



47805200220100100

HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2002
OF THE CONDITION AND AFFAIRS OF THE
CIGNA Dental Health of Ohio, Inc.

NAIC Group Code 0901 (Current Period) 0901 (Prior Period) NAIC Company Code 47805 Employer's ID Number 59-2579774

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 [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization []
Other [X] 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 0

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 0

OFFICERS

Chairman of the Board
Samuel Lee Westover

President #Karen Critzer Myers

Secretary Gail Murphy Garcia

Treasurer Michele Iris Haas

Actuary #Ruth Ann Woodley

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 Wyltas

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) (Signature) (Signature)
Karen Critzer Myers Gail Murphy Garcia Michele Iris Haas
(Printed Name) (Printed Name) (Printed Name)
President Secretary Treasurer

Subscribed and sworn to before me this day of , 2003
a. Is this an original filing? YES [X] NO []
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

NONE **Exhibit 4 - Health Care Receivables**

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
CIGNA Dental Health of Kentucky, Inc.	Lockbox Premium Allocations	798	798	
0199999 Individually listed payables		798	798	
0399999 Total gross payables		798	798	

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EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	3,746,176	50.92	88,372	100.00		3,746,176
4. Total capitation payments	3,746,176	50.92	88,372	100.00		3,746,176
Other Payments:						
5. Fee-for-service	2,787,118	37.89	X X X	X X X		2,787,118
6. Contractual fee payments			X X X	X X X		
7. Bonus/withhold arrangements - fee-for-service	228,760	3.11	X X X	X X X		228,760
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments	594,275	8.08	X X X	X X X		594,275
12. Total other payments	3,610,153	49.08	X X X	X X X		3,610,153
13. Total (Line 4 plus Line 12)	7,356,329	100%	X X X	X X X		7,356,329

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
			NONE		

NONE

Exhibit 9 - Furniture, Equipment, and Supplies Owned



47805200243036100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 0901

BUSINESS IN THE STATE OF OHIO

DURING THE YEAR 2002

NAIC Company Code 47805

	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	91,393					91,393				
4. Third Quarter	89,582					89,582				
5. Current Year	88,372					88,372				
6. Current Year Member Months	1,091,985					1,091,985				
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Premiums Collected	12,651,786					12,651,786				
13. Premiums Earned	12,621,885					12,621,885				
14. Amount Paid for Provision of Health Care Services	7,356,329					7,356,329				
15. Amount Incurred for Provision of Health Care Services	7,331,317					7,331,317				

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47805200243058100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

2. DIVISION

(LOCATION)

NAIC Group Code: 0901

BUSINESS IN THE STATE OF TOTAL

DURING THE YEAR 2002

NAIC Company Code 47805

	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	91,393					91,393				
4. Third Quarter	89,582					89,582				
5. Current Year	88,372					88,372				
6. Current Year Member Months	1,091,985					1,091,985				
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Premiums Collected	12,651,786					12,651,786				
13. Premiums Earned	12,621,885					12,621,885				
14. Amount Paid for Provision of Health Care Services	7,356,329					7,356,329				
15. Amount Incurred for Provision of Health Care Services	7,331,317					7,331,317				

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- NONE** **Schedule A, B and BA Verification**
- NONE** **Schedule D - Summary and Verification**
- NONE** **Schedule D - Part 1A - Sect 1 (3 pgs)**
- NONE** **Schedule D - Part 1A - Sect 2 (3 pgs)**

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1) 1.1 Class 1 1.2 Class 2 1.3 Class 3 1.4 Class 4 1.5 Class 5 1.6 Class 6 1.7 Totals											
2. All Other Governments, Schedules D & DA (Group 2) 2.1 Class 1 2.2 Class 2 2.3 Class 3 2.4 Class 4 2.5 Class 5 2.6 Class 6 2.7 Totals											
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3) 3.1 Class 1 3.2 Class 2 3.3 Class 3 3.4 Class 4 3.5 Class 5 3.6 Class 6 3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4) 4.1 Class 1 4.2 Class 2 4.3 Class 3 4.4 Class 4 4.5 Class 5 4.6 Class 6 4.7 Totals											
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5) 5.1 Class 1 5.2 Class 2 5.3 Class 3 5.4 Class 4 5.5 Class 5 5.6 Class 6 5.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1											
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 Totals											
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (continued)
 Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1								XXX	XXX		
10.2 Class 2								XXX	XXX		
10.3 Class 3								XXX	XXX		
10.4 Class 4								XXX	XXX		
10.5 Class 5						(c)		XXX	XXX		
10.6 Class 6						(c)		XXX	XXX		
10.7 Totals						(b)		XXX	XXX		
10.8 Line 10.7 as a % of Col. 6							XXX	XXX	XXX		
11. Total Bonds Prior Year											
11.1 Class 1						XXX	XXX				
11.2 Class 2						XXX	XXX				
11.3 Class 3						XXX	XXX				
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 Totals						XXX	XXX	(b)			
11.8 Line 11.7 as a % of Col. 8						XXX	XXX		XXX		
12. Total Publicly Traded Bonds											
12.1 Class 1											XXX
12.2 Class 2											XXX
12.3 Class 3											XXX
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6											XXX
12.7 Totals											XXX
12.8 Line 12.7 as a % of Col. 6							XXX	XXX	XXX		XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX		XXX
13. Total Privately Placed Bonds											
13.1 Class 1										XXX	
13.2 Class 2										XXX	
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX	XXX	

(a) Includes \$ 0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ 0 current year, \$ 0 prior year of bonds with Z designations and \$ 0 current year, \$ 0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

(c) Includes \$ 0 current year, \$ 0 prior year of bonds with 5* designations and \$ 0 current year, \$ 0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations								XXX	XXX		
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds								XXX	XXX		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								XXX	XXX		
10.4 Other								XXX	XXX		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								XXX	XXX		
10.6 Other								XXX	XXX		
10.7 Totals								XXX	XXX		
10.8 Line 10.7 as a % of Col. 6							XXX	XXX	XXX		
11. Total Bonds Prior Year											
11.1 Issuer Obligations						XXX	XXX				
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds						XXX	XXX				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						XXX	XXX				
11.4 Other						XXX	XXX				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						XXX	XXX				
11.6 Other						XXX	XXX				
11.7 Totals						XXX	XXX				
11.8 Line 11.7 as a % of Col. 8						XXX	XXX		XXX		
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations											XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds											XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											XXX
12.4 Other											XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											XXX
12.6 Other											XXX
12.7 Totals											XXX
12.8 Line 12.7 as a % of Col. 6							XXX	XXX	XXX		XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX		XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds										XXX	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										XXX	
13.4 Other										XXX	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										XXX	
13.6 Other										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX	XXX	

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	2,076,953			2,076,953	
2. Cost of short-term investments acquired	1,719,736			1,719,736	
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	1,700,000			1,700,000	
7. Book/adjusted carrying value, current year	2,096,690			2,096,690	
8. Total valuation allowance					
9. Subtotal (Lines 7 plus 8)	2,096,690			2,096,690	
10. Total nonadmitted amounts					
11. Statement value (Lines 9 minus 10)	2,096,690			2,096,690	
12. Income collected during year	33,130			33,130	
13. Income earned during year	33,130			33,130	

4
3

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: Prime Obligation Money Market Fund and Repurchase Agreement

- NONE** **Schedule DB - Part A and B Verification**
- NONE** **Schedule DB - Part C, D and E Verification**
- NONE** **Schedule DB - Part F - Section 1**
- NONE** **Schedule DB - Part F - Section 2**
- NONE** **Schedule S - Part 1 - Section 2**
- NONE** **Schedule S - Part 2**
- NONE** **Schedule S - Part 3 - Section 2**
- NONE** **Schedule S - Part 4**
- NONE** **Schedule S - Part 5**

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 9)	2,296,547		2,296,547
2. Amounts recoverable from reinsurers (Line 12)			
3. Accident and health premiums due and unpaid (Line 10)	115,890		115,890
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	203,252		203,252
6. Total assets (Line 23)	2,615,689		2,615,689
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	472,152		472,152
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 6)	9,420		9,420
10. Reinsurance in unauthorized companies (Line 14)			
11. All other liabilities (Balance)	115,591		115,591
12. Total liabilities (Line 18)	597,163		597,163
13. Total capital and surplus (Line 26)	2,018,426	X X X	2,018,426
14. Total liabilities, capital and surplus (Line 27)	2,615,589		2,615,589
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

SCHEDULE Y (continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	06-1059331	CIGNA Corporation	699,700,000			132,255	(118,409,530)				581,422,725	
00000	06-1072796	CIGNA Holdings Inc.	215,106,000	(916,242,350)							(701,136,350)	
00000	06-1095823	CIGNA Investment Group Inc.	(10,000,000)	(20,335,000)							(30,335,000)	
00000	23-1879590	CIGNA International Investment Advisors Ltd.				(89,686)	801,787				712,101	
00000	23-1914061	CIGNA Investments Inc.				(31,770,000)					(31,770,000)	
00000	06-0861092	TimeSquare Capital Management Inc.		20,000,000		(22,057,693)					(2,057,693)	
00000	00-0000000	Times Square Funds Management Ltd.		335,000							335,000	
00000	06-0840391	Connecticut General Corporation	(200,000,000)	4,207,000							(195,793,000)	745,967
00000	06-1280320	CIGNA Benefits Processing Ireland Ltd.					3,261,058				3,261,058	
00000	41-1648670	CIGNA Behavioral Health Inc.	(96,000,000)			334,427	134,815,375				39,149,802	
00000	59-2308055	CIGNA Dental Health Inc.	(28,750,000)	(600,000)			47,751,048				18,401,048	
00000	59-2600475	CIGNA Dental Health Of California Inc.	(15,125,000)				(1,713,205)				(16,838,205)	
11175	59-2675861	CIGNA Dental Health Of Colorado Inc.	(3,250,000)				(1,544,763)				(4,794,763)	
95380	59-2676987	CIGNA Dental Health Of Delaware Inc.					(2,397)				(2,397)	
52021	59-1611217	CIGNA Dental Health Of Florida Inc.	(6,625,000)				(3,090,483)				(9,715,483)	
52024	59-2625350	CIGNA Dental Health Of Kansas Inc.					(467,383)				(467,383)	
52108	59-2619589	CIGNA Dental Health Of Kentucky Inc.	(500,000)				(284,577)				(784,577)	
48119	59-2740468	CIGNA Dental Health Of Maryland Inc.	(3,000,000)				(2,240,413)				(5,240,413)	
11160	06-1582068	CIGNA Dental Health Of Missouri Inc.					(1,301,117)				(1,301,117)	
11167	59-2308062	CIGNA Dental Health Of New Jersey Inc.					(2,307,586)				(2,307,586)	
47001	95-4452999	CIGNA Dental Health Of New Mexico Inc.					(14,727)				(14,727)	
95179	56-1803464	CIGNA Dental Health Of North Carolina Inc.	(500,000)	600,000			(607,190)				(507,190)	
47805	59-2579774	CIGNA Dental Health Of Ohio Inc.	(2,750,000)				(1,950,046)				(4,700,046)	
47041	52-1220578	CIGNA Dental Health Of Pennsylvania Inc.	(1,750,000)				(1,381,130)				(3,131,130)	
95037	59-2676977	CIGNA Dental Health Of Texas Inc.	(8,000,000)				(6,930,518)				(14,930,518)	
52617	52-2188914	CIGNA Dental Health Of Virginia Inc.					(1,797,298)				(1,797,298)	
47013	86-0807222	CIGNA Dental Health Plan Of Arizona Inc.	(4,750,000)				(1,048,800)				(5,798,800)	
00000	06-0859006	CIGNA Financial Partners Inc.	(500,000)								(500,000)	
00000	06-1443623	CIGNA Financial Services Inc.	(1,000,000)								(1,000,000)	
00000	62-1312478	CIGNA Health Corporation	(60,000,000)	3,160,000		170,500	(60,792,698)				(117,462,198)	10,764,838
00223	02-387748	Healthsource Inc.	53,000,000	(54,650,000)	4,359,627					6,720,000	9,429,627	
95125	86-0334392	CIGNA HealthCare of Arizona Inc.	(15,000,000)			(125,000)	(4,198,452)				(19,323,452)	
00000	86-0759133	CIGNA Community Choice Inc.					(21,893,764)				(21,893,764)	
00000	95-3310115	CIGNA HealthCare of California Inc.		3,500,000		(147,500)	(7,294,827)	3,957,472			15,145	2,172,473
95604	84-1004500	CIGNA HealthCare of Colorado Inc.					(5,858,141)	267,089			(5,591,052)	1,956,001
95660	06-1141174	CIGNA HealthCare of Connecticut Inc.	(8,000,000)				(2,947,549)				(10,947,549)	513,040
95544	52-1347731	CIGNA HealthCare of Delaware Inc.					(176,026)	(17,457)			(193,483)	

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SCHEDULE Y (continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95136	59-2089259	CIGNA HealthCare of Florida Inc.					(2,638,040)	(716,840)			(3,354,880)	1,421,164
95602	36-3385638	CIGNA HealthCare of Illinois Inc.				(23,000)	(402,619)	(353,952)			(779,571)	48,800
95178	61-1275797	CIGNA HealthCare of Kentucky Inc.					(188,507)			(6,720,000)	(6,908,507)	
95600	75-2076466	CIGNA HealthCare of Louisiana Inc.		50,000			385,872				435,872	
95477	01-0418220	CIGNA HealthCare of Maine Inc.					(5,388,118)	(1,630,826)			(7,018,944)	8,800
95220	02-0402111	CIGNA HealthCare of Massachusetts Inc.					(4,613,224)	(1,169,107)			(5,782,331)	54,400
95599	52-1404350	CIGNA HealthCare Mid-Atlantic Inc.					(4,559,624)	(154,815)			(4,714,439)	349,047
95493	02-0387749	CIGNA HealthCare of New Hampshire Inc.	(30,000,000)				(27,131,066)	(266,338)			(57,397,404)	761,000
95500	22-2720890	CIGNA HealthCare of New Jersey Inc.				(119)	(8,084,980)	(241,901)			(8,327,000)	2,293,200
95209	31-1146142	CIGNA HealthCare of Ohio Inc.					215,000	502,724			717,724	916,025
95121	23-2301807	CIGNA HealthCare of Pennsylvania Inc.					88,311	32,086			120,397	81,768
95635	36-3359925	CIGNA HealthCare of St. Louis Inc.					(1,533,521)	117,747			(1,415,774)	432,144
95518	62-1230908	CIGNA HealthCare of Utah Inc.		200,000		(334,427)	(64,610)	(275,004)			(474,041)	
96563	54-1252797	CIGNA HealthCare of Virginia Inc.					(3,199,376)	(1,037,904)			(4,237,280)	160,070
00000	02-0464421	Healthsource South Inc. (NH)	5,000,000							8,762,953	13,762,953	
95499	71-0742124	CIGNA HealthCare of Arkansas Inc.					(34,488)			(8,762,953)	(8,797,441)	
96229	58-1641057	CIGNA HealthCare of Georgia Inc.	(5,000,000)				(1,438,754)	830,185			(5,608,569)	1,446,600
95383	74-2767437	CIGNA HealthCare of Texas Inc.		20,000,000			(502,714)	692,722			20,190,008	5,237,501
87980	02-0441070	CIGNA Insurance Group Inc.		500,000			65,774	(26,530)			539,244	
95525	35-1679172	CIGNA HealthCare of Indiana Inc.					(1,544,132)	131,993			(1,412,139)	988,771
00000	02-0395201	Healthsource Management Inc.	4,000,000								4,000,000	
95488	11-2758941	CIGNA HealthCare of New York Inc.				(7,136)	(15,194,265)	(500,020)			(15,701,421)	1,322,700
95606	62-1218053	CIGNA HealthCare of Tennessee Inc.	(4,000,000)				(8,663,233)	(1,940,445)			(14,603,678)	19,793
95132	56-1479515	CIGNA HealthCare of North Carolina Inc.					(4,587,031)	(4,641,693)			(9,228,724)	1,259,802
00000	00-0000000	CIGNA HealthCare of North Carolina Administrators Inc.					(181,753)				(181,753)	
63405	57-0937292	CIGNA Insurance Service Company					(325,644)				(325,644)	
95708	06-1185590	CIGNA HealthCare of South Carolina Inc.		6,400,000			(3,488,791)	(815,608)			2,095,601	366,403
95808	85-0327237	Lovelace Health Systems Inc.		24,000,000	(4,359,627)		7,891,406				27,531,779	
00000	AA-1560515	CIGNA Life Insurance Co. of Canada										85,750
64548	13-2556568	CIGNA Life Insurance Company of New York					(1,293,000)	11,253,953			9,960,953	192,252,237
00000	00-0000000	CIGNA Vision Care Inc.					42,334,000				42,334,000	
62308	06-0303370	Connecticut General Life Insurance Company	(343,700,000)	887,088,341		53,917,379	82,154,270	(130,547,815)			548,912,175	(1,256,515,612)
00000	00-0000000	CG Ballston LLC		2,743,753							2,743,753	
00000	06-0840391	CG Erieview LLC		(22,433,695)							(22,433,695)	
00000	06-0840391	CG Galleria LLC		(971,080)							(971,080)	
00000	06-0840391	CG Merrick LLC		23,304							23,304	
00000	06-0303370	CG Pinnacle LLC		8,227							8,227	
00000	06-0303370	CG Wacker Drive LLC		1,069,407							1,069,407	

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SCHEDULE Y (continued)

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
00000	06-0303370	CIGNA Dulles Town LLC		1,492							1,492	
93629	06-1050034	CIGNA Life Insurance Company										
00000	23-2260195	CIGNA Retirement Benefit Services Inc	(300,000)								(300,000)	
00000	06-0851332	Congen Properties Inc.	(6,000,000)	(8,281)							(6,008,281)	
00000	06-0840391	CORAC Laidley LLC		(14,780,936)							(14,780,936)	
00000	06-0840391	CORAC Nashville LLC		524,859							524,859	
00000	06-0840391	CORAC Northland LLC		(1,561,012)							(1,561,012)	
00000	06-0840391	CORAC Westland LLC		(1,885,075)							(1,885,075)	
00000	52-2043466	Houston Properties LLC		156,408							156,408	
00000	33-0829867	KCI Investment Company LLC		24,288							24,288	
00000	06-1055669	Global Portfolio Strategies Inc.	(3,200,000)								(3,200,000)	
00000	23-1728483	International Rehabilitation Associates Inc	(59,000,000)				120,737,889				61,737,889	
65498	23-1503749	Life Insurance Company of North America	(15,000,000)				(96,151,000)	125,458,348			14,307,348	1,036,506,392
00000	46-0427127	Tel-Drug Inc.	(30,000,000)								(30,000,000)	
00000	51-0389196	CIGNA Global Holdings Inc.	(15,106,000)	27,368,468							12,262,468	
00000	98-0210110	CIGNA Global Reinsurance Company Ltd.	4,000,000	29,207,006							34,401,821	(7,628,757)
00000	AA-1240004	CIGNA Life Insurance Co. of Europe S.A.-N.V.						1,194,815			1,607	1,979,683
00000	00-0000000	CIGNA Seguradora S.A.		2,299,876							2,299,876	
90859	23-2088429	CIGNA Worldwide Insurance Company	(4,000,000)				(1,040,680)	(104,486)			(5,145,166)	
9999999		Control Totals										
									X X X			

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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 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
MARCH FILING	
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will an actuarial certification be filed by March 1?	YES
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES
5. Will the Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
6. Will the SVO Compliance Certification be filed by March 1?	YES
APRIL FILING	
7. Will Management's Discussion and Analysis be filed by April 1?	YES
8. Will the Long-term Care Experience Reporting Forms be filed with the the state of domicile and the NAIC by April 1?	NO
9. Will the Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
10. Will an audited financial report be filed by June 1 with the state of domicile?	YES

Explanation:

Bar code:

