



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2012
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, US 44114
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address www.cigna.com

Statutory Statement Contact Angela Collie, 954-514-6681
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OFFICERS

President Matthew Glenn Manders Secretary Anna Krishtul #
Treasurer Kelly Kristen Brundin # Actuary Gregory John Czar #

OTHER

Laurel Ann Flebotte Vice President Julie Ann Vayer Vice President Barry Richard McHale Vice President
David Matthew Porcello Vice President Kelly Kristen Brundin # Vice President Maureen Hardiman Ryan Vice President
Scott Ronald Lambert Vice President

DIRECTORS OR TRUSTEES

Matthew Glenn Manders Kelly Kristen Brundin # Julie Ann Vayer

State of _____ SS:
County of _____

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.

Matthew Glenn Manders
President

Kelly Kristen Brundin
Treasurer

Anna Krishtul
Secretary

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.....

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

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)	100,381	0	100,381	100,307
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	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 \$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 (\$(131,063), Schedule E - Part 1), cash equivalents (\$1,199,844, Schedule E - Part 2) and short-term investments (\$1,387,926, Schedule DA)	2,456,707	0	2,456,707	2,208,585
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	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)	2,557,088	0	2,557,088	2,308,892
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	107	0	107	661
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	782,022	3,686	778,336	782,398
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	4,311	0	4,311	3,608
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	13,155	0	13,155	14,536
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)	3,356,683	3,686	3,352,997	3,110,095
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	3,356,683	3,686	3,352,997	3,110,095
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 thru 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 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded)	200,213	43,317	243,530	278,754
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses.....	5,131	0	5,131	6,377
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act	0	0	0	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.....	25,573	0	25,573	27,045
9. General expenses due or accrued.....	103,563	0	103,563	106,380
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized capital gains (losses))	65,118	0	65,118	3,585
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.....	1	0	1	0
13. Remittance and items not allocated.....	5,214	0	5,214	12,713
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, \$0 unauthorized reinsurers and \$0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$0) 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).....	404,813	43,317	448,130	434,854
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	2,631,509	2,401,883
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	2,904,867	2,675,241
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	3,352,997	3,110,095
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2308. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2309. Totals (Lines 2301 thru 2303 plus 2308)(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 thru 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 thru 3003 plus 3098)(Line 30 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	554,927	595,734
2. Net premium income (including \$0 non-health premium income)	XXX	9,170,210	9,519,308
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	9,170,210	9,519,308
Hospital and Medical:			
9. Hospital/medical benefits	0	0	0
10. Other professional services	111	4,723,147	4,839,419
11. Outside referrals	460,596	460,596	440,007
12. Emergency room and out-of-area	0	0	0
13. Prescription drugs	0	0	0
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments, and bonus amounts	0	0	0
16. Subtotal (Lines 9 to 15)	460,707	5,183,743	5,279,426
Less:			
17. Net reinsurance recoveries	0	0	0
18. Total hospital and medical (Lines 16 minus 17)	460,707	5,183,743	5,279,426
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$0 cost containment expenses	0	13,971	15,185
21. General administrative expenses	0	885,972	959,395
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	0	0
23. Total underwriting deductions (Lines 18 through 22).....	460,707	6,083,686	6,254,006
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	3,086,524	3,265,302
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	1,045	1,924
26. Net realized capital gains (losses) less capital gains tax of \$23	0	43	136
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,088	2,060
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	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	3,087,612	3,267,362
31. Federal and foreign income taxes incurred	XXX	1,080,094	1,142,511
32. Net income (loss) (Lines 30 minus 31)	XXX	2,007,518	2,124,851
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
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.			
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	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	2,675,241	2,725,825
34. Net income or (loss) from Line 32.....	2,007,518	2,124,851
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.....	703	(1,333)
39. Change in nonadmitted assets.....	(3,595)	898
40. Change in unauthorized and certified 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.....	(1,775,000)	(2,175,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	229,626	(50,584)
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,904,867	2,675,241
DETAILS OF WRITE-INS		
4701.		
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

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	9,169,205	9,550,160
2. Net investment income	1,990	2,413
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	9,171,195	9,552,573
5. Benefit and loss related payments	5,218,967	5,367,998
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	904,006	976,272
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	1,018,584	1,119,556
10. Total (Lines 5 through 9)	7,141,557	7,463,826
11. Net cash from operations (Line 4 minus Line 10)	2,029,638	2,088,747
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	100,000	0
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	66	210
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	100,066	210
13. Cost of investments acquired (long-term only):		
13.1 Bonds	100,465	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)	100,465	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)	(399)	210
Cash from Financing and Miscellaneous Sources		
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	1,775,000	2,175,000
16.6 Other cash provided (applied)	(6,117)	4,837
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,781,117)	(2,170,163)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	248,122	(81,206)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	2,208,585	2,289,791
19.2 End of year (Line 18 plus Line 19.1)	2,456,707	2,208,585

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

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH 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	9,170,210	0	0	9,170,210	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)	9,170,210	0	0	9,170,210	0	0	0	0	0	0
8. Hospital/medical benefits	0	0	0	0	0	0	0	0	0	XXX
9. Other professional services	4,723,147	0	0	4,723,147	0	0	0	0	0	XXX
10. Outside referrals	460,596	0	0	460,596	0	0	0	0	0	XXX
11. Emergency room and out-of-area	0	0	0	0	0	0	0	0	0	XXX
12. Prescription drugs	0	0	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	0	0	0	0	0	0	0	0	0	XXX
15. Subtotal (Lines 8 to 14)	5,183,743	0	0	5,183,743	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)	5,183,743	0	0	5,183,743	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 \$ cost containment expenses	13,971	0	0	13,971	0	0	0	0	0	0
20. General administrative expenses	885,972	0	0	885,972	0	0	0	0	0	0
21. Increase in reserves for accident and health contracts	0	0	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)	6,083,686	0	0	6,083,686	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	3,086,524	0	0	3,086,524	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 2012 OF THE CIGNA DENTAL HEALTH OF OH 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)	0	0	0	0
2. Medicare Supplement	0	0	0	0
3. Dental only	9,170,210	0	0	9,170,210
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)	9,170,210	0	0	9,170,210
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	9,170,210	0	0	9,170,210

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH 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	5,218,967	.0	.0	5,218,967	.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	5,218,967	.0	.0	5,218,967	.0	.0	.0	.0	.0	.0
2. Paid medical incentive pools and bonuses	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	243,530	.0	.0	243,530	.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	243,530	.0	.0	243,530	.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	278,754	.0	.0	278,754	.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	278,754	.0	.0	278,754	.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	.0	.0	.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	5,183,743	.0	.0	5,183,743	.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	5,183,743	.0	.0	5,183,743	.0	.0	.0	.0	.0	.0
13. Incurred medical incentive pools and bonuses	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

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

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH 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	69,676	.0	.0	69,676	.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	69,676	.0	.0	69,676	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct	173,854	.0	.0	173,854	.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	173,854	.0	.0	173,854	.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	243,530	.0	.0	243,530	.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	243,530	.0	.0	243,530	.0	.0	.0	.0	.0	.0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH 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)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	314,340	4,904,627	0	243,530	314,340	278,754
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)	314,340	4,904,627	0	243,530	314,340	278,754
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)	314,340	4,904,627	0	243,530	314,340	278,754

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

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

UNDERWRITING AND INVESTMENT EXHIBIT

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

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	81,000	81,000	81,000	81,000	81,000
2.	2008	5,636	5,906	5,906	5,906	5,906
3.	2009	XXX	5,433	5,724	5,724	5,724
4.	2010	XXX	XXX	5,285	5,591	5,591
5.	2011	XXX	XXX	XXX	5,062	5,376
6.	2012	XXX	XXX	XXX	XXX	4,905

Section B - Incurred Health Claims - Dental Only

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 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	81,000	81,000	81,000	81,000	81,000
2.	2008	5,958	5,907	5,907	5,906	5,906
3.	2009	XXX	5,801	5,725	5,724	5,724
4.	2010	XXX	XXX	5,651	5,591	5,591
5.	2011	XXX	XXX	XXX	5,341	5,376
6.	2012	XXX	XXX	XXX	XXX	5,148

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

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. 2008	9,359	5,906	27	0.5	5,933	63.4	0	0	5,933	63.4
2. 2009	9,164	5,724	27	0.5	5,751	62.8	0	0	5,751	62.8
3. 2010	9,398	5,591	25	0.4	5,616	59.8	0	0	5,616	59.8
4. 2011	9,519	5,376	17	0.3	5,393	56.7	0	0	5,393	56.7
5. 2012	9,170	4,905	15	0.3	4,920	53.7	244	5	5,169	56.4

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

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 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	81,000	81,000	81,000	81,000	81,000
2.	2008	5,636	5,906	5,906	5,906	5,906
3.	2009	XXX	5,433	5,724	5,724	5,724
4.	2010	XXX	XXX	5,285	5,591	5,591
5.	2011	XXX	XXX	XXX	5,062	5,376
6.	2012	XXX	XXX	XXX	XXX	4,905

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 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	81,000	81,000	81,000	81,000	81,000
2.	2008	5,958	5,907	5,907	5,906	5,906
3.	2009	XXX	5,801	5,725	5,724	5,724
4.	2010	XXX	XXX	5,651	5,591	5,591
5.	2011	XXX	XXX	XXX	5,341	5,376
6.	2012	XXX	XXX	XXX	XXX	5,148

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. 2008	9,359	5,906	27	0.5	5,933	63.4	0	0	5,933	63.4
2. 2009	9,164	5,724	27	0.5	5,751	62.8	0	0	5,751	62.8
3. 2010	9,398	5,591	25	0.4	5,616	59.8	0	0	5,616	59.8
4. 2011	9,519	5,376	17	0.3	5,393	56.7	0	0	5,393	56.7
5. 2012	9,170	4,905	15	0.3	4,920	53.7	244	5	5,169	56.4

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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									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$) for investment income									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net)(Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....									
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)									

NONE

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC
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)	0	0	19,864	0	19,864
2. Salary, wages and other benefits	0	13,318	375,260	0	388,578
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	88,783	0	88,783
4. Legal fees and expenses	0	0	3,642	0	3,642
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	0	0	3,391	0	3,391
7. Traveling expenses	0	0	12,138	0	12,138
8. Marketing and advertising	0	0	37,591	0	37,591
9. Postage, express and telephone	0	0	42,007	0	42,007
10. Printing and office supplies	0	0	10,424	0	10,424
11. Occupancy, depreciation and amortization	0	0	14,276	0	14,276
12. Equipment	0	0	5,891	0	5,891
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	0	0	1,431	0	1,431
16. Insurance, except on real estate	0	0	6,768	0	6,768
17. Collection and bank service charges	0	0	3,161	0	3,161
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	0	0	0	0	0
23.2 State premium taxes	0	0	91,702	0	91,702
23.3 Regulatory authority licenses and fees	0	0	88	0	88
23.4 Payroll taxes	0	653	18,407	0	19,060
23.5 Other (excluding federal income and real estate taxes)	0	0	2,685	0	2,685
24. Investment expenses not included elsewhere	0	0	0	2,069	2,069
25. Aggregate write-ins for expenses	0	0	148,463	0	148,463
26. Total expenses incurred (Lines 1 to 25)	0	13,971	885,972	2,069	(a) 902,012
27. Less expenses unpaid December 31, current year	0	5,131	103,563	0	108,694
28. Add expenses unpaid December 31, prior year	0	6,377	106,380	0	112,757
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)	0	15,217	888,789	2,069	906,075
DETAILS OF WRITE-INS					
2501. Other Corporate Expense	0	0	83,656	0	83,656
2502. Other Non-Managed	0	0	64,807	0	64,807
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	148,463	0	148,463

(a) Includes management fees of \$686,210 to affiliates and \$0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 1,450	896
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 0	0
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) 2,218	2,218
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	3,668	3,114
11. Investment expenses		(g) 2,069
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h) 0
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)		2,069
17. Net investment income (Line 10 minus Line 16)		1,045
DETAILS OF WRITE-INS		
0901. Misc Investment Income	0	0
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)	0	0
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 \$ 0 accrual of discount less \$ 391 amortization of premium and less \$ 158 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 \$ 2,218 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	66	0	66	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)	66	0	66	0	0
DETAILS OF WRITE-INS					
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

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

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. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	3,686	91	(3,595)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	0	0	0
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	0	0	0
25. Aggregate write-ins for other than invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	3,686	91	(3,595)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	3,686	91	(3,595)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

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	0	0	0	0	0	0
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business	49,290	46,083	46,260	46,217	46,662	554,927
7. Total	49,290	46,083	46,260	46,217	46,662	554,927
DETAILS OF WRITE-INS						
0601. Health Insuring Corporation	49,290	46,083	46,260	46,217	46,662	554,927
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)	49,290	46,083	46,260	46,217	46,662	554,927

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Presentation: These financial statements have been prepared in conformity with the accounting practices prescribed or permitted by the Ohio Department of Insurance, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP) and include management's estimates and assumptions, such as those regarding dental costs and interest rates, that affect the recorded amounts. Significant estimates used in determining insurance liabilities are discussed in the Notes to Statutory Financial Statements. These statutory accounting practices disallow certain assets from admission in the Statutory Balance Sheets. These assets, otherwise included on the Company's balance sheets prepared under GAAP, include receivables greater than 90 days past due and certain non-current assets. Under GAAP, bonds classified as available-for-sale are carried at fair value with the related unrealized appreciation (depreciation) recorded as a component of equity. Under statutory accounting principles, bonds are carried principally at amortized cost. Under GAAP, deferred taxes are recorded for any temporary differences between the tax basis of assets and liabilities to the extent it is more likely than not that the deferred tax assets are realizable, with changes in deferred tax assets and liabilities recorded as a component of net income tax expense. The amount of deferred tax assets that may be admitted is generally limited based on the Realization Threshold Limitation Table in SSAP101. The net change in the deferred tax assets and liabilities is recognized as a separate component of changes in unassigned surplus. Non-admitted assets, consisting of premiums receivable greater than ninety days past due, were \$3,686 as of December 31, 2012, and \$91 as of December 31, 2011.

B. 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.

C.

1. 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.

2. Bonds: Effective December 31, 2010, the Company adopted Statement of Statutory Accounting Principles (SSAP) No. 100, Fair Value Measurements. This guidance expands disclosures about fair value measurements and clarifies how to measure fair value by focusing on the price that would be received when selling an asset or paid to transfer a liability (exit price). The Company's financial assets measured at fair value would include bonds valued at the lower of cost or fair value when reported at fair value at the balance sheet date. As of December 31, 2012 and December 31, 2011, the Company had no financial instruments measured at fair value in the financial statements. All bonds reported in the Statutory Balance Sheet are classified as NAIC 1 bonds.

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, 2012 and 2011. The premium or discount on bonds is recognized using the scientific constant yield method.

2. Common stocks are stated at par value.

3. Cigna Dental Health of Ohio, Inc. does not own any preferred stocks.

4. Mortgage Loans is not applicable to the Company.

5. Loan-backed securities are not applicable to the Company.

6. Investments in subsidiaries, controlled and affiliated entities is not applicable to the Company.

7. Investments in joint ventures, partnerships and limited liability companies is not applicable to the Company.

8. Derivatives are not applicable to the Company.
9. Premium Deficiency is not applicable to the Company.
10. 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.
11. Change in capitalization policy is not applicable to the Company.
12. Pharmaceutical rebate receivable is not applicable to the Company.

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.

NOTE 5D – LOAN-BACKED SECURITIES N/A

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 December 31, 2012.

NOTE 8 – DERIVATIVE INSTRUMENTS N/A

NOTE 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.

SSAP 101 became effective from January 1, 2012 and included revised disclosure requirements. Calendar year 2011 data has been presented to follow the SSAP 101 disclosure requirements to allow for better comparison. In presenting the calendar year 2011 information no amounts have been recalculated or changed.

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

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	December 31, 2012			December 31, 2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTA	4,311	-	4,311	3,608	-	3,608	703	-	703
(b) Statutory Valuation allowance adjustment	-	-	-	-	-	-	-	-	-
(c) Adjusted gross DTA (1a - 1b)	4,311	-	4,311	3,608	-	3,608	703	-	703
(d) Nonadmitted DTA	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted DTA (1c - 1d)	4,311	-	4,311	3,608	-	3,608	703	-	703
(f) DTL	-	-	-	-	-	-	-	-	-
(g) Net admitted DTA (1e - 1f)	4,311	-	4,311	3,608	-	3,608	703	-	703

2.

	December 31, 2012			December 31, 2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation under ¶11.a.-¶11.c									
(a) Admitted pursuant to ¶11.a. (loss carrybacks)	4,311	-	4,311	3,608	-	3,608	703	-	703
(b) Admitted pursuant to ¶11.b. (realization)	-	-	-	-	-	-	-	-	-
1. Realization per ¶11.b.i.	-	-	-	-	-	-	-	-	-
2. Limitation per ¶11.b.ii.	435,083	-	435,083	358,252	-	358,252	76,831	-	76,831
(c) Admitted pursuant to ¶11.c.	-	-	-	-	-	-	-	-	-
(d) Total admitted adjusted gross deferred tax asset (2a+2b+2c)	4,311	-	4,311	3,608	-	3,608	703	-	703

3.

Used in ¶11.b.	2012		2011 Percentage
	Percentage		
(a) Applicable ratio for realization limitation threshold table	1365%		N/A

4.

	December 31, 2012			December 31, 2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Impact of Tax Planning Strategies (TPS) on adjusted gross DTAs and net admitted DTAs	-	-	-	-	-	-	-	-	-
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	-	-	-	-	-	-	-	-	-
(b) Net admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	-	-	-	-	-	-	-	-	-
(c) Do TPS include a reinsurance strategy? No	-	-	-	-	-	-	-	-	-

B. Temporary differences for which a DTL has not been established:

All deferred tax liabilities have been properly recognized.

C. Significant components of income taxes incurred

1. Current income taxes incurred consist of the following major components:

	December 31, 2012	December 31, 2011	Change
(a) Current federal income tax expenses / (benefit)	1,080,094	1,142,511	(62,417)
(b) Foreign income tax expense / (benefit)	-	-	-
(c) Subtotal	1,080,094	1,142,511	(62,417)
(d) Tax expense / (benefit) on realized capital gains / (losses)	23	74	(51)
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other, including prior year underaccrual (overaccrual)	-	-	-
Federal and foreign income taxes incurred	1,080,117	1,142,585	(62,468)

(2) Income taxes, ordinary and capital, available for recoupment in the event of future losses include:

Year	Amount
2012	1,080,117
2011	1,142,585

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

F. Federal or Foreign Income Tax Loss Contingencies

(1) The Internal Revenue Service (IRS) begins its examination of the Company's 2009 and 2010 consolidated federal income tax returns. The Company does not anticipate any adjustments from these examinations that will result in a materially adverse effect on its statutory balance sheets, statements of income and changes in capital surplus, and statements of cash flow. No material contingent tax liability is included in the Company's current federal income tax payable.

G. Consolidated Federal Income Tax Return

(1) 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.
- Arizona Healthplan, Inc.
- Benefit Management Corporation
- Bravo Health Mid-Atlantic, Inc.
- Bravo Health Pennsylvania, Inc.
- CG Individual Tax Benefit Payments, Inc.
- CG Life Pension Benefit Payments, Inc.
- CG LINA Pension Benefit Payments, Inc.
- Choicelinx, Inc.
- Cigna Arbor Life Insurance Company
- Cigna Behavioral Health, Inc.
- Cigna Behavioral Health of California, Inc.
- Cigna Behavioral Health of Texas, Inc.
- Cigna Benefits Financing, Inc.
- Cigna Dental Health, Inc.
- 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 Healthplan of Arizona, Inc.
- Cigna Direct Marketing Company, Inc.
- Cigna Federal Benefits, Inc.
- Cigna Global Holdings, Inc.
- Cigna Global Insurance Company Limited
- Cigna Global Reinsurance Company, Ltd
- Cigna Government Benefits, Inc.
- Cigna Health and Life Insurance Company
- Cigna Health Corporation

- Cigna Health Management, Inc.
- Cigna Healthcare Benefits, Inc.
- Cigna Healthcare Holdings, Inc.
- Cigna Healthcare, 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 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, 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 Pacific, Inc.
- Cigna Holdings, Inc.
- Cigna Holdings Overseas, Inc.
- Cigna Integrated Care, Inc.
- Cigna Intellectual Property, Inc.
- Cigna International Corporation
- Cigna International Finance, Inc.
- Cigna International Services, Inc.
- Cigna Investment Group, Inc.
- Cigna Investments, Inc.
- Cigna Life Insurance Company of New York
- Cigna Magnolia Corporation
- 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.
- Former Cigna Investments, Inc.
- Great West Healthcare of Illinois, Inc.
- Hazard Center Investment Co. LLC
- Health Spring Life & Health Insurance Company
- Health Spring Management, Inc.
- Health Spring of Alabama, Inc.
- Health Spring of Florida, Inc.
- Health Spring of Tennessee, Inc.
- Health Spring, Inc.
- Healthsource Benefits, Inc.
- Healthsource, Inc.
- Healthsource Properties, Inc.
- IHN, Inc.
- Intermountain Underwriters, Inc.
- Intracorp, Inc.
- Kronos Optimal Health Company
- Life Insurance Company of North America
- LINA Benefit Payments, Inc.

- Managed Care Consultants, Inc.
- MCC Independent Practice Assoc of New York, Inc.
- Mediversal, Inc.
- Sagamore Health Network, Inc.
- Tel-Drug, Inc.
- Universal Claims Administration

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

The Company paid ordinary cash dividends of \$375,149 and extraordinary cash dividends of \$1,399,851 during the year ended December 31, 2012 and ordinary cash dividends \$1,474,666 and extraordinary cash dividends of \$700,334 during the year ended December 31, 2011 to the Parent with the approval of the State of Ohio Department of Insurance.

Pursuant to arrangements with certain affiliated companies, the Company's products are billed by affiliated companies as a single product or in conjunction with other CIGNA products. Related premiums billed on behalf of the Company were \$9,068,050 and \$9,463,839 for the years ended December 31, 2012 and 2011, respectively. Net accounts receivable from these affiliates, including the non-admitted portion, were \$777,757 and \$782,489 at December 31, 2012 and 2011, respectively.

The Parent charged the Company \$977,344 in 2012 and \$1,089,623 in 2011 for administrative and management services and services critical to the delivery of dental care. Included in these fees were charges for administrative and management services of \$668,924 and \$745,510 for the years ended December 31, 2012 and 2011, respectively, reflected as management fee charges from affiliates, charges for claims adjustment expenses of \$15,216 and \$17,226 for the years ended December 31, 2012 and 2011, respectively, and charges for services critical to the delivery of dental care of \$293,203 and \$326,887 for the years ended December 31, 2012 and 2011, respectively, included in other professional services. The fees charged are based on a fixed monthly fee per individual, per couple, and/or per family.

The Administrative Services Agreement, as amended, is by and among the Parent and each of its subsidiaries or affiliates which are signatories thereto. Under this agreement, the Parent and certain affiliates provide Administrative Services (as defined and described in said agreement) to the subsidiaries of the Parent. The Company reported \$13,155 as of December 31, 2012 and \$14,536 as of December 31, 2011, as amounts due from affiliates. Cash settlements are processed according to the terms of the Administrative Services Agreement.

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

The Company participates in an Investment Advisory Agreement; pursuant to which CIGNA Investments, Inc. serves as the Company's investment advisor. The expense related to this agreement was \$2,069 in 2012 and \$2,659 in 2011.

All outstanding shares of the Company are owned by the Parent, CIGNA Dental Health, Inc., a Florida corporation.

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.

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

The Company did not have any investments in foreign subsidiaries.

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

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

1. The company has 1,000 shares authorized, 100 shares issued, and 100 shares outstanding. All shares are common shares.
2. The Company has no preferred stock outstanding.
3. Without prior approval of its domiciliary commissioner, dividends to stockholders are limited by the laws of the Company's state of incorporation, State of Ohio, and are based on restrictions relating to statutory surplus.
4. Ordinary dividends in the amount of \$375,149 and extraordinary dividends of \$1,399,851 were paid by the Company during the year ended December 31, 2012.
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. Advances to surplus is not applicable to the Company.
8. Conversion of preferred stock, employee stock options and stock purchase warrants is not applicable to the Company.
9. Changes in any special surplus funds from the prior period are not applicable to the Company.
10. The portion of unassigned funds (surplus) increased by cumulative unrealized gains and losses is \$44.
11. Surplus notes are not applicable to the Company.
12. Restatement in a quasi-organization is not applicable to the Company.
13. Effective date of quasi-reorganization is not applicable to the Company.

NOTE 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 managing a health services business, including payments to providers and benefit level disputes. Such legal matters include benefit claims, breach of contract claims, tort claims, disputes regarding reinsurance arrangements, employment related suits, employee benefit claims, wage and hour claims, and intellectual property and real estate related 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 unfavorable 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.

When the Company (in the course of its regular review of pending litigation and legal matters) has determined that a material loss is reasonably possible, the matter is disclosed. 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. The amount accrued represents the Company's best estimate of the probable loss at the time. If only a range of estimated losses can be determined, the Company accrues an amount within the range that, in the Company's judgment, reflects the most likely outcome; if none of the estimates within that range is a better estimate than any other amount, the Company accrues the minimum amount of the range. In cases that the Company has accrued an estimated loss, the accrued amount may differ materially from the ultimate amount of the relevant costs. In many proceedings, 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.

Except as otherwise noted, 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. However, in light of the uncertainties involved in these matters, there is no assurance that their ultimate resolution will not exceed the amounts currently accrued by the Company and that an adverse outcome in one or more of these matters could be material to the Company's results of operation, financial condition or liquidity for any particular period.

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. The Company received four subpoenas from the New York Attorney General's office in connection with this investigation and responded appropriately. On February 17, 2009, the Company entered into an Assurance of Discontinuance resolving the investigation. In connection with the industry-wide resolution, the Company contributed

\$10 million to the establishment of a new non-profit company that now compiles and provides the data formerly provided by Ingenix.

The Company was named as a defendant in a number of putative nationwide class actions asserting that due to the use of data from Ingenix, Inc., the Company improperly underpaid claims, an industry-wide issue. All of the class actions were consolidated into Franco v. Connecticut General Life Insurance Company et al. that is 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 on behalf of subscribers, health care providers and various medical associations.

On September 23, 2011, the court granted in part and denied in part the Company's motion to dismiss the consolidated amended complaint. The court dismissed all claims by the health care provider and medical association plaintiffs for lack of standing to sue, and as a result the case will proceed only on behalf of subscribers. In addition, the court dismissed all of the antitrust claims, the ERISA claims based on disclosure and the New Jersey state law claims. The court did not dismiss the ERISA claims for benefits and claims under the RICO statute.

Plaintiffs filed a motion to certify a nationwide class of subscriber plaintiffs on December 19, 2011, which was denied on January 16, 2013. Plaintiffs petitioned for an immediate appeal of the order denying class certification, which the Company opposed.

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

Concentration of Business: The Company monitors concentrations within its business in order to identify dependency on one or a few customers. The Company has one major member group which accounted for approximately 14% of the Company's premium revenue for the year ended December 31, 2012 and one major member group which accounted for approximately 15% of the Company's premium revenue for the year ended December 31, 2011.

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

- A. The Company had no transfers of receivables reported as sales.
- B. The Company had no transfers and servicing of financial assets.
- C. The Company did not engage in any wash sales transactions.

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 December 31, 2012 the Company had no bonds carried at fair value in the financial statements. At December 31, 2012, the carrying value and fair value of the Company's bonds was \$100,381 and \$100,450, respectively.

NOTE 21 – OTHER ITEMS

Premium Revenue: 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.

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.

NOTE 22 – EVENTS SUBSEQUENT

The Company is not aware of any Type I or Type II events that occurred subsequent to the close of the books or accounts for this statement which would have had a material effect on the financial condition of the Company. In preparing these financials, the Company has evaluated events that occurred between the balance sheet date and March 1, 2013.

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 decreased by \$36,470 from \$285,131 at December 31, 2011 to \$248,661, at December 31, 2012 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**

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? Ohio
- 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. 12/31/2010
- 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. 12/31/2010
- 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). 09/16/2011
- 3.4 By what department or departments?
Ohio Department 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 [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 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 the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1
Name of Entity | 2
NAIC Company Code | 3
State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
- 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; 0.0 %
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 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 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 FDIC	6 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
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
.....
- 11. 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?
Gregory J. Czar Cigna Corporation, 900 Cottage Grove Road, Hartford, CT 06152, for all entities; except AZ and CO which remains the same (Rodney A. Hill)
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 - 12.11 Name of real estate holding company
 - 12.12 Number of parcels involved 0
 - 12.13 Total book/adjusted carrying value \$0
- 12.2 If, yes provide explanation:
.....
- 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 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.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
In 2011, Cigna completed a project to review and refresh its Code of Ethics and Principles of Conduct ("Code"). The Project Team evaluated the Code using the following criteria: i) tone from the top; ii) inclusion of Cigna's values and commitment; iii) inclusion of appropriate risk topics; iv) format and presentation; and v) adequacy of comprehension tools. Focusing on improvement in these areas, the Team benchmarked against leading practices of companies in various global industries and accordingly updated the content and format of the Code. Sections that were enhanced or updated include messages from senior leadership, management responsibilities under the Code, guidance on how to resolve ethical dilemmas and resource and contact information.
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC
GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. 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 []
17. 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 []
18. 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 []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|----|---|
| 20.11 To directors or other officers | \$ | 0 |
| 20.12 To stockholders not officers | \$ | 0 |
| 20.13 Trustees, supreme or grand (Fraternal Only) | \$ | 0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|---|----|---|
| 20.21 To directors or other officers | \$ | 0 |
| 20.22 To stockholders not officers | \$ | 0 |
| 20.23 Trustees, supreme or grand (Fraternal Only) | \$ | 0 |
- 21.1 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]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|----------------------------|----|---|
| 21.21 Rented from others | \$ | 0 |
| 21.22 Borrowed from others | \$ | 0 |
| 21.23 Leased from others | \$ | 0 |
| 21.24 Other | \$ | 0 |
- 22.1 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]
- 22.2 If answer is yes:
- | | | |
|--|----|---|
| 22.21 Amount paid as losses or risk adjustment | \$ | 0 |
| 22.22 Amount paid as expenses | \$ | 0 |
| 22.23 Other amounts paid | \$ | 0 |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 13,155

INVESTMENT

- 24.01 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 24.03) Yes [] No [X]
- 24.02 If no, give full and complete information relating thereto
 Cigna Corporation, 900 Cottage Grove Road, Hartford, CT 06152
- 24.03 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 17 where this information is also provided)
 Not Applicable
- 24.04 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]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC
GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$	0
24.103 Total payable for securities lending reported on the liability page	\$	0

25.1 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 21.1 and 24.03)..... Yes [] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$	0
25.22 Subject to reverse repurchase agreements	\$	0
25.23 Subject to dollar repurchase agreements	\$	0
25.24 Subject to reverse dollar repurchase agreements	\$	0
25.25 Pledged as collateral	\$	0
25.26 Placed under option agreements	\$	0
25.27 Letter stock or other securities restricted as to sale	\$	0
25.28 On deposit with state or other regulatory body	\$	100,381
25.29 Other	\$	0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No []

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
 If no, attach a description with this statement.

27.1 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 []

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. 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 []

28.01 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 MetroTech Center N. American Insurance Group 6th Floor Brooklyn, NY 11245

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [] No []

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

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

28.05 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.	900 Cottage Grove Road Hartford, Ct 06152

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC
GENERAL INTERROGATORIES

- 29.1 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]
- 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

- 29.3 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

30. 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 (+)
30.1 Bonds	1,488,307	1,972,219	483,912
30.2 Preferred stocks	0	0	0
30.3 Totals	1,488,307	1,972,219	483,912

- 30.4 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.

- 31.1 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]
- 31.2 If the answer to 31.1 is 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 []
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
 Not Applicable
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
- 32.2 If no, list exceptions:

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

33.2 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

34.1 Amount of payments for legal expenses, if any?\$0

34.2 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

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

35.2 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. \$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ 0

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 \$ 0

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	9,170,210	9,519,308
2.2 Premium Denominator	9,170,210	9,519,308
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	243,530	278,754
2.5 Reserve Denominator	243,530	278,754
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 [] No [X]

5.2 If no, explain:
Not required for Pre-Paid Dental Plans

5.3 Maximum retained risk (see instructions)

5.31 Comprehensive Medical \$ 0

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 and extension of benefit provisions are included in the provider contracts. Conversion privileges are included in group contracts and member plan booklets.

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 2,116

8.2 Number of providers at end of reporting year 2,619

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

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months. \$ 1,321,487

9.22 Business with rate guarantees over 36 months \$ 0

GENERAL INTERROGATORIES

- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]
- 10.2 If yes:
- | | | |
|--|----|---|
| 10.21 Maximum amount payable bonuses..... | \$ | 0 |
| 10.22 Amount actually paid for year bonuses..... | \$ | 0 |
| 10.23 Maximum amount payable withholds..... | \$ | 0 |
| 10.24 Amount actually paid for year withholds..... | \$ | 0 |
- 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 [] | No [X] | |
| 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. Ohio
- 11.4 If yes, show the amount required. \$ 100,000
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [X] No []
- 11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area
Allen
Ashtabula
Butler
Champaign
Clark
Clermont
Cuyahoga
Darke
Delaware
Erie
Fairfield
Franklin
Greene
Hamilton
Hancock
Jefferson
Lake
Licking
Lorain
Lucas
Mahoning
Marion
Medina
Miami
Montgomery
Muskingum
Richland
Ross
Stark
Summit
Trumbull
Tuscarawas
Warren
Wayne
Wood

- 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. \$ 0
- 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. \$ 0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

FIVE-YEAR HISTORICAL DATA

	1 2012	2 2011	3 2010	4 2009	5 2008
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	3,352,997	3,110,095	3,246,319	2,688,463	2,103,709
2. Total liabilities (Page 3, Line 24)	448,130	434,854	520,494	523,573	465,028
3. Statutory surplus	100,000	100,000	100,000	100,000	100,000
4. Total capital and surplus (Page 3, Line 33)	2,904,867	2,675,241	2,725,825	2,164,890	1,638,681
Income Statement (Page 4)					
5. Total revenues (Line 8)	9,170,210	9,519,308	9,398,265	9,164,361	9,359,161
6. Total medical and hospital expenses (Line 18)	5,183,743	5,279,426	5,574,485	5,749,250	5,940,831
7. Claims adjustment expenses (Line 20)	13,971	15,185	24,396	27,854	27,309
8. Total administrative expenses (Line 21)	885,972	959,395	994,799	1,050,357	1,190,410
9. Net underwriting gain (loss) (Line 24)	3,086,524	3,265,302	2,804,585	2,336,900	2,200,611
10. Net investment gain (loss) (Line 27)	1,088	2,060	2,827	7,469	42,619
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	2,007,518	2,124,851	1,824,833	1,521,472	1,458,282
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	2,029,638	2,088,747	1,784,254	1,742,313	1,318,842
Risk-Based Capital Analysis					
14. Total adjusted capital	2,904,867	2,675,241	2,725,825	2,164,890	1,638,681
15. Authorized control level risk-based capital	212,568	209,376	205,149	203,119	207,407
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	46,662	49,290	49,322	49,964	52,363
17. Total members months (Column 6, Line 7)	554,927	595,734	592,649	594,902	628,122
Operating Percentage (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)	56.5	55.5	59.3	62.7	63.5
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.2	0.2	0.3	0.3	0.3
22. Total underwriting deductions (Line 23)	66.3	65.7	70.2	74.5	76.5
23. Total underwriting gain (loss) (Line 24)	33.7	34.3	29.8	25.5	23.5
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	314,340	306,330	292,031	270,382	288,345
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	278,754	367,326	368,753	321,855	305,860
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	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
33. Total investment in parent included in Lines 26 to 31 above.	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:

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

1 States, etc.	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	N	0	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0	0
26. Missouri	MO	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	L	9,170,210	0	0	0	0	9,170,210	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	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		9,170,210	0	0	0	0	9,170,210	0	0
60. Reporting entity contributions for Employee Benefit Plans	XXX		0	0	0	0	0	0	0	0
61. Total (Direct Business)	(a) 1		9,170,210	0	0	0	0	9,170,210	0	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(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.

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

All premiums written within the State of Ohio.

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

All premiums written within the state of Ohio.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

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, as of December 31, 2012:

Cigna CORPORATION

(A Delaware corporation and ultimate parent company)

Cigna Holdings, Inc.	
	Cigna Intellectual Property, Inc.
	Cigna Investment Group, Inc.
	Cigna International Finance Inc.
	Former Cigna Investments, Inc.
	Cigna Investments, Inc.
	Cigna Mezzanine Partners III, LP
	Cottage Grove Real Estate, Inc.
	Cigna Mezzanine Partners III, Inc.
	Cigna Benefits Financing, Inc. (EI # 010947889, DE)
	Connecticut General Corporation
	Benefit Management Corp. (EI # 81-0585518)
	*Allegiance Life & Health Insurance Company (EI # 20-4433475, NAIC # 12814, MT)
	*Allegiance Re, Inc. (EI # 20-3851464, MT)
	Allegiance Benefit Plan Management, Inc.
	Allegiance COBRA Services, Inc.
	Allegiance Provider Direct, LLC
	Community Health Network, LLC
	Intermountain Underwriters, Inc.
	Star Point, LLC
	HealthSpring, Inc.
	NewQuest, LLC
	Bravo Health, LLC
	*Bravo Health Mid-Atlantic, Inc. (EI # 52-2259087, NAIC # 10095, MD)
	*Bravo Health Pennsylvania, Inc. (EI # 52-2363406, NAIC # 11254, PA)
	*HealthSpring Life & Health Insurance Company (EI # 20-8534298, NAIC # 12902, TX)
	*HealthSpring of Alabama, Inc. (EI # 63-0925225, NAIC # 95781, AL)
	*HealthSpring of Florida, Inc. (EI # 65-1129599, NAIC #11532, FL)
	NewQuest Management of Illinois, LLC
	NewQuest Management of Florida, LLC
	HealthSpring Management of America, LLC
	HealthSpring Financial Services, LLC
	NewQuest Management of West Virginia, LLC
	TexQuest, LLC
	HouQuest, LLC
	GulfQuest, LP
	NewQuest Management of Alabama, LLC
	HealthSpring USA, LLC
	HealthSpring Management, Inc.
	HealthSpring of Tennessee, Inc. (EI # 62-1593150, NAIC # 11522, MD)
	Tennessee Quest, LLC
	HealthSpring Pharmacy Services, LLC
	HealthSpring Pharmacy of Tennessee, LLC
	*Cigna Arbor Life Insurance Company (EI # 03-0452349, NAIC # 13733, CT)
	Cigna Behavioral Health, Inc.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

Cigna Behavioral Health of California, Inc.
(EI# 94-3107309)

Cigna Behavioral Health of Texas, Inc.
(EI# 75-2751090)

MCC Independent Practice Association of New York, Inc.

Cigna Dental Health, Inc.

Cigna Dental Health of California, Inc.
(EI# 59-2600475, CA)

Cigna Dental Health of Colorado, Inc.
(EI# 59-2675861, NAIC # 11175, CO)

Cigna Dental Health of Delaware, 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)

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

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

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

*Temple Insurance Company Limited (Bermuda)

Arizona Health Plan, Inc.

Healthsource Properties, Inc.

Managed Care Consultants, Inc.

Choicelinx Corporation

Sagamore Health Network, Inc.

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

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

Cigna Healthcare, Inc.

*Cigna Life Insurance Company of Canada (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

Gillette Ridge Apartments LLC

CG Merrick, LLC

Merrick Park LLC

Merrick Park Parking LLC

CG Morrison LLC

Civic Holding LLC

CG Mystic Center LLC

Station Landing Holding LLC

CG Mystic Land LLC

ND/CG Holding LLC

CG Pinnacle, L.L.C.

Pinnacle Industrial Center, LP

CG Skyline, LLC

Skyline ND/CG LLC

ND Mystic Center Note LLC

Skyline Mezzanine Borrower, LLC

Skyline at Station Landing, LLC

Careallies, LLC

Carson Bayport 1 LP

CG Bayport LLC

Bayport Colony Apartments LLC

CG Shirlington LLC

Shirlington Apartments LLC

CG Wheaton, LLC

CG-LINA Bayport I LLC

CG-LINA Colonial LLC

ND/CG Colonial LLC

PHF-ND Colonial LLC

CG-LINA Commonwealth LLC

Unico/CG Commonwealth LLC

Commonwealth Acquisition LLC

CG-LINA Jacob Way, LLC

CG-LINA Lovejoy LLC

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

Unico-CG Lovejoy LLC
Cigna Onsite Health, LLC
CR Longwood Investors, LP
ND/CR Longwood LLC
ARE/ND/CR Longwood LLC
Gillette Ridge Community Council, Inc.
Gillette Ridge Golf LLC
Hazard Center Investment Company LLC
Secon Properties, LP.
Teal Rock 501 Grant Street GP, LLC
Teal Rock 501 Grant Street, LP
Tel-Drug of Pennsylvania, LLC
AEW/FDG, LP
CR Washington Investors LP
ND/CR Unicorn LLC
Union Wharf Apartments LLC
AMD Apartments Limited Partnership
SP Newport Crossing LLC
PUR Arbors Apartment Venture LLC
CG Seventh LLC
Ideal Properties II LLC
CG-LINA Realty Investors LLC
CG-LINA Alessandro II LLC
115 Sansome Street Associates, LLC
121 Tasman Apartments LLC
Alto Apartments LLC
CG-LINA Paper Box LLC
CG-LINA 10 Brookline, LLC
ND/CR 10 Brookline LLC
Cigna Affiliates Realty Investment Group, LLC
(EI# 27-5402196, DE)
Market Street Residential Holdings LLC
Arborpoint at Market Street LLC
Market Street Retail Holdings LLC
Market Street South LLC
Diamondview Tower CM-CG LLC
Cigna Dulles Town, LLC
Dulles Town Center Mall, LLC
CORAC LLC
Bridgepoint Office Park Associates, LLC
(EI# 27-3923999, DE)
Fairway Center Associates, LLC
(EI# 27-3126102, DE)
Henry on the Park Associates, LLC
(EI 27-3582688, DE)
*Cigna Health and Life Insurance Company
(EI # 59-1031071, NAIC # 67369, CT)
CarePlexus, LLC
(EI# 45-2681649; DE)
Cigna Corporate Services, LLC
(EI 27-3396038, DE)
Cigna Insurance Agency, LLC
(EI # 27-1903785, CT)
Ceres Sales of Ohio, LLC
(EI # 34-1970892, OH)
Central Reserve Life Insurance Company
(EI # 34-0970995, NAIC # 61727, OH)
Provident American Life and Health Insurance Company
(EI # 23-1335885, NAIC # 67903, OH)
United Benefit Life Insurance Company
(EI # 75-2305400, NAIC # 65269, OH)

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

			<u>Loyal American Life Insurance Company</u> (EI # 63-0343428, NAIC # 65722, OH)
			<u>American Retirement Life Insurance Company</u> (EI # 59-2760189, NAIC # 88366, OH)
|	<u>Cigna Health Management, Inc.</u>		
			(EI# 23-1728483, DE)
			<u>Kronos Optimal Health Company</u> (20-8064696, AZ)
			<u>*Life Insurance Company of North America</u> (EI# 23-1503749, NAIC # 65498, PA)
			<u>*Cigna & CMC Life Insurance Company Limited (China) (50%)</u> (remaining interest owned by an unaffiliated party)
			<u>*LINA Life Insurance Company of Korea (Korea)</u>
			<u>Cigna Direct Marketing Company, Inc.</u>
			<u>Tel-Drug, Inc.</u>
			<u>Vieliflife Holdings Limited (United Kingdom)</u>
			<u>Vieliflife Limited (United Kingdom)</u>
			<u>Vieliflife Services, Inc.</u>
			<u>Businesshealth UK Limited</u>
			<u>CG Individual Tax Benefit Payments, Inc.</u>
			<u>CG Life Pension Benefits Payments, Inc.</u>
			<u>Cigna Federal Benefits, Inc.</u>
			<u>Cigna Healthcare Benefits, Inc.</u>
			<u>Cigna Integratedcare, Inc.</u>
			<u>Cigna Managed Care Benefits Company</u>
			<u>Cigna Re Corporation</u>
			<u>Blodget & Hazard Limited</u>
			<u>Cigna Resource Manager, Inc.</u>
			<u>Connecticut General Benefit Payments, Inc.</u>
			<u>Healthsource Benefits, Inc.</u>
			<u>IHN, Inc.</u>
			<u>LINA Benefit Payments, Inc.</u>
			<u>Mediversal, Inc.</u>
			<u>Universal Claims Administration</u>
	<u>Cigna Global Holdings, Inc.</u>		
			<u>Cigna International Corporation, Inc. (Delaware)</u>
			<u>Cigna International Services (Delaware)</u>
			<u>Cigna International Marketing (Thailand) Limited (Thailand)</u>
			<u>CGO Participatos LTDA</u>
			<u>YCFM Servicios LTDA</u>
			<u>*Cigna Global Reinsurance Company, Ltd. (Bermuda)</u>
			<u>Cigna Holdings Overseas, Inc.</u>
			<u>Cigna Bellevue Alpha LLC</u>
			<u>Cigna Hayat Sigorta, A.S.</u>
			<u>Cigna Nederland Alpha Cooperatief U.A. (Netherlands)</u>
			<u>Cigna Nederland Beta B.V. (Netherlands)</u>
			<u>Cigna Nederland Gamma B.V. (Netherlands)</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.)
			<u>Cigna European Services (UK) Limited (United Kingdom)</u>
			<u>Cigna 2000 UK Pension LTD</u>
			<u>Cigna Health Solution India Pvt. Ltd. (India)</u>
			<u>Cigna International Services Australia Pty Ltd (Australia)</u>
			<u>Cigna Apac Holdings Limited (New Zealand)</u>
			<u>*Cigna Life Insurance New Zealand Limited (New Zealand)</u>
			<u>Cigna Taiwan Life Assurance Company Limited (Thailand)</u>
			<u>*Cigna Taiwan Life Insurance Company Limited (New Zealand)</u>
			<u>Cigna Hong Kong Holdings Company Limited (Hong Kong)</u>

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CIGNA DENTAL HEALTH OF OH INC

					<u>Cigna Data Services (Shanghai) Company Limited (China)</u>
					<u>Cigna HLA Technology Services Limited (Hong Kong)</u>
					<u>*Cigna Worldwide General Insurance Company Limited (Hong Kong)</u>
					<u>*Cigna Worldwide Life Insurance 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> (remaining interest owned by Cigna Holdings Overseas, Inc.)
					<u>*Cigna Non-Life Insurance Brokerage (Thailand) Limited (74.975%)</u> (25% interest owned by Cigna Holdings Overseas, Inc. remaining interest owned by unaffiliated parties)
					<u>KDM (Thailand) Limited (Thailand) (99.999%)</u>
					<u>*Cigna Insurance Public Company Limited (75%)</u> (24.999% interest owned by Cigna Holdings Overseas, Inc.)
					<u>*Cigna Global Insurance Company Limited (Guernsey) (99.9999%)</u> (remaining interest owned by Cigna Global Holdings, Inc.)
					<u>Vanbreda International NV(Brussels)</u>
					<u>Vanbreda International Sdn. Bhd. (Malaysia)</u>
					<u>Vanbreda International (Beijing) Consultants and Administrators Co.</u>
					<u>Vanbreda International, LLC (FL)</u>
					<u>Vanbreda International (Dubai) Limited (United Arab Emirates)</u>
					<u>*Cigna Worldwide Insurance Company</u> (EI# 23-2088429, NAIC # 90859, DE)
					<u>*PT. Asuransi Cigna (Indonesia) (80%)</u> (remaining interest owned by unaffiliated parties - AA-5360003)
					<u>FirstAssist Group Holdings Limited (UK)</u>
					<u>FirstAssist Group Limited (UK)</u>
					<u>FirstAssist Administration Limited (UK)</u>
					<u>Brighter Business Limited (UK)</u>
					<u>FirstAssist Legal Protection Limited (UK)</u>
					<u>FirstAssist Insurance Services Limited (UK)</u>
<u>Kong)</u>					
<u>Ltd (China)</u>					

NONE

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