



HEALTH QUARTERLY STATEMENT

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

CIGNA HealthCare of Ohio, Inc.

NAIC Group Code	0901 <small>(Current Period)</small>	0901 <small>(Prior Period)</small>	NAIC Company Code	95209	Employer's ID Number	31-1146142
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Dental Service Corporation []	
	Vision Service Corporation []		Other []		Health Maintenance Organization [X]	
	Hospital, Medical & Dental Service or Indemnity []		Is HMO, Federally Qualified? Yes [] No [X]			
Incorporated	08/16/1985		Commenced Business	05/01/1986		
Statutory Home Office	3700 Corporate Drive Suite 200 <small>(Street and Number)</small>			Columbus, OH 43239 <small>(City or Town, State and Zip Code)</small>		
Main Administrative Office	3700 Corporate Drive, Suite 200 <small>(Street and Number)</small>			Columbus, OH 43239 <small>(City or Town, State and Zip Code)</small>		
	614-823-7500 <small>(Area Code) (Telephone Number)</small>					
Mail Address	3700 Corporate Drive Suite 200 <small>(Street and Number or P.O. Box)</small>			Columbus, OH 43239 <small>(City or Town, State and Zip Code)</small>		
Primary Location of Books and Records	900 Cottage Grove Road, Wilde Bld B-228 <small>(Street and Number)</small>			Bloomfield, CT 06152 <small>(City or Town, State and Zip Code)</small>		
	860-226-2531 <small>(Area Code) (Telephone Number)</small>					
Internet Website Address	www.cigna.com					
Statement Contact	Susan Kruk <small>(Name)</small>			860-226-7342 <small>(Area Code) (Telephone Number) (Extension)</small>		
	Susan Kruk@CIGNA.com <small>(E-mail Address)</small>			860-226-6443 <small>(FAX Number)</small>		
Policyowner Relations Contact	3700 Corporate Drive, Suite 200 <small>(Street and Number)</small>			Columbus, OH 43231 <small>(City or Town, State and Zip Code)</small>		
	614-823-7500 <small>(Area Code) (Telephone Number) (Extension)</small>					

OFFICERS

President	Jeanne Elizabeth McCarthy	Secretary	Susan Laura Copper
Treasurer	Lynn Marie Wytas #		

VICE PRESIDENTS

Bradley Carl Arms	Zenia Collette Edwards M.D.	John Patrick Frey
Glenn Michael Gerhard #	Rickey Joe Grizzle	Razia Sultana Hashmi M.D.
James Thomas Kohan	David Charles Kopp	Barry Richard McHale
Donald William Porter	Karen Sue Rohan	David Scott
Stephen Chester Stachelek	Bach Mai Thi Thai	
Robert Cody Williams	Lynn Marie Wytas #	

DIRECTORS OR TRUSTEES

Razia Sultana Hashmi M.D.	Karen Sue Rohan	William Allen Schaffer M.D.
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State ofConnecticut.....
County ofHartford.....

} ss Bloomfield

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.

Glenn Michael Gerhard # Vice President	Raymond Peter McCarthy Assistant Secretary	Lynn Marie Wytas # Treasurer
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Subscribed and sworn to before me this
_____ day of _____, 2002

ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds	6,496,610	0	6,496,610	6,502,074
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 \$ encumbrances).....			(a)	1,098,054
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$6,806,124) and short-term investments (\$)	6,806,124		6,806,124	8,819,830
6. Other long-term invested assets				
7. Receivable for securities				
8. Aggregate write-ins for invested assets				
9. Subtotals, cash and invested assets (Lines 1 to 8)	13,302,734		13,302,734	16,419,958
10. Accident and health premiums due and unpaid	1,697,872	402,421	1,295,451	437,176
11. Health care receivables	909,509	907,926	1,583	
12. Amounts recoverable from reinsurers	147,147	0	147,147	256,791
13. Net adjustment in assets and liabilities due to foreign exchange rates				
14. Investment income due and accrued	105,850		105,850	130,065
15. Amounts due from parent, subsidiaries and affiliates	17,240		17,240	
16. Amounts receivable relating to uninsured accident and health plans				6,826,032
17. Furniture and equipment	159,761	159,761		
18. Amounts due from agents				
19. Federal and foreign income tax recoverable and interest thereon (including \$0 net deferred tax asset)	1,779,120	1,039,984	739,136	
20. Electronic data processing equipment and software				0
21. Other nonadmitted assets				
22. Aggregate write-ins for other than invested assets	21,303	21,303	0	
23. Total assets (Lines 9 plus 10 through 22)	18,140,536	2,531,395	15,609,141	24,070,022
DETAILS OF WRITE-INS				
0801.			0	0
0802.				
0803.				
0898. Summary of remaining write-ins for Line 8 from overflow page				
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)				
2201. Prepaid Expense.....	21,303	21,303	0	0
2202.			0	0
2203.				
2298. Summary of remaining write-ins for Line 22 from overflow page				
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above)	21,303	21,303	0	

(a) \$ 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 \$541,389 reinsurance ceded)	4,422,943		4,422,943	4,023,021
2. Accrued medical incentive pool and bonus payments				75,404
3. Unpaid claims adjustment expenses	168,607		168,607	123,922
4. Aggregate policy reserves				
5. Aggregate claim reserves				
6. Premiums received in advance	91,725		91,725	63,039
7. General expenses due or accrued	30,000		30,000	31,110
8. Federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses) (including \$ net deferred tax liability)				795,957
9. Amounts withheld or retained for the account of others				
10. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
11. Amounts due to parent, subsidiaries and affiliates	5,716,982		5,716,982	11,635,211
12. Payable for securities				
13. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ 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 \$ current)	368,494		368,494	420,702
18 Total liabilities (Lines 1 to 17).....	10,798,751		10,798,751	17,168,365
19. Common capital stock	XXX	XXX	1,075	1,075
20 Preferred capital stock	XXX	XXX		
21. Gross paid in and contributed surplus	XXX	XXX	27,840,375	27,840,375
22. Surplus notes	XXX	XXX		
23. Aggregate write-ins for other than special surplus funds	XXX	XXX		
24. Unassigned funds (surplus)	XXX	XXX	(23,031,060)	(20,939,793)
25. Less treasury stock, at cost:				
25.1shares common (value included in Line 19) \$)	XXX	XXX		
25.2shares preferred (value included in Line 20) \$)	XXX	XXX		
26. Total capital and surplus (Lines 19 to 25)	XXX	XXX	4,810,390	6,901,657
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	15,609,141	24,070,022
DETAILS OF WRITE-INS				
1701. Escheat Liability.....	51,568		51,568	101,973
1702. Premium Tax Accrual.....	143,862		143,862	254,062
1703. Non - Premium Tax Accruals.....	42,663		42,663	50,097
1798. Summary of remaining write-ins for Line 17 from overflow page	130,401		130,401	14,569
1799. Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above)	368,494		368,494	420,702
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	99,865	214,906
2. Net premium income	XXX	19,318,524	37,639,015
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$ medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX		
7. Total revenues (Lines 2 to 6)	XXX	19,318,524	37,639,015
Medical and Hospital:			
8. Hospital/medical benefits		8,277,176	11,817,755
9. Other professional services		5,916,153	12,571,598
10. Outside referrals		1,217,048	
11. Emergency room and out-of-area		804,094	
12. Prescription drugs		2,025,839	
13. Aggregate write-ins for other medical and hospital			4,860,041
14. Incentive pool and withhold adjustments		(177,180)	8,888
15. Subtotal (Lines 8 to 14)		18,063,129	29,258,282
Less:			
16. Net reinsurance recoveries		655,630	110,022
17. Total medical and hospital (Lines 15 minus 16)		17,407,499	29,148,260
18. Claims adjustment expenses		1,103,090	1,375,804
19. General administrative expenses.....		3,973,755	8,875,429
20. Increase in reserves for accident and health contracts			
21. Total underwriting deductions (Lines 17 through 20)		22,484,344	39,399,493
22. Net underwriting gain or (loss) (Lines 7 minus 21)	XXX	(3,165,820)	(1,760,478)
23. Net investment income earned		241,951	186,058
24. Net realized capital gains or (losses)		(17,903)	(329,064)
25. Net investment gains or (losses) (Lines 23 plus 24)		224,049	(143,006)
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
27. Aggregate write-ins for other income or expenses		78,721	36,632
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		(2,863,051)	(1,866,852)
29. Federal and foreign income taxes incurred	XXX	(1,389,339)	(74,113)
30. Net income (loss) (Lines 28 minus 29)	XXX	(1,473,711)	(1,792,739)
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX		
1301. Pharmacy Expenses.....			4,860,041
1302. Other Expense.....			0
1303. Insurance Expense.....			0
1398. Summary of remaining write-ins for Line 13 from overflow page			
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)			4,860,041
2701. Rental Income.....			20,256
2702. Other Expenses.....			16,376
2703. Other Income.....		78,721	0
2798. Summary of remaining write-ins for Line 27 from overflow page			
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)		78,721	36,632

CAPITAL AND SURPLUS ACCOUNT

	1 Current Year to Date	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT:		
31. Capital and surplus prior reporting period	6,901,657	9,218,498
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
32. Net income or (loss) from Line 30	(1,473,711)	(1,792,739)
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	277,471	468,577
37. Change in nonadmitted assets	(1,592,113)	(770,786)
38. Change in unauthorized reinsurance		
39. Change in treasury stock		
40. Change in surplus notes		
41. Cumulative effect of changes in accounting principles		(435,673)
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		213,779
43.2 Transferred to capital (Stock Dividend)		
43.3 Transferred from capital		
44. Dividends to stockholders		
45. Aggregate write-ins for gains or (losses) in surplus	697,087	
46. Net change in capital & surplus (Lines 32 to 45)	(2,091,266)	(2,316,841)
47. Capital and surplus end of reporting period (Line 31 plus 46)	4,810,390	6,901,657
DETAILS OF WRITE-INS		
4501. Prior Year Premium Receivable Allowance Adjustment	697,087	0
4502.		
4503.		
4598. Summary of remaining write-ins for Line 45 from overflow page		
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above)	697,087	

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CIGNA HEALTHCARE OF OHIO, INC.

CASH FLOW

	1 Current Year to Date	2 Prior Year
Cash from Operations		
1. Premiums and revenues collected net of reinsurance	18,152,462	38,567,329
2. Claims and claims adjustment expenses	18,031,742	35,266,273
3. General administrative expenses paid	3,974,865	8,972,079
4. Other underwriting income (expenses)		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	(3,854,145)	(5,671,024)
6. Net investment income	324,664	885,421
7. Other income (expenses)	78,721	36,632
8. Federal and foreign income taxes (paid) recovered	(175,147)	2,047,445
9. Net cash from operations (Lines 5 to 8)	(3,625,907)	(2,701,526)
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds	797,300	2,303,544
10.2 Stocks	0	
10.3 Mortgage loans		
10.4 Real estate	800,000	
10.5 Other invested assets		
10.6 Net gains or (losses) on cash and short-term investments		
10.7 Miscellaneous proceeds	0	
10.8 Total investment proceeds (Lines 10.1 to 10.7)	1,597,300	2,303,544
11. Cost of investments acquired (long-term only):		
11.1 Bonds	809,486	1,022,610
11.2 Stocks		
11.3 Mortgage loans		
11.4 Real estate	(239,304)	
11.5 Other invested assets		
11.6 Miscellaneous applications		
11.7 Total investments acquired (Lines 11.1 to 11.6)	570,182	1,022,610
12. Net Cash from investments (Line 10.8 minus Line 11.7)	1,027,118	1,280,934
Cash from Financing and Miscellaneous Sources		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in		
13.2 Net transfers from affiliates		5,739,945
13.3 Borrowed funds received		
13.4 Other cash provided	7,523,120	188,281
13.5 Total (Lines 13.1 to 13.4)	7,523,120	5,928,226
14. Cash applied:		
14.1 Dividends to stockholders paid		
14.2 Net transfers to affiliates	5,935,470	
14.3 Borrowed funds repaid		
14.4 Other applications	1,002,567	6,911,061
14.5 Total (Lines 14.1 to 14.4)	6,938,037	6,911,061
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	585,083	(982,834)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	(2,013,706)	(2,403,426)
17. Cash and short-term investments:		
17.1 Beginning of period	8,819,830	11,223,256
17.2 End of period (Line 16 plus Line 17.1)	6,806,124	8,819,830

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CIGNA HEALTHCARE OF OHIO, INC.

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	18,927	42	18,885	.0	.0	.0	.0	.0	.0	.0
2 First Quarter	12,543	40	12,503	.0	.0	.0	.0	.0	.0	.0
3 Second Quarter	10,949	38	10,911	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter	10,304	36	10,268							
5. Current Year	0									
6 Current Year Member Months	99,865	347	99,518							
Total Member Ambulatory Encounters for Period:										
7. Physician	36,197	331	35,866							
8. Non-Physician	7,577	35	7,542							
9. Total	43,774	366	43,408	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,532	8	2,524							
11. Number of Inpatient Admissions	548	0	548							
12. Premiums Collected	18,488,935	57,244	18,431,691							
13. Premiums Earned	19,318,524	60,658	19,257,866							
14. Amount Paid for Provision of Health Care Services	16,973,337	54,302	16,919,035							
15. Amount Incurred for Provision of Health Care Services	17,407,499	52,883	17,354,616							

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)	3,197,616	13,775,130	172,000	4,250,943	3,369,616	4,023,021
2. Medicare Supplement						
3. Dental Only.....						
4. Vision Only.....						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid.....						
8. Other						
9. Subtotal	3,197,616	13,775,130	172,000	4,250,943	3,369,616	4,023,021
10. Medical incentive pools, accruals and disbursements						75,404
11. Totals	3,197,616	13,775,130	172,000	4,250,943	3,369,616	4,098,425

NOTES TO FINANCIAL STATEMENTS

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CIGNA HEALTHCARE OF OHIO, INC.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Summary of Significant Accounting Policies

Accounting Practices: The financial statements of CIGNA HealthCare of Ohio, Inc., (the Company), have been prepared in conformity with accounting practices prescribed or permitted by the State of Ohio Department of Insurance.

NOTE 2 - Accounting Changes and Correction of Errors

NONE

NOTE 9 - Income Taxes

The Company and its Parent are included in the consolidated federal income tax return filed by CIGNA. The Company's federal income tax return is combined with the entities noted on Schedule Y - Part I - Organizational Chart.

The method of allocation between the companies is subject to written agreement approved by the Board of Directors. Allocation is based upon separate return calculations with current credit for net losses. Intercompany tax balances are settled quarterly.

NOTE 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

NONE

NOTE 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A) Transfers of Receivables reported as Sales
None

B) Transfer and Servicing of Financial Assets
None

C) Wash Sales
None

NOTE 21 - Events Subsequent

NONE

NOTE 26 - Organization and Operation

N/A

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the 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 []

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] NA []
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. 12/31/1997

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. 12/31/1997

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). 06/01/1998

7.4 By what department or departments?
Ohio Department 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

(Responses to these interrogatories should be based on changes that have occurred since the 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:\$

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

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	\$	\$
13.22 Preferred Stock	\$	\$
13.23 Common Stock	\$	\$
13.24 Short-term Investments	\$	\$
13.25 Mortgages, Loans or Real Estate	\$	\$
13.26 All Other	\$	\$
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26).....	\$	\$
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$	\$
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above	\$	\$

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 []

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
JPMorgan Chase.....

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.....	N/A.....	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

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
	Times Square Capital Management Inc.....	Four Times Square New York, NY, 10036.....
40596.....	CIGNA Investments, Inc.....	280 Trumbull Street Hartford, CT 06103.....

SCHEDULE A - VERIFICATION

	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	1,098,054	1,062,804	0	1,739,054
2. Increase (decrease) by adjustment	(35,250)	(23,500)	0	(141,000)
3. Cost of acquired			0	
4. Cost of additions to and permanent improvements		86,314	0	(500,000)
5. Total profit (loss) on sales		(325,618)	0	
6. Increase (decrease) by foreign exchange adjustment			0	
7. Amount received on sales		800,000	0	
8. Book/adjusted carrying value at end of current period	1,062,804	0	0	1,098,054
9. Total valuation allowance			0	
10. Subtotal (Lines 8 plus 9)	1,062,804	0	0	1,098,054
11. Total nonadmitted amounts			0	
12. Statement value, current period (Page 2, real estate lines, current period)	1,062,804	0	0	1,098,054

SCHEDULE B - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period				
2. Amount loaned during period:				
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount and mortgage interest points and commitment fees				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period				
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)				
12. Total nonadmitted amounts				
13. Statement value of mortgages owned at end of current period				

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	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 of long-term invested assets owned, beginning of period				
2. Cost of acquisitions during period:				
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book/adjusted carrying value of long-term invested assets at end of current period				
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)				
12. Total nonadmitted amounts				
13. Statement value of long-term invested assets at end of current period				

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CIGNA HEALTHCARE OF OHIO, INC.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	6,056,380	500,102	510,203	(1,413)	6,053,299	6,056,380	6,044,866	6,054,636
2. Class 2	450,316			1,428	448,811	450,316	451,744	447,438
3. Class 3	0				0	0	0	0
4. Class 4	0				0	0	0	0
5. Class 5	0				0	0	0	0
6. Class 6	0				0	0	0	0
7. Total Bonds	6,506,696	500,102	510,203	15	6,502,110	6,506,696	6,496,610	6,502,074
PREFERRED STOCK								
8. Class 1	0				0	0	0	0
9. Class 2	0				0	0	0	0
10. Class 3	0				0	0	0	0
11. Class 4	0				0	0	0	0
12. Class 5	0				0	0	0	0
13. Class 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	6,506,696	500,102	510,203	15	6,502,110	6,506,696	6,496,610	6,502,074

Schedule DA - Part 1
NONE

Schedule DA - Part 2
NONE

Schedule DB - Part F - Section 1
NONE

Schedule DB - Part F - Section 2
NONE

Schedule S
NONE

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	2	Direct Business Only Year-to-Date			
				3	4	5	6
States, Etc.		Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefit Program Premium
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. District of 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	Yes	3,108,668			
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	Yes	5,293,137			
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	Yes	Yes	10,916,719			
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					
57. Aggregate Other Alien	OT	XXX	XXX				
58. Total (Direct Business)		XXX	(a) 3	19,318,524			
DETAILS OF WRITE-INS							
5701.							
5702.							
5703.							
5798. Summary of remaining write-ins for Line 57 from overflow page							
5799. Totals (Lines 5701 thru 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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental 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 on "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 question.

RESPONSE

1. Will the SVO Compliance Certification be filed with this statement?

Yes

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

MQ003 Additional Aggregate Lines for Page 03 Line 17.
*LIAB

1704.	Other Accrued Liabilities.....	130,401		130,401	14,569
1797.	Summary of remaining write-ins for Line 17 from Page 03	130,401		130,401	14,569

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 1

NONE

Schedule B - Part 2

NONE

Schedule BA - Part 1

NONE

Schedule BA - Part 2

NONE

E04

E04

E04

E04

SCHEDULE D - PART 4

[illegible]

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

STATEMENT AS OF SEPTEMBER 30, 2002 OF THE CIGNA HEALTHCARE OF OHIO, INC.

SCHEDULE E - PART 1 - CASH

[illegible]