				*CIGNA Life Insurance Company of Canada (Canada)
0901	CIGNA	64548		13-2556568	*CIGNA Life Insurance Company of New York
0901	CIGNA	62308	CT	06-0303370	*Connecticut General Life Insurance Company
0901	CIGNA				All-Net Preferred Providers, Inc.
0901	CIGNA				C G Ballston, L.L.C.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

0901	CIGNA				C G Michigan Properties, L.L.C.
0901	CIGNA				C G Pinnacle, L.L.C.
0901	CIGNA				C G Wacker Drive, L.L.C.
0901	CIGNA				CIGNA Dulles Town L L C
0901	CIGNA	93629	CT	06-1050034	*CIGNA Life Insurance Company
0901	CIGNA				CIGNA Retirement Benefits Services, Inc.
0901	CIGNA				Congen Properties, Inc.
0901	CIGNA				Hazard Center Investment Company, L.L.C.
0901	CIGNA				Houston Properties, L.L.C.
0901	CIGNA				KCI Investment Company, L.L.C.
0901	CIGNA				Ridgedale REIT, Inc. (49.9%) remaining interests owned by unaffiliated parties
0901	CIGNA				Southland REIT, Inc. (49.9%) remaining interests owned by unaffiliated parties
0901	CIGNA				Global Portfolio Strategies, Inc.
0901	CIGNA				International Rehabilitation Associates, Inc. d/b/a INTRACORP
0901	CIGNA	65498	PA	23-1503749	*Life Insurance Company of North America
0901	CIGNA				Tel-Drug, Inc.
0901	CIGNA				CIGNA Global Holdings, Inc.
0901	CIGNA				*CIGNA Global Reinsurance Company, Ltd.(Bermuda)
0901	CIGNA				CIGNA Holdings Overseas, Inc.
0901	CIGNA				*CIGNA Life Insurance Company of Europe S.A. - N.V. (Belgium)
0901	CIGNA				*CIGNA Europe Insurance Company S.A.-N.V. (Belgium) (99.999%)
0901	CIGNA				*CIGNA Seguros, S.A. (Mexico)
0901	CIGNA				*CIGNA Seguradora S.A. (Brazil) (99.7%)
0901	CIGNA				*CIGNA Life Insurance New Zealand Limited (New Zealand)
0901	CIGNA				*CIGNA Argentina Compania de Seguros S.A. (Argentina)
0901	CIGNA				*Empresa Guatemalteca CIGNA de Seguros, Sociedad Anonima (Guatemala) (97.375%)
0901	CIGNA				Inversiones CIGNA Limitada (Chile)
0901	CIGNA	40819	DE	23-2088429	*CIGNA Compania de Seguros de Vida (Chile) S.A. (98.64%)
0901	CIGNA				*CIGNA Worldwide Insurance Company
0901	CIGNA				*P.T. Asuransi CIGNA (Indonesia) (80%)
0901	CIGNA				*CIGNA Saude, Ltda. (Brazil) (71.91%)
0901	CIGNA				*CIGNA STU S.A. (Poland) (7.5%)
0901	CIGNA				*Philippine Health Care Providers, Inc. (Philippines) (30%)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplement reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	<u>RESPONSE</u>
1. Will the SVO Compliance Certification be filed with this statement?	YES

EXPLANATION:

BARCODE:

OVERFLOW PAGE FOR WRITE-INS

OVERFLOW PAGE FOR WRITE-INS

Page 4 - Continuation
STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1	2	3
	Uncovered	Total	Total
REMAINING WRITE-INS AGGREGATED AT LINE 06 FOR OTHER HEALTH CARE RELATED REVENUES			
0604.	XXX		
0605.	XXX		
0606.	XXX		
0607.	XXX		
0608.	XXX		
0609.	XXX		
0610.	XXX		
0611.	XXX		
0612.	XXX		
0613.	XXX		
0614.	XXX		
0615.	XXX		
0616.	XXX		
0617.	XXX		
0618.	XXX		
0619.	XXX		
0620.	XXX		
0621.	XXX		
0622.	XXX		
0623.	XXX		
0624.	XXX		
0625.	XXX		
0697. Totals (Lines 0604 through 0625) (Page 4, Line 0698)	XXX		
REMAINING WRITE-INS AGGREGATED AT LINE 13 FOR OTHER MEDICAL AND HOSPITAL			
1304.			
1305.			
1306.			
1307.			
1308.			
1309.			
1310.			
1311.			
1312.			
1313.			
1314.			
1315.			
1316.			
1317.			
1318.			
1319.			
1320.			
1321.			
1322.			
1323.			
1324.			
1325.			
1397. Totals (Lines 1304 through 1325) (Page 4, Line 1398)			
REMAINING WRITE-INS AGGREGATED AT LINE 27 FOR OTHER INCOME OR EXPENSES			
2704.			
2705.			
2706.			
2707.			
2708.			
2709.			
2710.			
2711.			
2712.			
2713.			
2714.			
2715.			
2716.			
2717.			
2718.			
2719.			
2720.			
2721.			
2722.			
2723.			
2724.			
2725.			
2797. Totals (Lines 2704 through 2725) (Page 4, Line 2798)			

OVERFLOW PAGE FOR WRITE-INS**Page 5 - Continuation
STATEMENT OF REVENUE AND EXPENSES (Cont.)**

	1 Current Year to Date	2 Prior Year
REMAINING WRITE-INS AGGREGATED AT LINE 45 FOR GAINS OR (LOSSES) IN SURPLUS		
4504.		
4505.		
4506.		
4507.		
4508.		
4509.		
4510.		
4511.		
4512.		
4513.		
4514.		
4515.		
4516.		
4517.		
4518.		
4519.		
4520.		
4521.		
4522.		
4523.		
4524.		
4525.		
4597. <i>Totals (Lines 4504 through 4525) (Page 5, Line 4598)</i>		

NONE **Schedule A Part 2 and 3**

NONE **Schedule B Part 1 and 2**

NONE **Schedule BA Part 1 and 2**

NONE **Schedule D Part 3**

NONE **Schedule D Part 4**

NONE **Schedule DB Part A and B Section 1**

NONE **Schedule DB Part C and D Section 1**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			8 *
				5 First Month	6 Second Month	7 Third Month	
Open Depositories							
Bank of America	Dallas, TX						
Huntington Bank	Columbus, OH	4.270	724				
(76,339)							
100,000							
100,000							
0199998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories	XXX						XXX
0199999 Total - Open Depositories	XXX	724		23,661	44,924	15,200	XXX
Suspended Depositories							
0299998 Deposits in (0) depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories	XXX						XXX
0299999 Total Suspended Depositories	XXX						XXX
0399999 Total Cash on Deposit	XXX	724		23,661	44,924	15,200	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX				XXX
0599999 Total	XXX	724		23,661	44,924	15,200	XXX