

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
September 30, 2002

HEALTH

2002



47805200220100103

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2002
OF THE CONDITION AND AFFAIRS OF THE

CIGNA Dental Health of Ohio, Inc.

NAIC Group Code

0901

0901

NAIC Company Code

47805

Employer's ID Number

59-2579774

(Current Period)

(Prior Period)

Organized under the Laws of

Ohio

, State of Domicile or Port of Entry

Ohio

Country of Domicile

United States

Licensed as business type: Life, Accident & Health []

Property/Casualty []

Health Service Corporation []

Dental Service Corporation []

Vision Service Corporation []

Other [X]

Health Maintenance Organization []

Is HMO Federally Qualified? YES [] NO [X]

Date Incorporated or Organized:

June 17, 1985

Date Commenced Business:

November 6, 1985

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:

#Karen Critzer Myers

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	#David Mathew Porcello	#Allen Lee West	#Lynn Marie Wytas

DIRECTORS OR TRUSTEES

Samuel Lee Westover	Gail Murphy Garcia	Michele Iris Haas	

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)

Karen Critzer Myers

(Printed Name)

President

(Signature)

Gail Murphy Garcia

(Printed Name)

Secretary

(Signature)

Michele Iris Haas

(Printed Name)

Treasurer

Subscribed and sworn to before me this
day of , 2002

ASSETS

	Current Period			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets	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 (\$ 45,069) and short-term investments (\$ 2,614,167)	2,659,236		2,659,236	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)	2,659,236		2,659,236	2,081,649
10. Accident and health premiums due and unpaid	198,847	10,028	188,819	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	173,346	1,215	172,131	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 \$ 19,217 net deferred tax asset)	31,258		31,258	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)	3,062,687	11,243	3,051,444	3,165,128

DETAILS OF WRITE-INS				
0801.	NONE			
0802.				
0803.				
0898. Summary of remaining write-ins for Line 8 from overflow page				
0899. Totals (Lines 0801 through 0803 plus 0898) (Line 8 above)				
2201.	NONE			
2202.				
2203.				
2298. Summary of remaining write-ins for Line 22 from overflow page				
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)	376,381	42,929	419,310	497,104
2. Accrued medical incentive pool and bonus payments				
3. Unpaid claims adjustment expenses	6,899		6,899	8,311
4. Aggregate policy reserves				
5. Aggregate claim reserves				
6. Premiums received in advance	15,436		15,436	22,922
7. General expenses due or accrued	82,485		82,485	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)				
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)	481,201	42,929	524,130	698,389
19. Common capital stock	X X X	X X X	100	100
20. Preferred capital stock	X X X	X X X		
21. Gross paid in and contributed surplus	X X X	X X X	273,258	273,258
22. Surplus notes	X X X	X X X		
23. Aggregate write-ins for other than special surplus funds	X X X	X X X		
24. Unassigned funds (surplus)	X X X	X X X	2,253,956	2,193,381
25. Less treasury stock, at cost:				
25.1 0 shares common (value included in Line 19 \$ 0)	X X X	X X X		
25.2 0 shares preferred (value included in Line 20 \$ 0)	X X X	X X X		
26. Total capital and surplus (Lines 19 to 24 less 25)	X X X	X X X	2,527,314	2,466,739
27. Total liabilities, capital and surplus (Lines 18 and 26)	X X X	X X X	3,051,444	3,165,128

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

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1	2	3
	Uncovered	Total	Total
1. Member Months	X X X	825,817	1,148,732
2. Net premium income	X X X	9,501,203	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	9,501,203	12,870,675
Medical and Hospital:			
8. Hospital/medical benefits			
9. Other professional services	1,147	5,021,650	7,083,779
10. Outside referrals	356,447	356,447	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)	357,594	5,378,097	7,600,818
Less:			
16. Net reinsurance recoveries			
17. Total medical and hospital (Lines 15 minus 16)	357,594	5,378,097	7,600,818
18. Claims adjustment expenses		71,390	93,811
19. General administrative expenses		1,279,320	1,449,049
20. Increase in reserves for accident and health contracts			
21. Total underwriting deductions (Lines 17 through 20)	357,594	6,728,807	9,143,678
22. Net underwriting gain or (loss) (Lines 7 minus 21)	X X X	2,772,396	3,726,997
23. Net investment income earned		29,638	115,786
24. Net realized capital gains or (losses)			
25. Net investment gains or (losses) (Lines 23 plus 24)		29,638	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			
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		2,802,034	3,842,783
29. Federal and foreign income taxes incurred	X X X	970,344	1,331,689
30. Net income (loss) (Lines 28 minus 29)	X X X	1,831,690	2,511,094

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)

	1	2
	Current Year to Date	Prior Year
CAPITAL & SURPLUS ACCOUNT		
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	1,831,690	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	(10,368)	(13,284)
37. Change in nonadmitted assets	(10,747)	(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	(1,750,000)	(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)	60,575	(1,959,626)
47. Capital and surplus end of reporting period (Line 31 plus 46)	2,527,314	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

NONE

CASH FLOW

Cash from Operations	1 Current Year To Date	2 Prior Year
1. Premiums and revenues collected net of reinsurance	9,466,077	12,974,577
2. Claims and claims adjustment expenses	5,528,693	7,682,512
3. General administrative expenses paid	1,232,454	1,626,673
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	2,704,930	3,665,392
6. Net investment income	29,638	115,786
7. Other income (expenses)		
8. Federal and foreign income taxes (paid) recovered	(881,000)	(1,441,431)
9. Net cash from operations (Lines 5 to 8)	1,853,568	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	474,019	
13.3 Borrowed funds received		
13.4 Other cash provided		
13.5 Total (Lines 13.1 to 13.4)	474,019	
14. Cash applied:		
14.1 Dividends to stockholders paid	1,750,000	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)	1,750,000	4,859,654
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	(1,275,981)	(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)	577,587	(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)	2,659,236	2,081,649

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	93,721					93,721				
2. First Quarter	93,020					93,020				
3. Second Quarter	91,393					91,393				
4. Third Quarter	89,582					89,582				
5. Current Year	89,582					89,582				
6. Current Year Member Months	825,817					825,817				
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	9,466,076					9,466,076				
13. Premiums Earned	9,501,203					9,501,203				
14. Amount Paid for Provision of Health Care Services	5,455,891					5,455,891				
15. Amount Incurred for Provision of Health Care Services	5,378,097					5,378,097				

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	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	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
Line of Business						
1. Comprehensive (Hospital & Medical)						
2. Medicare Supplement						
3. Dental only	409,877	5,046,014		419,310	409,877	497,104
4. Vision only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other						
9. Subtotal	409,877	5,046,014		419,310	409,877	497,104
10. Medical Incentive pools, accruals and disbursements						
11. Totals	409,877	5,046,014		419,310	409,877	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 \$11,243 at September 30, 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 \$ 19,217 as of September 30, 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 September 30, 2002, are as follows:

Current IncomeTax Expense	\$ 970,344
Change in Deferred Tax Asset	\$ (10,368)

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 Domicilie, 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?

If yes, attach an organizational chart.

Yes [☐] No [X]
- 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?

If yes, attach an explanation.

Yes [☐] No [X] N/A [☐]
- 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	2
	Prior Year-End Statement Value	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	2
Name of Custodian(s)	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	2	3
Name(s)	Location(s)	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	2	3	4
Old Custodian	New Custodian	Date of Change	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	2	3
Central Registration Depository	Name(s)	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	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Amount of Interest Received Current Quarter	Paid for Accrued Interest
8099999Totals	2,614,167	X X X	2,614,167	8,605	

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1	2	3	4
	First Quarter Current Year	Second Quarter Current Year	Third Quarter Current Year	Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	2,076,953	3,035,203	1,987,947	4,477,941
2. Cost of short-term investments acquired	958,250	152,744	626,221	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		1,200,000		4,316,229
7. Book/adjusted carrying value, current period	3,035,203	1,987,947	2,614,167	2,076,953
8. Total valuation allowance				
9. Subtotal (Lines 7 plus 8)	3,035,203	1,987,947	2,614,167	2,076,953
10. Total nonadmitted amounts				
11. Statement value (Lines 9 minus 10)	3,035,203	1,987,947	2,614,167	2,076,953
12. Income collected during period	11,355	7,200	8,605	110,990
13. Income earned during period	11,355	7,200	8,605	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

				Direct Business Only Year-to-Date			
		1	2	3	4	5	6
State, Etc.		Guaranty Fund (Yes or No)	Is Insurer Licensed (Yes or No)	Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums
1.	Alabama	AL	NO				
2.	Alaska	AK	NO				
3.	Arizona	AZ	NO				
4.	Arkansas	AR	NO				
5.	California	CA	NO				
6.	Colorado	CO	NO				
7.	Connecticut	CT	NO				
8.	Delaware	DE	NO				
9.	Dist. Columbia	DC	NO				
10.	Florida	FL	NO				
11.	Georgia	GA	NO				
12.	Hawaii	HI	NO				
13.	Idaho	ID	NO				
14.	Illinois	IL	NO				
15.	Indiana	IN	NO				
16.	Iowa	IA	NO				
17.	Kansas	KS	NO				
18.	Kentucky	KY	NO				
19.	Louisiana	LA	NO				
20.	Maine	ME	NO				
21.	Maryland	MD	NO				
22.	Massachusetts	MA	NO				
23.	Michigan	MI	NO				
24.	Minnesota	MN	NO				
25.	Mississippi	MS	NO				
26.	Missouri	MO	NO				
27.	Montana	MT	NO				
28.	Nebraska	NE	NO				
29.	Nevada	NV	NO				
30.	New Hampshire	NH	NO				
31.	New Jersey	NJ	NO				
32.	New Mexico	NM	NO				
33.	New York	NY	NO				
34.	North Carolina	NC	NO				
35.	North Dakota	ND	NO				
36.	Ohio	OH	YES	9,501,203			
37.	Oklahoma	OK	NO				
38.	Oregon	OR	NO				
39.	Pennsylvania	PA	NO				
40.	Rhode Island	RI	NO				
41.	South Carolina	SC	NO				
42.	South Dakota	SD	NO				
43.	Tennessee	TN	NO				
44.	Texas	TX	NO				
45.	Utah	UT	NO				
46.	Vermont	VT	NO				
47.	Virginia	VA	NO				
48.	Washington	WA	NO				
49.	West Virginia	WV	NO				
50.	Wisconsin	WI	NO				
51.	Wyoming	WY	NO				
52.	American Samoa	AS	NO				
53.	Guam	GU	NO				
54.	Puerto Rico	PR	NO				
55.	U.S. Virgin Islands	VI	NO				
56.	Canada	CN	NO				
57.	Aggregate Other Alien	X X X	X X X				
58.	Total (Direct Business)	X X X	(a) 1	9,501,203			

DETAILS OF WRITE-INS				
5701.		NONE		
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.

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		CA	59-2600475	CIGNA Dental Health of California Inc.
0901	CIGNA	11175	CO	59-2675861	CIGNA Dental Health of Colorado Inc.
0901	CIGNA	95380	DE	59-2676987	CIGNA Dental Health of Delaware Inc.
0901	CIGNA	52021	FL	59-1611217	CIGNA Dental Health of Florida Inc.
0901	CIGNA	52024	KS	59-2625350	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				CIGNA Financial Partners Inc.
0901	CIGNA				CIGNA Financial Services Inc.
0901	CIGNA				CIGNA Health Corporation
0901	CIGNA				Healthsource Inc.
0901	CIGNA		AZ	86-0334392	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. (dissolved 09/30/02)
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. (dissolved 09/30/02)
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				Heathsource 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 I
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				*CIGNA Compania de Seguros de Vida (Chile) S.A. (98.64%)
0901	CIGNA	40819	DE	23-2088429	*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.

RESPONSE

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.	X X X		
0605.	X X X		
0606.	X X X		
0607.	X X X		
0608.	X X X		
0609.	X X X		
0610.	X X X		
0611.	X X X		
0612.	X X X		
0613.	X X X		
0614.	X X X		
0615.	X X X		
0616.	X X X		
0617.	X X X		
0618.	X X X		
0619.	X X X		
0620.	X X X		
0621.	X X X		
0622.	X X X		
0623.	X X X		
0624.	X X X		
0625.	X X X		
0697. Totals (Lines 0604 through 0625) (Page 4, Line 0698)	X X X		
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. Totals (Lines 4504 through 4525) (Page 5, Line 4598)		

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

