



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2009  
OF THE CONDITION AND AFFAIRS OF THE

## CIGNA HealthCare of Maine, Inc.

NAIC Group Code 0901 0901 NAIC Company Code 95447 Employer's ID Number 01-0418220  
(Current) (Prior)

Organized under the Laws of Maine, State of Domicile or Port of Entry Maine

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [  ] No [  ]

Incorporated/Organized 03/01/1986 Commenced Business 04/01/1987

Statutory Home Office 6 Fundy Road Ste 300, Falmouth, ME 04105-1705  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 6 Fundy Road Ste 300  
(Street and Number)  
Falmouth, ME 04105-1705, 215-761-1000  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 900 Cottage Grove Road, Hartford, CT 06152-1228  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 900 Cottage Grove Road  
(Street and Number)  
Hartford, CT 06152-1228, 860-226-3559  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.cigna.com

Statutory Statement Contact Jodi Ellen Arsenault, 860-226-3559  
(Name) (Area Code) (Telephone Number)  
Jodi.Metz@CIGNA.COM, 860-226-6792  
(E-mail Address) (FAX Number)

### OFFICERS

President Donald Michael Curry Vice President Vincent Lewis Shreckengast  
Treasurer Scott Ronald Lambert Assistant Secretary Shermona Sueann Mapp #

### OTHER

Joseph Edward Turgeon III Vice President Anthony Perez Vice President John Patrick Frey Vice President  
Robert Paul Hockmuth M.D. Vice President Barry Richard McHale Vice President David Goldberg Vice President  
Edward Vincent Stacey Vice President Glenn Michael Gerhard Vice President Aslam Mohammad Khan M.D., M.M. Vice President  
Robert David Picinich Vice President Vincent Lewis Shreckengast Vice President William Arthur McGean Vice President  
Kathleen McCabe Hockmuth Vice President Scott Ronald Lambert Vice President David Mathew Porcello Vice President

### DIRECTORS OR TRUSTEES

Donald Michael Curry David Goldberg Aslam Mohammad Khan M.D., M.M.

State of Connecticut SS:  
County of Hartford

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.

Donald Michael Curry  
President

Shermona Sueanne Mapp #  
Assistant Secretary

Scott Ronald Lambert  
Treasurer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

- a. Is this an original filing? ..... Yes [  ] No [  ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D) .....	6,656,530	0	6,656,530	8,295,604
2. Stocks (Schedule D):				
2.1 Preferred stocks .....		0	0	0
2.2 Common stocks .....		0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances) .....	0	0	0	0
5. Cash (\$ ..... (28,018) , Schedule E - Part 1), cash equivalents (\$ ..... 0 , Schedule E - Part 2) and short-term investments (\$ ..... 2,874,207 , Schedule DA) .....	2,846,190	0	2,846,190	687,634
6. Contract loans, (including \$ ..... 0 premium notes) .....	0	0	0	0
7. Other invested assets (Schedule BA) .....			0	0
8. Receivables for securities .....	0	0	0	0
9. Aggregate write-ins for invested assets .....	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9) .....	9,502,720	0	9,502,720	8,983,238
11. Title plants less \$ ..... 0 charged off (for Title insurers only) .....	0	0	0	0
12. Investment income due and accrued .....	140,993	0	140,993	158,881
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection .....	109,673	22,239	87,434	58,740
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... 0 earned but unbilled premiums) .....	0	0	0	0
13.3 Accrued retrospective premiums .....	0	0	0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers .....	0	0	0	0
14.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
14.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
15. Amounts receivable relating to uninsured plans .....	0	0	0	0
16.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0	109,186
16.2 Net deferred tax asset .....	172,551	148,629	23,922	28,535
17. Guaranty funds receivable or on deposit .....	0	0	0	0
18. Electronic data processing equipment and software .....	0	0	0	0
19. Furniture and equipment, including health care delivery assets (\$ ..... 0 ) .....	0	0	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
21. Receivables from parent, subsidiaries and affiliates .....	355,466	0	355,466	164,938
22. Health care (\$ ..... ) and other amounts receivable .....	0	0	0	0
23. Aggregate write-ins for other than invested assets .....	136	136	0	23
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) .....	10,281,539	171,004	10,110,535	9,503,541
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
26. Total (Lines 24 and 25)	10,281,539	171,004	10,110,535	9,503,541
<b>DETAILS OF WRITE-INS</b>				
0901. ....				
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0	0
2301. Broker commissions receivable .....	136	136	0	23
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	136	136	0	23

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	198,396	420	198,816	642,458
2. Accrued medical incentive pool and bonus amounts .....	0	0	0	366,034
3. Unpaid claims adjustment expenses .....	4,056	9	4,065	15,704
4. Aggregate health policy reserves .....	1,580	0	1,580	0
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserves .....	0	0	0	0
7. Aggregate health claim reserves .....	0	0	0	0
8. Premiums received in advance .....	0	0	0	0
9. General expenses due or accrued .....	0	0	0	15,000
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized capital gains (losses)) .....	391,981	0	391,981	0
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	0	0	0	0
12. Amounts withheld or retained for the account of others .....	0	0	0	0
13. Remittance and items not allocated .....	0	0	0	828
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 .....	578,341	0	578,341	576,388
16. Payable for securities .....	0	0	0	0
17. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers and \$ .....0 unauthorized reinsurers) .....	0	0	0	0
18. Reinsurance in unauthorized companies .....	0	0	0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
20. Liability for amounts held under uninsured plans .....	0	0	0	0
21. Aggregate write-ins for other liabilities (including \$ .....75,633 current) .....	75,633	0	75,633	93,295
22. Total liabilities (Lines 1 to 21) .....	1,249,987	429	1,250,416	1,709,707
23. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
24. Common capital stock .....	XXX	XXX	100	100
25. Preferred capital stock .....	XXX	XXX	0	0
26. Gross paid in and contributed surplus .....	XXX	XXX	2,971,401	2,971,401
27. Surplus notes .....	XXX	XXX	0	0
28. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
29. Unassigned funds (surplus) .....	XXX	XXX	5,888,618	4,822,333
30. Less treasury stock, at cost:				
30.1 .....0 shares common (value included in Line 24 \$ .....0 ) .....	XXX	XXX	0	0
30.2 .....0 shares preferred (value included in Line 25 \$ .....0 ) .....	XXX	XXX	0	0
31. Total capital and surplus (Lines 23 to 29 minus Line 30) .....	XXX	XXX	8,860,119	7,793,834
32. Total liabilities, capital and surplus (Lines 22 and 31) .....	XXX	XXX	10,110,535	9,503,541
<b>DETAILS OF WRITE-INS</b>				
2101. Accrued taxes- other .....	66,911	0	66,911	62,313
2102. Commission payable .....	4,681	0	4,681	12,929
2103. Credit Balances Due Policyholders .....	2,347	0	2,347	13,100
2198. Summary of remaining write-ins for Line 21 from overflow page .....	1,694	0	1,694	4,953
2199. Totals (Lines 2101 thru 2103 plus 2198)(Line 21 above) .....	75,633	0	75,633	93,295
2301. ....	XXX	XXX		
2302. ....	XXX	XXX		
2303. ....	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page .....	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above) .....	XXX	XXX	0	0
2801. ....	XXX	XXX	0	0
2802. ....	XXX	XXX		
2803. ....	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page .....	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898)(Line 28 above) .....	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	8,715	34,203
2. Net premium income ( including \$ .....0 non-health premium income) .....	XXX	3,109,463	12,247,006
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	0	0
4. Fee-for-service (net of \$ .....0 medical expenses) .....	XXX	0	0
5. Risk revenue .....	XXX	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	3,109,463	12,247,006
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....	0	1,256,914	5,521,641
10. Other professional services .....	0	156,614	636,802
11. Outside referrals .....	.31	.31	684
12. Emergency room and out-of-area .....	3,485	133,495	426,003
13. Prescription drugs .....	0	363,326	1,376,944
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments, and bonus amounts .....	0	(248,194)	223,816
16. Subtotal (Lines 9 to 15) .....	3,516	1,662,186	8,185,890
<b>Less:</b>			
17. Net reinsurance recoveries .....	0	0	0
18. Total hospital and medical (Lines 16 minus 17) .....	3,516	1,662,186	8,185,890
19. Non-health claims (net) .....	0	0	0
20. Claims adjustment expenses, including \$ .....21,786 cost containment expenses .....	0	61,784	252,038
21. General administrative expenses .....	0	358,981	1,691,564
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .....	0	1,580	0
23. Total underwriting deductions (Lines 18 through 22).....	3,516	2,084,531	10,129,492
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	1,024,932	2,117,514
25. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	0	426,514	558,542
26. Net realized capital gains (losses) less capital gains tax of \$ .....490 .....	0	(675)	47,963
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	425,839	606,505
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )] .....	0	0	0
29. Aggregate write-ins for other income or expenses .....	0	0	68
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	1,450,771	2,724,087
31. Federal and foreign income taxes incurred .....	XXX	379,993	742,923
32. Net income (loss) (Lines 30 minus 31) .....	XXX	1,070,778	1,981,164
<b>DETAILS OF WRITE-INS</b>			
0601. ....	XXX	0	0
0602. ....	XXX		
0603. ....	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above) .....	XXX	0	0
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above) .....	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above) .....	0	0	0
2901. Other Income .....	0	0	68
2902. ....			
2903. ....			
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above) .....	0	0	68

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	7,793,834	10,296,952
34. Net income or (loss) from Line 32.....	1,070,778	1,981,167
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... 0.....	0	0
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0
38. Change in net deferred income tax.....	(5,095)	(117,247)
39. Change in nonadmitted assets.....	603	132,962
40. Change in unauthorized reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in.....	0	0
45.2 Transferred to capital (Stock Dividend).....	0	0
45.3 Transferred from capital.....	0	0
46. Dividends to stockholders.....	0	(4,500,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	1,066,286	(2,503,118)
49. Capital and surplus end of reporting period (Line 33 plus 48)	8,860,120	7,793,834
<b>DETAILS OF WRITE-INS</b>		
4701. Prior Year State Deferred Tax Adjustment.....	0	0
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

**CASH FLOW**

	1	2
	Current Year	Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	3,080,769	12,755,389
2. Net investment income .....	427,803	540,444
3. Miscellaneous income .....	0	68
4. Total (Lines 1 through 3) .....	3,508,572	13,295,901
5. Benefit and loss related payments .....	2,545,287	9,746,613
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	382,228	1,748,210
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	(121,174)	975,135
10. Total (Lines 5 through 9) .....	2,806,341	12,469,958
11. Net cash from operations (Line 4 minus Line 10) .....	702,231	825,943
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	1,655,000	2,144,880
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,655,000	2,144,880
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	0
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0
14. Net increase (decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	1,655,000	2,144,880
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	0	4,500,000
16.6 Other cash provided (applied) .....	(198,675)	225,471
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(198,675)	(4,274,529)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	2,158,556	(1,303,706)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	687,634	1,991,340
19.2 End of year (Line 18 plus Line 19.1) .....	2,846,190	687,634

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

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.

**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	3,109,463	3,109,463	0	0	0	0	0	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	3,109,463	3,109,463	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	1,256,914	1,256,914	0	0	0	0	0	0	0	XXX
9. Other professional services	156,614	156,614	0	0	0	0	0	0	0	XXX
10. Outside referrals	31	31	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	133,495	133,495	0	0	0	0	0	0	0	XXX
12. Prescription drugs	363,326	363,326	0	0	0	0	0	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	(248,194)	(248,194)	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	1,662,186	1,662,186	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0	0	0	0	0	0	0	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	1,662,186	1,662,186	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 21,787 cost containment expenses	61,785	61,785	0	0	0	0	0	0	0	0
20. General administrative expenses	358,981	358,981	0	0	0	0	0	0	0	0
21. Increase in reserves for accident and health contracts	1,580	1,580	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	2,084,532	2,084,532	0	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	1,024,931	1,024,931	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	3,160,097	0	50,634	3,109,463
2. Medicare Supplement .....	0	0	0	0
3. Dental only .....	0	0	0	0
4. Vision only .....	0	0	0	0
5. Federal Employees Health Benefits Plan .....	0	0	0	0
6. Title XVIII - Medicare .....	0	0	0	0
7. Title XIX - Medicaid .....	0	0	0	0
8. Other health .....	0	0	0	0
9. Health subtotal (Lines 1 through 8) .....	3,160,097	0	50,634	3,109,463
10. Life .....	0	0	0	0
11. Property/casualty .....	0	0	0	0
12. Totals (Lines 9 to 11)	3,160,097	0	50,634	3,109,463

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	2,354,024	2,354,024	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	2,354,024	2,354,024	0	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	117,840	117,840	0	0	0	0	0	0	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	198,816	198,816	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	198,816	198,816	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0	0	0	0	0	0	0	0	0	0
6. Net healthcare receivables (a)	0	0	0	0	0	0	0	0	0	0
7. Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	642,458	642,458	0	0	0	0	0	0	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	642,458	642,458	0	0	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	366,034	366,034	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	1,910,382	1,910,382	0	0	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	1,910,382	1,910,382	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	(248,194)	(248,194)	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	61,000	61,000	0	0	0	0	0	0	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
1.4 Net .....	61,000	61,000	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct .....	137,816	137,816	0	0	0	0	0	0	0	0
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
2.4 Net .....	137,816	137,816	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct .....	198,816	198,816	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	198,816	198,816	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	352,394	2,001,630	1,184	197,632	353,578	642,458
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) .....	352,394	2,001,630	1,184	197,632	353,578	642,458
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 .....	117,840	0	0	0	117,840	366,034
13. Totals (Lines 9 - 10 + 11 + 12)	470,234	2,001,630	1,184	197,632	471,418	1,008,492

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

## UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)**

**Section A - Paid Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior .....	5,961	5,811	5,811	5,811	5,811
2.	2005 .....	49,054	53,087	52,937	52,937	52,937
3.	2006 .....	XXX	48,018	50,765	50,661	50,661
4.	2007 .....	XXX	XXX	24,240	25,430	25,364
5.	2008 .....	XXX	XXX	XXX	8,211	8,629
6.	2009 .....	XXX	XXX	XXX	XXX	2,002

**Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior .....	6,166	5,811	5,811	5,811	5,811
2.	2005 .....	54,589	53,340	52,937	52,937	52,937
3.	2006 .....	XXX	51,722	50,998	50,661	50,661
4.	2007 .....	XXX	XXX	25,985	25,584	25,364
5.	2008 .....	XXX	XXX	XXX	8,850	8,631
6.	2009 .....	XXX	XXX	XXX	XXX	2,199

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)**

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2005 .....	64,539	52,937	2,119	4.0	55,056	85.3	0	0	55,056	85.3
2.	2006 .....	56,413	50,661	1,407	2.8	52,068	92.3	0	0	52,068	92.3
3.	2007 .....	30,417	25,364	833	3.3	26,197	86.1	0	0	26,197	86.1
4.	2008 .....	12,387	8,629	237	2.7	8,866	71.6	1	0	8,867	71.6
5.	2009 .....	3,160	2,002	62	3.1	2,063	65.3	198	4	2,265	71.7

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS  
(000 Omitted)**

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	5,961	5,811	5,811	5,811	5,811
2.	2005	49,054	53,087	52,937	52,937	52,937
3.	2006	XXX	48,018	50,765	50,661	50,661
4.	2007	XXX	XXX	24,240	25,430	25,364
5.	2008	XXX	XXX	XXX	8,211	8,629
6.	2009	XXX	XXX	XXX	XXX	2,002

**Section B - Incurred Health Claims - Grand Total**

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior	6,166	5,811	5,811	5,811	5,811
2.	2005	54,589	53,340	52,937	52,937	52,937
3.	2006	XXX	51,722	50,998	50,661	50,661
4.	2007	XXX	XXX	25,985	25,584	25,364
5.	2008	XXX	XXX	XXX	8,850	8,631
6.	2009	XXX	XXX	XXX	XXX	2,199

**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total**

Years in which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1.	2005	64,539	52,937	2,119	4.0	55,056	85.3	0	0	55,056	85.3
2.	2006	56,413	50,661	1,407	2.8	52,068	92.3	0	0	52,068	92.3
3.	2007	30,417	25,364	833	3.3	26,197	86.1	0	0	26,197	86.1
4.	2008	12,387	8,629	237	2.7	8,866	71.6	1	0	8,867	71.6
5.	2009	3,160	2,002	62	3.1	2,063	65.3	198	4	2,265	71.7

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ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves .....	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a) .....	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits .....	1,580	1,580	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$ .....0 ) for investment income .....	0	0	0	0	0	0	0	0	0
5. Aggregate write-ins for other policy reserves .....	0	0	0	0	0	0	0	0	0
6. Totals (gross) .....	1,580	1,580	0	0	0	0	0	0	0
7. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4) .....	1,580	1,580	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims .....	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits .....	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves .....	0	0	0	0	0	0	0	0	0
12. Totals (gross) .....	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded .....	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7) .....	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. ....	0	0	0	0	0	0	0	0	0
0502. ....									
0503. ....									
0598. Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above) .....	0	0	0	0	0	0	0	0	0
1101. ....	0	0	0	0	0	0	0	0	0
1102. ....									
1103. ....									
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above) .....	0	0	0	0	0	0	0	0	0

(a) Includes \$ .....0 premium deficiency reserve.

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ .....0 for occupancy of own building) .....	533	1,992	176	0	2,701
2. Salary, wages and other benefits .....	5,651	21,124	1,867	0	28,642
3. Commissions (less \$ .....0 ceded plus \$ .....0 assumed) .....	1	4	112,240	0	112,245
4. Legal fees and expenses .....	31	115	327	0	473
5. Certifications and accreditation fees .....	0	0	0	0	0
6. Auditing, actuarial and other consulting services .....	(6)	(21)	(2)	0	(29)
7. Traveling expenses .....	157	589	52	0	798
8. Marketing and advertising .....	80	299	26	0	405
9. Postage, express and telephone .....	236	883	394	0	1,513
10. Printing and office supplies .....	169	631	56	0	856
11. Occupancy, depreciation and amortization .....	519	1,941	172	0	2,632
12. Equipment .....	134	499	44	0	677
13. Cost or depreciation of EDP equipment and software .....	0	0	0	0	0
14. Outsourced services including EDP, claims, and other services .....	0	0	0	0	0
15. Boards, bureaus and association fees .....	6	21	2	0	29
16. Insurance, except on real estate .....	52	196	17	0	265
17. Collection and bank service charges .....	244	913	81	0	1,238
18. Group service and administration fees .....	0	0	0	0	0
19. Reimbursements by uninsured plans .....	0	0	0	0	0
20. Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21. Real estate expenses .....	0	0	0	0	0
22. Real estate taxes .....	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....	16	60	(18,878)	0	(18,802)
23.2 State premium taxes .....	0	0	0	0	0
23.3 Regulatory authority licenses and fees .....	0	0	0	0	0
23.4 Payroll taxes .....	359	1,344	119	0	1,822
23.5 Other (excluding federal income and real estate taxes) .....	0	0	1,823	0	1,823
24. Investment expenses not included elsewhere .....	1	4	0	8,225	8,230
25. Aggregate write-ins for expenses .....	13,603	9,404	260,465	0	283,472
26. Total expenses incurred (Lines 1 to 25) .....	21,786	39,998	358,981	8,225	(a) 428,990
27. Less expenses unpaid December 31, current year .....	0	4,064	0	0	4,064
28. Add expenses unpaid December 31, prior year .....	0	15,704	15,000	0	30,704
29. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year .....	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	21,786	51,638	373,981	8,225	455,630
<b>DETAILS OF WRITE-INS</b>					
2501. Claims Handling Reserve .....	394	1,472	(61,894)	0	(60,028)
2502. Other Corporate Expenses .....	1,934	7,230	318,329	0	327,493
2503. Other Non-Managed .....	10,371	(2,677)	3,731	0	11,425
2598. Summary of remaining write-ins for Line 25 from overflow page .....	904	3,379	299	0	4,582
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	13,603	9,404	260,465	0	283,472

(a) Includes management fees of \$ .....321,460 to affiliates and \$ .....0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 0	0
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 445,490	427,602
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 6,887	6,887
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	173	173
10. Total gross investment income	452,550	434,662
11. Investment expenses		(g) 8,225
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) (77)
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		8,148
17. Net investment income (Line 10 minus Line 16)		426,514
<b>DETAILS OF WRITE-INS</b>		
0901. Misc Investment Income	173	173
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	173	173
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 15,924 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 6,887 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	0	0	0	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	(185)	0	(185)	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(185)	0	(185)	0	0
<b>DETAILS OF WRITE-INS</b>					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

**EXHIBIT OF NON-ADMITTED ASSETS**

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....	0	0	0
2.2 Common stocks .....	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....	0	0	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income .....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....	0	0	0
6. Contract loans .....	0	0	0
7. Other invested assets (Schedule BA) .....	0	0	0
8. Receivables for securities .....	0	0	0
9. Aggregate write-ins for invested assets .....	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9) .....	0	0	0
11. Title plants (for Title insurers only) .....	0	0	0
12. Investment income due and accrued .....	0	0	0
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection .....	22,239	22,239	0
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	0	0	0
13.3 Accrued retrospective premiums .....	0	0	0
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers .....	0	0	0
14.2 Funds held by or deposited with reinsured companies .....	0	0	0
14.3 Other amounts receivable under reinsurance contracts .....	0	0	0
15. Amounts receivable relating to uninsured plans .....	0	0	0
16.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
16.2 Net deferred tax asset .....	148,629	149,111	482
17. Guaranty funds receivable or on deposit .....	0	0	0
18. Electronic data processing equipment and software .....	0	0	0
19. Furniture and equipment, including health care delivery assets .....	0	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
21. Receivable from parent, subsidiaries and affiliates .....	0	0	0
22. Health care and other amounts receivable .....	0	0	0
23. Aggregate write-ins for other than invested assets .....	136	257	121
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) .....	171,004	171,607	603
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
26. Total (Lines 24 and 25)	171,004	171,607	603
<b>DETAILS OF WRITE-INS</b>			
0901. ....			
0902. ....			
0903. ....			
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0
2301. Commissions Receivable .....	136	257	121
2302. ....			
2303. ....			
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	136	257	121

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....	1,997	663	667	653	558	8,357
2. Provider Service Organizations .....	0	0	0	0	0	0
3. Preferred Provider Organizations .....	0	0	0	0	0	0
4. Point of Service .....	74	50	44	10	9	358
5. Indemnity Only .....	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	2,071	713	711	663	567	8,715
<b>DETAILS OF WRITE-INS</b>						
0601. ....						
0602. ....						
0603. ....						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

**NOTES TO FINANCIAL STATEMENTS****HEALTH**

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1. **Summary of Significant Accounting Policies**

A. Accounting Practices

The financial statements of CIGNA HealthCare of Maine, Inc., (the Company), have been prepared in conformity with accounting practices prescribed or permitted by the State of Maine Bureau of Insurance.

The State of Maine Bureau of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Maine 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 Maine 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 Maine.

Basis of Presentation: These financial statements have been prepared in conformity with the accounting practices prescribed or permitted by the State of Maine Bureau of Insurance, which is a comprehensive basis of accounting other than generally accepted accounting principles 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 generally accepted accounting principles, include deferred tax assets and receivables greater than 90 days past due. Under generally accepted accounting principles, 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.

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: Investments with a maturity greater than three months but less than one year at the time of purchase are included in short-term investments and are carried at amortized cost.

(2) Bonds: Effective January 1, 2008, the Company adopted new fair value requirements that expand disclosures about fair value measurements and clarify 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 on a non-recurring basis would include bonds that are impaired or bonds valued at the lower of cost or fair value. During the years ended December 31, 2009 and 2008, the Company had no such bonds measured at fair value.

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 December 31, 2009 and 2008. The premium or discount on bonds is recognized using the scientific constant yield method.

(3) Common Stock: None

(4) Preferred Stocks: None

(5) Mortgage Loans: None

(6) Loan-backed Securities: None

(7) Investment in Subsidiaries, Controlled and Affiliated Companies: None

(8) Joint Ventures, Partnerships, and Limited Liability Companies: None

(9) Derivatives: None

(10) Aggregate Policy Reserves: None

(11) Unpaid Claims and Unpaid Claims Adjustment Expenses: Unpaid claims and claims adjustment liabilities include estimates of payments to be made under health insurance coverage provided by the Company for reported claims and for losses incurred but not yet reported. Management develops these estimates using actuarial methods based upon historical data for claim payment patterns, cost trends, product mix, seasonality, utilization of health care services and other relevant factors. When estimates change, the Company records the adjustment in medical and hospital expenses in the period the change in estimate occurs. Claims adjustment expenses include a reserve for additional administrative expenses associated with unpaid health claims that are in the process of settlement, as well as those that

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.  
have been incurred but not yet reported. This reserve is based on the historical relationship between claims handling expenses and incurred claims.

(12) Capitalization Policy: The Company has not modified its capitalization policy from the prior year.

(13) Pharmaceutical Rebate Receivables: None

## **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 Maine Bureau of Insurance. Effective January 1, 2001, the State of Maine Bureau of Insurance required that insurance companies domiciled in the State of Maine 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 Maine 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 2009 and 2008.

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. The Company has not elected to admit a higher amount of deferred tax assets as calculated under paragraph 10.e. See Note 9 for information on the Company's income taxes.

## **3. Business Combinations and Goodwill**

A. Statutory Purchase Method  
None

B. Statutory Merger  
None

C. Assumption Reinsurance  
None

D. Impairment Loss  
None

## **4. Discontinued Operations**

None

## **5. Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans  
None

B. Debt Restructuring  
None

C. Reverse Mortgages  
None

D. Loan-Backed Securities  
None

E. Repurchase Agreements  
None

F. Real Estate  
None

G. Low-Income Housing Tax Credits (LIHTC)  
None

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

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

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B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

**7. Investment Income**

A. Due and accrued income was excluded from surplus on the following bases:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

B. No amounts were excluded from the statutory statements.

**8. Derivative Instruments**

None

**9. Income Taxes**

The Company is a member of a consolidated federal income tax sharing agreement and calculates deferred taxes on a separate company, reporting entity basis. The Company's deferred tax assets (DTA) and liabilities (DTL) are determined by identifying its temporary differences. These temporary differences are measured using a "balance sheet" approach by comparing statutory and tax basis balance sheets for the Company.

The Company has not elected to admit deferred tax assets pursuant to SSAP No. 10R, Income Taxes - Revised, A Temporary Replacement of SSAP No. 10. All paragraph references included in this footnote are to SSAP No. 10R.

A. The components of the net DTA recognized in the Company's Assets, Liabilities, Surplus and Other Funds are as follows:

	<u>Dec. 31, 2009</u>			<u>Dec. 31, 2008</u>
	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>	
Gross DTA	212,363	-	212,363	216,837
Valuation Allowance	-	-	-	
Adjusted gross DTA	<u>212,363</u>	<u>-</u>	<u>212,363</u>	<u>216,837</u>
Nonadmitted DTA	(148,629)	-	(148,629)	(149,111)
Admitted DTA	<u>63,734</u>	<u>-</u>	<u>63,734</u>	<u>67,726</u>
Gross DTL	<u>(39,812)</u>	<u>-</u>	<u>(39,812)</u>	<u>(39,191)</u>
Net admitted DTA	<u>23,922</u>	<u>-</u>	<u>23,922</u>	<u>28,535</u>
Increase (decrease) in nonadmitted assets	<u>(482)</u>	<u>-</u>	<u>(482)</u>	

The admitted DTA under paragraphs 10.a, 10.b and 10.c are as follows

	<u>Dec. 31, 2009</u>			<u>Dec. 31, 2008</u>
	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>	<u>Total</u>
DTA admitted under paragraph 10.a.	23,922	-	23,922	28,535
DTA admitted under paragraph 10.b.i.	-	-	-	
DTA admitted under paragraph 10.b.ii.	-	-	-	
DTA admitted under paragraph 10.c.	<u>39,812</u>	<u>-</u>	<u>39,812</u>	<u>39,191</u>
Gross admitted	<u>63,734</u>	<u>-</u>	<u>63,734</u>	<u>67,726</u>

B. All deferred tax liabilities have been properly recognized

C. The provision (recoverable) for incurred taxes on earnings for the years ended December 31 was:

	<u>2009</u>	<u>2008</u>
Federal	379,993	742,923
Foreign	-	-
Total	<u>379,993</u>	<u>742,923</u>
Federal income tax (benefit) on net capital gains (losses)	383	29,778
Utilization of capital loss carry-forwards	-	-
Federal and foreign income taxes incurred	<u>380,376</u>	<u>772,701</u>

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

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	<u>Dec. 31, 2009</u>	<u>Dec. 31, 2008</u>
<u>Deferred tax assets:</u>		
Unearned premium reserves	-	
Loss reserve discounting	1,352	6,873
Employee benefits	202,419	201,736
Discount of bond premiums	-	
Other Insurance & Contract holder Liability	553	
Deferred Gain	-	
Deferred Acquisition Costs	-	
Bad Debt	207	354
Other	-	
Audit and DOI Accruals		
Depreciation and Amortization	-	
Restructuring Reserves	-	
Unrealized Investment	-	
Net Operating Loss Carryforward		
Litigation Accrual		
Non Admitted Assets	7,832	7,874
	<hr/>	<hr/>
Gross DTA	212,363	216,837
Valuation Allowance		
Adjusted gross DTA	<hr/> 212,363	<hr/> 216,837
Nonadmitted DTA	(148,629)	(149,111)
Admitted DTA	<hr/> 63,734	<hr/> 67,726
<u>Deferred tax liabilities:</u>		
Employee benefits	-	
Discount of bond premiums	(38,008)	(32,920)
Other Insurance & Contract holder Liability	-	
Deferred Gain	-	
Deferred Acquisition Costs	-	
Retroactivity Adjustment	(1,804)	(6,271)
Other	-	
Depreciation and Amortization	-	
Restructuring Reserves	-	
Unrealized Investment	-	
Surplus Notes Interest	-	
Total deferred tax liabilities	<hr/> (39,812)	<hr/> (39,191)
	<hr/>	<hr/>
Net admitted DTA	<u>23,922</u>	<u>28,535</u>

The adjusted change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted deferred tax assets which are reported separately as a part of the Change in Nonadmitted Assets and related items on page 4, line 41):

	<u>Dec. 31, 2009</u>	<u>Dec. 31, 2008</u>	<u>Change</u>
Total deferred tax assets	212,363	216,837	(4,474)
Total deferred tax liabilities	(39,812)	(39,191)	(621)
Net deferred tax asset (liability)	<hr/> 172,551	<hr/> 177,646	(5,095)
Tax effect of unrealized gains (losses)			
Change in Net Deferred Income Tax			<hr/> <u>(5,095)</u>

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D. The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference are as follows:

	<u>Dec. 31, 2009</u>	<u>Effective Tax Rate</u>
Provision computed at statutory rate	507,903	35.00%
Tax exempt interest income (net)	(122,474)	-8.44%
Meals and entertainment	0	0.00%
Nondeductible goodwill	0	0.00%
Change in nonadmitted assets	42	0.00%
Other	(0)	0.00%
Fines and Penalties	0	0.00%
Provision to Filed Adjustment		0.00%
Total	<u>385,471</u>	<u>26.56%</u>
Federal and foreign income taxes incurred	380,376	26.21%
Adjusted change in net deferred income taxes	<u>5,095</u>	<u>0.35%</u>
Total statutory income taxes	<u>385,471</u>	<u>26.56%</u>

E.(1) At December 31, 2009, the company has utilized all its net operating or capital loss carry forwards.

(2) The Company has taxes incurred in prior periods available for recoupment as follows:

<u>Year</u>	<u>Amount</u>
2009	353,030
2008	672,939

(3) Deposits under IRS Code Section 6603 - not applicable

F.

The Company's Federal Income Tax return is consolidated with CIGNA, and the following subsidiaries of CIGNA.

Allegiance Benefit Plan Management, Inc  
 Allegiance Cobra Services, Inc.  
 Allegiance Life & Health Insurance Company, Inc.  
 Allegiance Re, Inc.  
 Alta Health & Life Insurance Company  
 Arizona Healthplan, Inc.  
 Benefit Management Corporation  
 CG Individual Tax Benefits Payments, Inc.  
 CG Life Pension Benefits Payments, Inc.  
 CG LINA Pension Benefits Payments, Inc.  
 Choicelinx, Inc.  
 CIGNA Arbor Life insurance Company  
 CIGNA Behavioral Health of California, Inc.  
 CIGNA Behavioral Health, Inc.  
 CIGNA Behavioral Health of Texas, Inc.  
 CIGNA Benefits Processing Ireland Ltd.  
 CIGNA Dental Health of California, Inc.  
 CIGNA Dental Health of Colorado, Inc.  
 CIGNA Dental Health of Delaware, Inc.  
 CIGNA Dental Health of Florida, Inc.  
 CIGNA Dental Health of Illinois, Inc.  
 CIGNA Dental Health of Kansas, Inc.  
 CIGNA Dental Health of Kentucky, Inc.  
 CIGNA Dental Health of Maryland, Inc.  
 CIGNA Dental Health of Missouri, Inc.  
 CIGNA Dental Health of New Jersey, Inc.  
 CIGNA Dental Health of North Carolina, Inc.  
 CIGNA Dental Health of Ohio, Inc.  
 CIGNA Dental Health of Pennsylvania, Inc.  
 CIGNA Dental Health of Texas, Inc.  
 CIGNA Dental Health of Virginia, Inc.  
 CIGNA Dental Health Plan of Arizona, Inc.  
 CIGNA Dental Health, Inc.  
 CIGNA Direct Marketing Company, Inc.  
 CIGNA Federal Benefits, Inc.  
 CIGNA Global Holdings, Inc.  
 CIGNA Global Insurance Company Limited

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CIGNA Global Reinsurance Company, Ltd.  
CIGNA Government Benefits, Inc.  
CIGNA Health Corporation  
CIGNA HealthCare Benefits, Inc.  
CIGNA HealthCare Mid-Atlantic, Inc.  
CIGNA HealthCare of Arizona, Inc.  
CIGNA HealthCare of California, Inc.  
CIGNA HealthCare of Colorado, Inc.  
CIGNA HealthCare of Connecticut, Inc.  
CIGNA HealthCare of Delaware, Inc.  
CIGNA HealthCare of Florida, Inc.  
CIGNA HealthCare of Georgia, Inc.  
CIGNA HealthCare of Illinois, Inc.  
CIGNA HealthCare of Indiana, Inc.  
CIGNA HealthCare of Maine, Inc.  
CIGNA HealthCare of Massachusetts, Inc.  
CIGNA HealthCare of New Hampshire, Inc.  
CIGNA HealthCare of New Jersey, Inc.  
CIGNA HealthCare of New York, Inc.  
CIGNA HealthCare of North Carolina Administrators, Inc.  
CIGNA HealthCare of North Carolina, Inc.  
CIGNA HealthCare of Ohio, Inc.  
CIGNA HealthCare of Pennsylvania, Inc.  
CIGNA HealthCare of South Carolina, Inc.  
CIGNA HealthCare of St. Louis, Inc.  
CIGNA HealthCare of Tennessee, Inc.  
CIGNA HealthCare of Texas, Inc.  
CIGNA HealthCare of Utah, Inc.  
CIGNA HealthCare Preferred of Maine, Inc.  
CIGNA HealthCare Preferred of New Hampshire, Inc.  
CIGNA Holdings Overseas, Inc.  
CIGNA Holdings, Inc.  
CIGNA Insurance Group, Inc.  
CIGNA IntegratedCare, Inc.  
CIGNA Intellectual Property, Inc.  
CIGNA International Corporation  
CIGNA International Finance Inc.  
CIGNA International Services, Inc.  
Former CIGNA Investment Inc. (f/k/a CIGNA Investment Advisors Inc.)  
CIGNA Investment Group, Inc.  
CIGNA Investments, Inc.  
CIGNA Life Insurance Company of New York  
CIGNA Managed Care Benefits Company  
CIGNA Mezzanine Partners, III, Inc.  
CIGNA RE Corporation  
CIGNA Resource Manager, Inc.  
CIGNA Worldwide Insurance Company  
Connecticut General Benefit Payments, Inc.  
Connecticut General Corporation  
Connecticut General Life Insurance Company  
Cottage Grove Real Estate, Inc. (f/k/a SilverBrook Real Estate and Development Company)  
CIGNA HealthCare, Inc. (f/k/a Great-West Healthcare, Inc.)  
CIGNA HealthCare Holdings, Inc. (f/k/a Great-West Healthcare Holdings, Inc.)  
CIGNA HealthCare - Pacific, Inc. (f/k/a Great-West Healthcare of California, Inc.)  
CIGNA HealthCare - Centennial State, Inc. (f/k/a Great-West Healthcare of Colorado, Inc.)  
Great-West Healthcare of Illinois, Inc.  
Hazard Center Investment Co. LLC  
Healthsource Benefits, Inc.  
Healthsource Properties, Inc.  
Healthsource, Inc.  
IHN, Inc.  
Intermountain Underwriters, Inc.  
International Rehabilitation Associates, Inc.  
INTRACORP, Inc.  
Life Insurance Company of North America  
LINA Benefit Payments, Inc.  
Linatex, Inc.  
Managed Care Consultants, Inc.  
MCC Independent Practice Association of New York, Inc.  
Mediversal, Inc.  
Sagamore Health Network, Inc.  
Tel-Drug, Inc..

CIGNA's Corporation's indirectly wholly-owned domestic subsidiary insurance companies have entered into a Consolidated Federal Income Tax Agreement (th "Agreement") which became effective as of April 1, 1982. The Agreement sets forth the method of allocation of federal income taxes for CIGNA Corporation and its wholly-owned domestic subsidiaries, including insurance subsidiaries. The Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are used to reduce consolidated taxable income; while those companies with current taxable income as

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc. calculated under federal separate return provision, are liable for payments determined as if they had each filed a separate return. However current credit is given for any foreign tax credit, operating loss or investment tax credit carryovers actually used in the current consolidated return.

CIGNA's federal income tax returns are routinely audited by the Internal Revenue Service (IRS). In management's opinion, adequate tax liabilities, including related charges should the IRS prevail, have been established to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS. These liabilities could be revised in the near term if estimates of CIGNA's ultimate liability change as a result of new developments or a change in circumstances.

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

A., B.  
& C.

The Company paid no dividends to the Parent during the year ended December 31, 2009 and paid a return of capital of \$4,500,000 to the Parent on June 26, 2008.

CIGNA Health Corporation (CHC) charged the Company \$321,460 and \$1,116,597 in administrative service fees and fees for other services for the years ended December 31, 2009 and 2008, respectively. 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 received \$77 and paid \$1,460 in interest charges to CHC for the year ended December 31, 2009 and 2008, respectively.

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 for the year ended December 31, 2009 and 2008 was \$95,057 and \$358,129, respectively.

International Rehabilitation Associates, Inc. (d/b/a Intracorp), is an affiliate of the Company. The Company pays Intracorp for utilization management, case management, demand management, disease management, care management and other services to its members. The expense relating to these services for the year ended December 31, 2009 and 2008 was \$10,376 and \$42,185, respectively.

CHC reimbursed the Company \$292 and \$130 for the year ended December 31, 2009 and 2008, respectively, 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 December 31, 2009 and December 31, 2008, the Company reported \$578,341 and \$576,389, respectively, as amounts due to parent, subsidiaries and affiliates, and \$355,468 and \$164,938, respectively, as amounts due from 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.

International Rehabilitation Associates, Inc. (d/b/a Intracorp), is an affiliate of the Company. The Intercompany Service Agreement is by and between Intracorp, CGLIC and CHC on behalf of their respective healthplan subsidiaries and affiliates. Intracorp provides utilization management, case management, demand management, disease management, care management and other services to the Company enrollees of the HMOs.

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

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.  
operational cash obligations while earning additional investment income.

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.

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. Pension expense was included within administrative expenses for the years ended December 31, 2009 and 2008.

**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 years ended December 31, 2009 and 2008.

**C. Multiemployer Plans**

None

**D. Consolidated/Holding Company Plans**

None

**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 December 31, 2009 and December 31, 2008, the Company's contributions were \$76 and \$3,972, respectively. The Company's unfunded postretirement benefit obligation amounted to \$578,341 and \$576,389 as of December 31, 2009 and December 31, 2008, respectively.

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

None

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

(1) The Company has 3,000 shares authorized, 1,000 shares issued and outstanding. All shares are Class A shares.

(2) The Company has no preferred stock outstanding.

(3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Maine, and are based on restrictions relating to statutory surplus.

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- (4) The Company paid no dividends to the Parent during the year ended December 31, 2009 and on June 26, 2008 the Company paid an extraordinary cash dividend of \$4,500,000 to the Parent.
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) No advances to surplus not repaid were outstanding at December 31, 2009 and 2008.
- (8) The Company does not hold any stock, including stock of affiliated companies, for special purposes.
- (9) The Company had no changes in balances of special surplus funds from the prior year.
- (10) The portion of unassigned funds (surplus) reduced by non-admitted asset values is \$171,005 and \$171,607 as of December 31, 2009 and 2008, respectively.
- (11) The Company did not issue any surplus debentures or similar obligations
- (12)& (13) The Company did not experience an impact of any restatement due to prior quasi-reorganizations.

**14. Contingencies**

- A. Contingent Commitments  
None
- B. Assessments  
None
- C. Gain Contingencies  
None
- D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits.  
None
- E. All Other Contingencies

**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.

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. An increasing number of claims are being made for substantial non-economic, extra-contractual or punitive damages. The outcome of litigation and other legal matters is always uncertain, and outcomes that are not justified by the evidence can occur. CIGNA and its subsidiaries (including the Company) believe that they have valid defenses to the legal matters pending against them and are defending themselves vigorously. Nevertheless, it is possible that resolution of one or more of the legal matters currently pending or threatened could result in losses material to the Company's consolidated results of operations, liquidity or financial condition.

**A. Managed care litigation**

On April 7, 2000, several pending actions were consolidated in the United States District Court for the Southern District of Florida in a multi-district litigation proceeding captioned *In re Managed Care Litigation* challenging, in general terms, the mechanisms used by managed care companies in connection with the delivery of or payment for health care services. The consolidated cases include *Shane v. Humana, Inc., et al.*, *Mangieri v. CIGNA Corporation*, *Kaiser and Corrigan v. CIGNA Corporation, et al.* and *Amer. Dental Ass'n v. CIGNA Corp. et. al.*

In 2004, the court approved a settlement agreement between the physician class and CIGNA and certain of its subsidiaries (including the Company). However, a dispute over disallowed claims under the settlement submitted by a representative of certain class member physicians is in arbitration. Separately, in 2005, the court approved a settlement between CIGNA and its subsidiaries and a class of non-physician health care providers. Only the *Amer. Dental Association* case remains unresolved. On March 2, 2009, the Court dismissed with prejudice five of the six counts of the complaint. On March 20, 2009, the Court declined to exercise supplemental jurisdiction over the remaining state law claim and dismissed the case. Plaintiffs filed a notice of appeal on April 17, 2009. The appeal is fully briefed and oral argument is scheduled for February 26, 2010 before the United States Court of Appeals for the Eleventh Circuit. CIGNA denies the allegations and will continue to vigorously defend itself.

CIGNA and its subsidiaries (including the Company) have received insurance recoveries related to this litigation. In 2008, the Court of Common Pleas of Philadelphia County ruled that CIGNA and its subsidiaries are not entitled to insurance recoveries from one of the two insurers from which CIGNA is pursuing further recoveries. CIGNA appealed that decision and on June 3, 2009, the Superior Court of Pennsylvania reversed the trial court's decision, remanding the case to the trial court for further proceedings.

**B. Broker compensation**

Beginning in 2004, CIGNA and its subsidiaries (including the Company), other insurance companies and certain insurance brokers received subpoenas and inquiries from various regulators, including the New York and Connecticut Attorneys General, the Florida Office of Insurance Regulation, the U.S. Attorney's Office for the Southern District of California and the U.S. Department of Labor relating to their investigations of insurance broker compensation. CIGNA and its subsidiaries (including the Company) have cooperated with the inquiries and investigations.

On August 1, 2005, the Company and another CIGNA subsidiary, Life Insurance Company of North America, were named as defendants in a multi-district litigation proceeding, *In re Insurance Brokerage Antitrust Litigation*, consolidated in the United States District Court for the District of New Jersey. The complaint alleges that brokers and insurers conspired to hide commissions, thus increasing the cost of employee benefit plans, and seeks treble damages and injunctive relief. Numerous insurance brokers and other insurance companies are named as defendants. In 2008, the court ordered the clerk to enter judgment against plaintiffs and in favor of the defendants. Plaintiffs appealed. CIGNA and its subsidiaries (including the Company) deny the allegations and will continue to vigorously defend themselves.

**C. 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 will compile and provide the data currently 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 seven putative nationwide class actions asserting that due to the use of data from Ingenix, Inc., CIGNA improperly underpaid claims, an industry-wide issue. Two actions were brought on behalf of members, (*Franco v. CIGNA Corp. et al.*, and *Chazen v. CIGNA Corp. 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, Surgery Center of Southeast Indiana v. CGLIC et al.* and *North Peninsula Surgical Center v. Connecticut General Life Insurance Co. et al.*). Six of the seven matters have been 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 now fully briefed and pending. Discovery is ongoing and class certification is scheduled to be briefed in March and April of 2010. The *North Peninsula* case was voluntarily dismissed on September 29, 2009 and re-filed in the United States District Court for the District of New Jersey on November 12, 2009. The new complaint includes ERISA and state law unfair competition claims only. The case is expected to be consolidated into the *Franco* case in the near future.

On June 9, 2009, CIGNA filed motions in the United States District Court for the Southern District of Florida to enforce the *In re Managed Care Litigation* settlement described above by enjoining the RICO and antitrust causes of action asserted by the provider and medical association plaintiffs in the *Ingenix* litigation on the grounds 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, along with motions to stay the order pending appeal. On January 12, 2010, the United States Court of Appeals for the Eleventh Circuit stayed the order pending resolution of the appeal.

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One of the provider plaintiffs, Pain Management and Surgery Center of Southern Indiana, filed a voluntary dismissal of its claims on November 11, 2009.

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.

**15. Leases**

A.

(1) The Company participates in lease arrangements with CGLIC. All lease expenses are paid by CGLIC and are included within administrative expenses, as an allocation from CGLIC, for the years ended December 31, 2009 and 2008.

(2) The company is not involved in any material sales – leaseback transactions.

B.

(1) Operating Leases  
None

(2) Leveraged Leases  
None

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

None

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

A. Transfers of Receivables Reported as Sales  
None

B. Transfer and Servicing of Financial Assets  
None

C. Wash Sales  
None

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

A. ASO Plan:  
None

B. ASC Plan  
None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:  
None

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

None

**20. Other Items**

Extraordinary Items  
None

Troubled Debt Restructuring  
None

Other Disclosures  
None

Uncollected premium balances, bills receivable for premiums, amounts due from agents and brokers of uninsured plans, or retrospectively rated contracts:  
None

Business Interruption Insurance Recoveries  
None

F. State Transferable Tax Credits  
None

G. Subprime-Mortgage-Related Risk Exposure  
None

**21. Events Subsequent**

The Department of Insurance approved the Company's Plan of Withdrawal indicating the Company's decision to exit the health maintenance organization market in the state of Maine.

Under this Plan, the Company ceased issuing new HMO policies effective January 1, 2010, and will offer existing group customers the opportunity to procure group health insurance coverage through Connecticut General Life Insurance Company (CGLIC), a CIGNA Company that utilizes substantially the same network of participating providers in the Maine market. The effective date of the withdrawal is December 31, 2010.

**22. 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 years ended December 31, 2009 and 2008, respectively.

Responsibility for covered charges under the CGLIC Reinsurance Agreement per member per year during the year ended December 31, 2009 and 2008 was as follows:

<u>December 31, 2009</u>		
\$150,000 and greater	-	20% the Company 80% CGLIC
<u>December 31, 2008</u>		
\$150,000 and greater	-	20% the Company 80% CGLIC

Premiums paid to CGLIC and to CHC, as administrator, for this agreement amounted to \$50,634 and \$139,548 for the years ended December 31, 2009 and 2008, respectively, and are reported as an offset to premiums in the accompanying Statutory Statements of Income. There were no recoveries for covered charges in 2009 and 2008. These balances are included in net reinsurance recoveries in the accompanying Statutory Statements of Income.

A. Ceded Reinsurance Report

Section 1 — General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?  
Yes ( ) No ( X )
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?  
Yes ( ) No ( X )

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?  
Yes ( ) No ( X )
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?  
Yes ( ) No ( X )

Section 3 – Ceded Reinsurance Report – Part B

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- (1) What in the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (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?

Yes ( ) No ( X )

- B. Uncollectible Reinsurance  
None
- C. Commutation of Ceded Reinsurance  
None

**23. Retrospectively Rated Contracts & Contracts Subject to Redetermination**

None

**24. Change in Incurred Claims and Claim Adjustment Expenses**

Reserves as of December 31, 2009 were \$198,816. As of December 31, 2009, \$470,234 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1,184 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Comprehensive lines of insurance. Therefore, there has been a \$537,074 favorable prior-year development since December 31, 2008 to December 31, 2009. 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.

**25. Intercompany Pooling Arrangements**

None

**26. Structured Settlements**

None

**27. Health Care Receivables**

A. Pharmaceutical Rebate Receivables  
None

B Risk Sharing Receivables  
None

**28. Participating Policies**

None

**29. Premium Deficiency Reserves**

None

**30. Anticipated Salvage and Subrogation**

None

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? ..... Yes [ X ] No [ ] N/A [ ]
- 1.3 State Regulating? ..... Maine
- 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: .....
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2005
- 3.2 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. .... 12/31/2005
- 3.3 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). .... 02/01/2007
- 3.4 By what department or departments?  
Maine Bureau of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ X ] No [ ] N/A [ ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? ..... Yes [ ] No [ X ]
- 4.12 renewals? ..... Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? ..... Yes [ ] No [ X ]
- 4.22 renewals? ..... Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 5.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

- 6.1 Has the 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 ]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? ..... Yes [ ] No [ X ]

- 7.2 If yes,
- 7.21 State the percentage of foreign control; ..... %
- 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
.....	.....

**GENERAL INTERROGATORIES**

- 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 the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
PricewaterhouseCoopers LLP  
185 Asylum Street, Suite 2400  
Hartford, CT 06103-3404
- 10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
David Tobin  
CIGNA HealthCare - Actuarial Senior Director  
Wilde Building, C5PRC  
900 Cottage Grove Road  
Hartford, CT 06152
- 11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]
  - 11.11 Name of real estate holding company .....
  - 11.12 Number of parcels involved .....
  - 11.13 Total book/adjusted carrying value ..... \$ .....
- 11.2 If, yes provide explanation:  
.....

**12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

- 12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]
- 12.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]
- 12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]
- 13.1 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? ..... Yes [ X ] No [ ]
  - (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.
- 13.11 If the response to 13.1 is No, please explain:  
.....
- 13.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]
- 13.21 If the response to 13.2 is Yes, provide information related to amendment(s).  
.....
- 13.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]
- 13.31 If the response to 13.3 is Yes, provide the nature of any waiver(s).  
.....

**BOARD OF DIRECTORS**

- 14. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? ..... Yes [ X ] No [ ]
- 15. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? ..... Yes [ X ] No [ ]
- 16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? ..... Yes [ X ] No [ ]

**GENERAL INTERROGATORIES**

**FINANCIAL**

- 17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? ..... Yes [ ] No [ X ]
- 18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
  - 18.11 To directors or other officers.....\$ .....0
  - 18.12 To stockholders not officers.....\$ .....0
  - 18.13 Trustees, supreme or grand (Fraternal Only) .....\$ .....0
- 18.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
  - 18.21 To directors or other officers.....\$ .....0
  - 18.22 To stockholders not officers.....\$ .....0
  - 18.23 Trustees, supreme or grand (Fraternal Only) .....\$ .....0
- 19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? ..... Yes [ ] No [ X ]
- 19.2 If yes, state the amount thereof at December 31 of the current year:
  - 19.21 Rented from others.....\$ .....0
  - 19.22 Borrowed from others.....\$ .....0
  - 19.23 Leased from others.....\$ .....0
  - 19.24 Other .....\$ .....0
- 20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? ..... Yes [ ] No [ X ]
- 20.2 If answer is yes,
  - 20.21 Amount paid as losses or risk adjustment \$ .....0
  - 20.22 Amount paid as expenses .....\$ .....0
  - 20.23 Other amounts paid .....\$ .....0
- 21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ X ] No [ ]
- 21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$ .....355,466

**INVESTMENT**

- 22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3)..... Yes [ X ] No [ ]
- 22.2 If no, give full and complete information relating thereto:
- 22.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 16 where this information is also provided)
- 22.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? ..... Yes [ ] No [ ] N/A [ X ]
- 22.5 If answer to 22.4 is YES, report amount of collateral. ....\$ .....
- 22.6 If answer to 22.4 is NO, report amount of collateral. ....\$ .....
- 23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3). ..... Yes [ X ] No [ ]
- 23.2 If yes, state the amount thereof at December 31 of the current year:
  - 23.21 Subject to repurchase agreements .....\$ .....
  - 23.22 Subject to reverse repurchase agreements .....\$ .....
  - 23.23 Subject to dollar repurchase agreements .....\$ .....
  - 23.24 Subject to reverse dollar repurchase agreements .....\$ .....
  - 23.25 Pledged as collateral .....\$ .....
  - 23.26 Placed under option agreements .....\$ .....
  - 23.27 Letter stock or other securities restricted as to sale .....\$ .....
  - 23.28 On deposit with state or other regulatory body .....\$ .....1,505,830
  - 23.29 Other .....\$ .....

23.3 For category (23.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

- 24.1 Does the reporting entity have any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.
- 25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [ ] No [ X ]
- 25.2 If yes, state the amount thereof at December 31 of the current year. ....\$ .....

**GENERAL INTERROGATORIES**

26. 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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ ] No [ X ]

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

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase .....	3 Chase Metro Tech Center, N.American Insurance Group, 6th floor, Brooklyn, NY 11245 .....

26.02 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. ....

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes [ ] No [ X ]

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

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

26.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/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 Number(s)	2 Name	3 Address
105811 .....	CIGNA Investments, Inc (formerly known as CIGNA Investment Advisors, Inc.) .....	900 Cottage Grove Rd., Hartford, CT 06152 .....
No registration number .....	Former CIGNA Investments, Inc. (formerly known as CIGNA Investments, Inc.) .....	900 Cottage Grove Rd., Hartford, CT 06152 .....

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [ ] No [ X ]

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
27.2999 - Total		0

27.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....	.....	.....	.....

**GENERAL INTERROGATORIES**

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1 Bonds .....	6,656,530	7,674,249	1,017,719
28.2 Preferred stocks .....			0
28.3 Totals	6,656,530	7,674,249	1,017,719

28.4 Describe the sources or methods utilized in determining the fair values:

Fair values are based on quoted market prices when available. When market prices are not available, fair value is generally estimated using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality. In instances where there is little or no market activity for the same or similar instruments, the Company estimates fair value using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment by the Company which becomes significant with increasingly complex instruments or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model or input used.

29.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? ..... Yes [ ] No [ X ]

29.2 If yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? ..... Yes [ ] No [ ]

29.3 If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

30.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? ..... Yes [ X ] No [ ]

30.2 If no, list exceptions:

**OTHER**

31.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? .....\$ .....29

31.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

32.1 Amount of payments for legal expenses, if any? .....\$ .....473

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

33.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? .....\$ .....0

33.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

# GENERAL INTERROGATORIES

## PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U. S. business only ..... \$ \_\_\_\_\_

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ \_\_\_\_\_

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .... \$ \_\_\_\_\_

1.5 Indicate total incurred claims on all Medicare Supplement Insurance. .... \$ \_\_\_\_\_ 0

1.6 Individual policies:

	Most current three years:	
1.61 Total premium earned .....	\$ .....	0
1.62 Total incurred claims .....	\$ .....	0
1.63 Number of covered lives .....		0
All years prior to most current three years		
1.64 Total premium earned .....	\$ .....	0
1.65 Total incurred claims .....	\$ .....	0
1.66 Number of covered lives .....		0

1.7 Group policies:

	Most current three years:	
1.71 Total premium earned .....	\$ .....	0
1.72 Total incurred claims .....	\$ .....	0
1.73 Number of covered lives .....		0
All years prior to most current three years		
1.74 Total premium earned .....	\$ .....	0
1.75 Total incurred claims .....	\$ .....	0
1.76 Number of covered lives .....		0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator .....	3,109,463	12,247,006
2.2 Premium Denominator .....	3,109,463	12,247,006
2.3 Premium Ratio (2.1/2.2) .....	1.000	1.000
2.4 Reserve Numerator .....	200,396	1,008,492
2.5 Reserve Denominator .....	200,396	1,008,492
2.6 Reserve Ratio (2.4/2.5) .....	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? ..... Yes [ ] No [ X ]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? ..... Yes [ X ] No [ ]

4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? ..... Yes [ ] No [ ]

5.1 Does the reporting entity have stop-loss reinsurance? ..... Yes [ X ] No [ ]

5.2 If no, explain

5.3 Maximum retained risk (see instructions)

	5.31 Comprehensive Medical .....	\$ ..... 320,000
	5.32 Medical Only .....	\$ ..... 0
	5.33 Medicare Supplement .....	\$ ..... 0
	5.34 Dental & Vision .....	\$ ..... 0
	5.35 Other Limited Benefit Plan .....	\$ ..... 0
	5.36 Other .....	\$ ..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:  
 Hold harmless contract language with providers, insolvency protection through reinsurance arrangements, statutory reserves and special deposits. ....

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? ..... Yes [ X ] No [ ]

7.2 If no, give details

8. Provide the following information regarding participating providers:

	8.1 Number of providers at start of reporting year .....	4,014
	8.2 Number of providers at end of reporting year .....	4,218

9.1 Does the reporting entity have business subject to premium rate guarantees? ..... Yes [ ] No [ X ]

9.2 If yes, direct premium earned:

	9.21 Business with rate guarantees between 15-36 months .....	\$ .....
	9.22 Business with rate guarantees over 36 months .....	\$ .....

## GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [ X ] No [ ]
- 10.2 If yes:
- |  |    |         |
|--|----|---------|
| 10.21 Maximum amount payable bonuses.....          | \$ |         |
| 10.22 Amount actually paid for year bonuses.....   | \$ | 117,840 |
| 10.23 Maximum amount payable withholds.....        | \$ |         |
| 10.24 Amount actually paid for year withholds..... | \$ |         |

- 11.1 Is the reporting entity organized as:
- |  |           |          |  |
|--|-----------|----------|--|
| 11.12 A Medical Group/Staff Model, .....               | Yes [ ]   | No [ X ] |  |
| 11.13 An Individual Practice Association (IPA), or, .. | Yes [ X ] | No [ ]   |  |
| 11.14 A Mixed Model (combination of above)? .....      | Yes [ ]   | No [ X ] |  |

- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? ..... Yes [ X ] No [ ]
- 11.3 If yes, show the name of the state requiring such net worth ..... Maine
- 11.4 If yes, show the amount required ..... \$ 1,000,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]

11.6 If the amount is calculated, show the calculation  
 The greater of \$1M, 2% of the first \$150m of annual premium + 1% of annual premium in excess of \$150M. The sum of 8% of annual medical expense less annual capitation and managed hospital payment expenses, 4% of annual managed hospital payment expenses, calculated RBC.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Statewide .....
.....

- 13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. .... \$
- 13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. .... \$

**FIVE-YEAR HISTORICAL DATA**

	1 2009	2 2008	3 2007	4 2006	5 2005
<b>Balance Sheet</b> (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	10,110,535	9,503,541	13,437,589	16,673,707	20,826,312
2. Total liabilities (Page 3, Line 22)	1,250,416	1,709,707	3,140,637	8,678,621	9,747,258
3. Statutory surplus	1,000,000	1,039,620	3,322,030	4,912,854	5,064,022
4. Total capital and surplus (Page 3, Line 31)	8,860,119	7,793,834	10,296,951	7,995,086	11,079,054
<b>Income Statement</b> (Page 4)					
5. Total revenues (Line 8)	3,109,463	12,247,006	30,255,117	56,330,789	64,283,954
6. Total medical and hospital expenses (Line 18)	1,662,186	8,185,890	25,116,103	50,500,020	52,289,836
7. Claims adjustment expenses (Line 20)	61,784	252,038	903,659	1,497,644	2,030,711
8. Total administrative expenses (Line 21)	358,981	1,691,564	3,350,723	4,413,521	3,377,197
9. Net underwriting gain (loss) (Line 24)	1,024,932	2,117,514	1,699,632	(895,396)	6,586,210
10. Net investment gain (loss) (Line 27)	425,839	606,505	755,092	992,073	1,693,949
11. Total other income (Lines 28 plus 29)	0	68	2,217	96	0
12. Net income or (loss) (Line 32)	1,070,778	1,981,167	2,133,052	(232,555)	6,266,606
<b>Cash Flow</b> (Page 6)					
13. Net cash from operations (Line 11)	702,231	825,943	(901,008)	(102,480)	0
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	8,860,119	7,793,834	10,296,951	7,995,086	11,079,054
15. Authorized control level risk-based capital	328,265	519,810	1,471,730	2,456,427	2,532,011
<b>Enrollment</b> (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	567	2,071	5,328	13,427	17,925
17. Total members months (Column 6, Line 7)	8,715	34,203	92,725	178,927	212,698
<b>Operating Percentage</b> (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	53.5	66.8	83.0	89.6	81.3
20. Cost containment expenses	0.7	0.7	0.9	1.1	1.5
21. Other claims adjustment expenses	1.3	1.4	2.1	1.6	1.7
22. Total underwriting deductions (Line 23)	67.0	82.7	94.4	101.6	89.8
23. Total underwriting gain (loss) (Line 24)	33.0	17.3	5.6	(1.6)	10.2
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	471,418	1,411,616	3,327,438	4,918,059	6,368,124
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	1,008,492	2,291,828	4,440,042	6,139,812	9,066,821
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0			0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)				0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0			0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [ ] No [ ]  
 If no, please explain: \_\_\_\_\_

# SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

## Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only								
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 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	N	0	0	0	0	0	0	0	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	L	3,160,097	0	0	0	0	0	3,160,097	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	N	0	0	0	0	0	0	0	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	N	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	3,160,097	0	0	0	0	3,160,097	0	0	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	
61. Totals (Direct Business)	(a) 1	3,160,097	0	0	0	0	3,160,097	0	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	

Explanation of basis of allocation by states, premiums by state, etc.

as business in the state of Maine.

(a) Insert the number of L responses except for Canada and Other Alien.

The company has business in the state of Maine

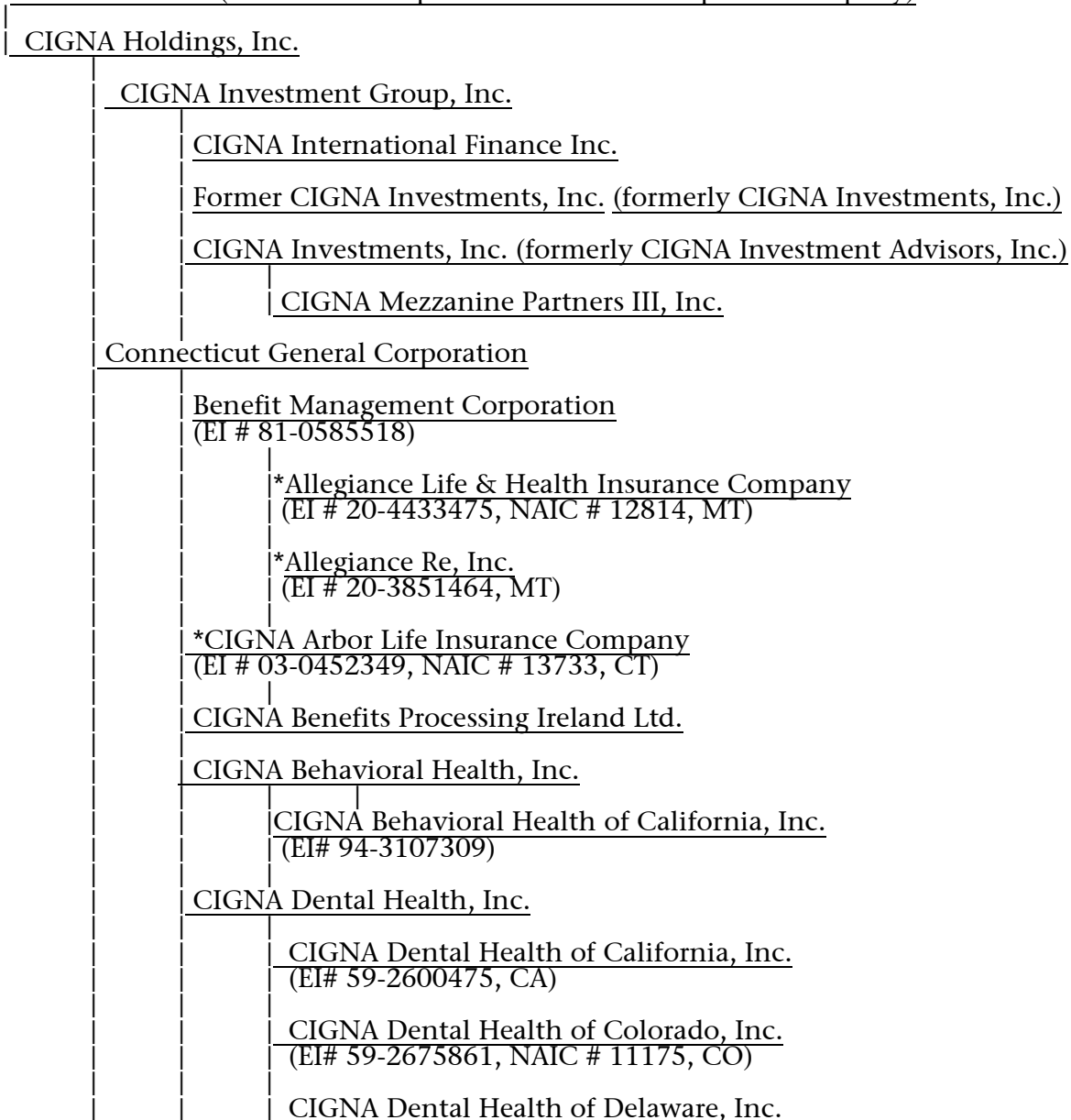
**PART 1 -- ORGANIZATION CHART**

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.

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 December 31, 2009 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)



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.

(EI# 59-2676987, NAIC # 95380, DE)  
CIGNA Dental Health of Florida, Inc.  
(EI# 59-1611217, NAIC # 52021, FL)  
CIGNA Dental Health of Illinois, Inc.  
(EI# 06-1351097, IL)  
CIGNA Dental Health of Kansas, Inc.  
(EI# 59-2625350, NAIC # 52024, KS)  
CIGNA Dental Health of Kentucky, Inc.  
(EI# 59-2619589, NAIC # 52108, KY)  
CIGNA Dental Health of Missouri, Inc.  
(EI#06-1582068, NAIC # 11160, MO)  
CIGNA Dental Health of New Jersey, Inc.  
(EI# 59-2308062, NAIC # 11167, NJ)  
CIGNA Dental Health of North Carolina, Inc.  
(EI# 56-1803464 , NAIC # 95179, NC)  
CIGNA Dental Health of Ohio, Inc.  
(EI# 59-2579774, NAIC # 47805, OH)  
CIGNA Dental Health of Pennsylvania, Inc.  
(EI# 52-1220578, NAIC # 47041, PA)  
CIGNA Dental Health of Texas, Inc.  
(EI# 59-2676977, NAIC # 95037, TX)  
CIGNA Dental Health of Virginia, Inc.  
(EI# 52-2188914, NAIC # 52617, VA)  
CIGNA Dental Health Plan of Arizona, Inc.  
(EI# 86-0807222, NAIC # 47013, AZ)  
CIGNA Dental Health of Maryland, Inc.  
(EI#20-2844020, NAIC #48119, MD)

CIGNA Health Corporation

Healthsource, Inc.

CIGNA HealthCare of Arizona, Inc.  
(EI# 86-0334392, NAIC#95125, AZ)

CIGNA HealthCare of California, Inc.  
(EI# 95-3310115, CA)

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.

CIGNA HealthCare of Colorado, Inc.  
(EI# 84-1004500, NAIC # 95604, CO)

CIGNA HealthCare of Connecticut, Inc.  
(EI# 06-1141174, NAIC # 95660, CT)

CIGNA HealthCare of Delaware, Inc.  
(EI# 52-1347731, NAIC # 95544, DE)

CIGNA HealthCare of Florida, Inc.  
(EI# 59-2089259, NAIC # 95136, FL)

CIGNA HealthCare of Illinois, Inc.  
(EI# 36-3385638, NAIC # 95602, IL)

CIGNA HealthCare of Maine, Inc.  
(EI# 01-0418220, NAIC # 95447, ME)

CIGNA HealthCare of Massachusetts, Inc.  
(EI# 02-0402111, NAIC # 95220, MA)

CIGNA HealthCare Mid-Atlantic, Inc.  
(EI# 52-1404350, NAIC # 95599, MD)

CIGNA HealthCare of New Hampshire, Inc.  
(EI# 02-0387749, NAIC # 95493, NH)

CIGNA HealthCare of New Jersey, Inc.  
(EI# 22-2720890, NAIC # 95500, NJ)

CIGNA HealthCare of Ohio, Inc.  
(EI# 31-1146142, NAIC # 95209, OH)

CIGNA HealthCare of Pennsylvania, Inc.  
(EI# 23-2301807, NAIC # 95121, PA)

CIGNA HealthCare of St. Louis, Inc.  
(EI# 36-3359925, NAIC # 95635, MO)

CIGNA HealthCare of Utah, Inc.  
(EI# 62-1230908, NAIC # 95518, UT)

CIGNA HealthCare of Georgia, Inc.  
(EI# 58-1641057, NAIC # 96229, GA)

CIGNA HealthCare of Texas, Inc.  
(EI# 74-2767437, NAIC # 95383, TX)

\* CIGNA Insurance Group, Inc.

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.

(EI# 02-0441070, NAIC # 87980, NH)

CIGNA HealthCare of Indiana, Inc.  
(EI# 35-1679172, NAIC # 95525, IN)

CIGNA HealthCare of New York, Inc.  
(EI# 11-2758941, NAIC # 95488, NY)

CIGNA HealthCare of Tennessee, Inc.  
(EI# 62-1218053, NAIC # 95606, TN)

CIGNA HealthCare of North Carolina, Inc.  
(EI# 56-1479515, NAIC# 95132, NC)

CIGNA HealthCare of North Carolina Administrators, Inc.

CIGNA HealthCare of South Carolina, Inc.  
(EI# 06-1185590, NAIC # 95708, SC)

\*Temple Insurance Company Limited (Bermuda)

Managed Care Consultants, Inc.

CIGNA Healthcare Holdings, Inc.  
(EI# 84-0985843)

CIGNA Healthcare - Centennial State, Inc.  
(EI# 84-1340487, NAIC# 95412, CO)

CIGNA Healthcare - Pacific, Inc.  
(EI# 93-1142460, NAIC# 95379, CA)

Great-West Healthcare of Illinois, Inc.  
(EI# 93-1174749, NAIC 95388, IL)

\*CIGNA Life Insurance Company of Canada (Canada)

\*CIGNA Life Insurance Company of New York  
(EI# 13-2556568, NAIC # 64548, NY)

\*Connecticut General Life Insurance Company  
(EI# 06-0303370, NAIC # 62308, CT)

CG Alhambra, LLC

CG Gillette Ridge, LLC

CG Lincoln Square LLC

CG Merrick, LLC

CG Morrison LLC

CG Mystic Center LLC

CG Mystic Land LLC

CG Pinnacle, L.L.C.

CG Skyline, LLC

CG-LINA Alessandro LLC

CG-LINA 10 Brookline, LLC

CG-LINA Metropolis LLC

CIGNA Dulles Town, LLC

CIGNA Government Services, LLC

CORAC LLC

\*Alta Health & Life Insurance Company  
(EI # 59-1031071, NAIC # 67369)

International Rehabilitation Associates, Inc. d/b/a INTRACORP

\*Life Insurance Company of North America  
(EI# 23-1503749, NAIC # 65498, PA)

\*CIGNA & CMC Life Insurance Company Limited (China) (50%)  
(remaining interest owned by an unaffiliated party)

\*LINA Life Insurance Company of Korea (Korea)

Linatex, Inc.

Tel-Drug, Inc.

CIGNA Global Holdings, Inc.

\*CIGNA Global Reinsurance Company, Ltd. (Bermuda)

CIGNA Holdings Overseas, Inc.

\*CIGNA Life Insurance Company of Europe S.A.-N.V. (Belgium) (99.998%)  
(remaining interest owned by CIGNA Global Holdings, Inc.)

\*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)
- RHP (Thailand) Limited
  - CIGNA Brokerage Services (Thailand) Limited (75%)  
(remaining interest owned by CIGNA Holdings Overseas, Inc.)
  - \*CIGNA Non-Life Insurance Brokerage (Thailand) Limited (74.975%)  
(25% interest owned by CIGNA Holdings Overseas, Inc.  
remaining interest owned by unaffiliated parties)
  - KDM (Thailand) Limited (Thailand) (99.999%)
    - \*CIGNA Insurance Public Company Limited (75%)  
(24.999% interest owned by CIGNA Holdings Overseas, Inc.)
  - \*CIGNA Global Insurance Company Limited (Guernsey) (99.9999%)  
(remaining interest owned by CIGNA Global Holdings, Inc.)
- \*CIGNA Worldwide Insurance Company  
(EI# 23-2088429, NAIC # 90859, DE)
- \*PT. Asuransi CIGNA (Indonesia) (80%)  
(remaining interest owned by unaffiliated parties)

**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Liabilities Line 21

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2104. Escheat liability .....	1,694	0	1,694	4,953
2197. Summary of remaining write-ins for Line 21 from overflow page	1,694	0	1,694	4,953

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE CIGNA Healthcare of Maine, Inc.

**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Analysis of Operations Line 13

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1304. Other medical expenses .....	0	0	0	0	0	0	0	0	0	XXX
1397. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX

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