



HEALTH QUARTERLY STATEMENT  
AS OF MARCH 31, 2011  
OF THE CONDITION AND AFFAIRS OF THE  
CIGNA Dental Health of Ohio, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Other

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

Incorporated/Organized 06/17/1985 Commenced Business 11/06/1985

Statutory Home Office 1300 East 9th Street, Cleveland , OH 44114  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 1571 Sawgrass Corporate Parkway, Suite 140  
(Street and Number)  
Sunrise , FL 33323, 954-514-6600  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1571 Sawgrass Corporate Parkway, Suite 140, Sunrise , FL 33323  
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 1571 Sawgrass Corporate Parkway, Suite 140  
(Street and Number)  
Sunrise , FL 33323, 954-514-6600  
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.cigna.com

Statutory Statement Contact Sharon Miller, 954-514-6674  
(Name) (Area Code) (Telephone Number)  
sharon.miller2@cigna.com, 954-514-6601  
(E-mail Address) (FAX Number)

OFFICERS

President Matthew Glenn Manders Secretary Shermona Sueann Mapp  
Treasurer William John Smith Actuary Rodney Alan Hill #

OTHER

<u>Laurel Ann Flebotte Vice President</u>	<u>Julie Ann Vayer Vice President</u>	<u>Barry Richard McHale Vice President</u>
<u>David Matthew Porcello Vice President</u>	<u>William John Smith Vice President</u>	<u>Maureen Hardiman Ryan Vice President</u>
<u>Stephan Michael Petrov Vice President</u>		

DIRECTORS OR TRUSTEES

Matthew Glenn Manders Julie Ann Vayer William John Smith

State of Florida SS:  
County of Broward

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.

<u>Matthew Glenn Manders</u> President	<u>William John Smith</u> Treasurer	<u>Shermona Sueann Mapp</u> Secretary
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

Michelle Knight

December 17, 2014

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	100,676	0	100,676	100,796
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....9,731 ), cash equivalents (\$ .....447,953 ) and short-term investments (\$ .....2,422,275 ) .....	2,879,959	0	2,879,959	2,289,791
6. Contract loans (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	2,980,635	0	2,980,635	2,390,587
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	218	0	218	661
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	803,317	2,476	800,841	816,144
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	352	0	352	19,444
18.2 Net deferred tax asset .....	5,461	390	5,071	4,941
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	17,320	0	17,320	14,542
24. Health care (\$ .....0 ) and other amounts receivable .....	0	0	0	0
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	3,807,303	2,866	3,804,437	3,246,319
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	3,807,303	2,866	3,804,437	3,246,319
DETAILS OF WRITE-INS				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	345,770	45,150	390,920	367,326
2. Accrued medical incentive pool and bonus amounts .....	0	0	0	0
3. Unpaid claims adjustment expenses .....	9,088	0	9,088	8,418
4. Aggregate health policy reserves .....	0	0	0	0
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserve .....	0	0	0	0
7. Aggregate health claim reserves .....	0	0	0	0
8. Premiums received in advance .....	34,342	0	34,342	30,837
9. General expenses due or accrued .....	130,707	0	130,707	106,031
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized gains (losses)) .....	0	0	0	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. Remittances and items not allocated .....	9,422	0	9,422	7,882
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 .....	0	0	0	0
16. Derivatives .....	0	0	0	0
17. Payable for securities .....	0	0	0	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers and \$ .....0 unauthorized reinsurers) .....	0	0	0	0
20. Reinsurance in unauthorized companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ .....0 current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	529,329	45,150	574,479	520,494
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	100	100
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	273,258	273,258
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	2,956,600	2,452,467
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$ .....0 ) .....	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$ .....0 ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	3,229,958	2,725,825
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,804,437	3,246,319
DETAILS OF WRITE-INS				
2301. ....				
2302. ....				
2303. ....				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. ....	XXX	XXX		
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. ....	XXX	XXX		
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	150,687	148,676	592,649
2. Net premium income ( including \$ .....0 non-health premium income).....	XXX	2,372,057	2,368,776	9,398,265
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	0	0	0
4. Fee-for-service (net of \$ .....0 medical expenses).....	XXX	0	0	0
5. Risk revenue .....	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	2,372,057	2,368,776	9,398,265
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	0	0	0	0
10. Other professional services .....	1,100	1,254,820	1,285,236	5,207,069
11. Outside referrals .....	90,968	90,968	81,455	367,416
12. Emergency room and out-of-area .....	0	0	0	0
13. Prescription drugs .....	0	0	0	0
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	0	0	0
16. Subtotal (Lines 9 to 15) .....	92,068	1,345,788	1,366,691	5,574,485
<b>Less:</b>				
17. Net reinsurance recoveries .....	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17) .....	92,068	1,345,788	1,366,691	5,574,485
19. Non-health claims (net) .....	0	0	0	0
20. Claims adjustment expenses, including \$ .....0 cost containment expenses .....	0	7,297	5,828	24,396
21. General administrative expenses .....	0	242,165	253,129	994,799
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .....	0	0	0	0
23. Total underwriting deductions (Lines 18 through 22).....	92,068	1,595,250	1,625,648	6,593,680
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	776,807	743,128	2,804,585
25. Net investment income earned .....	0	764	657	2,818
26. Net realized capital gains (losses) less capital gains tax of \$ .....4 .....	0	7	0	9
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	771	657	2,827
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )].....	0	0	0	0
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	777,578	743,785	2,807,412
31. Federal and foreign income taxes incurred .....	XXX	272,088	258,737	982,579
32. Net income (loss) (Lines 30 minus 31) .....	XXX	505,490	485,048	1,824,833
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above).....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above).....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above).....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above).....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	2,725,825	2,164,890	2,164,890
34. Net income or (loss) from Line 32 .....	505,490	485,048	1,824,833
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0	0
38. Change in net deferred income tax .....	520	172	(86,989)
39. Change in nonadmitted assets .....	(1,877)	(5,574)	248,091
40. Change in unauthorized reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....	0	0	0
46. Dividends to stockholders .....	0	0	(1,425,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	504,133	479,646	560,935
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,229,958	2,644,536	2,725,825
DETAILS OF WRITE-INS			
4701. ....	0	0	0
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	2,389,378	2,333,039	9,362,644
2. Net investment income .....	1,327	139	3,652
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	2,390,705	2,333,178	9,366,296
5. Benefit and loss related payments .....	1,322,194	1,376,991	5,575,912
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	224,116	232,163	1,020,303
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	253,000	202,000	985,827
10. Total (Lines 5 through 9) .....	1,799,310	1,811,154	7,582,042
11. Net cash from operations (Line 4 minus Line 10) .....	591,395	522,024	1,784,254
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	100,000
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	11	0	13
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	11	0	100,013
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	101,125
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	101,125
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	11	0	(1,112)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	1,425,000
16.6 Other cash provided (applied) .....	(1,238)	(20,691)	235,717
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(1,238)	(20,691)	(1,189,283)
<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) ..	590,168	501,333	593,859
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	2,289,791	1,695,932	1,695,932
19.2 End of period (Line 18 plus Line 19.1) .....	2,879,959	2,197,265	2,289,791

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	49,322	0	0	0	0	49,322	0	0	0	0
2. First Quarter .....	49,950	0	0	0	0	49,950	0	0	0	0
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	150,687	0	0	0	0	150,687	0	0	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician .....	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (a) .....	2,372,057	0	0	0	0	2,372,057	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	2,372,057	0	0	0	0	2,372,057	0	0	0	0
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	1,322,194	0	0	0	0	1,322,194	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,345,788	0	0	0	0	1,345,788	0	0	0	0

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

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

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

[illegible]

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UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	0	0	0	0	0	0
2. Medicare Supplement .....	0	0	0	0	0	0
3. Dental Only .....	268,114	1,054,080	36,889	354,031	305,003	367,326
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) .....	268,114	1,054,080	36,889	354,031	305,003	367,326
10. Healthcare receivables (a) .....	0	0	0	0	0	0
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	0	0	0	0	0	0
13. Totals (Lines 9-10+11+12)	268,114	1,054,080	36,889	354,031	305,003	367,326

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

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Presentation:** These financial statements have been prepared in conformity with accounting practices prescribed or permitted by the State of Ohio Department of Insurance and reflect management's estimates and assumptions that affect the recorded amounts. The National Association of Insurance Commissioner's (NAIC) Accounting Practices and Procedures manual, Version effective January 1, 2001, has been adopted as a component of prescribed or permitted practices by the state of Ohio. These accounting practices vary in certain respects from generally accepted accounting principles followed in determining financial position and results of operations and cash flows. The differences arise from the treatment of certain assets designated as "non-admitted assets" which are charged against accumulated earnings, whereas under generally accepted accounting principles they are considered assets. Non-admitted assets aggregated \$2,866 at March 31, 2011 and primarily consisted of accounts receivable greater than ninety days past due and deferred tax assets.

The preparation of financial statements requires the use of management's estimates. Significant estimates used in determining claims payable, allowances for uncollectible amounts and deferred tax assets are discussed throughout the Notes to Statutory Financial Statements.

**Cash and Short-term Investments:** Investments with maturities of one year or less at the time of purchase are included as short-term investments. Short-term investment consists of US Treasury bills and money market funds.

**Financial Instruments:** In the normal course of business, the Company enters into transaction involving various types of financial instruments, including debt and investments such as fixed maturities. These instruments may change in value due to interest rate and market fluctuations, and most have credit risk.

CIGNA Investments, Inc., an affiliate of the company, evaluates and monitors each financial instrument individually and, when management considers it appropriate obtains collateral or other forms of security to limit risk of loss.

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

Bonds designated highest quality and high quality are carried at amortized cost. All other bonds 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 other than temporary to persist. 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) have been restructured. Net investment income on these investments is only recognized when interest payments are actually received. The Company did not exclude any investment income due and accrued at March 31, 2011. The premium or discount on bonds is recognized using the scientific consistent yield method.

Claims payable and claims adjustment expenses include estimates of payments to be made under dental 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 dental care services and other relevant factors. When estimates change, the Company records the adjustment in dental expenses in the period the change in estimate occurs. Claims adjustment expenses include a reserve for additional administrative expenses associated with unpaid dental claims that are in the process of settlement, as well as those that have been incurred but not yet reported. This reserve is based on the historical relationship between claims handling expenses and incurred claims.

**Premium Revenues:** Amounts charged for dental care services are recognized as revenue in the month for which enrollees are entitled to dental care. Unearned premiums represent that portion of premiums received which are applicable to the unexpired terms of contracts in force.

**Income Taxes:** 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.

**NOTE 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS** **N/A**

**NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL** **N/A**

**NOTE 4 – DISCONTINUED OPERATIONS** **N/A**

**NOTE 5 – INVESTMENTS**

Investments with maturities of one year or less at the time of purchase are included as short-term investments. Short-term investment consists of US Treasury bills and money market funds.

**NOTE 6 – JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES** **N/A**

**NOTE 7 – INVESTMENT INCOME DUE AND ACCRUED**

The Company did not exclude any investment income due and accrued from surplus as of March 31, 2011.

**NOTE 8 – DERIVATIVE INSTRUMENTS** **N/A**

**NOTE 9 – INCOME TAXES**

Per amendment to SSAP 10 requirements made on September 28, 2005, income tax footnote disclosures are not required unless the underlying data changed significantly. Please note that the Company's income tax footnote disclosure has not changed significantly from our December 31, 2010 disclosure.

**NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES**

The Company has had no significant changes during the current reporting period.

**NOTE 11 – DEBT** **N/A**

**NOTE 12 – RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POST RETIREMENT BENEFIT PLANS** **N/A**

**NOTE 13 – CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS**

The distribution of dividends is restricted by regulatory authorities based on the amount of the Company's unassigned surplus and net gain from operations. There are also state notification requirements for dividends. At March 31, 2011, the Company met these requirements.

**NOTE 14 – COMMITMENTS AND CONTINGENCIES**

**Litigation and Other Legal Matters**

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

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

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

#### **A. Out-of-Network Claims Litigation and Investigations**

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

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

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

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

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

#### **NOTE 15 – LEASES**

**N/A**

**NOTE 16 – INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK** **N/A**

**NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES** **N/A**

**NOTE 18 – GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS** **N/A**

**NOTE 19 – DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS** **N/A**

**NOTE 20 – FAIR VALUE MEASUREMENT**

As of March 31, 2011, the Company had no bonds carried at fair value in the financial statements. At March 31, 2011, the carrying value and fair value of the Company's bonds was \$100,676 and \$101,730, respectively.

**NOTE 21 – OTHER ITEMS** **N/A**

**NOTE 22 – EVENTS SUBSEQUENT** **N/A**

**NOTE 23 – REINSURANCE** **N/A**

**NOTE 24 – RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION** **N/A**

**NOTE 25 – CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES**

Reserve for incurred claims and claim adjustment expenses attributable to insured events has increased by \$24,264 from \$375,744 at December 31, 2010 to \$400,008, at March 31, 2011 as a result of re-estimation of unpaid claims and claim adjustment expenses. This increase is generally the result of ongoing analysis of recent loss development trends.

**NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS** **N/A**

**NOTE 27 – STRUCTURED SETTLEMENTS** **N/A**

**NOTE 28 – HEALTH CARE RECEIVABLES** **N/A**

**NOTE 29 – PARTICIPATING POLICIES** **N/A**

**NOTE 30 – PREMIUM DEFICIENCY RESERVES** **N/A**

**NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION** **N/A**

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? .....

Yes [ ☐ ] No [ ☒ ]
- 1.2

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

Yes [ ☐ ] No [ ☐ ]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes [ ☐ ] No [ ☒ ]
- 2.2

If yes, date of change: .....
3.

Have there been any substantial changes in the organizational chart since the prior quarter end? .....

Yes [ ☐ ] No [ ☒ ]

If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

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

Yes [ ☐ ] No [ ☒ ]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? .....

Yes [ ☐ ] No [ ☒ ] N/A [ ☐ ]

If yes, attach an explanation.
- 6.1

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

12/31/2005
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/2005
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....

05/01/2006
- 6.4

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

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

Yes [ ☐ ] No [ ☐ ] N/A [ ☒ ]
- 6.6

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

Yes [ ☐ ] No [ ☐ ] N/A [ ☒ ]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....

Yes [ ☐ ] No [ ☒ ]
- 7.2

If yes, give full information:
- 8.1

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

Yes [ ☐ ] No [ ☒ ]
- 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 [ ☒ ]
- 8.4

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

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

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

GENERAL INTERROGATORIES

- 9.1

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

Yes [ X ] No [ ]
- 9.11

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

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]
- 9.21

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

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

Yes [ ] No [ X ]
- 9.31

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

FINANCIAL

- 10.1

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

Yes [ X ] No [ ]
- 10.2

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

17,320

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [ X ]
- 11.2

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

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

\$.....0
13.

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

\$.....0
- 14.1

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

Yes [ ] No [ X ]
- 14.2

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

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

Yes [ ] No [ X ]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....  
If no, attach a description with this statement.

Yes [ ] No [ ]

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

GENERAL INTERROGATORIES

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ ] No [ X ]
- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JP Morgan Chase .....	3 Metrotech Center North American Group 6th Floor Brooklyn, NY 11245 .....

- 16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Bank of New York Mellon .....	1 Wall Street New York, NY 10286 .....	This is a limited custodial arrangement that only allows for the holdings/safekeeping of NAIC approved Mutual Funds or cash. ....

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

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

- 16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
105811 .....	CIGNA Investments, Inc. ....	900 Cottage Grove Road Bloomfield, CT 06003 .....

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



STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:
- 1.1 A&H loss percent

57.7 %
- 1.2 A&H cost containment percent

0.0 %
- 1.3 A&H expense percent excluding cost containment expenses

10.5 %
- 2.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$0
- 2.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date

\$0

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

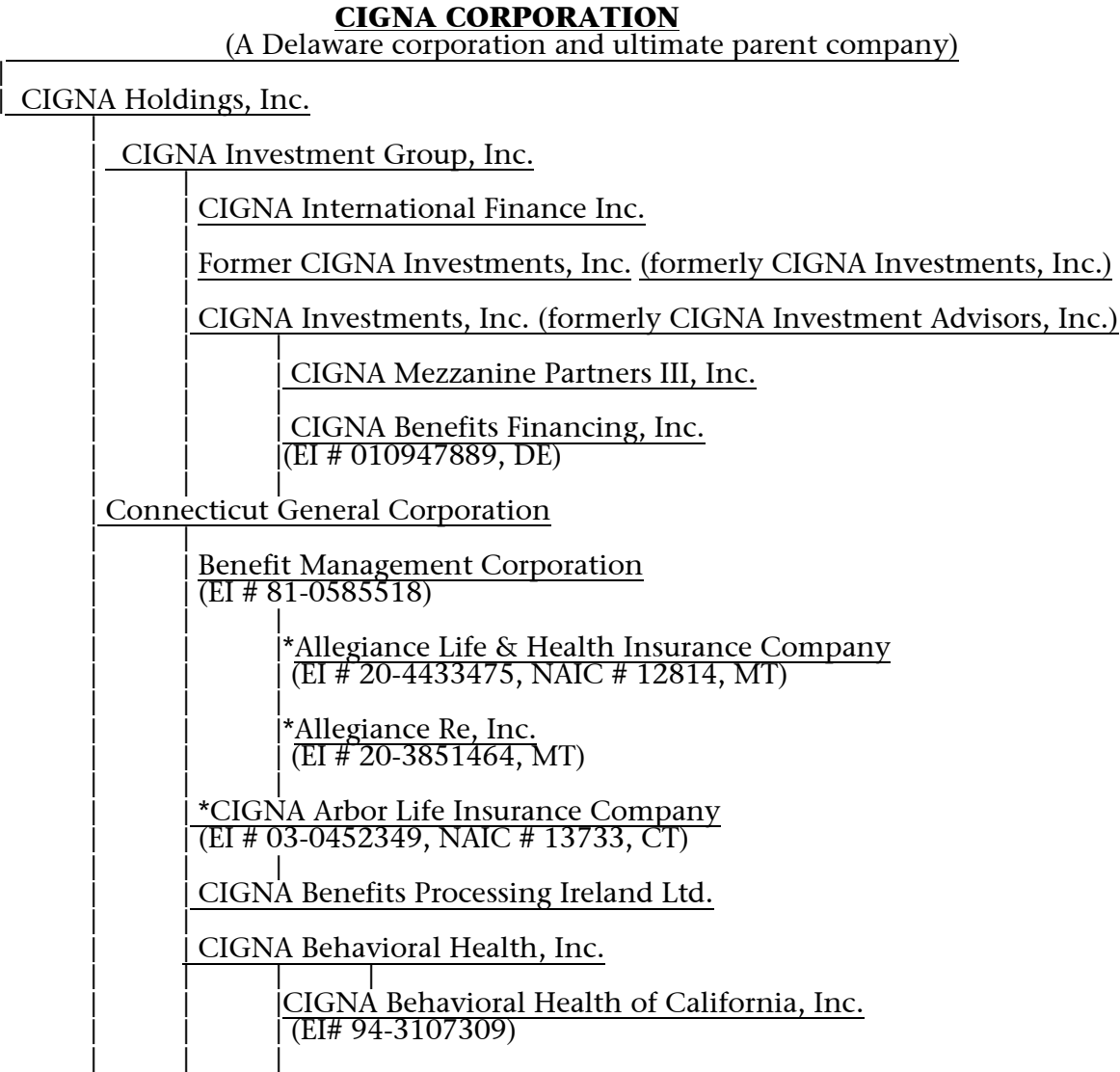
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories									
States, etc.	1	Direct Business Only							
	Active Status	2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and 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
2. Alaska .....	AK	N	0	0	0	0	0	0	0
3. Arizona .....	AZ	N	0	0	0	0	0	0	0
4. Arkansas .....	AR	N	0	0	0	0	0	0	0
5. California .....	CA	N	0	0	0	0	0	0	0
6. Colorado .....	CO	N	0	0	0	0	0	0	0
7. Connecticut .....	CT	N	0	0	0	0	0	0	0
8. Delaware .....	DE	N	0	0	0	0	0	0	0
9. District of Columbia ..	DC	N	0	0	0	0	0	0	0
10. Florida .....	FL	N	0	0	0	0	0	0	0
11. Georgia .....	GA	N	0	0	0	0	0	0	0
12. Hawaii .....	HI	N	0	0	0	0	0	0	0
13. Idaho .....	ID	N	0	0	0	0	0	0	0
14. Illinois .....	IL	N	0	0	0	0	0	0	0
15. Indiana .....	IN	N	0	0	0	0	0	0	0
16. Iowa .....	IA	N	0	0	0	0	0	0	0
17. Kansas .....	KS	N	0	0	0	0	0	0	0
18. Kentucky .....	KY	N	0	0	0	0	0	0	0
19. Louisiana .....	LA	N	0	0	0	0	0	0	0
20. Maine .....	ME	N	0	0	0	0	0	0	0
21. Maryland .....	MD	N	0	0	0	0	0	0	0
22. Massachusetts .....	MA	N	0	0	0	0	0	0	0
23. Michigan .....	MI	N	0	0	0	0	0	0	0
24. Minnesota .....	MN	N	0	0	0	0	0	0	0
25. Mississippi .....	MS	N	0	0	0	0	0	0	0
26. Missouri .....	MO	N	0	0	0	0	0	0	0
27. Montana .....	MT	N	0	0	0	0	0	0	0
28. Nebraska .....	NE	N	0	0	0	0	0	0	0
29. Nevada .....	NV	N	0	0	0	0	0	0	0
30. New Hampshire .....	NH	N	0	0	0	0	0	0	0
31. New Jersey .....	NJ	N	0	0	0	0	0	0	0
32. New Mexico .....	NM	N	0	0	0	0	0	0	0
33. New York .....	NY	N	0	0	0	0	0	0	0
34. North Carolina .....	NC	N	0	0	0	0	0	0	0
35. North Dakota .....	ND	N	0	0	0	0	0	0	0
36. Ohio .....	OH	L	2,372,057	0	0	0	0	2,372,057	0
37. Oklahoma .....	OK	N	0	0	0	0	0	0	0
38. Oregon .....	OR	N	0	0	0	0	0	0	0
39. Pennsylvania .....	PA	N	0	0	0	0	0	0	0
40. Rhode Island .....	RI	N	0	0	0	0	0	0	0
41. South Carolina .....	SC	N	0	0	0	0	0	0	0
42. South Dakota .....	SD	N	0	0	0	0	0	0	0
43. Tennessee .....	TN	N	0	0	0	0	0	0	0
44. Texas .....	TX	N	0	0	0	0	0	0	0
45. Utah .....	UT	N	0	0	0	0	0	0	0
46. Vermont .....	VT	N	0	0	0	0	0	0	0
47. Virginia .....	VA	N	0	0	0	0	0	0	0
48. Washington .....	WA	N	0	0	0	0	0	0	0
49. West Virginia .....	WV	N	0	0	0	0	0	0	0
50. Wisconsin .....	WI	N	0	0	0	0	0	0	0
51. Wyoming .....	WY	N	0	0	0	0	0	0	0
52. American Samoa .....	AS	N	0	0	0	0	0	0	0
53. Guam .....	GU	N	0	0	0	0	0	0	0
54. Puerto Rico .....	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands .....	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands .....	MP	N	0	0	0	0	0	0	0
57. Canada .....	CN	N	0	0	0	0	0	0	0
58. Aggregate Other Aliens .....	OT	XXX	0	0	0	0	0	0	0
59. Subtotal .....	XXX	2,372,057	0	0	0	0	0	2,372,057	0
60. Reporting Entity Contributions for Employee Benefit Plans .....	XXX	0	0	0	0	0	0	0	0
61. Totals (Direct Business) .....	(a) 1	2,372,057	0	0	0	0	0	2,372,057	0
5801. DETAILS OF WRITE-INS .....	XXX								
5802. ....	XXX								
5803. ....	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page .....	XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above) .....	XXX	0	0	0	0	0	0	0	0

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

PART 1 -- ORGANIZATION CHART

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



<u>CIGNA Dental Health, Inc.</u>
<u>CIGNA Dental Health of California, Inc.</u> (EI# 59-2600475, CA)
<u>CIGNA Dental Health of Colorado, Inc.</u> (EI# 59-2675861, NAIC # 11175, CO)
<u>CIGNA Dental Health of Delaware, Inc.</u> (EI# 59-2676987, NAIC # 95380, DE)
<u>CIGNA Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL)
<u>CIGNA Dental Health of Illinois, Inc.</u> (EI# 06-1351097, IL)
<u>CIGNA Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS)
<u>CIGNA Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY)
<u>CIGNA Dental Health of Missouri, Inc.</u> (EI#06-1582068, NAIC # 11160, MO)
<u>CIGNA Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167, NJ)
<u>CIGNA Dental Health of North Carolina, Inc.</u> (EI# 56-1803464 , NAIC # 95179, NC)
<u>CIGNA Dental Health of Ohio, Inc.</u> (EI# 59-2579774, NAIC # 47805, OH)
<u>CIGNA Dental Health of Pennsylvania, Inc.</u> (EI# 52-1220578, NAIC # 47041, PA)
<u>CIGNA Dental Health of Texas, Inc.</u> (EI# 59-2676977, NAIC # 95037, TX)
<u>CIGNA Dental Health of Virginia, Inc.</u> (EI# 52-2188914, NAIC # 52617, VA)
<u>CIGNA Dental Health Plan of Arizona, Inc.</u> (EI# 86-0807222, NAIC # 47013, AZ)

	<u>CIGNA Dental Health of Maryland, Inc.</u> <u>(EI#20-2844020, NAIC #48119, MD)</u>
	<u>CIGNA Health Corporation</u>
	<u>Healthsource, Inc.</u>
	<u>CIGNA HealthCare of Arizona, Inc.</u> <u>(EI# 86-0334392, NAIC#95125, AZ)</u>
	<u>CIGNA HealthCare of California, Inc.</u> <u>(EI# 95-3310115, CA)</u>
	<u>CIGNA HealthCare of Colorado, Inc.</u> <u>(EI# 84-1004500, NAIC # 95604, CO)</u>
	<u>CIGNA HealthCare of Connecticut, Inc.</u> <u>(EI# 06-1141174, NAIC # 95660, CT)</u>
	<u>CIGNA HealthCare of Delaware, Inc.</u> <u>(EI# 52-1347731, NAIC # 95544, DE)</u>
	<u>CIGNA HealthCare of Florida, Inc.</u> <u>(EI# 59-2089259, NAIC # 95136, FL)</u>
	<u>CIGNA HealthCare of Illinois, Inc.</u> <u>(EI# 36-3385638, NAIC # 95602, IL)</u>
	<u>CIGNA HealthCare of Maine, Inc.</u> <u>(EI# 01-0418220, NAIC # 95447, ME)</u>
	<u>CIGNA HealthCare of Massachusetts, Inc.</u> <u>(EI# 02-0402111, NAIC # 95220, MA)</u>
	<u>CIGNA HealthCare Mid-Atlantic, Inc.</u> <u>(EI# 52-1404350, NAIC # 95599, MD)</u>
	<u>CIGNA HealthCare of New Hampshire, Inc.</u> <u>(EI# 02-0387749, NAIC # 95493, NH)</u>
	<u>CIGNA HealthCare of New Jersey, Inc.</u> <u>(EI# 22-2720890, NAIC # 95500, NJ)</u>
	<u>CIGNA HealthCare of Ohio, Inc.</u> <u>(EI# 31-1146142, NAIC # 95209, OH)</u>
	<u>CIGNA HealthCare of Pennsylvania, Inc.</u>

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

		(EI# 23-2301807, NAIC # 95121, PA)
		<u>CIGNA HealthCare of St. Louis, Inc.</u> (EI# 36-3359925, NAIC # 95635, MO)
		<u>CIGNA HealthCare of Utah, Inc.</u> (EI# 62-1230908, NAIC # 95518, UT)
		<u>CIGNA HealthCare of Georgia, Inc.</u> (EI# 58-1641057, NAIC # 96229, GA)
		<u>CIGNA HealthCare of Texas, Inc.</u> (EI# 74-2767437, NAIC # 95383, TX)
		<u>CIGNA HealthCare of Indiana, Inc.</u> (EI# 35-1679172, NAIC # 95525, IN)
		<u>CIGNA HealthCare of New York, Inc.</u> (EI# 11-2758941, NAIC # 95488, NY)
		<u>CIGNA HealthCare of Tennessee, Inc.</u> (EI# 62-1218053, NAIC # 95606, TN)
		<u>CIGNA HealthCare of North Carolina, Inc.</u> (EI# 56-1479515, NAIC# 95132, NC)
		<u>CIGNA HealthCare of South Carolina, Inc.</u> (EI# 06-1185590, NAIC # 95708, SC)
		<u>*Temple Insurance Company Limited</u> (Bermuda)
		<u>Managed Care Consultants, Inc.</u>
		<u>CIGNA Healthcare Holdings, Inc.</u> (EI# 84-0985843)
		<u>CIGNA Healthcare – Centennial State, Inc.</u> (EI# 84-1340487, NAIC# 95412, CO)
		<u>CIGNA Healthcare – Pacific, Inc.</u> (EI# 93-1142460, NAIC# 95379, CA)
		<u>Great-West Healthcare of Illinois, Inc.</u> (EI# 93-1174749, NAIC 95388, IL)
		<u>*CIGNA Life Insurance Company of Canada</u> (Canada) (AA-1560515)

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

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

CARING – Albuquerque, LLC  
(EI# 27-5402936, DE)

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 Realty Investors LLC  
(EI# 41-2189110, DE)

CG-LINA Alessandro II LLC  
(EI# 80-0668090, DE)

CG-LINA 10 Brookline, LLC

CIGNA Affiliates Realty Investment Group, LLC  
(EI# 27-5402196, DE)

CIGNA Dulles Town, LLC

CIGNA Government Services, LLC

CORAC LLC

Bridgepoint Office Park Associates, LLC  
(EI# 27-3923999, DE)

Fairway Center Associates, LLC



STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

			(EI# 27-3126102, DE)
			<u>Henry on the Park Associates, LLC</u>
			(EI 27-3582688, DE)
			<u>*CIGNA Health and Life Insurance Company</u>
			(EI # 59-1031071, NAIC # 67369, CT)
			<u>CIGNA Corporate Services, LLC</u>
			(EI 27-3396038, DE)
			<u>CIGNA Insurance Agency, LLC</u>
			(EI # 27-1903785, CT)
			<u>CIGNA Health Management, Inc.</u>
			(EI# 23-1728483, DE)
			<u>Kronos Optimal Health Company</u>
			(20-8064696, AZ)
			<u>*Life Insurance Company of North America</u>
			(EI# 23-1503749, NAIC # 65498, PA)
			<u>*CIGNA &amp; CMC Life Insurance Company Limited (China) (50%)</u>
			(remaining interest owned by an unaffiliated party)
			<u>*LINA Life Insurance Company of Korea (Korea)</u>
			<u>Tel-Drug, Inc.</u>
			<u>CIGNA Global Holdings, Inc.</u>
			<u>*CIGNA Global Reinsurance Company, Ltd. (Bermuda)</u>
			<u>CIGNA Holdings Overseas, Inc.</u>
			<u>CIGNA Hayat Sigorta, A.S.</u>
			<u>*CIGNA Life Insurance Company of Europe S.A.-N.V. (Belgium) (99.998%)</u>
			(remaining interest owned by CIGNA Global Holdings, Inc. - - AA-1240009))
			<u>*CIGNA Europe Insurance Company S.A.-N.V. (Belgium) (99.999%)</u>
			(remaining interest owned by CIGNA Global Holdings, Inc.)

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

15.6

<u>CIGNA Apac Holdings Limited (New Zealand)</u>	
	<u>*CIGNA Life Insurance New Zealand Limited (New Zealand)</u>
	<u>*CIGNA Taiwan Life Insurance Company Limited (New Zealand)</u>
	<u>CIGNA Hong Kong Holdings Company Limited</u>
	<u>*CIGNA Worldwide General Insurance Company Limited (Hong Kong)</u>
	<u>*CIGNA Worldwide Life Insurance Company Limited (Hong Kong)</u>
	<u>CIGNA HLA Technology Services Company Limited (Hong Kong)</u>
<u>PT GAR Indonesia</u>	
	<u>PT PGU Indonesia</u>
<u>RHP (Thailand) Limited</u>	
	<u>CIGNA Brokerage Services (Thailand) Limited (75%)</u> <u>(remaining interest owned by CIGNA Holdings Overseas, Inc.)</u>
	<u>*CIGNA Non-Life Insurance Brokerage (Thailand) Limited (74.975%)</u> <u>(25% interest owned by CIGNA Holdings Overseas, Inc.</u> <u>remaining interest owned by unaffiliated parties)</u>
	<u>KDM (Thailand) Limited (Thailand) (99.999%)</u>
	<u>*CIGNA Insurance Public Company Limited (75%)</u> <u>(24.999% interest owned by CIGNA Holdings Overseas, Inc.)</u>
	<u>*CIGNA Global Insurance Company Limited (Guernsey) (99.9999%)</u> <u>(remaining interest owned by CIGNA Global Holdings, Inc.)</u>
<u>Vanbreda International (Brussels)</u>	
	<u>Vanbreda International Sdn. Bhd. (Malaysia)</u>
	<u>Vanbreda International (Beijing) Consultants and Administrators Co., Ltd (China)</u>
	<u>Vanbreda International, LLC (FL)</u>
	<u>Informatica J. Van Breda &amp; Co NV (30% Belgium)</u>
<u>*CIGNA Worldwide Insurance Company</u> <u>(EI# 23-2088429, NAIC # 90859, DE)</u>	


## STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

			*PT. Asuransi CIGNA (Indonesia) (80%)
			(remaining interest owned by unaffiliated parties – AA-5360003)
March 31, 2011			

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO
Explanation:	
1. Not required of prepaid dental plans	
Bar Code:	
1. Medicare Part D Coverage Supplement [Document Identifier 365]	

**NONE**

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	100,796	100,662
2. Cost of bonds and stocks acquired .....	0	101,125
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration for bonds and stocks disposed of .....	0	100,000
7. Deduct amortization of premium .....	120	991
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	100,676	100,796
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	100,676	100,796

STATEMENT AS OF MARCH 31, 2011 OF THE CIGNA DENTAL HEALTH OF OH INC

SCHEDULE D - PART 1B

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

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a) .....	2,569,661	2,932,855	2,532,619	1,007	2,970,904	0	0	2,569,661
2. Class 2 (a) .....	0	0	0	0	0	0	0	0
3. Class 3 (a) .....	0	0	0	0	0	0	0	0
4. Class 4 (a) .....	0	0	0	0	0	0	0	0
5. Class 5 (a) .....	0	0	0	0	0	0	0	0
6. Class 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds	2,569,661	2,932,855	2,532,619	1,007	2,970,904	0	0	2,569,661
PREFERRED STOCK								
8. Class 1 .....	0	0	0	0	0	0	0	0
9. Class 2 .....	0	0	0	0	0	0	0	0
10. Class 3 .....	0	0	0	0	0	0	0	0
11. Class 4 .....	0	0	0	0	0	0	0	0
12. Class 5 .....	0	0	0	0	0	0	0	0
13. Class 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	2,569,661	2,932,855	2,532,619	1,007	2,970,904	0	0	2,569,661

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

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	2,422,275	XXX	2,421,330	549	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	2,468,865	1,792,471
2. Cost of short-term investments acquired .....	1,224,275	14,678,621
3. Accrual of discount .....	848	1,633
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	1	4
6. Deduct consideration received on disposals .....	1,271,714	14,003,864
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	2,422,275	2,468,865
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	2,422,275	2,468,865



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

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

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

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

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

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of cash equivalents acquired .....	1,708,579	3,297,247
3. Accrual of discount .....	278	604
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	10	10
6. Deduct consideration received on disposals .....	1,260,914	3,297,861
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	447,953	0
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	447,953	0

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

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

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

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

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

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

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

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of  
**N O N E**

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

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

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

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

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

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

## SCHEDULE E - PART 1 - CASH

[illegible]

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]