



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

CIGNA HealthCare of Ohio, Inc.

NAIC Group Code 0901 (Current) 0901 (Prior) 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: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 08/16/1985 Commenced Business 05/01/1986

Statutory Home Office 440 Polaris Parkway #300 (Street and Number) Columbus, OH 43082 (City or Town, State and Zip Code)

Main Administrative Office 440 Polaris Parkway #300 (Street and Number) Columbus, OH 43082 (City or Town, State and Zip Code) 215-761-1000 (Area Code) (Telephone Number)

Mail Address 900 Cottage Grove Road C6ACC (Street and Number or P.O. Box) Bloomfield, CT 06002 (City or Town, State and Zip Code)

Primary Location of Books and Records 900 Cottage Grove Road C6ACC (Street and Number) Hartford, CT 06152 (City or Town, State and Zip Code) 860-226-5939 (Area Code) (Telephone Number)

Internet Web Site Address www.cigna.com

Statutory Statement Contact Sheila Mary DeLutrie (Name) 860-226-5939 (Area Code) (Telephone Number) Sheila.DeLutrie@cigna.com (E-mail Address) 860-226-6783 (FAX Number)

OFFICERS

President Vincent John Sobocinski Jr.

Treasurer Stephan Michael Petrov

Secretary Shermona Sueann Mapp

OTHER

Glenn Michael Gerhard Vice President	David Goldberg Vice President	Kathleen McCabe Hockmuth Vice President
Aslam Mohammad Khan M.D., M.M. Vice President	Barry Richard McHale Vice President	Stephan Michael Petrov Vice President
Robert David Picinich Vice President	David Mathew Porcello Vice President	Maureen Hardiman Ryan Vice President
Timothy Sean Sheridan Vice President	Irene Sosnowski # Vice President	Edward Vincent Stacey, Jr. Vice President
Joseph Edward Turgeon III Vice President		

DIRECTORS OR TRUSTEES

David Goldberg

Vincent John Sobocinski Jr.

Peter Wesley McCauley

State of Connecticut

County of Hartford

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. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Vincent John Sobocinski Jr.
President

Shermona Sueann Mapp
Secretary

Barry Richard McHale
Assistant Treasurer

Subscribed and sworn to before me this day of

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.....

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	3,356,018	0	3,356,018	3,682,633
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$44,153), cash equivalents (\$149,988) and short-term investments (\$2,435,440)	2,629,580	0	2,629,580	2,146,969
6. Contract loans (including \$0 premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets			0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	5,985,598	0	5,985,598	5,829,602
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	52,400	0	52,400	54,868
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	323,458	28,022	295,436	17,843
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	415,817	412,996	2,821	0
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	0
24. Health care (\$0) and other amounts receivable	0	0	0	0
25. Aggregate write-ins for other than invested assets	4,702	257	4,445	340,387
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	6,781,975	441,275	6,340,700	6,242,700
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	6,781,975	441,275	6,340,700	6,242,700
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Broker Commissions	257	257	0	0
2502. Current FIT Receivable	0	0	0	332,186
2503. Current SIT Receivable	4,445	0	4,445	8,201
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	4,702	257	4,445	340,387

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	292,000	0	292,000	304,000
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	5,141	0	5,141	6,829
4. Aggregate health policy reserves	2,310	0	2,310	2,430
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	39,856	0	39,856	3,403
9. General expenses due or accrued	0	0	0	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized gains (losses))	46,933	0	46,933	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	7,397	0	7,397	9,496
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	5,551	0	5,551	31,067
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers and \$0 unauthorized reinsurers)	0	0	0	0
20. Reinsurance in unauthorized companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$0 current)	1,170,358	0	1,170,358	1,207,645
24. Total liabilities (Lines 1 to 23)	1,569,546	0	1,569,546	1,564,870
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,075	1,075
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	28,051,375	28,051,375
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(23,281,296)	(23,374,620)
32. Less treasury stock, at cost:				
32.10 shares common (value included in Line 26 \$0)	XXX	XXX	0	0
32.20 shares preferred (value included in Line 27 \$0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	4,771,154	4,677,830
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	6,340,700	6,242,700
DETAILS OF WRITE-INS				
2301. Broker Commission	1,343	0	1,343	1,694
2302. Credit Balance Due to Policyholders	0	0	0	3,438
2303. Current Premium Tax Payable	672	0	672	27,101
2398. Summary of remaining write-ins for Line 23 from overflow page	1,168,343	0	1,168,343	1,175,412
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	1,170,358	0	1,170,358	1,207,645
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	2,830	4,326	14,278
2. Net premium income (including \$0 non-health premium income).....	XXX	1,105,047	1,546,858	5,250,036
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	0	0	0
4. Fee-for-service (net of \$0 medical expenses).....	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,105,047	1,546,858	5,250,036
Hospital and Medical:				
9. Hospital/medical benefits	0	511,943	1,001,177	2,853,692
10. Other professional services	0	33,294	44,476	149,470
11. Outside referrals	0	134	151	503
12. Emergency room and out-of-area	0	85,822	109,566	315,257
13. Prescription drugs	0	172,998	213,747	729,187
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	0	0	0
16. Subtotal (Lines 9 to 15)	0	804,191	1,369,117	4,048,109
Less:				
17. Net reinsurance recoveries	0	0	29,351	135,039
18. Total hospital and medical (Lines 16 minus 17)	0	804,191	1,339,766	3,913,070
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$2,694 cost containment expenses	0	23,139	30,614	131,384
21. General administrative expenses	0	162,735	263,652	812,954
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	(120)	780	(2,200)
23. Total underwriting deductions (Lines 18 through 22)	0	989,945	1,634,812	4,855,208
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	115,102	(87,954)	394,828
25. Net investment income earned	0	41,984	85,105	269,162
26. Net realized capital gains (losses) less capital gains tax of \$3	0	6	(6,867)	63,418
27. Net investment gains (losses) (Lines 25 plus 26)	0	41,990	78,238	332,580
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)].....	0	0	0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	157,092	(9,716)	727,408
31. Federal and foreign income taxes incurred	XXX	47,116	(5,882)	(347,968)
32. Net income (loss) (Lines 30 minus 31)	XXX	109,976	(3,834)	1,075,376
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	4,677,830	3,634,482	3,634,482
34. Net income or (loss) from Line 32	109,976	(3,834)	1,075,376
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	30,892	(9,029)	(528,769)
39. Change in nonadmitted assets	(47,544)	(19,889)	496,741
40. Change in unauthorized reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	93,324	(32,752)	1,043,348
49. Capital and surplus end of reporting period (Line 33 plus 48)	4,771,154	3,601,730	4,677,830
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	844,435	1,350,767	5,292,608
2. Net investment income	46,072	63,589	280,950
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	890,507	1,414,356	5,573,558
5. Benefit and loss related payments	821,871	1,253,013	4,315,232
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	184,332	353,513	884,422
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	183	(6,867)	(349,984)
10. Total (Lines 5 through 9)	1,006,386	1,599,659	4,849,670
11. Net cash from operations (Line 4 minus Line 10)	(115,879)	(185,303)	723,888
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	325,000	829,777	2,226,777
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	325,000	829,777	2,226,777
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	325,000	829,777	2,226,777
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	273,489	(60,475)	(1,814,235)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	273,489	(60,475)	(1,814,235)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) ..	482,610	583,999	1,136,430
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	2,146,969	1,010,539	1,010,539
19.2 End of period (Line 18 plus Line 19.1)	2,629,579	1,594,538	2,146,969

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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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	1,074	0	1,074	0	0	0	0	0	0	0
2. First Quarter	927	0	927	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	2,830	0	2,830	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician	1,259	0	1,259	0	0	0	0	0	0	0
8. Non-Physician	248	0	248	0	0	0	0	0	0	0
9. Total	1,507	0	1,507	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	104	0	104	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	25	0	25	0	0	0	0	0	0	0
12. Health Premiums Written (a)	1,127,461	0	1,127,461	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,127,461	0	1,127,461	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	816,192	0	816,192	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	804,192	0	804,192	0	0	0	0	0	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

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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 December 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 and medical)	175,000	641,192	18,000	274,000	193,000	304,000
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	175,000	641,192	18,000	274,000	193,000	304,000
10. Healthcare receivables (a)	0	0	0	0	0	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals (Lines 9-10+11+12)	175,000	641,192	18,000	274,000	193,000	304,000

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

HEALTH

Note #	Description	Page #
1	Summary of Significant Accounting Policies.....	10.1
2	Accounting Changes and Corrections of Errors	10.2
3	Business Combinations and Goodwill.....	10.2
4	Discontinued Operations	10.3
5	Investments.....	10.3
6	Joint Ventures, Partnerships and Limited Liability Companies	10.3
7	Investment Income	10.3
8	Derivative Instruments	10.3
9	Income Taxes	10.3
10	Information Concerning Parent, Subsidiaries and Affiliates	10.3
11	Debt.....	10.5
12	Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans	10.5
13	Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations.....	10.5
14	Contingencies	10.6
15	Leases	10.8
16	Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk	10.8
17	Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities	10.8
18	Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans (N/A – Title).....	10.8
19	Direct Premium Written/Produced by Managing General Agents/Third Party Administrators (N/A – Title).....	10.9
20	Fair Value Measurement.....	10.9
21	Other Items.....	10.9
22	Events Subsequent.....	10.9
23	Reinsurance	10.9
24	Retrospectively Rated Contracts & Contracts Subject to Redetermination (N/A – Title).....	10.11
25	Change in Incurred Claims and Claim Adjustment Expenses	10.11
26	Intercompany Pooling Arrangements	10.11
27	Structured Settlements.....	10.11
28	Health Care Receivables.....	10.11
29	Participating Policies	10.11
30	Premium Deficiency Reserves.....	10.11
31	Anticipated Salvage and Subrogation.....	10.11

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

1. Summary of Significant Accounting Policies

A. 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.

The State of Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of a Health Maintenance Organization (HMO), for determining its solvency under the State of Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

Basis of Presentation: These financial statements have been prepared in conformity with the accounting practices prescribed or permitted by the State of Ohio Department of Insurance, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP) and include management's estimates and assumptions, such as those regarding medical costs and interest rates, that affect the recorded amounts. Significant estimates used in determining insurance liabilities are discussed in the Notes to Statutory Financial Statements. These statutory accounting practices disallow certain assets from admission in the Statutory Balance Sheets. These assets, otherwise included on the Company's balance sheets prepared under GAAP, include certain prepaid expenses, receivables greater than 90 days past due, and certain non-current assets. Under GAAP, bonds classified as available-for-sale are carried at fair value with the related unrealized appreciation (depreciation) recorded as a component of equity. Under statutory accounting principles, bonds are carried principally at amortized cost. Under GAAP, deferred taxes are recorded for any temporary differences between the tax basis of assets and liabilities to the extent it is more likely than not that the deferred tax assets are realizable, with changes in deferred tax assets and liabilities recorded as a component of net income tax expense. The amount of deferred tax assets that may be admitted is generally limited to the lesser of those assets the Company expects to realize within one year of the balance sheet date or ten percent of the Company's surplus, as adjusted for certain items. The net change in the deferred tax assets and liabilities is recognized as a separate component of changes in unassigned surplus.

B. Use of estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

(1) Short-term Investments: No Change

(2) Bonds:

Effective December 31, 2010, the Company adopted Statement of Statutory Accounting Principles (SSAP) No. 100, *Fair Value Measurements*. This guidance expands disclosures about fair value measurements and clarifies how to measure fair value by focusing on the price that would be received when selling an asset or paid to transfer a liability (exit price). The Company's financial assets measured at fair value would include bonds valued at the lower of cost or fair value when reported at fair value at the balance sheet date. As of March 31, 2011, the Company had no financial instruments measured at fair value in the financial statements.

Bonds: Bonds are carried at amortized cost, except those in or near default, which are carried at the lower of cost or fair value. Bonds are considered impaired and their cost basis is written down to fair value through realized gains and losses, when management expects a decline in value to persist (i.e., the decline is other than temporary). The calculation of gain or loss on the sale of bonds is based on specific identification at the time of sale. The Company stops recognizing interest income when interest payments are delinquent or when certain terms (interest rate or maturity date) have been restructured. Net investment income on these investments is only recognized when interest payments are actually received. The Company did not exclude any investment income due and accrued at March 31, 2011 and 2010). The premium or discount on bonds is recognized using the scientific constant yield method.

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

- (3) Common Stock: No Change
- (4) Preferred Stocks: No Change
- (5) Mortgage Loans: No Change
- (6) Loan-backed Securities: No Change
- (7) Investment in Subsidiaries, Controlled and Affiliated Companies: No Change
- (8) Joint Ventures, Partnerships, and Limited Liability Companies: No Change
- (9) Derivatives: No Change
- (10) Aggregate Policy Reserves: No Change
- (11) Unpaid Claims and Unpaid Claims Adjustment Expenses: No Change
- (12) Capitalization Policy: No Change
- (13) Pharmaceutical Rebate Receivables: No Change
- (14) Minimum Loss Ratio Rebate Accrual:

On January 1, 2011, the minimum loss ratio rebate provisions of the Patient Protection and Affordable Care Act became effective and will require payment of premium rebates in 2012 to employers and customers covered under the Company's comprehensive medical insurance if certain annual minimum medical loss ratios are not met. At the close of each quarter, the Company records its rebate accrual based on year-to-date estimated medical loss ratios calculated as prescribed by the interim final rule issued by the Department of Health & Human Services using year-to-date premium and claim information by state and market segment. Since this accrual reflects the amount of rebate that would be payable based on year-to-date estimated medical loss ratios, the amount of rebate will fluctuate as actual claim experience develops each calendar quarter. For the three months ended March 31, 2011, no amounts were accrued.

2. Accounting Changes and Corrections of Errors

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Ohio. Effective January 1, 2001, the State of Ohio required that insurance companies domiciled in the State of Ohio prepare their statutory basis financial statements in accordance with the NAIC *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the State of Ohio insurance commissioner.

Accounting changes adopted to conform to the provisions of the NAIC *Accounting Practices and Procedures Manual* are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods. No changes were reported for 2011 and 2010.

Effective December 31, 2009, the Company adopted SSAP 10R, Income Taxes – Revised, A Temporary Replacement of SSAP 10, which requires a reduction in gross deferred tax assets by a statutory valuation allowance adjustment if, it is more likely than not that some portion or all of the gross deferred tax assets will not be realized. In addition, the guidance provides an election to increase the admissible amount of deferred tax asset and requires enhanced disclosures. For 2011 and 2010, the Company has not elected to admit a higher amount of deferred tax assets as calculated under paragraph 10.e.

3. Business Combinations and Goodwill

- A. Statutory Purchase Method
No Change
- B. Statutory Merger
No Change
- C. Assumption Reinsurance
No Change

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

- D. Impairment Loss
No Change

4. **Discontinued Operations**

No Change

5. **Investments**

- A. Mortgage Loans, including Mezzanine Real Estate Loans
No Change
- B. Debt Restructuring
No Change
- C. Reverse Mortgages
No Change
- D. Loan-Backed Securities
None
- E. Repurchase Agreements and/or Securities Lending Transactions
No Change
- F. Real Estate
No Change
- G. Low-Income Housing Tax Credits (LIHTC)
No Change

6. **Joint Ventures, Partnerships and Limited Liability Companies**

- A. No Change
- B. No Change

7. **Investment Income**

No Change

8. **Derivative Instruments**

No Change

9. **Income Taxes**

No Change

10. **Information Concerning Parent, Subsidiaries and Affiliates**

A., B.
& C.

The Company paid no dividends to the Parent during the period ended March 31, 2011 and the year ended December 31, 2010.

CIGNA Health Corporation (CHC) charged the Company \$106,178 and \$157,025 in administrative service fees and fees for other services for the period ended March 31, 2011 and 2010. The fees charged are based largely on the Company's plan participants as a percentage of total applicable participants for the Company and its affiliates. The Company also paid \$21 and \$59 in interest charges to CHC for the period ended March 31, 2011 and 2010.

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

CIGNA Behavioral Health, Inc. (CBH) is an affiliate of the Company. The CBH Agreement is by and between CBH and CHC on behalf of their respective subsidiaries and affiliates, and arranges for the provision of mental health and/or substance abuse services by CBH, its subsidiaries or affiliates to the enrollees of the HMOs. The expense relating to this contract was \$22,939 at March 31, 2011 and \$33,795 at March 31, 2010.

CIGNA Health Management, Inc. (CHM) formerly known as International Rehabilitation Associates, Inc. (d/b/a Intracorp), is an affiliate of the Company. The Intercompany Service Agreement is by and between CHM, CGLIC and CHC on behalf of their respective healthplan subsidiaries and affiliates. CHM provides utilization management, case management, demand management, disease management, care management and other services to the Company enrollees of the HMOs. The expense relating to these services was \$2,694 in 2011 and \$4,905 2010.

CHC charged the Company \$76 and \$892 for the period ended March 31, 2011 and 2010 for liability insurance. This program provides protection against liabilities imposed on the Company from allegations of negligence stemming from the management of health care activities.

D. At March 31, 2011 and at December 31, 2010, the Company reported \$5,551 and \$31,067 as amounts due to parent, subsidiaries and affiliates. Cash settlements are processed according to the terms of the Management Services Agreement.

E. The Company does not have any guarantees or undertakings for the benefit of an affiliate, which result in a material contingent exposure.

F. The Management Services Agreement, as amended, is by and among CHC and each of its subsidiaries or affiliates which are signatories thereto. Under this agreement, CHC and certain affiliates provide Management Services (as defined and described in said agreement) to the HMO subsidiaries of CHC. The terms of the agreement require that these amounts be settled within 30 days.

The Network Access Agreement is by and among the Company, Connecticut General Life Insurance Company (CGLIC), an affiliate and the affiliated HMOs. This agreement allows an affiliated HMO as well as CGLIC, an affiliate, to access the Company's provider networks.

The Company currently participates in the Amended and Restated Consolidated Federal Income Tax Agreement by and between CIGNA and its subsidiaries adopted as of January 1, 1997 in order to facilitate the filing of a consolidated federal income tax return as an affiliated group under CIGNA. Pursuant to this agreement, payments are made to CIGNA based on taxable income of the Company. In the case of a taxable loss, CIGNA pays the Company a refund based on the said loss to the extent CIGNA is able to utilize that loss in the consolidated tax return.

CIGNA Behavioral Health, Inc. (CBH) is an affiliate of the Company. The CBH Agreement is by and between CBH and CHC on behalf of their respective subsidiaries and affiliates, and arranges for the provision of mental health and/or substance abuse services by CBH, its subsidiaries or affiliates to the enrollees of the HMOs.

The Participating Mail Order Pharmacy Agreement (also known as the Tel-Drug Agreement) is by and between Tel-Drug, Inc, Tel-Drug of Pennsylvania, LLC and certain subsidiaries of CHC, including the Company. Under this agreement, Tel-Drug, Inc. and Tel-Drug of Pennsylvania, LLC provide mail-order pharmacy services to the Company's enrollees.

The Dental Consultation Agreement is by and between the Company and its affiliated HMOs and CIGNA Dental Health, Inc. (CDH). Pursuant to this agreement, CDH provides dental consultations to the Company on selected dental cases relative to services provided under the members' HMO contracts.

The Line of Credit Agreement (also known as the LOC Agreement) is by and between the Company and CHC. Under this agreement, CHC would loan funds to the Company from time to time, to ensure that the Company will be able to meet its operational cash obligations while earning additional investment income. There was no liability associated with this agreement as of March 31, 2011 and December 31, 2010.

The CIGNA Health Access Premium Billing Authorization Agreement by and among CIGNA and certain subsidiaries, including the Company, enables each HMO to provide its CIGNA Health Access customers with a single premium bill.

The Company participates in an Investment Advisory Agreement; pursuant to which CIGNA Investments, Inc serves as the Company's investment advisor.

G. All outstanding shares of the Company are owned by the Parent, Healthsource, Inc., (HSI), a New Hampshire corporation.

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

H. The Company does not own shares of an upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.

I. The Company does not hold any interest in another company or limited partnership.

J. The Company did not have any impairment and consequently did not write down its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.

K. The Company did not have any investments in foreign subsidiaries.

L. The Company did not have any investments in a downstream non-insurance holding company.

11. Debt

None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

The Company participates in a qualified, non-contributory defined benefit pension plan sponsored by CIGNA. CIGNA allocates amounts to the Company based on salary ratios. The Company provides retirement benefits to substantially all eligible employees through a single integrated plan (the Plan) sponsored by CIGNA. The Company's policy for the Plan is to fund at least the minimum amount required by the Employee Retirement Income Security Act of 1974 (ERISA). On May 8, 2009, the Company announced a freeze of its primary domestic defined benefit pension plans effective July 1, 2009. A curtailment of benefits occurred as a result of this action since it eliminated the accrual of benefits effective July 1, 2009 for active employees enrolled in these domestic pension plans. As a result, pension expense is no longer allocated to the Company and is not included within administrative expenses for the period ended March 31, 2011 and 2010.

B. Defined Contribution Plan

The Company participates in a capital accumulation 401(k) plan sponsored by CIGNA in which employee contributions on a before-tax basis are supplemented by the Company's matching contributions. A substantial amount of the Parent's contributions are invested in the CIGNA common stock fund. Employees may invest in one or more of the following funds: CIGNA common stock fund, several diversified stock funds, a bond fund and a fixed-income fund. CIGNA may elect to increase its matching contributions if CIGNA's annual performance meets certain targets. The Company's expense for such plans was included within administrative expenses for the period ended March 31, 2011 and 2010.

C. Multiemployer Plans

No Change

D. Consolidated/Holding Company Plans

No Change

E. Postemployment Benefits and Compensated Absences

The Company provides certain other postretirement benefits to retired employees, spouses and other eligible dependents through a plan sponsored by CIGNA. The Company has no legal obligation for benefits under these plans. CIGNA allocates amounts to the Company based on a combination of salary ratios and membermonths. CIGNA and its participating subsidiaries make contributions to these plans as claims are incurred, and as of March 31, 2011 and March 31, 2010, the Company's contributions were (\$1,404) and \$419 and were included within administrative expenses. On November 30, 2010, the Company's unfunded postretirement benefit obligation was settled with an upstream affiliate in order to better reflect the liability with the appropriate payroll entity. Therefore, there was no liability as of March 31, 2011 and December 31, 2010.

F. Impact of Medicare Modernization Act on Post Retirement Benefits (INT 04-17)

No Change

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganization

(1) No Change

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

- (2) No Change
- (3) No Change
- (4) The Company paid no dividends to the Parent during the period ended March 31, 2011 and the year ended December 31, 2010.
- (5) No Change
- (6) No Change
- (7) No Change
- (8) No Change
- (9) No Change
- (10) The portion of unassigned surplus reduced by non-admitted asset values is \$441,275 and \$393,731 as of March 31, 2011 and December 31, 2010.
- (11) No Change
- (12) & (13) No Change

14. Contingencies

- A. Contingent Commitments
No Change
- B. Assessments
No Change
- C. Gain Contingencies
No Change
- D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits.
No Change
- E. All Other Contingencies
No Change

Regulatory and Industry Developments:

Health care regulation. The business of administering and insuring employee benefit programs, particularly health care programs, is heavily regulated by federal and state laws and administrative agencies, such as state departments of insurance and the federal Departments of Labor and Justice, as well as the courts. Regulation and judicial decisions have resulted in changes to industry and CIGNA's business practices and will continue to do so in the future. In addition, CIGNA's subsidiaries are routinely involved with various claims, lawsuits and regulatory audits and investigations that could result in financial liability, changes in business practices, or both. Health care regulation in its various forms could have an adverse effect on CIGNA's health care operations if it inhibits CIGNA's ability to respond to market demands or results in increased medical or administrative costs without improving the quality of care or services.

Other possible regulatory changes that could have an adverse effect on CIGNA's employee benefits businesses include:

- additional mandated benefits or services that increase costs without improving the quality of care;
- legislation that would grant plan participants broader rights to sue their healthplans;
- changes in ERISA regulations resulting in increased administrative burdens and costs;
- additional restrictions on the use of prescription drug formularies;
- additional privacy legislation and regulations that interfere with the proper use of medical information for research, coordination of medical care and disease and disability management;
- additional rules establishing the time periods for payment of health care provider claims that vary from state to state;
- legislation that would exempt independent physicians from antitrust laws; and
- changes in federal laws, such as amendments to income tax laws, which could affect the taxation of employer provided benefits.

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

The health care industry remains under scrutiny by various state and federal government agencies and could be subject to government efforts to bring criminal actions in circumstances that could previously have given rise only to civil or administrative proceedings.

Litigation and Other Legal Matters

CIGNA and its subsidiaries (including the Company) are routinely involved in numerous claims, lawsuits, regulatory and IRS audits, investigations and other legal matters arising, for the most part, in the ordinary course of the business of administering and insuring employee benefit programs including payments to providers and benefit level disputes. Litigation of income tax matters is accounted for under the NAIC's accounting guidance for loss contingencies. The outcome of litigation and other legal matters is always uncertain, and outcomes that are not justified by the evidence can occur. The Company believes that it has valid defenses to the legal matters pending against it and is defending itself vigorously.

In accordance with applicable accounting guidance, when litigation and regulatory matters present loss contingencies that are both probable and estimable, the Company accrues the estimated loss by a charge to income. In such cases, there may also be an exposure to loss in excess of the amounts accrued. If it is reasonably possible that a material adverse outcome could develop in excess of any amounts accrued, the matter is disclosed. In many proceedings, however, it is inherently difficult to determine whether any loss is probable or even possible or to estimate the amount of any loss. As a litigation or regulatory matter develops, the Company monitors the matter for further developments that could affect the amount previously accrued, if any, and updates such amount accrued or disclosures previously provided as appropriate.

Based upon its current knowledge, and taking into consideration its current accruals, the Company believes that the legal actions, proceedings and investigations currently pending against it should not have a material adverse effect on the Company's results of operation, financial condition or liquidity other than possibly the matters referred to in the following paragraphs.

A. Out-of-Network Claims Litigation and Investigations

On February 13, 2008, State of New York Attorney General Andrew M. Cuomo announced an industry-wide investigation into the use of data provided by Ingenix, Inc., a subsidiary of UnitedHealthcare, used to calculate payments for services provided by out-of-network providers. CIGNA and its subsidiaries received four subpoenas from the New York Attorney General's office in connection with this investigation and responded appropriately. On February 17, 2009, CIGNA and its subsidiaries entered into an Assurance of Discontinuance resolving the investigation. In connection with the industry-wide resolution, CIGNA and its subsidiaries contributed \$10 million to the establishment of a new non-profit company that is now compiling and providing the data formerly provided by Ingenix. In addition, on March 28, 2008, CIGNA and its subsidiaries received a voluntary request for production of documents from the Connecticut Attorney General's office seeking certain out-of-network claim payment information. CIGNA has responded appropriately. Since January 2009, the CIGNA has received and responded to inquiries regarding the use of Ingenix data from the Illinois and Texas Attorneys General and the Departments of Insurance in Illinois, Florida, Vermont, Georgia, Pennsylvania, Connecticut and Alaska.

CIGNA and its subsidiaries were named as a defendant in eight putative nationwide class actions asserting that due to the use of data from Ingenix, Inc., CIGNA improperly underpaid claims, an industry-wide issue. Three actions were brought on behalf of members, (*Franco v. CIGNA Corp. et al.*, *Chazen v. CIGNA Corp. et al* and *Nelson v. Connecticut General Life Insurance Co. et al.*), and five actions were brought on behalf of providers, (*American Medical Association et al. v. CIGNA Corp. et al.*, *Shiring et al. v. CIGNA Corp. et al.*; *Higashi et al. v. CGLIC et al.*; *Pain Management and Surgery Center of Southern Indiana v. CGLIC et al.*; and *North Peninsula Surgical Center v. Connecticut General Life Insurance Co. et al.*), all of which were consolidated into the *Franco* case pending in the United States District Court for the District of New Jersey. The consolidated amended complaint, filed on August 7, 2009, asserts claims under ERISA, the RICO statute, the Sherman Antitrust Act and New Jersey state law. CIGNA filed a motion to dismiss the consolidated amended complaint on September 9, 2009, which is fully briefed and pending. Oral argument on the motion is scheduled for May 16, 2011. Plaintiffs filed a motion for class certification on May 28, 2010, which is also fully briefed and pending. Fact and expert discovery have been completed.

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

On June 9, 2009, CIGNA filed motions in the United States District Court for the Southern District of Florida to enforce a settlement by enjoining the RICO and antitrust causes of action asserted by the provider and medical association plaintiffs in the *Ingenix* litigation on the ground that they arose prior to and were released in the April 2004 settlement. On November 30, 2009, the Court granted the motions and ordered the provider and association plaintiffs to withdraw their RICO and antitrust claims from the *Ingenix* litigation by December 21, 2009. The plaintiffs filed notices of appeal with the United States Court of Appeals for the Eleventh Circuit on December 10 and 11, 2009. On April 21, 2010 and June 16, 2010, the appeals were dismissed for lack of appellate jurisdiction. Plaintiff's motion for reconsideration was denied on August 18, 2010.

Two of the provider plaintiffs, Higashi and Pain Management and Surgery Center of Southern Indiana, have voluntarily dismissed their claims.

It is reasonably possible that others could initiate additional litigation or additional regulatory action against CIGNA with respect to use of data provided by Ingenix, Inc. CIGNA denies the allegations asserted in the investigations and litigation and will vigorously defend itself in these matters.

The Company has an estimated obligation of \$1,168,314 and \$1,214,698 for the period ended March 31, 2011 and 2010 respectively, for an out of court settlement of a lawsuit that was filed on behalf of an injured party. The settlement reached requires that the Company pay the sum of \$12,000 per month for the remainder of the injured party's natural life. The obligation is currently included in other liabilities in the Statements of Assets, Liabilities and Capital and Surplus.

15. Leases

A. No Change

B. No Change

(1) Operating Leases
No Change

(2) Leveraged Leases
No Change

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentrations of Credit Risk

No Change

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales
No Change

B. Transfer and Servicing of Financial Assets
No Change

C. Wash Sales
None

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plan
No Change

B. ASC Plan
No Change

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:
No Change

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

19. **Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

No Change

20. **Fair Value Measurement**

As of March 31, 2011, the Company had no bonds carried at fair value in the financial statements. At March 31, 2011, the carrying value and fair value of the Company's bonds was \$3,356,018 and \$3,643,094.

21. **Other Items**

A. Extraordinary Items
No Change

B. Troubled Debt Restructuring
No Change

C. Other Disclosures
No Change

D. Uncollected premium balances, bills receivable for premiums, amounts due from agents and brokers of uninsured plans, or retrospectively rated contracts:
No Change

E. Business Interruption Insurance Recoveries
No Change

F. State Transferable Tax Credits
No Change

G. Subprime-Mortgage-Related Risk Exposure
No Change

H. Retained Assets
No Change

22. **Events Subsequent**

Upon obtaining Department of Insurance approval, CIGNA HealthCare of Ohio, Inc. will be merged with CIGNA HealthCare of St. Louis, Inc., with CIGNA HealthCare of St. Louis as the surviving entity.

The Company is not aware of any Type I or Type II events that occurred subsequent to the close of the books or accounts for this statement which would have had a material effect on the financial condition of the Company. In preparing these financials, the Company has evaluated events that occurred between the balance sheet date and May 13, 2011.

23. **Reinsurance**

In the normal course of business, the Company enters into agreements with other insurance companies to cede reinsurance. Reinsurance is ceded primarily to limit losses from large exposures and to permit recovery of a portion of direct losses. Reinsurance does not relieve the originating insurer of liability.

Effective January 1, 1994, the Company entered into a Reinsurance Agreement with CGLIC. The Reinsurance Agreement is administered by CHC. Under the provisions of the Reinsurance Agreement, the Company pays a monthly premium based on an established rate per healthplan member. In return for premiums paid, the Company is reimbursed a percentage of costs in excess of a deductible for hospital and related services provided to individual healthplan members. The deductible per individual healthplan member per calendar year is \$150,000 and \$150,000 for the period ended March 31, 2011 and 2010.

Responsibility for covered charges under the CGLIC Reinsurance Agreement per member per year during the period ended March 31, 2011 and 2010 was as follows:

March 31, 2011

\$150,000 and greater	-	20% the Company
		80% CGLIC

March 31, 2010

Premiums paid to CGLIC and to CHC, as administrator, for this agreement amounted to \$22,414 and \$25,134 for the period ended March 31, 2011 and 2010 and are reported as an offset to premiums in the accompanying Statutory Statements of Income. Recoveries for covered charges amounted to \$0 and \$29,351 as of March 31, 2011 and 2010. These balances are included in net reinsurance recoveries in the accompanying Statutory Statements of Income.

Section 1 — General Interrogatories

- Yes () No (X)
If yes, give full details.

Yes () No (X)
If yes, give full details.

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

Yes () No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$0

B. Uncollectible Reinsurance
No Change

C. Commutation of Ceded Reinsurance
No Change

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

No Change

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of March 31, 2011 were \$292 thousand. As of March 31, 2011, \$175 thousand has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$18 thousand as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive lines of insurance. Therefore, there has been a \$111 thousand favorable prior-year development since December 31, 2010 to March 31, 2011. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements

No Change

27. Structured Settlements

No Change

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables
No Change

B Risk Sharing Receivables
None

29. Participating Policies

No Change

30. Premium Deficiency Reserves

No Change

31. Anticipated Salvage and Subrogation

No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

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]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []
- 2.1

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]
- 2.2

If yes, date of change:
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes [] No [X]
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- 4.2

If yes, provide the name of the 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
.....

5.

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 []
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2007
- 6.2

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.

12/31/2007
- 6.3

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).

06/08/2009
- 6.4

By what department or departments?
Ohio Department of Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 7.1

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?

Yes [] No [X]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....					

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

INVESTMENT

- 11.1

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]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$0
13.

Amount of real estate and mortgages held in short-term investments:

\$0
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End
Book/Adjusted
Carrying Value | Current Quarter
Book/Adjusted
Carrying Value |
| 14.21 Bonds | \$0 | \$0 |
| 14.22 Preferred Stock | \$0 | \$0 |
| 14.23 Common Stock | \$0 | \$0 |
| 14.24 Short-Term Investments | \$0 | \$0 |
| 14.25 Mortgage Loans on Real Estate | \$0 | \$0 |
| 14.26 All Other | \$0 | \$0 |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$0 | \$0 |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

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.

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA HealthCare of Ohio, Inc.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E - Part 3 - Special Deposits, 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 Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No [X]
- 16.1 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
JP Morgan Chase	3 Chase MetroTech Center, N. American Insurance Group, 6th Fl, Brooklyn, NY 11245

- 16.2 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)
Bank of New York Mellon	1 Wall Street, New York, NY 10286	This is a limited custodial arrangement that only allows for the holding/safekeeping of NAIC approved Mutual Funds or cash.

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No [X]
- 16.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

- 16.5 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
105811	CIGNA Investments, Inc., (formerly known as CIGNA Investment Advisors, Inc.)	900 Cottage Grove Rd., Wilde Building, Bloomfield, CT. 06002

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
- 17.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

73.0 %

1.2 A&H cost containment percent

0.2 %

1.3 A&H expense percent excluding cost containment expenses

16.6 %
- 2.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$0
- 2.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
			NONE			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

			1	Direct Business Only							
			2	3	4	5	6	7	8	9	
States, etc.			Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama	AL	N	0	0	0	0	0	0	0	0
2.	Alaska	AK	N	0	0	0	0	0	0	0	0
3.	Arizona	AZ	N	0	0	0	0	0	0	0	0
4.	Arkansas	AR	N	0	0	0	0	0	0	0	0
5.	California	CA	N	0	0	0	0	0	0	0	0
6.	Colorado	CO	N	0	0	0	0	0	0	0	0
7.	Connecticut	CT	N	0	0	0	0	0	0	0	0
8.	Delaware	DE	N	0	0	0	0	0	0	0	0
9.	District of Columbia	DC	N	0	0	0	0	0	0	0	0
10.	Florida	FL	N	0	0	0	0	0	0	0	0
11.	Georgia	GA	N	0	0	0	0	0	0	0	0
12.	Hawaii	HI	N	0	0	0	0	0	0	0	0
13.	Idaho	ID	N	0	0	0	0	0	0	0	0
14.	Illinois	IL	N	0	0	0	0	0	0	0	0
15.	Indiana	IN	N	0	0	0	0	0	0	0	0
16.	Iowa	IA	N	0	0	0	0	0	0	0	0
17.	Kansas	KS	L	744,124	0	0	0	0	0	744,124	0
18.	Kentucky	KY	N	0	0	0	0	0	0	0	0
19.	Louisiana	LA	N	0	0	0	0	0	0	0	0
20.	Maine	ME	N	0	0	0	0	0	0	0	0
21.	Maryland	MD	N	0	0	0	0	0	0	0	0
22.	Massachusetts	MA	N	0	0	0	0	0	0	0	0
23.	Michigan	MI	N	0	0	0	0	0	0	0	0
24.	Minnesota	MN	N	0	0	0	0	0	0	0	0
25.	Mississippi	MS	N	0	0	0	0	0	0	0	0
26.	Missouri	MO	L	383,337	0	0	0	0	0	383,337	0
27.	Montana	MT	N	0	0	0	0	0	0	0	0
28.	Nebraska	NE	N	0	0	0	0	0	0	0	0
29.	Nevada	NV	N	0	0	0	0	0	0	0	0
30.	New Hampshire	NH	N	0	0	0	0	0	0	0	0
31.	New Jersey	NJ	N	0	0	0	0	0	0	0	0
32.	New Mexico	NM	N	0	0	0	0	0	0	0	0
33.	New York	NY	N	0	0	0	0	0	0	0	0
34.	North Carolina	NC	N	0	0	0	0	0	0	0	0
35.	North Dakota	ND	N	0	0	0	0	0	0	0	0
36.	Ohio	OH	L	0	0	0	0	0	0	0	0
37.	Oklahoma	OK	N	0	0	0	0	0	0	0	0
38.	Oregon	OR	N	0	0	0	0	0	0	0	0
39.	Pennsylvania	PA	N	0	0	0	0	0	0	0	0
40.	Rhode Island	RI	N	0	0	0	0	0	0	0	0
41.	South Carolina	SC	N	0	0	0	0	0	0	0	0
42.	South Dakota	SD	N	0	0	0	0	0	0	0	0
43.	Tennessee	TN	N	0	0	0	0	0	0	0	0
44.	Texas	TX	N	0	0	0	0	0	0	0	0
45.	Utah	UT	N	0	0	0	0	0	0	0	0
46.	Vermont	VT	N	0	0	0	0	0	0	0	0
47.	Virginia	VA	N	0	0	0	0	0	0	0	0
48.	Washington	WA	N	0	0	0	0	0	0	0	0
49.	West Virginia	WV	N	0	0	0	0	0	0	0	0
50.	Wisconsin	WI	N	0	0	0	0	0	0	0	0
51.	Wyoming	WY	N	0	0	0	0	0	0	0	0
52.	American Samoa	AS	N	0	0	0	0	0	0	0	0
53.	Guam	GU	N	0	0	0	0	0	0	0	0
54.	Puerto Rico	PR	N	0	0	0	0	0	0	0	0
55.	U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0	0
56.	Northern Mariana Islands	MP	N	0	0	0	0	0	0	0	0
57.	Canada	CN	N	0	0	0	0	0	0	0	0
58.	Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX		1,127,461	0	0	0	0	0	1,127,461	0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX		0	0	0	0	0	0	0	0
61.	Totals (Direct Business)	(a) 3		1,127,461	0	0	0	0	0	1,127,461	0
DETAILS OF WRITE-INS											
5801.		XXX									
5802.		XXX									
5803.		XXX									
5898.	Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
5899.	Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)	XXX		0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and Other Alien.
The Company has business in the State of Kansas and Missouri.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 -- ORGANIZATION CHART

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, except that no non-insurer affiliate or alien insurer affiliate is listed unless either its total assets, as of March 31, 2011 are equal to one-half of one percent (0.5%) of the total assets of Connecticut General Life Insurance Company, which is the largest affiliated insurer, or such non-insurer or alien had activities reported in Part 2:

CIGNA CORPORATION

(A Delaware corporation and ultimate parent company)

CIGNA Holdings, Inc.	
CIGNA Investment Group, Inc.	
CIGNA International Finance Inc.	
Former CIGNA Investments, Inc. (formerly CIGNA Investments, Inc.)	
CIGNA Investments, Inc. (formerly CIGNA Investment Advisors, Inc.)	
CIGNA Mezzanine Partners III, Inc.	
CIGNA Benefits Financing, Inc. (EI # 010947889, DE)	
Connecticut General Corporation	
Benefit Management Corporation (EI # 81-0585518)	
*Allegiance Life & Health Insurance Company (EI # 20-4433475, NAIC # 12814, MT)	
*Allegiance Re, Inc. (EI # 20-3851464, MT)	
*CIGNA Arbor Life Insurance Company (EI # 03-0452349, NAIC # 13733, CT)	
CIGNA Benefits Processing Ireland Ltd.	
CIGNA Behavioral Health, Inc.	
CIGNA Behavioral Health of California, Inc. (EI# 94-3107309)	

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

	<u>CIGNA Dental Health, Inc.</u>
	<u>CIGNA Dental Health of California, Inc.</u> (EI# 59-2600475, CA)
	<u>CIGNA Dental Health of Colorado, Inc.</u> (EI# 59-2675861, NAIC # 11175, CO)
	<u>CIGNA Dental Health of Delaware, Inc.</u> (EI# 59-2676987, NAIC # 95380, DE)
	<u>CIGNA Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL)
	<u>CIGNA Dental Health of Illinois, Inc.</u> (EI# 06-1351097, IL)
	<u>CIGNA Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS)
	<u>CIGNA Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY)
	<u>CIGNA Dental Health of Missouri, Inc.</u> (EI#06-1582068, NAIC # 11160, MO)
	<u>CIGNA Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167, NJ)
	<u>CIGNA Dental Health of North Carolina, Inc.</u> (EI# 56-1803464 , NAIC # 95179, NC)
	<u>CIGNA Dental Health of Ohio, Inc.</u> (EI# 59-2579774, NAIC # 47805, OH)
	<u>CIGNA Dental Health of Pennsylvania, Inc.</u> (EI# 52-1220578, NAIC # 47041, PA)
	<u>CIGNA Dental Health of Texas, Inc.</u> (EI# 59-2676977, NAIC # 95037, TX)
	<u>CIGNA Dental Health of Virginia, Inc.</u> (EI# 52-2188914, NAIC # 52617, VA)
	<u>CIGNA Dental Health Plan of Arizona, Inc.</u>

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

	(EI# 86-0807222, NAIC # 47013, AZ)
	<u>CIGNA Dental Health of Maryland, Inc.</u> (EI#20-2844020, NAIC #48119, MD)
	<u>CIGNA Health Corporation</u>
	<u>Healthsource, Inc.</u>
	<u>CIGNA HealthCare of Arizona, Inc.</u> (EI# 86-0334392, NAIC#95125, AZ)
	<u>CIGNA HealthCare of California, Inc.</u> (EI# 95-3310115, CA)
	<u>CIGNA HealthCare of Colorado, Inc.</u> (EI# 84-1004500, NAIC # 95604, CO)
	<u>CIGNA HealthCare of Connecticut, Inc.</u> (EI# 06-1141174, NAIC # 95660, CT)
	<u>CIGNA HealthCare of Delaware, Inc.</u> (EI# 52-1347731, NAIC # 95544, DE)
	<u>CIGNA HealthCare of Florida, Inc.</u> (EI# 59-2089259, NAIC # 95136, FL)
	<u>CIGNA HealthCare of Illinois, Inc.</u> (EI# 36-3385638, NAIC # 95602, IL)
	<u>CIGNA HealthCare of Maine, Inc.</u> (EI# 01-0418220, NAIC # 95447, ME)
	<u>CIGNA HealthCare of Massachusetts, Inc.</u> (EI# 02-0402111, NAIC # 95220, MA)
	<u>CIGNA HealthCare Mid-Atlantic, Inc.</u> (EI# 52-1404350, NAIC # 95599, MD)
	<u>CIGNA HealthCare of New Hampshire, Inc.</u> (EI# 02-0387749, NAIC # 95493, NH)
	<u>CIGNA HealthCare of New Jersey, Inc.</u>

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

		(EI# 22-2720890, NAIC # 95500, NJ)
		<u>CIGNA HealthCare of Ohio, Inc.</u>
		(EI# 31-1146142, NAIC # 95209, OH)
		<u>CIGNA HealthCare of Pennsylvania, Inc.</u>
		(EI# 23-2301807, NAIC # 95121, PA)
		<u>CIGNA HealthCare of St. Louis, Inc.</u>
		(EI# 36-3359925, NAIC # 95635, MO)
		<u>CIGNA HealthCare of Utah, Inc.</u>
		(EI# 62-1230908, NAIC # 95518, UT)
		<u>CIGNA HealthCare of Georgia, Inc.</u>
		(EI# 58-1641057, NAIC # 96229, GA)
		<u>CIGNA HealthCare of Texas, Inc.</u>
		(EI# 74-2767437, NAIC # 95383, TX)
		<u>CIGNA HealthCare of Indiana, Inc.</u>
		(EI# 35-1679172, NAIC # 95525, IN)
		<u>CIGNA HealthCare of New York, Inc.</u>
		(EI# 11-2758941, NAIC # 95488, NY)
		<u>CIGNA HealthCare of Tennessee, Inc.</u>
		(EI# 62-1218053, NAIC # 95606, TN)
		<u>CIGNA HealthCare of North Carolina, Inc.</u>
		(EI# 56-1479515, NAIC# 95132, NC)
		<u>CIGNA HealthCare of South Carolina, Inc.</u>
		(EI# 06-1185590, NAIC # 95708, SC)
		<u>*Temple Insurance Company Limited (Bermuda)</u>
		<u>Managed Care Consultants, Inc.</u>
		<u>CIGNA Healthcare Holdings, Inc.</u>
		(EI# 84-0985843)
		<u>CIGNA Healthcare – Centennial State, Inc.</u>

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

15.4

		(EI# 84-1340487, NAIC# 95412, CO)
		<u>CIGNA Healthcare – Pacific, Inc.</u>
		(EI# 93-1142460, NAIC# 95379, CA)
		<u>Great-West Healthcare of Illinois, Inc.</u>
		(EI# 93-1174749, NAIC 95388, IL)
		<u>*CIGNA Life Insurance Company of Canada (Canada)</u>
		(AA-1560515)
		<u>*CIGNA Life Insurance Company of New York</u>
		(EI# 13-2556568, NAIC # 64548, NY)
		<u>*Connecticut General Life Insurance Company</u>
		(EI# 06-0303370, NAIC # 62308, CT)
		<u>CARING – Albuquerque, LLC</u>
		(EI# 27-5402936, DE)
		<u>CG Gillette Ridge, LLC</u>
		<u>CG Lincoln Square LLC</u>
		<u>CG Merrick, LLC</u>
		<u>CG Morrison LLC</u>
		<u>CG Mystic Center LLC</u>
		<u>CG Mystic Land LLC</u>
		<u>CG Pinnacle, L.L.C.</u>
		<u>CG Skyline, LLC</u>
		<u>CG-LINA Realty Investors LLC</u>
		(EI# 41-2189110, DE)
		<u>CG-LINA Alessandro II LLC</u>
		(EI# 80-0668090, DE)

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

	<u>CG-LINA 10 Brookline, LLC</u>
	<u>CIGNA Affiliates Realty Investment Group, LLC</u> (EI# 27-5402196, DE)
	<u>CIGNA Dulles Town, LLC</u>
	<u>CIGNA Government Services, LLC</u>
	<u>CORAC LLC</u>
	<u>Bridgepoint Office Park Associates, LLC</u> (EI# 27-3923999, DE)
	<u>Fairway Center Associates, LLC</u> (EI# 27-3126102, DE)
	<u>Henry on the Park Associates, LLC</u> (EI 27-3582688, DE)
	<u>*CIGNA Health and Life Insurance Company</u> (EI # 59-1031071, NAIC # 67369, CT)
	<u>CIGNA Corporate Services, LLC</u> (EI 27-3396038, DE)
	<u>CIGNA Insurance Agency, LLC</u> (EI # 27-1903785, CT)
	<u>CIGNA Health Management, Inc.</u> (EI# 23-1728483, DE)
	<u>Kronos Optimal Health Company</u> (20-8064696, AZ)
	<u>*Life Insurance Company of North America</u> (EI# 23-1503749, NAIC # 65498, PA)
	<u>*CIGNA & CMC Life Insurance Company Limited (China) (50%)</u> (remaining interest owned by an unaffiliated party)
	<u>*LINA Life Insurance Company of Korea (Korea)</u>

PART 1 - ORGANIZATIONAL CHART

		Tel-Drug, Inc.
CIGNA Global Holdings, Inc.		
*CIGNA Global Reinsurance Company, Ltd. (Bermuda)		
CIGNA Holdings Overseas, Inc.		
CIGNA Hayat Sigorta, A.S.		
*CIGNA Life Insurance Company of Europe S.A.-N.V. (Belgium) (99.998%) (remaining interest owned by CIGNA Global Holdings, Inc. - AA-1240009))		
*CIGNA Europe Insurance Company S.A.-N.V. (Belgium) (99.999%) (remaining interest owned by CIGNA Global Holdings, Inc.)		
CIGNA Apac Holdings Limited (New Zealand)		
*CIGNA Life Insurance New Zealand Limited (New Zealand)		
*CIGNA Taiwan Life Insurance Company Limited (New Zealand)		
CIGNA Hong Kong Holdings Company Limited		
*CIGNA Worldwide General Insurance Company Limited (Hong Kong)		
*CIGNA Worldwide Life Insurance Company Limited (Hong Kong)		
CIGNA HLA Technology Services Company Limited (Hong Kong)		
PT GAR Indonesia		
PT PGU Indonesia		
RHP (Thailand) Limited		

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

15.7

			<u>CIGNA Brokerage Services (Thailand) Limited (75%)</u> (remaining interest owned by CIGNA Holdings Overseas, Inc.)
		(25% interest owned by CIGNA Holdings Overseas, Inc. remaining interest owned by unaffiliated parties)	<u>*CIGNA Non-Life Insurance Brokerage (Thailand) Limited (74.975%)</u>
			<u>KDM (Thailand) Limited (Thailand) (99.999%)</u>
			<u>*CIGNA Insurance Public Company Limited (75%)</u> (24.999% interest owned by CIGNA Holdings Overseas, Inc.)
			<u>*CIGNA Global Insurance Company Limited (Guernsey) (99.9999%)</u> (remaining interest owned by CIGNA Global Holdings, Inc.)
			<u>Vanbreda International (Brussels)</u>
			<u>Vanbreda International Sdn. Bhd. (Malaysia)</u>
			<u>Vanbreda International (Beijing) Consultants and Administrators Co., Ltd (China)</u>
			<u>Vanbreda International, LLC (FL)</u>
			<u>Informatica J. Van Breda & Co NV (30% Belgium)</u>
			<u>*CIGNA Worldwide Insurance Company</u> (EI# 23-2088429, NAIC # 90859, DE)
			<u>*PT. Asuransi CIGNA (Indonesia) (80%)</u> (remaining interest owned by unaffiliated parties – AA-5360003)

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

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 23

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
2304.	Escheat Liability	29	0	29	29
2305.	Hilgenfeld Lawsuit	1,168,314	0	1,168,314	1,175,383
2397.	Summary of remaining write-ins for Line 23 from overflow page	1,168,343	0	1,168,343	1,175,412

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	3,682,634	5,825,186
2. Cost of bonds and stocks acquired	0	
3. Accrual of discount	941	3,776
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	77,810
6. Deduct consideration for bonds and stocks disposed of	325,000	2,226,777
7. Deduct amortization of premium	2,556	(2,639)
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	3,356,019	3,682,634
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	3,356,019	3,682,634

STATEMENT AS OF MARCH 31, 2011 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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	5,053,410	1,349,228	824,930	(930)	5,576,778	0	0	5,053,410
2. Class 2 (a)	689,355	0	325,000	310	364,665	0	0	689,355
3. Class 3 (a)	0	0	0	0	0	0	0	0
4. Class 4 (a)	0	0	0	0	0	0	0	0
5. Class 5 (a)	0	0	0	0	0	0	0	0
6. Class 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	5,742,765	1,349,228	1,149,930	(620)	5,941,443	0	0	5,742,765
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	5,742,765	1,349,228	1,149,930	(620)	5,941,443	0	0	5,742,765

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$0 ; NAIC 2 \$0 ; NAIC 3 \$0 ;
NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	2,435,439	XXX	2,434,158	767	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	2,060,133	1,049,695
2. Cost of short-term investments acquired	1,199,285	10,304,486
3. Accrual of discount	952	792
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	9	0
6. Deduct consideration received on disposals	824,939	9,294,840
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	2,435,440	2,060,133
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	2,435,440	2,060,133

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of cash equivalents acquired	149,944	699,820
3. Accrual of discount	44	180
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	0	700,000
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	149,988	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	149,988	0

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
N O N E

SCHEDULE D - PART 4

[illegible]

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....0

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]