



## **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2013  
OF THE CONDITION AND AFFAIRS OF THE

## **Cigna Dental Health of Ohio, Inc.**

NAIC Group Code	0901 (Current)	0901 (Prior)	NAIC Company Code	47805	Employer's ID Number	59-2579774
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States 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 (Street and Number)		Cleveland , OH, US 44114 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1571 Sawgrass Corporate Parkway Suite 140 (Street and Number)					
	Sunrise , FL, US 33323 (City or Town, State, Country and Zip Code)		954-514-6600 (Area Code) (Telephone Number)			
Mail Address	1571 Sawgrass Corporate Parkway Suite 140 (Street and Number or P.O. Box)		Sunrise , FL, US 33323 (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 (City or Town, State, Country and Zip Code)		954-514-6600 (Area Code) (Telephone Number)			
Internet Website Address	www.cigna.com					
Statutory Statement Contact	Angela Collie (Name)		954-514-6681 (Area Code) (Telephone Number)			
	angela.collie@cigna.com (E-mail Address)		860-298-1750 (FAX Number)			
<b>OFFICERS</b>						
President	Matthew Glenn Manders		Secretary	Anna Krishtul		
Treasurer	Christopher John Whelan #		Actuary	Gregory John Czar		
<b>OTHER</b>						
Christopher John Whelan # Vice President	Julie Ann Vayer Vice President		Barry Richard McHale Vice President			
David Matthew Porcello Vice President	Lance Manuel Thomas # Vice President		Maureen Hardiman Ryan Vice President			
Scott Ronald Lambert Vice President						
<b>DIRECTORS OR TRUSTEES</b>						
Matthew Glenn Manders	Christopher John Whelan #		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

Christopher John Whelan  
Treasurer

Anna Krishtul  
Secretary

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

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

## ANNUAL STATEMENT FOR THE YEAR 2013 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) .....	100,168	0	100,168	100,381
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 \$ 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 \$ encumbrances) .....	0	0	0	0
5. Cash (\$ .....11,550 , Schedule E - Part 1), cash equivalents (\$ .....0 , Schedule E - Part 2) and short-term investments (\$ .....2,408,749 , Schedule DA) .....	2,420,299	0	2,420,299	2,456,707
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) .....	2,520,467	0	2,520,467	2,557,088
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	107	0	107	107
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	761,317	1,057	760,260	778,336
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 .....	2,961	0	2,961	4,311
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 .....	13,499	0	13,499	13,155
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) .....	3,298,351	1,057	3,297,294	3,352,997
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	3,298,351	1,057	3,297,294	3,352,997
<b>DETAILS OF WRITE-INS</b>				
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)	161,681	27,614	189,295	243,530
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	3,016	0	3,016	5,131
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	26,813	0	26,813	25,573
9. General expenses due or accrued	103,190	0	103,190	103,563
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	81,356	0	81,356	65,118
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	1
13. Remittance and items not allocated	2,158	0	2,158	5,214
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)	378,214	27,614	405,828	448,130
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	2,618,108	2,631,509
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	2,891,466	2,904,867
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,297,294	3,352,997
<b>DETAILS OF WRITE-INS</b>				
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

## ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	547,265	554,927
2. Net premium income ( including \$ 0 non-health premium income).....	XXX.....	9,147,112	9,170,210
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.....	9,147,112	9,170,210
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....	0.....	0	0
10. Other professional services.....	74.....	4,446,210	4,723,147
11. Outside referrals.....	456,084.....	456,084	460,596
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).....	456,158.....	4,902,294	5,183,743
<b>Less:</b>			
17. Net reinsurance recoveries.....	0.....	0	0
18. Total hospital and medical (Lines 16 minus 17).....	456,158.....	4,902,294	5,183,743
19. Non-health claims (net).....	0.....	0	0
20. Claims adjustment expenses, including \$ 0 cost containment expenses.....	0.....	17,237	13,971
21. General administrative expenses.....	0.....	872,975	885,972
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).....	456,158.....	5,792,506	6,083,686
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	3,354,606	3,086,524
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0.....	(1,011)	1,045
26. Net realized capital gains (losses) less capital gains tax of \$ 29.....	0.....	.52	.43
27. Net investment gains (losses) (Lines 25 plus 26).....	0.....	(959)	1,088
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.....	3,353,647	3,087,612
31. Federal and foreign income taxes incurred.....	XXX.....	1,173,327	1,080,094
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	2,180,320	2,007,518
<b>DETAILS OF WRITE-INS</b>			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
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
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	2,904,867	2,675,241
34. Net income or (loss) from Line 32 .....	2,180,320	2,007,518
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
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0
38. Change in net deferred income tax .....	(1,350)	703
39. Change in nonadmitted assets .....	2,629	(3,595)
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 .....	(2,195,000)	(1,775,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	(13,401)	229,626
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,891,466	2,904,867
<b>DETAILS OF WRITE-INS</b>		
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 2013 OF THE CIGNA DENTAL HEALTH OF OH INC**  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	9,169,057	9,169,205
2. Net investment income .....	(798)	1,990
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	9,168,259	9,171,195
5. Benefit and loss related payments .....	4,956,529	5,218,967
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	892,700	904,006
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....	0	tax on capital gains (losses) 1,157,118
10. Total (Lines 5 through 9) .....	7,006,347	1,018,584
11. Net cash from operations (Line 4 minus Line 10) .....	2,161,912	7,141,557
	2,161,912	2,029,638
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	100,000
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 .....	81	66
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	81	100,066
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	100,465
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	100,465
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) .....	81	(399)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	2,195,000	1,775,000
16.6 Other cash provided (applied) .....	(3,401)	(6,117)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(2,198,401)	(1,781,117)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(36,408)	248,122
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	2,456,707	2,208,585
19.2 End of year (Line 18 plus Line 19.1) .....	2,420,299	2,456,707

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

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ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

## ANNUAL STATEMENT FOR THE YEAR 2013 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 .....	9,147,112	.0	0	9,147,112
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) .....	9,147,112	.0	0	9,147,112
10. Life .....	0	.0	0	0
11. Property/casualty .....	0	.0	0	0
12. Totals (Lines 9 to 11) .....	9,147,112	0	0	9,147,112

## ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	4,956,529	0	0	4,956,529	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	4,956,529	0	0	4,956,529	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	189,295	0	0	189,295	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	189,295	0	0	189,295	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	243,530	0	0	243,530	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	243,530	0	0	243,530	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	4,902,294	0	0	4,902,294	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	4,902,294	0	0	4,902,294	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 2013 OF THE CIGNA DENTAL HEALTH OF OH INC

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	84,977	0	0	84,977	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	84,977	0	0	84,977	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	104,318	0	0	104,318	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	104,318	0	0	104,318	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	189,295	0	0	189,295	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	189,295	0	0	189,295	0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2013 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	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	0	0	0	0	0	0
2. Medicare Supplement .....	0	0	0	0	0	0
3. Dental Only .....	266,811	4,689,718	0	189,295	266,811	243,530
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) .....	266,811	4,689,718	0	189,295	266,811	243,530
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)	266,811	4,689,718	0	189,295	266,811	243,530

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

## ANNUAL STATEMENT FOR THE YEAR 2013 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 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	270	270	270	270	270
2. 2009 .....	5,433	5,724	5,724	5,724	5,724
3. 2010 .....	XXX	5,285	5,591	5,591	5,591
4. 2011 .....	XXX	XXX	5,062	5,376	5,376
5. 2012 .....	XXX	XXX	XXX	4,905	5,172
6. 2013 .....	XXX	XXX	XXX	XXX	4,690

## 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 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	271	271	270	270	270
2. 2009 .....	5,801	5,725	5,724	5,724	5,724
3. 2010 .....	XXX	5,651	5,591	5,591	5,591
4. 2011 .....	XXX	XXX	5,341	5,376	5,376
5. 2012 .....	XXX	XXX	XXX	5,148	5,172
6. 2013 .....	XXX	XXX	XXX	XXX	4,879

## 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. 2009 .....	9,164	5,724	.27	.0.5	5,751	62.8	0	.0	5,751	62.8
2. 2010 .....	9,398	5,591	.25	.0.4	5,616	59.8	0	.0	5,616	59.8
3. 2011 .....	9,519	5,376	.17	.0.3	5,393	56.7	0	.0	5,393	56.7
4. 2012 .....	9,170	5,172	.15	.0.3	5,187	56.6	0	.0	5,187	56.6
5. 2013 .....	9,147	4,690	19	0.4	4,709	51.5	189	3	4,901	53.6

## ANNUAL STATEMENT FOR THE YEAR 2013 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 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	270	270	270	270	270
2. 2009 .....	5,433	5,724	5,724	5,724	5,724
3. 2010 .....	XXX	5,285	5,591	5,591	5,591
4. 2011 .....	XXX	XXX	5,062	5,376	5,376
5. 2012 .....	XXX	XXX	XXX	4,905	5,172
6. 2013 .....	XXX	XXX	XXX	XXX	4,690

## 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 2009	2 2010	3 2011	4 2012	5 2013
1. Prior .....	271	271	270	270	270
2. 2009 .....	5,801	5,725	5,724	5,724	5,724
3. 2010 .....	XXX	5,651	5,591	5,591	5,591
4. 2011 .....	XXX	XXX	5,341	5,376	5,376
5. 2012 .....	XXX	XXX	XXX	5,148	5,172
6. 2013 .....	XXX	XXX	XXX	XXX	4,879

## 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. 2009 .....	9,164	5,724	.27	.0.5	5,751	62.8	0	.0	.5,751	62.8
2. 2010 .....	9,398	5,591	.25	.0.4	5,616	59.8	0	.0	.5,616	59.8
3. 2011 .....	9,519	5,376	.17	.0.3	5,393	56.7	0	.0	.5,393	56.7
4. 2012 .....	9,170	5,172	.15	.0.3	5,187	56.6	0	.0	.5,187	56.6
5. 2013 .....	9,147	4,690	19	0.4	4,709	51.5	189	3	4,901	53.6

## ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 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) .....									

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2013 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	16,597	0	16,597
2. Salary, wages and other benefits	0	16,174	316,288	0	332,462
3. Commissions (less \$ 0 ceded plus \$ 0 assumed)	0	0	88,992	0	88,992
4. Legal fees and expenses	0	0	974	0	974
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	0	0	0	0	0
7. Traveling expenses	0	0	9,688	0	9,688
8. Marketing and advertising	0	0	33,444	0	33,444
9. Postage, express and telephone	0	0	9,500	0	9,500
10. Printing and office supplies	0	0	2,455	0	2,455
11. Occupancy, depreciation and amortization	0	0	30,773	0	30,773
12. Equipment	0	0	4,705	0	4,705
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	43	0	43
16. Insurance, except on real estate	0	0	2,423	0	2,423
17. Collection and bank service charges	0	0	4,974	0	4,974
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	91,471	0	91,471
23.3 Regulatory authority licenses and fees	0	0	6,350	0	6,350
23.4 Payroll taxes	0	1,063	20,794	0	21,857
23.5 Other (excluding federal income and real estate taxes)	0	0	234	0	234
24. Investment expenses not included elsewhere	0	0	0	2,912	2,912
25. Aggregate write-ins for expenses	0	0	233,270	0	233,270
26. Total expenses incurred (Lines 1 to 25)	0	17,237	872,975	2,912	(a) 893,124
27. Less expenses unpaid December 31, current year	0	3,016	103,190	0	106,206
28. Add expenses unpaid December 31, prior year	0	5,131	103,563	0	108,694
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	19,352	873,348	2,912	895,612
<b>DETAILS OF WRITE-INS</b>					
2501. Total Other Corporate Expenses	0	0	131,205	0	131,205
2502. Other Non-Managed	0	0	102,065	0	102,065
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	233,270	0	233,270

(a) Includes management fees of \$ 674,981 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2013 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) .....	287	288
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) .....	1,613	1,613
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 .....	.....	1,900	1,901
11. Investment expenses .....	(g) .....	2,912	
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) .....	.....	2,912	
17. Net investment income (Line 10 minus Line 16) .....	.....	(1,011)	
<b>DETAILS OF WRITE-INS</b>			
0901. .....	.....		
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 \$ .....213 amortization of premium and less \$ .....0 paid for accrued interest on purchases.

(b) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued dividends on purchases.

(c) Includes \$ .....0 accrual of discount less \$ .....0 amortization of premium and less \$ .....0 paid for accrued interest on purchases.

(d) Includes \$ .....0 for company's occupancy of its own buildings; and excludes \$ .....0 interest on encumbrances.

(e) Includes \$ .....1,590 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 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 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 .....	81	0	81	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) .....	81	0	81	0	0
<b>DETAILS OF WRITE-INS</b>					
0901. .....	.....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC  
**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 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 .....	1,057	3,686	2,629
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) .....	1,057	3,686	2,629
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
28. Total (Lines 26 and 27) .....	1,057	3,686	2,629
<b>DETAILS OF WRITE-INS</b>			
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

## ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC

**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.....	46,662	46,100	45,637	45,586	45,398	547,265
7. Total	46,662	46,100	45,637	45,586	45,398	547,265
<b>DETAILS OF WRITE-INS</b>						
0601. Health Insuring Corporation .....	46,662	46,100	45,637	45,586	45,398	547,265
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)	46,662	46,100	45,637	45,586	45,398	547,265

**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 State of Ohio Department of Insurance, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP) and include management's estimates and assumptions, such as those regarding 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. The principal differences between statutory-basis financial statements presented herein and those prepared on a GAAP basis include non-admitted assets, deferred income taxes, unrealized gains on bonds, net of taxes, bad debt allowances and expenses, premium deficiency reserve and reserves for future contingencies.

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. 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 Statement of Statutory Accounting Principles (SSAP) No. 101, Income Taxes, a Replacement of SSAP 10R and SSAP10. 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 \$1,057 as of December 31, 2013, and \$3,686 as of December 31, 2012.

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

**C.**

**1. Cash and Short-term Investments:** Investments with original maturities of one year or less from the time of purchase are classified as short-term investments and are carried at amortized cost.

**2. 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, 2013. Amortization of bond premium or discount is recognized using the scientific (constant yield) interest method.

**3. Common stocks** are stated at par value.

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

**5. Mortgage Loans** is not applicable to the Company.

**6. Loan-backed securities** are not applicable to the Company.

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

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

**9. Derivatives** are not applicable to the Company.

**10. Premium Deficiency** is not applicable to the Company.

**11. 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 care expenses in the period

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the change in estimate occurs. Unpaid 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.

**12.** Change in capitalization policy is not applicable to the Company.

**13.** 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 original maturities of one year or less at the time of purchase are classified as short-term investments and cash equivalents.

**Restricted Assets**

The Company had restricted assets of \$100,168 and \$100,381 as deposit with the State of Ohio Department of Insurance at December 31, 2013 and 2012. The following table presents the restricted assets as a percentage of total assets.

	<b>Total Gross Restricted from Current Year</b>	<b>Total Gross Restricted from Prior Year</b>	<b>Percentage Admitted Restricted to Total Admitted Assets</b>
On deposit with states	\$ 100,168	\$ 100,381	3%
Total Restricted Assets	<u>\$ 100,168</u>	<u>\$ 100,381</u>	<u>3%</u>

**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, 2013.

**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.

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

1

	December 31, 2013			December 31, 2012			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTA	2,961	-	2,961	4,311	-	4,311	(1,350)	-	(1,350)
(b) Statutory Valuation allowance adjustment (SVA)	-	-	-	-	-	-	-	-	-
(c) Adjusted gross DTA (1a - 1b)	2,961	-	2,961	4,311	-	4,311	(1,350)	-	(1,350)
(d) Nonadmitted DTA	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted DTA (1c - 1d)	2,961	-	2,961	4,311	-	4,311	(1,350)	-	(1,350)
(f) DTL	-	-	-	-	-	-	-	-	-
(g) Net admitted DTA (1e - 1f)	2,961	-	2,961	4,311	-	4,311	(1,350)	-	(1,350)

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2.

	December 31, 2013			December 31, 2012			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)	2,961	-	2,961	4,311	-	4,311	(1,350)	-	(1,350)
(b) Admitted pursuant to ¶11.b. (realization)	-	-	-	-	-	-	-	-	-
1. Realization per ¶11.b.i.	-	-	-	-	-	-	-	-	-
2. Limitation per ¶11.b.ii.	433,245		433,245	435,083		435,083	(1,838)	-	(1,838)
(c) Admitted pursuant to ¶11.c.	-	-	-	-	-	-	-	-	-
(d) Total admitted adjusted gross deferred tax asset (2a+2b+2c)	2,961	-	2,961	4,311	-	4,311	(1,350)	-	(1,350)

3.

Used in ¶11.b.	2013		2012 Percentage
	Percentage	2012 Percentage	
(a) Applicable ratio for realization limitation threshold table	1413.10%	1364.60%	

4.

Impact of Tax Planning Strategies (TPS) on adjusted gross DTAs and net admitted DTAs	December 31, 2013			December 31, 2012			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(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?				N/A			N/A		

**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, 2013	December 31, 2012	Change
(a) Current federal income tax expenses / (benefit)	1,173,327	1,080,094	93,233
(b) Foreign income tax expense / (benefit)		-	-
(c) Subtotal	1,173,327	1,080,094	93,233
(d) Tax expense / (benefit) on realized capital gains / (losses)	29	23	6
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other, including prior year underaccrual (overaccrual)	-	-	-
Federal and foreign income taxes incurred	1,173,356	1,080,117	93,239

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

**2. DTA's Resulting From Book/Tax Differences In**

	December 31, 2013	December 31, 2012	Change
Unearned premium reserves	1,877	1,790	87
Loss reserve discounting	714	1,231	(517)
Non Admitted Assets	370	1,290	(920)
Other	-	-	-
Gross DTA	2,961	4,311	(1,350)
Statutory Valuation Adjustment	-	-	-
Nonadmitted DTA	-	-	-
Admitted DTA	2,961	4,311	(1,350)

**3. DTLs Resulting From Book/Tax Differences In**

	December 31, 2013	December 31, 2012	Change
Discount of bond Premiums/Deferred gain	-	-	-
Gross DTL	-	-	-

**4. Net Deferred Tax Assets/Liabilities:** 2,961 4,311 (1,350)

The change in net deferred income taxes is comprised of the following:

(This analysis is exclusive of non admitted assets as the Change in Non admitted Assets is reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual Statement):

	December 31, 2013	December 31, 2012	Change
Total deferred tax assets	2,961	4,311	(1,350)
Total deferred tax liabilities	-	-	-
Net Deferred tax asset/liabilities	2,961	4,311	(1,350)
Statutory valuation allowance adjustment	-	-	-
Net deferred tax assets/liabilities after SVA	2,961	4,311	(1,350)
Tax effect of unrealized gains (losses)			-
Statutory valuation allowance adjustment allocated to unrealized			-
Other intraperiod allocation of deferred tax movement			-
Change in net deferred income tax			(1,350)

**D. Reconciliation of total statutory income taxes reported to tax at statutory rate:**

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes including realized capital gains / losses. The significant items causing this difference are as follows:

	December 31, 2013	Effective Tax Rate
Provision computed at statutory rate (BFIT@35%)	1,173,786	35.00%
Change in nonadmitted assets	920	0.03%
<b>Total</b>	<b>1,174,706</b>	<b>35.03%</b>
Federal and foreign income taxes incurred	1,173,356	34.99%
Adjusted change in net deferred income taxes	1,350	0.04%
<b>Total statutory income taxes</b>	<b>1,174,706</b>	<b>35.03%</b>

**E. Carry forwards, recoverable taxes, and IRC Sec. 6603 deposits:**

(1) At December 31, 2013, the Company has utilized all its net operating or capital loss carry forwards.

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

Year	Amount
2013	1,173,356
2012	1,080,117

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

**F. Federal or Foreign Income Tax Loss Contingencies**

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

(2) The IRS completed its examination of Cigna's 2009 and 2010 consolidated federal income tax returns. The review, which was completed in 2013, had no material impact on the Company's financial condition.

## **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.	Cigna Healthcare of Massachusetts, Inc.
Allegiance Cobra Services, Inc.	Cigna Healthcare of New Hampshire, Inc.
Allegiance Life & Health Insurance Company, Inc.	Cigna Healthcare of New Jersey, Inc.
Allegiance Re, Inc.	Cigna Healthcare of New York, Inc.
Arizona Healthplan, Inc.	Cigna Healthcare of North Carolina, Inc.
Benefit Management Corporation	Cigna Healthcare of Pennsylvania, Inc.
Bravo Health Mid-Atlantic, Inc.	Cigna Healthcare of South Carolina, Inc.
Bravo Health Pennsylvania, Inc.	Cigna Healthcare of St Louis, Inc.
CG Individual Tax Benefit Payments, Inc.	Cigna Healthcare of Tennessee, Inc.
CG Life Pension Benefit Payments, Inc.	Cigna Healthcare of Texas, Inc.
CG LINA Pension Benefit Payments, Inc.	Cigna Healthcare of Utah, Inc.
Choicelinx, Inc.	Cigna Holdings, Inc.
Cigna Arbor Life Insurance Company	Cigna Holdings Overseas, Inc.
Cigna Behavioral Health, Inc.	Cigna Integrated Care, Inc.
Cigna Behavioral Health of California, Inc.	Cigna Intellectual Property, Inc.
Cigna Behavioral Health of Texas	Cigna International Corporation
Cigna Benefits Financing, Inc.	Cigna International Finance, Inc.
Cigna Dental Health, Inc.	Cigna International Services, Inc.
Cigna Dental Health of California, Inc.	Cigna Investment Group, Inc.
Cigna Dental Health of Colorado, Inc.	Cigna Investments, Inc.
Cigna Dental Health of Delaware, Inc.	Cigna Life Insurance Company of New York
Cigna Dental Health of Florida, Inc.	Cigna Linden Holdings, Inc.
Cigna Dental Health of Illinois, Inc.	Cigna Managed Care Benefits Company
Cigna Dental Health of Kansas, Inc.	Cigna Mezzanine Partners, III, Inc.
Cigna Dental Health of Kentucky, Inc.	Cigna Poplar Holdings, Inc.
Cigna Dental Health of Maryland, Inc.	Cigna RE Corporation
Cigna Dental Health of Missouri, Inc.	Cigna Resource Manager, Inc.
Cigna Dental Health of New Jersey, Inc.	Cigna Worldwide Insurance Company
Cigna Dental Health of North Carolina, Inc.	Connecticut General Benefit Payments, Inc.
Cigna Dental Health of Ohio, Inc.	Connecticut General Corporation
Cigna Dental Health of Pennsylvania, Inc.	Connecticut General Life Insurance Company
Cigna Dental Health of Texas, Inc.	Cottage Grove Real Estate, Inc.
Cigna Dental Health of Virginia, Inc.	Former Cigna Investments, Inc.
Cigna Dental Healthplan of Arizona, Inc.	GreatWest Healthcare of Illinois, Inc.
Cigna Direct Marketing Company, Inc.	Hazard Center Investment Co., LLC
Cigna Federal Benefits, Inc.	Healthsource Benefits, Inc.
Cigna Global Holdings, Inc.	Healthsource, Inc.
Cigna Global Insurance Company Limited	Healthsource Properties, Inc.
Cigna Global Reinsurance Company LTD	HealthSpring Life & Health Insurance Company
Cigna Government Benefits, Inc.	HealthSpring Management, Inc.
Cigna Health and Life Insurance Company	HealthSpring of Alabama, Inc.
Cigna Health Corporation	HealthSpring of Florida, Inc.
Cigna Health Management, Inc.	HealthSpring of Tennessee, Inc.
Cigna Healthcare Benefits, Inc.	HealthSpring, Inc.
Cigna Healthcare Holdings, Inc.	IHN, Inc.
Cigna Healthcare, Inc.	Intermountain Underwriters, Inc.
Cigna Healthcare Mid-Atlantic, Inc.	Intracorp, Inc.
Cigna Healthcare of Arizona, Inc.	Kronos Optimal Health Company
Cigna Healthcare of California, Inc.	Life Insurance Company of North America
Cigna Healthcare of Colorado, Inc.	LINA Benefit Payments, Inc.
Cigna Healthcare of Connecticut, Inc.	Managed Care Consultants, Inc.s
Cigna Healthcare of Florida, Inc.	MCC Independent Practice Assoc of New York, Inc.
Cigna Healthcare of Georgia, Inc.	Mediversal Inc.
Cigna Healthcare of Illinois, Inc.	Sagamore Health Network Inc.
Cigna Healthcare of Indiana, Inc.	Tel-Drug, Inc.
Cigna Healthcare of Maine, Inc.	Universal Claims Administration

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

The Company paid ordinary cash dividends of \$1,307,518 and extraordinary cash dividends of \$887,482 in during the year ended December 31, 2013 to the Parent with the approval of the State of Ohio Department of Insurance. The Company paid ordinary cash dividends of \$375,149 and extraordinary cash dividends of \$1,399,851 during the year ended December 31, 2012 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 \$9,065,210 in 2013 and \$9,068,050 in 2012. Net accounts receivable from these affiliates, including the non-admitted portion, were \$760,062 and \$777,757 at December 31, 2013 and 2012, respectively.

The Parent charged the Company \$960,099 in 2013 and \$977,344 in 2012 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 \$652,718 in 2013 and \$668,924 in 2012, reflected as management fee charges from affiliates, charges for claims adjustment expenses of \$19,351 in 2013 and \$15,216 in 2012, and charges for services critical to the delivery of dental care of \$288,030 in 2013 and \$293,204 in 2012, included in professional services. The fees charged are based on a fixed monthly fee per individual, per couple, and/or per family.

The Management 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 Management Services (as defined and described in said agreement) to the subsidiaries of the Parent. The Company reported \$13,499 as of December 31, 2013 and \$13,155 as of December 31, 2012, as amounts due from affiliates. Cash settlements are processed according to the terms of the Management Services Agreement.

The Company does not have any guarantees or undertakings for the benefit of an affiliate that 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 \$2,912 in 2013 and \$2,069 in 2012.

All outstanding shares of the Company are owned by its 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 \$712,518 and extraordinary dividends of \$1,482,482 were paid by the Company during the year ended December 31, 2013.
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 \$73.
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 – COMMITMENTS AND CONTINGENCIES**

### **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. Further information can be found in Note 9. 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. 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.

On February 13, 2008, State of New York Attorney General Andrew M. Cuomo announced an industry-wide investigation into the use of data provided by Ingenix, Inc., a subsidiary of UnitedHealthcare, used to calculate payments for services provided by out-of-network providers. Cigna and its subsidiaries received four subpoenas from the New York Attorney General's office in connection with this investigation and responded appropriately. On February 17, 2009, Cigna and its subsidiaries entered into an Assurance of Discontinuance resolving the investigation. In connection with the industry-wide resolution, Cigna and its subsidiaries contributed \$10 million to the establishment of a new non-profit company that 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 Racketeer Influenced and Corrupt Organization (RICO) Act, the Sherman Antitrust Act and New Jersey state law on behalf of customers, 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 customers. 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 Act.

Plaintiffs filed a motion to certify a nationwide class of customer plaintiffs on December 19, 2011, which was denied on January 16, 2013. Plaintiffs petitioned for an immediate appeal of the order denying class certification, but their petition was denied by the United States Court of Appeals for the Third Circuit on March 14, 2013, meaning that plaintiffs cannot appeal the denial of class certification until there is a final judgment in the case. As a result, the case is proceeding in the District Court on behalf of the named plaintiffs only.

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 had two customers from which it earned 26% of premium revenue for the period ended December 31, 2013. Individually, these customers amounted to greater than 10% of premium revenue.

**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, 2013 the Company had no bonds carried at fair value in the financial statements. As of December 31, 2013, the carrying value and fair value of the Company's bonds was \$100,168 and \$100,281, respectively

**NOTE 21 – OTHER ITEMS**

Premium Revenue: Amounts charged for dental care services are recognized as revenue in the month for which customers 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**

Type I – Recognized Subsequent Events:

The Company is not aware of any Type I events that occurred subsequent to the close of the books or accounts for this statement which would have 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, 2014.

Type II – Nonrecognized Subsequent Events

On January 1, 2014, the Company will be subject to an annual fee under section 9010 of the Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2014. As of December 31, 2013, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2014, and estimates its portion of the annual health insurance industry fee payable on September 30, 2014 and the expected impact to risk based capital to be as follows:

A. ACA fee assessment payable	\$120,508
B. Assessment expected to impact RBC	0.27%

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The following table presents selected pro forma information for the Company as if the fee had been accrued as of December 31, 2013

Total Liabilities	526,336
Unassigned funds (Surplus)	2,497,600
Total capital and Surplus	2,770,958
Net Income	2,059,812

**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 claims adjustment expenses attributable to insured events has decreased by \$56,350 from \$248,661 at December 31, 2012 to \$192,311, at December 31, 2013 as a result of re-estimation of unpaid claims and claims adjustment expenses. This decrease 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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC  
**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 [  ] No [  ]  
 If yes, complete Schedule Y, Parts 1, 1A and 2

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 [  ] 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 [  ]

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 [  ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [  ] No [  ] N/A [  ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
 4.11 sales of new business? ..... Yes [  ] No [  ]  
 4.12 renewals? ..... Yes [  ] No [  ]

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 [  ]  
 4.22 renewals? ..... Yes [  ] No [  ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [  ] No [  ]

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 [  ]

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 [  ]

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
------------------	---------------------

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC**  
**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 .....  
 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 [ ] No [ X ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s). .....  
 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 2013 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: ..... \$ ..... 13,499

**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 2013 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 [ X ]  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 .....	\$ ..... 100,168
25.28 On deposit with state or other regulatory body .....	\$ ..... 0
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 [ X ]

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 [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. .... \$ ..... 0

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 [ X ]  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 [ X ]

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 2013 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 .....	2,508,917	2,509,029	112
30.2 Preferred stocks .....	.0	0	0
30.3 Totals .....	2,508,917	2,509,029	112

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:  
 .....

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC  
**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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC  
**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 .....	9,147,112	9,170,210
2.2	Premium Denominator .....	9,147,112	9,170,210
2.3	Premium Ratio (2.1/2.2) .....	.1.000	.1.000
2.4	Reserve Numerator .....	189,295	243,530
2.5	Reserve Denominator .....	189,295	243,530
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 contract language with providers, statutory reserves and special deposits .....		
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis? .....	Yes [ X ] No [ ]	
7.2	If no, give details		
8.	Provide the following information regarding participating providers:		
	8.1 Number of providers at start of reporting year .....	2,677	
	8.2 Number of providers at end of reporting year .....	2,913	
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...\$ .....	1,495,946	
	9.22 Business with rate guarantees over 36 months .....	\$ 0	

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC  
**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 [ ] No [ X ]  
 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 2013 OF THE CIGNA DENTAL HEALTH OF OH INC**  
**FIVE-YEAR HISTORICAL DATA**

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	3,297,294	3,352,997	3,110,095	3,246,319	2,688,463
2. Total liabilities (Page 3, Line 24)	405,828	448,130	434,954	520,494	523,573
3. Statutory surplus	100,000	100,000	100,000	100,000	100,000
4. Total capital and surplus (Page 3, Line 33)	2,891,466	2,904,867	2,675,241	2,725,825	2,164,890
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	9,147,112	9,170,210	9,519,308	9,398,265	9,164,361
6. Total medical and hospital expenses (Line 18)	4,902,294	5,183,743	5,279,426	5,574,485	5,749,250
7. Claims adjustment expenses (Line 20)	17,237	13,971	15,185	24,396	27,854
8. Total administrative expenses (Line 21)	872,975	885,972	959,395	994,799	1,050,357
9. Net underwriting gain (loss) (Line 24)	3,354,606	3,086,524	3,265,302	2,804,585	2,336,900
10. Net investment gain (loss) (Line 27)	(959)	1,088	2,060	2,827	7,469
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	2,180,320	2,007,518	2,124,851	1,824,833	1,521,472
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	2,161,912	2,029,638	2,088,747	1,784,254	1,742,313
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	2,891,466	2,904,867	2,675,241	2,725,825	2,164,890
15. Authorized control level risk-based capital	204,402	212,568	209,376	205,149	203,119
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	45,398	46,662	49,290	49,322	49,964
17. Total members months (Column 6, Line 7)	547,265	554,927	595,734	592,649	594,902
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	53.6	56.5	55.5	59.3	62.7
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.2	0.2	0.2	0.3	0.3
22. Total underwriting deductions (Line 23)	63.3	66.3	65.7	70.2	74.5
23. Total underwriting gain (loss) (Line 24)	36.7	33.7	34.3	29.8	25.5
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	266,811	314,340	306,330	292,031	270,382
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	243,530	278,754	367,326	368,753	321,855
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
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 2013 OF THE CIGNA DENTAL HEALTH OF OH INC  
**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**

Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama .....	AL	N	0	0	0	0	0	0	0
2. Alaska .....	AK	N	0	0	0	0	0	0	0
3. Arizona .....	AZ	N	0	0	0	0	0	0	0
4. Arkansas .....	AR	N	0	0	0	0	0	0	0
5. California .....	CA	N	0	0	0	0	0	0	0
6. Colorado .....	CO	N	0	0	0	0	0	0	0
7. Connecticut .....	CT	N	0	0	0	0	0	0	0
8. Delaware .....	DE	N	0	0	0	0	0	0	0
9. District of Columbia .....	DC	N	0	0	0	0	0	0	0
10. Florida .....	FL	N	0	0	0	0	0	0	0
11. Georgia .....	GA	N	0	0	0	0	0	0	0
12. Hawaii .....	HI	N	0	0	0	0	0	0	0
13. Idaho .....	ID	N	0	0	0	0	0	0	0
14. Illinois .....	IL	N	0	0	0	0	0	0	0
15. Indiana .....	IN	N	0	0	0	0	0	0	0
16. Iowa .....	IA	N	0	0	0	0	0	0	0
17. Kansas .....	KS	N	0	0	0	0	0	0	0
18. Kentucky .....	KY	N	0	0	0	0	0	0	0
19. Louisiana .....	LA	N	0	0	0	0	0	0	0
20. Maine .....	ME	N	0	0	0	0	0	0	0
21. Maryland .....	MD	N	0	0	0	0	0	0	0
22. Massachusetts .....	MA	N	0	0	0	0	0	0	0
23. Michigan .....	MI	N	0	0	0	0	0	0	0
24. Minnesota .....	MN	N	0	0	0	0	0	0	0
25. Mississippi .....	MS	N	0	0	0	0	0	0	0
26. Missouri .....	MO	N	0	0	0	0	0	0	0
27. Montana .....	MT	N	0	0	0	0	0	0	0
28. Nebraska .....	NE	N	0	0	0	0	0	0	0
29. Nevada .....	NV	N	0	0	0	0	0	0	0
30. New Hampshire .....	NH	N	0	0	0	0	0	0	0
31. New Jersey .....	NJ	N	0	0	0	0	0	0	0
32. New Mexico .....	NM	N	0	0	0	0	0	0	0
33. New York .....	NY	N	0	0	0	0	0	0	0
34. North Carolina .....	NC	N	0	0	0	0	0	0	0
35. North Dakota .....	ND	N	0	0	0	0	0	0	0
36. Ohio .....	OH	L	9,147,112	0	0	0	0	9,147,112	0
37. Oklahoma .....	OK	N	0	0	0	0	0	0	0
38. Oregon .....	OR	N	0	0	0	0	0	0	0
39. Pennsylvania .....	PA	N	0	0	0	0	0	0	0
40. Rhode Island .....	RI	N	0	0	0	0	0	0	0
41. South Carolina .....	SC	N	0	0	0	0	0	0	0
42. South Dakota .....	SD	N	0	0	0	0	0	0	0
43. Tennessee .....	TN	N	0	0	0	0	0	0	0
44. Texas .....	TX	N	0	0	0	0	0	0	0
45. Utah .....	UT	N	0	0	0	0	0	0	0
46. Vermont .....	VT	N	0	0	0	0	0	0	0
47. Virginia .....	VA	N	0	0	0	0	0	0	0
48. Washington .....	WA	N	0	0	0	0	0	0	0
49. West Virginia .....	WV	N	0	0	0	0	0	0	0
50. Wisconsin .....	WI	N	0	0	0	0	0	0	0
51. Wyoming .....	WY	N	0	0	0	0	0	0	0
52. American Samoa .....	AS	N	0	0	0	0	0	0	0
53. Guam .....	GU	N	0	0	0	0	0	0	0
54. Puerto Rico .....	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands .....	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands .....	MP	N	0	0	0	0	0	0	0
57. Canada .....	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien .....	OT	XXX	0	0	0	0	0	0	0
59. Subtotal .....		XXX	9,147,112	0	0	0	0	9,147,112	0
60. Reporting entity contributions for Employee Benefit Plans .....		XXX	0	0	0	0	0	0	0
61. Total (Direct Business)	(a)	1	9,147,112	0	0	0	0	9,147,112	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
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	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.

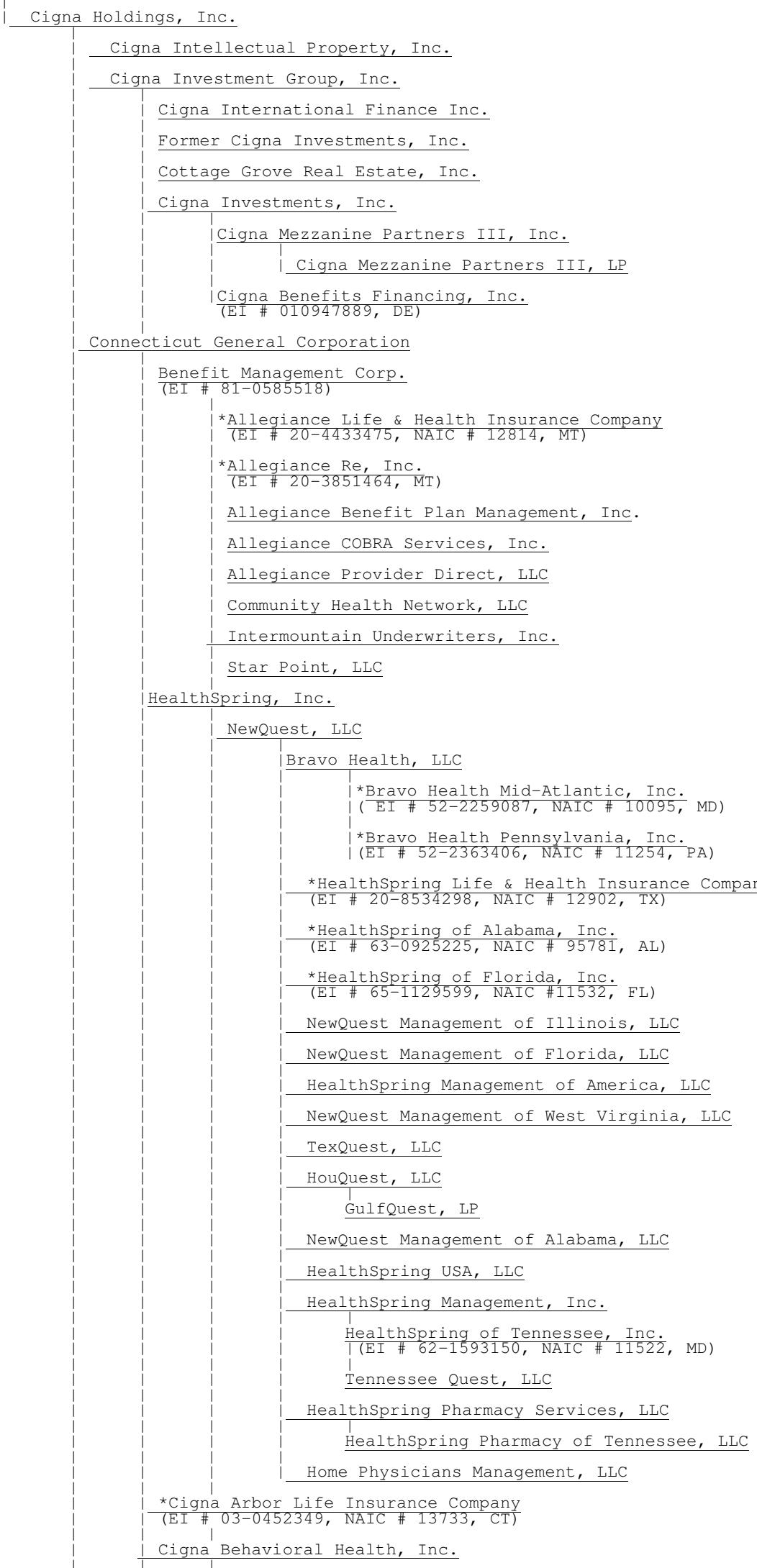
(a) Insert the number of L responses except for Canada and Other Alien.

All premiums written within the state of Ohio.

**ANNUAL STATEMENT FOR THE YEAR 2013 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, 2013:

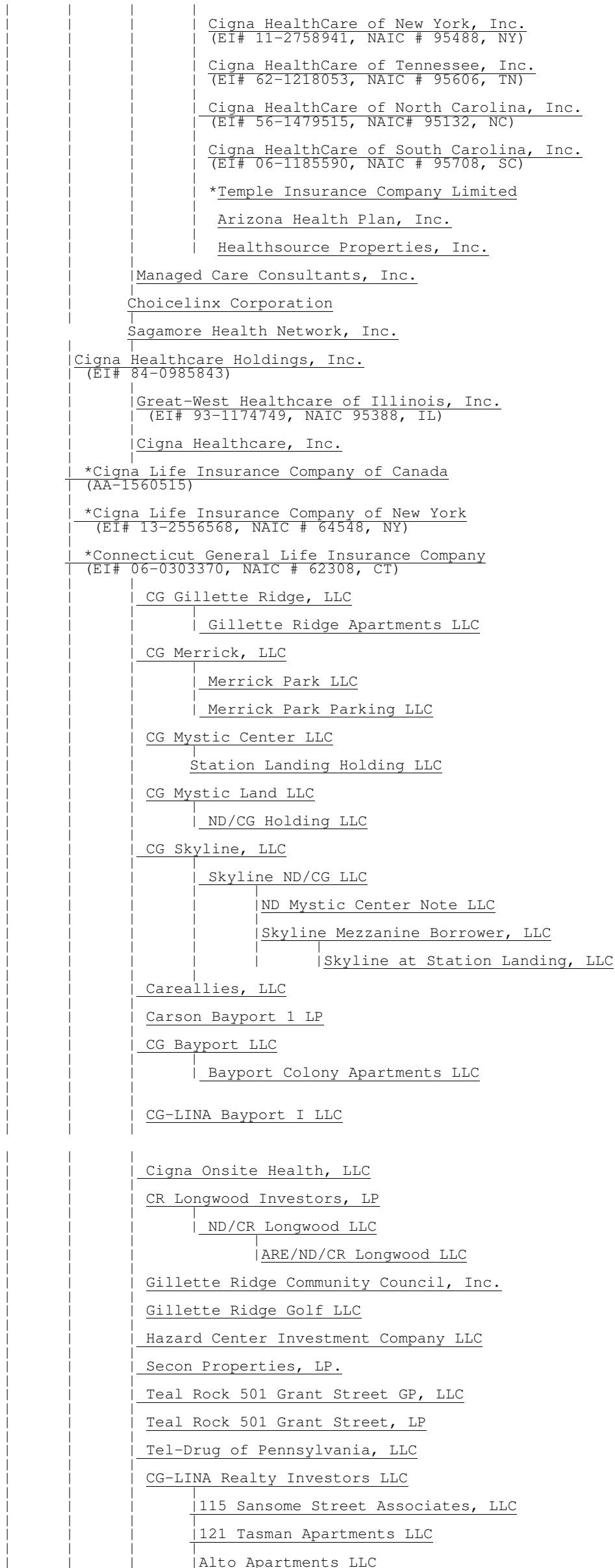
**Cigna CORPORATION**  
(A Delaware corporation and ultimate parent company)



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC

	<u>Cigna Behavioral Health of California, Inc.</u> (EI# 94-3107309)
	<u>Cigna Behavioral Health of Texas, Inc.</u> (EI# 75-2751090)
	<u>MCC Independent Practice Association of New York, Inc.</u>
	<u>Cigna Dental Health, Inc.</u>
	<u>Cigna Dental Health of California, Inc.</u> (EI# 59-2600475, CA)
	<u>Cigna Dental Health of Colorado, Inc.</u> (EI# 59-2675861, NAIC # 11175, CO)
	<u>Cigna Dental Health of Delaware, Inc.</u> (EI# 59-2676987, NAIC # 95380, DE)
	<u>Cigna Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL)
	<u>Cigna Dental Health of Illinois, Inc.</u> (EI# 06-1351097, IL)
	<u>Cigna Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS)
	<u>Cigna Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY)
	<u>Cigna Dental Health of Missouri, Inc.</u> (EI# 06-1582068, NAIC # 11160, MO)
	<u>Cigna Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167, NJ)
	<u>Cigna Dental Health of North Carolina, Inc.</u> (EI# 56-1803464, NAIC # 95179, NC)
	<u>Cigna Dental Health of Ohio, Inc.</u> (EI# 59-2579774, NAIC # 47805, OH)
	<u>Cigna Dental Health of Pennsylvania, Inc.</u> (EI# 52-1220578, NAIC # 47041, PA)
	<u>Cigna Dental Health of Texas, Inc.</u> (EI# 59-2676977, NAIC # 95037, TX)
	<u>Cigna Dental Health of Virginia, Inc.</u> (EI# 52-2188914, NAIC # 52617, VA)
	<u>Cigna Dental Health Plan of Arizona, Inc.</u> (EI# 86-0807222, NAIC # 47013, AZ)
	<u>Cigna Dental Health of Maryland, Inc.</u> (EI# 20-2844020, NAIC # 48119, MD)
	<u>Cigna Health Corporation</u>
	<u>Healthsource, Inc.</u>
	<u>Cigna HealthCare of Arizona, Inc.</u> (EI# 86-0334392, NAIC#95125, AZ)
	<u>Cigna HealthCare of California, Inc.</u> (EI# 95-3310115, CA)
	<u>Cigna HealthCare of Colorado, Inc.</u> (EI# 84-1004500, NAIC # 95604, CO)
	<u>Cigna HealthCare of Connecticut, Inc.</u> (EI# 06-1141174, NAIC # 95660, CT)
	<u>Cigna HealthCare of Florida, Inc.</u> (EI# 59-2089259, NAIC # 95136, FL)
	<u>Cigna HealthCare of Illinois, Inc.</u> (EI# 36-3385638, NAIC # 95602, IL)
	<u>Cigna HealthCare of Maine, Inc.</u> (EI# 01-0418220, NAIC # 95447, ME)
	<u>Cigna HealthCare of Massachusetts, Inc.</u> (EI# 02-0402111, NAIC # 95220, MA)
	<u>Cigna HealthCare Mid-Atlantic, Inc.</u> (EI# 52-1404350, NAIC # 95599, MD)
	<u>Cigna HealthCare of New Hampshire, Inc.</u> (EI# 02-0387749, NAIC # 95493, NH)
	<u>Cigna HealthCare of New Jersey, Inc.</u> (EI# 22-2720890, NAIC # 95500, NJ)
	<u>Cigna HealthCare of Pennsylvania, Inc.</u> (EI# 23-2301807, NAIC # 95121, PA)
	<u>Cigna HealthCare of St. Louis, Inc.</u> (EI# 36-3359925, NAIC # 95635, MO)
	<u>Cigna HealthCare of Utah, Inc.</u> (EI# 62-1230908, NAIC # 95518, UT)
	<u>Cigna HealthCare of Georgia, Inc.</u> (EI# 58-1641057, NAIC # 96229, GA)
	<u>Cigna HealthCare of Texas, Inc.</u> (EI# 74-2767437, NAIC # 95383, TX)
	<u>Cigna HealthCare of Indiana, Inc.</u> (EI# 35-1679172, NAIC # 95525, IN)

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC

	<u>CG-LINA Paper Box LLC</u>
	<u>Cigna Affiliates Realty Investment Group, LLC</u> (EI# 27-5402196, DE)
	<u>Market Street Residential Holdings LLC</u>
	<u>Arborpoint at Market Street LLC</u>
	<u>Market Street Retail Holdings LLC</u>
	<u>Market Street South LLC</u>
	<u>Diamondview Tower CM-CG LLC</u>
	<u>CR Washington Street Investors LP</u>
	<u>Civic Holding LLC</u>
	<u>Dulles Town Center Mall, LLC</u>
	<u>AEW/FDG, LP</u>
	<u>ND/CR Unicorn LLC</u>
	<u>Union Wharf Apartments LLC</u>
	<u>AMD Apartments Limited Partnership</u>
	<u>SP Newport Crossing LLC</u>
	<u>PUR Arbors Apartments Venture LLC</u>
	<u>CG Seventh Street, LLC</u>
	<u>Ideal Properties II LLC</u>
	<u>Allesandro Partners, LLC</u>
	<u>Mallory Square Partners I, LLC</u>
	<u>Houston Briar Forest Apartments Limited Partnership</u>
	<u>Newtown Partners II, LP</u>
	<u>Newtown Square GP LLC</u>
	<u>AFA Apartments Limited Partnership</u>
	<u>SB-SNH LLC</u>
	<u>680 Investors LLC</u>
	<u>685 New Hampshire LLC</u>
	<u>CGGL 18301 LLC</u>
	<u>Unico/CG Commonwealth LLC</u>
	<u>Commonwealth Acquisition LLC</u>
	<u>Unico-CG Lovejoy LLC</u>
	<u>CORAC LLC</u>
	<u>Bridgepoint Office Park Associates, LLC</u> (EI# 27-3923999, DE)
	<u>Fairway Center Associates, LLC</u> (EI# 27-3126102, DE)
	<u>Henry on the Park Associates, LLC</u> (EI# 27-3582688, DE)
	<u>*Cigna Health and Life Insurance Company</u> (EI# 59-1031071, NAIC# 67369, CT)
	<u>CarePlexus, LLC</u> (EI# 45-2681649, DE)
	<u>Cigna Corporate Services, LLC</u> (EI# 27-3396038, DE)
	<u>Cigna Insurance Agency, LLC</u> (EI# 27-1903785, CT)
	<u>Ceres Sales of Ohio, LLC</u> (EI# 34-1970892, OH)
	<u>Central Reserve Life Insurance Company</u> (EI# 34-0970995, NAIC# 61727, OH)
	<u>Provident American Life &amp; Health Insurance Company</u> (EI# 23-1335885, NAIC# 67903, OH)
	<u>United Benefit Life Insurance Company</u> (EI# 75-2305400, NAIC# 65269, OH)
	<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>

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC

(EI# 23-1503749, NAIC # 65498, PA)

\*Cigna & CMC Life Insurance Company Limited (remaining interest owned by an unaffiliated party)

\*LINA Life Insurance Company of Korea

LINA Financial Service

Cigna Korea Foundation

Cigna Direct Marketing Company, Inc.

Tel-Drug, Inc.

Vielife Holdings Limited

Vielife Limited

Vielife Services, Inc.

Businesshealth UK Limited

CG Individual Tax Benefit Payments, Inc.

CG Life Pension Benefits Payments, Inc.

CG LINA Pension Benefits Payments, Inc.

Cigna Federal Benefits, Inc.

Cigna Healthcare Benefits, Inc.

Cigna Integratedcare, Inc.

Cigna Managed Care Benefits Company

Cigna Re Corporation

Blodget & Hazard Limited

Cigna Resource Manager, Inc.

Connecticut General Benefit Payments, Inc.

Healthsource Benefits, Inc.

IHN, Inc.

LINA Benefit Payments, Inc.

Mediversal, Inc.

Universal Claims Administration

Cigna Global Holdings, Inc.

Cigna International Corporation, Inc.

Cigna International Services, Inc.

Cigna International Marketing (Thailand) Limited

CGO Participatos LTDA

YCFM Servicos LTDA

\*Cigna Global Reinsurance Company, Ltd.

Cigna Holdings Overseas, Inc.

Cigna Alder Holdings, LLC

Cigna Bellevue Alpha LLC

Cigna Hayat Sigorta, A.S.

Cigna Linden Holdings, Inc.

Cigna Laurel Holdings, Ltd.

Cigna Nederland Alpha Cooperatief U.A.

Cigna Nederland Beta B.V.

Cigna Nederland Gamma B.V.

Cigna Finans Emeklilik Ve Hayat A.S.

\*Cigna Life Insurance Company of Europe S.A.-N.V.

Cigna Magnolia Holdings, Ltd.

Cigna Myrtle Holdings, Ltd

Cigna Elmwood Holdings, BVBA

\*Cigna Europe Insurance Company S.A.-N.V.

Cigna European Services (UK) Limited

Cigna 2000 UK Pension LTD

Cigna Health Solution India Pvt. Ltd.

Cigna International Services Australia Pty Ltd

Cigna Apac Holdings Limited

Cigna Chestnut Holdings, Ltd.

\*Cigna Life Insurance New Zealand Limited

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC

				Vanbreda International Sdn. Bhd.
				<u>Cigna Hong Kong Holdings Company Limited</u>
				<u>Cigna Data Services (Shanghai) Company Limited</u>
				<u>Cigna HLA Technology Services Limited</u>
				<u>*Cigna Worldwide General Insurance Company Limited</u>
				<u>*Cigna Worldwide Life Insurance Company Limited</u>
				<u>Cigna Taiwan Life Assurance Company Limited</u>
				<u>Cigna Poplar Holdings, Inc.</u>
				<u>PT GAR Indonesia</u>
				<u>PT PGU Indonesia</u>
				<u>RHP (Thailand) Limited</u>
				<u>Cigna Brokerage Services (Thailand) Limited</u>
				<u>*Cigna Non-Life Insurance Brokerage (Thailand) Limited</u>
				<u>KDM (Thailand) Limited</u>
				<u>*Cigna Insurance Public Company Limited</u>
				<u>*Cigna Global Insurance Company Limited</u>
				<u>Vanbreda International NV</u>
				<u>Vanbreda International (Beijing) Consultants and Administrators Co.</u>
				<u>Vanbreda International, LLC</u>
				<u>Vanbreda International (Dubai) Limited</u>
				<u>CignaTTK Health Insurance Company Limited</u>
				<u>Cigna Saico Benefits Services W.L.L.</u>
				<u>*Cigna Worldwide Insurance Company</u> (EI# 23-2088429, NAIC # 90859, DE)
				<u>*PT. Asuransi Cigna</u>
				<u>FirstAssist Group Holdings Limited</u>
				<u>FirstAssist Group Limited</u>
				<u>FirstAssist Administration Limited</u>
				<u>Brighter Business Limited</u>
				<u>FirstAssist Legal Protection Limited</u>
				<u>Cigna Insurance Services (Europe) Limited</u>

Ltd

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE CIGNA DENTAL HEALTH OF OH INC  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

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