



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
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 Sunrise , FL, US 33323 (Street and Number) (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 Sunrise , FL, US 33323 (Street and Number) (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) angela.collie@cigna.com (E-mail Address)		954-514-6681 (Area Code) (Telephone Number) 860-298-1750 (FAX Number)			
OFFICERS						
President	Matthew Glenn Manders		Secretary	Anna Krishtul		
Treasurer	Christopher John Whelan		Actuary	Gregory John Czar		
OTHER						
Lance Manuel Thomas	Vice President	Christopher John Whelan	Vice President	Julie Ann Vayer	Vice President	
Maureen Hardiman Ryan	Vice President	Scott Ronald Lambert	Vice President			
DIRECTORS OR TRUSTEES						
Julie Ann Vayer	Matthew Glenn Manders	Christopher John Whelan				

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 2014 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)	100,779	0	100,779	100,168
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 (\$ 89,534 , Schedule E - Part 1), cash equivalents (\$ 0 , Schedule E - Part 2) and short-term investments (\$ 2,559,840 , Schedule DA)	2,649,374	0	2,649,374	2,420,299
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)	2,750,153	0	2,750,153	2,520,467
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	543	0	543	107
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	760,036	508	759,528	760,260
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	2,809	0	2,809	2,961
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ 0)	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	13,499
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)	3,513,541	508	3,513,033	3,297,294
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	3,513,541	508	3,513,033	3,297,294
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	255,458	30,038	285,496	189,295
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	5,938	0	5,938	3,016
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	24,777	0	24,777	26,813
9. General expenses due or accrued	105,504	0	105,504	103,190
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	1,345	0	1,345	81,356
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	0	0	0	0
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	8,325	0	8,325	2,158
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	125,613	0	125,613	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)	526,960	30,038	556,998	405,828
25. Aggregate write-ins for special surplus funds	XXX	XXX	165,545	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	2,517,132	2,618,108
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	2,956,035	2,891,466
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,513,033	3,297,294
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. 2015 PPACA Industry fee	XXX	XXX	165,545	0
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	165,545	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	540,632	547,265
2. Net premium income (including \$ 0 non-health premium income).....	XXX.....	9,303,409	9,147,112
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.....	9,303,409	9,147,112
Hospital and Medical:			
9. Hospital/medical benefits.....	0.....	0	0
10. Other professional services.....	121.....	4,657,720	4,446,210
11. Outside referrals.....	376,994.....	376,994	456,084
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).....	377,115.....	5,034,714	4,902,294
Less:			
17. Net reinsurance recoveries.....	0.....	0	0
18. Total hospital and medical (Lines 16 minus 17).....	377,115.....	5,034,714	4,902,294
19. Non-health claims (net).....	0.....	0	0
20. Claims adjustment expenses, including \$ 0 cost containment expenses.....	0.....	22,343	17,237
21. General administrative expenses.....	0.....	1,028,085	872,975
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).....	377,115.....	6,085,142	5,792,506
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	3,218,267	3,354,606
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0.....	(1,622)	(1,011)
26. Net realized capital gains (losses) less capital gains tax of \$ 27.....	0.....	.50	.52
27. Net investment gains (losses) (Lines 25 plus 26).....	0.....	(1,572)	(959)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 206)].....	0.....	(206)	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.....	3,216,489	3,353,647
31. Federal and foreign income taxes incurred.....	XXX.....	1,172,317	1,173,327
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	2,044,172	2,180,320
DETAILS OF WRITE-INS			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0.....	0	0
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0.....	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	2,891,466	2,904,867
34. Net income or (loss) from Line 32	2,044,172	2,180,320
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	(152)	(1,350)
39. Change in nonadmitted assets	549	2,629
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital	0	0
46. Dividends to stockholders	(1,980,000)	(2,195,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	64,569	(13,401)
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,956,035	2,891,466
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA DENTAL HEALTH OF OH INC
CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	9,302,654	9,169,057
2. Net investment income	(1,864)	(798)
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	9,300,790	9,168,259
5. Benefit and loss related payments	4,938,513	4,956,529
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	.0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	1,045,399	892,700
8. Dividends paid to policyholders .....	.0	0
9. Federal and foreign income taxes paid (recovered) net of \$	0	tax on capital gains (losses) 1,252,355
10. Total (Lines 5 through 9)	7,236,267	7,006,347
11. Net cash from operations (Line 4 minus Line 10)	2,064,523	2,161,912
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	100,000	0
12.2 Stocks .....	.0	0
12.3 Mortgage loans .....	.0	0
12.4 Real estate .....	.0	0
12.5 Other invested assets .....	.0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	78	81
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	100,078	81
13. Cost of investments acquired (long-term only):		
13.1 Bonds	100,805	0
13.2 Stocks .....	.0	0
13.3 Mortgage loans .....	.0	0
13.4 Real estate .....	.0	0
13.5 Other invested assets .....	.0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	100,805	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(727)	81
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock .....	.0	0
16.3 Borrowed funds .....	.0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	.0	0
16.5 Dividends to stockholders	1,980,000	2,195,000
16.6 Other cash provided (applied)	145,279	(3,401)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(1,834,721)	(2,198,401)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	229,075	(36,408)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	2,420,299	2,456,707
19.2 End of year (Line 18 plus Line 19.1)	2,649,374	2,420,299

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

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA DENTAL HEALTH OF OH INC

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2014 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	9,303,409	.0	0	9,303,409
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)	9,303,409	.0	0	9,303,409
10. Life	0	.0	0	0
11. Property/casualty	0	.0	0	0
12. Totals (Lines 9 to 11)	9,303,409	0	0	9,303,409

ANNUAL STATEMENT FOR THE YEAR 2014 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	4,938,513	0	0	4,938,513	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	4,938,513	0	0	4,938,513	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	285,496	0	0	285,496	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	285,496	0	0	285,496	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	189,295	0	0	189,295	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	189,295	0	0	189,295	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct	5,034,714	0	0	5,034,714	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	5,034,714	0	0	5,034,714	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 2014 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	84,129	0	0	84,129	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	84,129	0	0	84,129	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	201,367	0	0	201,367	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	201,367	0	0	201,367	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	285,496	0	0	285,496	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	285,496	0	0	285,496	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 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	288,761	4,649,752	0	285,496	288,761	189,295
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)	288,761	4,649,752	0	285,496	288,761	189,295
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)	288,761	4,649,752	0	285,496	288,761	189,295

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

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	291	291	291	291	291
2. 2010	5,285	5,591	5,591	5,591	5,591
3. 2011	XXX	5,062	5,376	5,376	5,376
4. 2012	XXX	XXX	4,905	5,172	5,172
5. 2013	XXX	XXX	XXX	4,690	4,979
6. 2014	XXX	XXX	XXX	XXX	4,650

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	293	291	291	291	291
2. 2010	5,651	5,591	5,591	5,591	5,591
3. 2011	XXX	5,341	5,376	5,376	5,376
4. 2012	XXX	XXX	5,148	5,172	5,172
5. 2013	XXX	XXX	XXX	4,879	4,979
6. 2014	XXX	XXX	XXX	XXX	4,935

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. 2010	9,398	5,591	25	0.4	5,616	59.8	0	0	5,616	59.8
2. 2011	9,519	5,376	17	0.3	5,393	56.7	0	0	5,393	56.7
3. 2012	9,170	5,172	15	0.3	5,187	56.6	0	0	5,187	56.6
4. 2013	9,147	4,979	19	0.4	4,998	54.6	0	0	4,998	54.6
5. 2014	9,303	4,650	19	0.4	4,669	50.2	285	6	4,960	53.3

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	291	291	291	291	291
2. 2010	5,285	5,591	5,591	5,591	5,591
3. 2011	XXX	5,062	5,376	5,376	5,376
4. 2012	XXX	XXX	4,905	5,172	5,172
5. 2013	XXX	XXX	XXX	4,690	4,979
6. 2014	XXX	XXX	XXX	XXX	4,650

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	293	291	291	291	291
2. 2010	5,651	5,591	5,591	5,591	5,591
3. 2011	XXX	5,341	5,376	5,376	5,376
4. 2012	XXX	XXX	5,148	5,172	5,172
5. 2013	XXX	XXX	XXX	4,879	4,979
6. 2014	XXX	XXX	XXX	XXX	4,935

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. 2010	9,398	5,591	25	0.4	5,616	59.8	0	0	5,616	59.8
2. 2011	9,519	5,376	17	0.3	5,393	56.7	0	0	5,393	56.7
3. 2012	9,170	5,172	15	0.3	5,187	56.6	0	0	5,187	56.6
4. 2013	9,147	4,979	19	0.4	4,998	54.6	0	0	4,998	54.6
5. 2014	9,303	4,650	19	0.4	4,669	50.2	285	6	4,960	53.3

ANNUAL STATEMENT FOR THE YEAR 2014 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 2014 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	15,699	0	15,699
2. Salary, wages and other benefits	0	21,037	346,859	0	367,896
3. Commissions (less \$ ceded plus \$ 0 assumed)	0	0	95,719	0	95,719
4. Legal fees and expenses	0	0	2,436	0	2,436
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	0	0	27,799	0	27,799
7. Traveling expenses	0	0	11,077	0	11,077
8. Marketing and advertising	0	0	49,545	0	49,545
9. Postage, express and telephone	0	0	20,875	0	20,875
10. Printing and office supplies	0	0	2,767	0	2,767
11. Occupancy, depreciation and amortization	0	0	49,258	0	49,258
12. Equipment	0	0	6,693	0	6,693
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	7	0	7
16. Insurance, except on real estate	0	0	1,131	0	1,131
17. Collection and bank service charges	0	0	2,887	0	2,887
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	3,659	0	3,659
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0	0	0
23.2 State premium taxes	0	0	93,040	0	93,040
23.3 Regulatory authority licenses and fees	0	0	6,136	0	6,136
23.4 Payroll taxes	0	1,306	21,538	0	22,844
23.5 Other (excluding federal income and real estate taxes)	0	0	137,581	0	137,581
24. Investment expenses not included elsewhere	0	0	0	3,362	3,362
25. Aggregate write-ins for expenses	0	0	133,379	0	133,379
26. Total expenses incurred (Lines 1 to 25)	0	22,343	1,028,085	3,362	(a) 1,053,790
27. Less expenses unpaid December 31, current year	0	5,938	105,504	0	111,442
28. Add expenses unpaid December 31, prior year	0	3,016	103,190	0	106,206
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	19,421	1,025,771	3,362	1,048,554
DETAILS OF WRITE-INS					
2501. Total Other Corporate Expenses	0	0	55,940	0	55,940
2502. Other Non-Managed	0	0	77,439	0	77,439
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	133,379	0	133,379

(a) Includes management fees of \$ 676,678 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2014 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)	248	684
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)	1,056	1,056
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 .....	.....	1,304	1,740
11. Investment expenses	(g)	3,362	
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) .....	.....	3,362	
17. Net investment income (Line 10 minus Line 16) .....	.....	(1,622)	
DETAILS OF WRITE-INS			
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 \$194 amortization of premium and less \$58 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 \$0 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	77	0	77	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)	77	0	77	0	0
DETAILS OF WRITE-INS					
0901. .....	.....	.....	.....	.....	.....
0902. .....	.....	.....	.....	.....	.....
0903. .....	.....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 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	508	1,057	549
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)	508	1,057	549
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	508	1,057	549
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 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.....	45,398	45,529	44,955	44,755	44,327	540,632
7. Total	45,398	45,529	44,955	44,755	44,327	540,632
DETAILS OF WRITE-INS						
0601. Health Insuring Corporation	45,398	45,529	44,955	44,755	44,327	540,632
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)	45,398	45,529	44,955	44,755	44,327	540,632

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA DENTAL HEALTH OF OH INC

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

The Statutory Financial Statements of the Company are presented in conformity with accounting practices prescribed or permitted by the State of Ohio Department of Insurance (the “Department”). The Department has adopted the National Association of Insurance Commissioners’ (“NAIC”) Statutory Accounting Principles (“SAP” or “SSAPs”).

The Company’s net income and capital and surplus do not differ between practices prescribed by the Department and NAIC SAP for the years ended December 31, 2014 and 2013

NET INCOME	State of Domicile	2014	2013
(1) Net Income/(Loss) (Derived using Ohio Accounting Practices) (Page 4, Line 32, Columns 2 & 3)	OH	\$ 2,044,172	2,180,320
(2) State of Ohio Prescribed Practices that increase/(decrease) NAIC SAP:			
- None	OH	-	-
(3) State of Ohio Permitted Practices that increase/(decrease) NAIC SAP:			
- None	OH	-	-
(4) NAIC SAP (1-2-3=4)		<u>2,044,172</u>	<u>2,180,320</u>
<hr/>			
SURPLUS			
(5) Capital and surplus (Derived using Ohio Accounting Practices) (Page 3, Line 33, Columns 3 & 4)	OH	2,956,035	2,891,466
(6) State of Ohio Prescribed Practices that increase/(decrease) NAIC SAP:			
- None	OH	-	-
(7) State of Ohio Permitted Practices that increase/(decrease) NAIC SAP:			
- None	OH	-	-
(8) NAIC SAP (5-6-7=8)		<u>2,956,035</u>	<u>2,891,466</u>

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

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. Significant estimates include those used in determining policy and contract liabilities, valuation allowances for invested assets. NAIC SAP 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. Significant estimates are discussed throughout these Notes; however, actual results could differ from those estimates.

C. Accounting Policy:

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 carried at amortized cost.

2. Bonds: Bonds designated highest quality and high quality are carried at amortized cost. All other bonds are carried at the lower of cost or fair value. Bonds are considered impaired and their cost basis is written down to fair value through net realized gains (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 90 days past due 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 received. The Company did not exclude any investment income due and accrued at December 31, 2014 and December 31, 2013. Amortization of bond premium or discount is calculated 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.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA DENTAL HEALTH OF OH INC

10. The Company does not utilize anticipated investment income as a factor in the Premium Deficiency calculation.

11. Claims Payable and Claims Adjustment Expenses: Claims payable and unpaid claims adjustment expenses include estimates of payments to be made under health insurance coverage provided by the Company for reported claims and for losses incurred but not yet reported. Management develops these estimates using actuarial methods based upon historical data for claim payment patterns, cost trends, product mix, seasonality, utilization of dental care services and other relevant factors. When estimates change, the Company records the adjustment in dental expenses in the period the change in estimate occurs. Claims payable also includes 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.

14. The Company is included in the consolidated United States federal income tax return filed by Cigna. Pursuant to the Tax Sharing Agreement with Cigna, federal income taxes are allocated to the Company as if it were filing on a separate return basis. The tax benefit of net operating losses, capital losses and tax credits are funded to the extent they reduce the consolidated federal income tax liability. The Company generally recognizes deferred income taxes when assets and liabilities have different values for financial statement and tax reporting purposes (temporary differences). Limitations of the admitted amount of the deferred tax asset are calculated in accordance with SSAP No. 101, Income Taxes, a Replacement of SSAP 10R and SSAP 10. More detailed information about the Company's income taxes is disclosed in Note 9.

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

Restricted Assets

The Company had restricted assets of \$100,799 and \$100,168 on deposit with the State of Ohio Department of Insurance at December 31, 2014 and December 31, 2013, included in bonds in the accompanying Statutory Balance Sheets. The following table presents the restricted assets as a percentage of total assets.

Restricted Asset Category	1 Total Gross Restricted from December 31, 2014	2 Total Gross Restricted from December 31, 2013	3 Increase/(Decrease) (1 minus 2)	4 Total Current Year Admitted Restricted	5 Percentage Gross Restricted to Total Assets	6 Percentage Admitted Restricted to Total Admitted Assets
On deposit with states	\$ 100,799	\$ 100,168	\$ 631	\$ 100,799	2.87%	2.87%
Total Restricted Assets	\$ 100,799	\$ 100,168	\$ 631	\$ 100,799	2.87%	2.87%

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, 2014 and 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

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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, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTA	2,809	-	2,809	2,961	-	2,961	(152)	-	(152)
(b) Statutory Valuation allowance adjustment (SVA)	-	-	-	-	-	-	-	-	-
(c) Adjusted gross DTA (1a - 1b)	2,809	-	2,809	2,961	-	2,961	(152)	-	(152)
(d) Nonadmitted DTA	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted DTA (1c - 1d)	2,809	-	2,809	2,961	-	2,961	(152)	-	(152)
(f) DTL	-	-	-	-	-	-	-	-	-
(g) Net admitted DTA (1e - 1f)	2,809	-	2,809	2,961	-	2,961	(152)	-	(152)

2.

	December 31, 2014			December 31, 2013			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)	2,809	-	2,809	2,961	-	2,961	(152)	-	(152)
(b) Admitted pursuant to 11.b. (realization)	-	-	-	-	-	-	-	-	-
1. Realization per 11.b.i.	-	-	-	-	-	-	-	-	-
2. Limitation per 11.b.ii.			442,984			433,245			9,739
(c) Admitted pursuant to 11.c.	-	-	-	-	-	-	-	-	-
(d) Total admitted adjusted gross deferred tax asset (2a+2b+2c)	2,809	-	2,809	2,961	-	2,961	(152)	-	(152)

3.

Used in 11.b.	2014	2013	
	Percentage	Percentage	
(a) Applicable ratio for realization limitation threshold table	1441.09%	1431.10%	

4.

Impact of Tax Planning Strategies (TPS) on adjusted gross DTAs and net admitted DTAs	December 31, 2014			December 31, 2013			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, 2014	December 31, 2013	Change
(a) Current federal income tax expenses / (benefit)	1,173,327	1,173,327	(1,010)
(b) Foreign income tax expense / (benefit)	-	-	-
(c) Subtotal	1,172,317	1,173,327	(1,010)
(d) Tax expense / (benefit) on realized capital gains / (losses)	27	29	(2)
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other, including prior year underaccrual (overaccrual)	-	-	-
Federal and foreign income taxes incurred	1,172,344	1,173,356	(1,012)

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

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2. DTA's Resulting from Book/Tax Differences In

Unearned premium reserves	1,733	1,877	(144)
Loss reserve discounting	898	714	184
Non Admitted Assets	178	370	(192)
Other	-	-	-
Gross DTA	2,809	2,961	(152)
Statutory Valuation Adjustment	-	-	-
Nonadmitted DTA	-	-	-
Admitted DTA	2,809	2,961	(152)

3. DTLs Resulting From Book/Tax Differences In

	December 31, 2014	December 31, 2013	Change
Discount of bond Premiums/Deferred gain	-	-	-
Gross DTL	-	-	-

4. Net Deferred Tax Assets/Liabilities: 2,809 2,961 (152)

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, 2014	December 31, 2013	Change
Total deferred tax assets	2,809	2,961	(152)
Total deferred tax liabilities	-	-	-
Net Deferred tax asset/liabilities	2,809	2,961	(152)
Statutory valuation allowance adjustment	-	-	-
Net deferred tax assets/liabilities after SVA	2,809	2,961	(152)
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			(152)

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, 2014	Effective Tax Rate
Provision computed at statutory rate (BFIT@35%)	1,125,781	35.00%
Change in nonadmitted assets	192	0.01%
PPACA	46,523	1.45%
Total	1,172,496	36.46%
Federal and foreign income taxes incurred	1,172,344	36.46%
Adjusted change in net deferred income taxes	152	0.00%
Total statutory income taxes	1,172,496	36.46%

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

(1) At December 31, 2014, 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
2014	1,172,344
2013	1,173,356

(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

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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 2014, had no material impact on the Company's financial condition. The IRS began its examination of 2011 and 2012 tax years in the third quarter of 2014 and its expected to continue through 2015.

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 Corp	Cigna Healthcare of Pennsylvania Inc.
Bravo Health Mid-Atlantic, Inc.	Cigna Healthcare of South Carolina
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 Corporation	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.	Healthspring Life & Health Insurance Company
Cigna Dental Health of Virginia Inc.	Healthspring of Alabama, Inc.
Cigna Dental Healthplan of Arizona Inc.	Healthspring of Florida, Inc.
Cigna Direct Marketing Company Inc.	Healthspring Management, Inc.
Cigna Federal Benefits Inc.	Healthspring of Tennessee, Inc.
Cigna Global Holdings Inc.	Healthspring, Inc.
Cigna Global Insurance Company Limited	IHN Inc.
Cigna Global Reinsurance Company LTD	Intermountain Underwriters Inc.
Cigna Government Benefits Inc.	Intracorp, Inc.
Cigna Health and Life Insurance Company	Kronos Optimal Health Company
Cigna Health Corporation	Life Ins Co of North America
Cigna Health Management Inc.	LINA Benefit Payments Inc.
Cigna Healthcare Benefits Inc.	Managed Care Consultants Inc.
Cigna Healthcare Holdings Inc.	MCC Independent Practice Assoc of New York Inc.
Cigna Healthcare Inc.	Mediversal Inc.
Cigna Healthcare Mid-Atlantic Inc.	Sagamore Health Network Inc.
Cigna Healthcare of Arizona Inc.	Tel-Drug Inc.
Cigna Healthcare of California Inc.	Universal Claims Administration
Cigna Healthcare of Colorado Inc.	Cottage Grove Real Estate Inc.
Cigna Healthcare of Connecticut Inc.	Former Cigna Investments Inc.
Cigna Healthcare of Florida Inc.	GreatWest Healthcare of Illinois Inc.
Cigna Healthcare of Georgia Inc.	Hazard Center Investment Co LLC
Cigna Healthcare of Illinois Inc.	Healthsource Benefits Inc.
Cigna Healthcare of Indiana Inc.	Healthsource Inc.
Cigna Healthcare of Maine Inc.	Healthsource Properties Inc.

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

The Company paid ordinary cash dividends to the parent of \$1,280,320 on September 19, 2014, and \$580,000 on December 31, 2014. The company paid ordinary cash dividends of \$712,518 to the parent as of December 31, 2013. The company paid extraordinary cash dividends in the amount of \$119,680 on September 31, 2014 to the Parent with the approval of the State

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of Ohio Department of Insurance. The company paid extraordinary cash dividends in the amount of \$1,295,000 on July 24, 2013, and \$187,482 on December 31, 2013 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 \$9,217,208 in 2014 and \$9,065,210 in 2013. Net accounts receivable from these affiliates, including the non-admitted portion, were \$759,712 at December 31, 2014 and \$760,062 at December 31, 2013.

The Parent charged the Company \$961,880 in 2014 and \$960,099 in 2013 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 \$653,895 in 2014 and \$652,718 in 2013, reflected as management fee charges from affiliates, charges for claims adjustment expenses of \$19,421 in 2014 and \$19,351 in 2013, and charges for services critical to the delivery of dental care of \$288,564 in 2014 and \$288,030 in 2013, 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 \$125,613 as amounts due to affiliates as of December 31, 2014 and \$13,499 as amounts due from affiliates as of December 31, 2013. 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 \$3,362 in 2014 and \$2,912 in 2013.

Fee Sharing Agreement (the "agreement"): Several of Cigna Corporation's ("Cigna") subsidiaries are subject to the Health Insurance Providers Fee, "the fee", which is imposed on each covered entity engaged in the business of providing health insurance for any United States health risk. Such entities, along with Cigna, are collectively treated as a single "covered entity" as that term is defined in Section 9010(c) and Treas. Reg. § 57.2(b). By entering into this agreement, each party has consented to select Cigna as its "designated entity" for the payment of this fee. The agreement allows Cigna to pay each year to the U.S. Department of Treasury the fee owed collectively by all covered entities in the group, and to perform all necessary and appropriate actions that may be required to fulfill Cigna's responsibilities as the designated entity. This agreement further allows Cigna to delegate to a wholly owned subsidiary the authority to perform these actions on Cigna's behalf. For financial management and reporting purposes, Cigna and the parties will allocate the fee for each fee year among the parties in proportion to estimates of each party's premiums for that fee year. This agreement was approved by the Department and is effective for the Company on August 26, 2014.

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

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

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

The Company did not have any investments in foreign subsidiaries.

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

NOTE 11 – DEBT

N/A

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

N/A

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

1. The company has 1,000 shares authorized, 100 shares issued, and 100 shares outstanding. All shares are common shares
2. The Company has no preferred stock outstanding.
3. Without prior approval of its domiciliary commissioner, dividends to stockholders are limited by the laws of the Company's state of incorporation, State of Ohio, and are based on restrictions relating to statutory surplus.
4. Ordinary dividends of \$1,280,320 and extraordinary dividends of \$119,680 were paid by the Company on September 26, 2014 and ordinary dividends of \$580,000 were paid by the company on December 31, 2014.
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.

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6. There were no restrictions placed on the Company's unassigned surplus, including for whom the surplus is being held.
7. Advances to surplus are not applicable to the Company.
8. Conversion of preferred stock, employee stock options and stock purchase warrants are not applicable to the Company.
9. Changes to the balances of special surplus funds from the prior year are due to the recognition of the 2015 Health Insurance Industry fee incurred year-to-date of \$165,545.
10. The portion of unassigned funds (surplus) decreased by cumulative unrealized gains and losses are \$228.
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 – LIABILITIES, CONTINGENCIES and ASSESSMENT

A. Contingent Commitments

Not applicable.

B. Assessments

Not applicable.

C. Gain Contingencies

Not applicable.

D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming From Lawsuits

Not applicable.

E. Joint and Several Liabilities

Not applicable.

F. All Other Contingencies

Litigation and Other Legal Matters

Cigna Corporation and its subsidiaries (including the Company; and collectively known as Cigna Corporation) are routinely involved in numerous claims, lawsuits, regulatory audits, investigations and other legal matters arising, for the most part, in the ordinary course of managing a health services business. These actions may include benefit disputes, breach of contract claims, tort claims, provider disputes, disputes regarding reinsurance arrangements, employment and employment discrimination-related suits, employee benefit claims, wage and hour claims, privacy, intellectual property claims and real estate related disputes. There are currently, and may be in the future, attempts to bring class action lawsuits against the industry. Cigna Corporation and its subsidiaries (including the Company) also are regularly engaged in IRS audits and may be subject to examinations by various state and foreign taxing authorities. Disputed income tax matters arising from these examinations, including those resulting in litigation, are accounted for under the NAIC's accounting guidance for tax loss contingencies. Further information on income tax matters can be found in Note 9.

The business of administering and insuring health services programs, particularly health care and group insurance programs, is heavily regulated by federal and state laws and administrative agencies, such as state departments of insurance and the U.S. Departments of Health and Human Services, Treasury, Labor and Justice, as well as the courts. Health care regulation and legislation in its various forms, including the implementation of Health Care Reform, other regulatory reform initiatives, such as those relating to Medicare programs, or additional changes in existing laws or regulations or their interpretations, could have a material adverse effect on the Company's business, results of operations and financial condition.

In addition, there is heightened review by federal and state regulators of the health care, disability and life insurance industry business and related reporting practices. Cigna and its subsidiaries (including the Company) are frequently the subject of regulatory market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, the CMS and the Office of Inspector General ("OIG"). With respect to Cigna's Medicare Advantage business, the CMS and OIG perform audits to determine a health plan's compliance with federal regulations and contractual obligations, including compliance with

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proper coding practices (sometimes referred to as Risk Adjustment Data Validation audits or RADV audits), that may result in retrospective adjustments to payments made to health plans. Regulatory actions can result in assessments, civil or criminal fines or penalties or other sanctions, including loss of licensing or exclusion from participating in government programs.

Regulation, legislation and judicial decisions have resulted in changes to industry and Cigna and its subsidiaries' (including the Company) business practices, financial liability or other sanctions and will continue to do so in the future.

When the Cigna Corporation and its subsidiaries (including the Company) (in the course of its regular review of pending litigation and legal or regulatory matters) have determined that a material loss is reasonably possible, the matter is disclosed. In accordance with statutory accounting principles, when litigation and regulatory matters present loss contingencies that are both probable and estimable, the Company accrues the estimated loss by a charge to income. The amount accrued represents the Company's best estimate of the probable loss at the time. If only a range of estimated losses can be determined, the Company accrues an amount within the range that, in the Company's judgment, reflects the most likely outcome; if none of the estimates within that range is a better estimate than any other amount, the Company accrues the minimum amount of the range. In cases when the Company has accrued an estimated loss, the accrued amount may differ materially from the ultimate amount of the loss. In many proceedings, it is inherently difficult to determine whether any loss is probable or even possible or to estimate the amount or range of any loss. The Company provides disclosure in the aggregate for material pending litigation and legal or regulatory matters, including accruals, range of loss, or a statement that such information cannot be estimated. 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.

The outcome of litigation and other legal or regulatory matters is always uncertain and unfavorable outcomes that are not justified by the evidence or existing law can occur. Cigna Corporation and its subsidiaries (including the Company) believe that it has valid defenses to the matters pending against it and is defending itself vigorously. The Company believes that the legal actions, regulatory matters, 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 based upon current knowledge and taking into consideration current accruals. Due to numerous uncertain factors presented in these cases, it is not possible to estimate an aggregate range of loss (if any) for these matters at this time. 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. An adverse outcome in one or more of these matters could be material to the Company's results of operations, financial condition or liquidity for any particular period.

Ingenix. In April 2004, Cigna Corporation (of which, the Company is a subsidiary) was sued in a number of putative nationwide class actions alleging that Cigna Corporation improperly underpaid claims for out-of-network providers through the use of data provided by Ingenix, Inc., a subsidiary of one of the Cigna Corporation's competitors. These actions were consolidated into *Franco v. Connecticut General Life Insurance Company, et al.*, pending in the U.S. District Court for the District of New Jersey. The consolidated amended complaint, filed in 2009 on behalf of subscribers, health care providers and various medical associations, asserted claims related to benefits and disclosure under ERISA, the Racketeer Influenced and Corrupt Organizations ("RICO") Act, the Sherman Antitrust Act and New Jersey state law and seeks recovery for alleged underpayments from 1998 through the present. Other major health insurers have been the subject of, or have settled, similar litigation.

In September 2011, the District Court (1) dismissed all claims by the health care provider and medical association plaintiffs for lack of standing; and (2) dismissed the antitrust claims, the New Jersey state law claims and the ERISA disclosure claim. In January 2013 and again in April 2014, the District Court denied separate motions by the plaintiffs to certify a nationwide class of subscriber plaintiffs. The Third Circuit denied plaintiff's request for an immediate appeal of the January 2013 ruling. As a result, the case is proceeding on behalf of the named plaintiffs only. In June 2014, the District Court granted Cigna Corporation's motion for summary judgment to terminate all claims, and denied the plaintiffs' partial motion for summary judgment. In July 2014, the plaintiffs appealed all of the District Court's decisions in favor of Cigna Corporation, including the class certification decision, to the Third Circuit. Cigna Corporation will continue to vigorously defend its position.

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 24% of premium revenue for the period ended December 31, 2014. Individually, these customer(s) 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, 2014 the Company had no bonds carried at fair value in the financial statements. As of December 31, 2014, the carrying value and fair value of the Company's bonds was \$100,779 and \$101,130, respectively and were classified as Level 1.

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.

Section 9010 Insurer Fee: Effective January 1, 2014, the Company adopted SSAP 106, Affordable Care Act Assessments, for the annual health insurance industry fee imposed under Section 9010 of the ACA. See Note 22 for additional information about this fee and the estimated financial impact to the Company.

NOTE 22 – EVENTS SUBSEQUENTType 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 had a material effect on the financial condition of the Company. In preparing these financial statements the Company has evaluated events that occurred between the balance sheet date and March 1, 2015.

Type II – Nonrecognized Subsequent Events:

On January 1, 2015, the Company will be subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). Cigna covered entities' share of the annual fee will be based on the ratio of the amount of their aggregate 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 calendar 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 of the year the fee is due. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimates its portion of the annual health insurance industry fee payable on September 30, 2015 to be \$165,545. This amount is reflected in special surplus. This assessment is expected to impact risk based capital by 0.46%. Reporting the ACA assessment as of December 31, 2014, would not have triggered an RBC action level.

	<u>Current Year</u>	<u>Prior Year</u>
A. ACA fee assessment payable for the upcoming year	\$165,545	\$132,919
B. ACA fee assessment paid	\$0	Not Applicable
C. Premium written subject to ACA 9010 assessment	\$9,303,409	\$9,147,112
D. Total Adjusted Capital before surplus adjustment	\$2,956,035	
E. Authorized Control Level before surplus adjustment	\$204,937	
F. Total Adjusted Capital after surplus adjustment	\$2,790,490	
G. Authorized Control Level after surplus adjustment	\$205,871	

H. Would reporting the ACA assessment as of Dec. 31, 2014 have triggered an RBC action level (Yes/No)? **No**

NOTE 23 – REINSURANCE

N/A

NOTE 24 – RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

- A. Not Applicable
- B. Not Applicable
- C. Not Applicable
- D. Not Applicable
- E. Risk Sharing Provisions of the Affordable Care Act

1. Permanent ACA Risk Adjustment Program

- a. Premium adjustments receivable due to ACA Risk Adjustment
Not Applicable
- b. Risk adjustment user fees payable for ACA Risk Adjustment
Not Applicable
- c. Premium adjustments payable due to ACA Risk Adjustment
Not Applicable
- d. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment
Not Applicable
- e. Reported in expenses as ACA risk adjustment user fees (incurred/paid)
Not Applicable

2. Transitional ACA Reinsurance Program

- a. Amounts recoverable for claims paid due to ACA Reinsurance
Not Applicable
- b. Amounts recoverable for claims unpaid due to ACA Reinsurance
Not Applicable
- c. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance
Not Applicable
- d. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium
Not Applicable
- e. Ceded reinsurance premiums payable due to ACA Reinsurance
Not Applicable
- f. Liability for amounts held under uninsured plans contributions for ACA Reinsurance
Not Applicable
- g. Ceded Reinsurance premiums due to ACA Reinsurance
Not Applicable
- h. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments
Not Applicable
- i. ACA Reinsurance contributions – not reported as ceded premium
Not Applicable

3. Temporary ACA Risk Corridors Program

- a. Accrued retrospective premium due to ACA Risk Corridors
Not Applicable
- b. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors
Not Applicable
- c. Effect of ACA Risk Corridors on net premium income (paid/received)
Not Applicable

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- d. Effect of ACA Risk Corridors on change in reserves for rate credits
Not Applicable

NOTE 25 – CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

Reserve for incurred claims and claims adjustment expenses attributable to insured events has increased by \$99,123 from \$192,311 at December 31, 2013 to \$291,434 at December 31, 2014 as a result of re-estimation of unpaid claims and claims adjustment expenses. This increase is generally the result of ongoing analysis of recent loss development trends.

NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS

N/A

NOTE 27 – STRUCTURED SETTLEMENTS

N/A

NOTE 28 – HEALTH CARE RECEIVABLES

N/A

NOTE 29 – PARTICIPATING POLICIES

N/A

NOTE 30 – PREMIUM DEFICIENCY RESERVES

N/A

NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION

N/A

ANNUAL STATEMENT FOR THE YEAR 2014 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 2014 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:

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c) Compliance with applicable governmental laws, rules and regulations;

(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e) Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [X] No []

14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 All employees of Cigna Corporation and its subsidiaries, including senior managers, are subject to the same code of ethics. That the code has been amended from time to time to enhance clarity and relevance. There is no separate code for senior managers.

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 2014 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 [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

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 2014 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 Placed under option agreements	\$ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
25.27 FHLB Capital Stock	\$ 100,779
25.28 On deposit with states	\$ 0
25.29 On deposit with other regulatory bodies	\$ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
25.32 Other	\$ 0

25.3 For category (25.26) 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 [] No [X]

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

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
Not Applicable	Not Applicable .....	.....	There was a correction made to the JP Morgan Chase address, however the actual address did not change

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 2014 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	2,660,620	2,660,971	.351
30.2 Preferred stocks .....	.0	.0	0
30.3 Totals	2,660,620	2,660,971	351

- 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 2014 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 2014 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	9,303,409	9,147,112
2.2	Premium Denominator	9,303,409	9,147,112
2.3	Premium Ratio (2.1/2.2)1.000	.1.000
2.4	Reserve Numerator	285,496	189,295
2.5	Reserve Denominator	285,496	189,295
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	2,981	
	8.2 Number of providers at end of reporting year	3,196	
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...\$	686,504	
	9.22 Business with rate guarantees over 36 months	\$ 0	

ANNUAL STATEMENT FOR THE YEAR 2014 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. \$ 250,000

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	
Defiance	
Erie	
Fairfield	
Fayette	
Franklin	
Greene	
Geauga	
Hamilton	
Hancock	
Jefferson	
Lake	
Licking	
Lorain	
Lucas	
Mahoning	
Marion	
Medina	
Miami	
Montgomery	
Muskingum	
Portage	
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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA DENTAL HEALTH OF OH INC

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written	\$	0
15.2 Total Incurred Claims	\$	0
15.3 Number of Covered Lives		0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA DENTAL HEALTH OF OH INC
FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	3,513,033	3,297,294	3,352,997	3,110,095	3,246,319
2. Total liabilities (Page 3, Line 24)	556,998	405,828	448,130	434,854	520,494
3. Statutory surplus	250,000	100,000	100,000	100,000	100,000
4. Total capital and surplus (Page 3, Line 33)	2,956,035	2,891,466	2,904,867	2,675,241	2,725,825
Income Statement (Page 4)					
5. Total revenues (Line 8)	9,303,409	9,147,112	9,170,210	9,519,308	9,398,265
6. Total medical and hospital expenses (Line 18)	5,034,714	4,902,294	5,183,743	5,279,426	5,574,485
7. Claims adjustment expenses (Line 20)	22,343	17,237	13,971	15,185	24,396
8. Total administrative expenses (Line 21)	1,028,085	872,975	885,972	959,395	994,799
9. Net underwriting gain (loss) (Line 24)	3,218,267	3,354,606	3,086,524	3,265,302	2,804,585
10. Net investment gain (loss) (Line 27)	(1,572)	(959)	1,088	2,060	2,827
11. Total other income (Lines 28 plus 29)	(206)	0	0	0	0
12. Net income or (loss) (Line 32)	2,044,172	2,180,320	2,007,518	2,124,851	1,824,833
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	2,064,523	2,161,912	2,029,638	2,088,747	1,784,254
Risk-Based Capital Analysis					
14. Total adjusted capital	2,956,035	2,891,466	2,904,867	2,675,241	2,725,825
15. Authorized control level risk-based capital	204,937	204,402	212,568	209,376	205,149
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	44,327	45,398	46,662	49,290	49,322
17. Total members months (Column 6, Line 7)	540,632	547,265	554,927	595,734	592,649
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	54.1	53.6	56.5	55.5	59.3
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	0.2	0.3
22. Total underwriting deductions (Line 23)	65.4	63.3	66.3	65.7	70.2
23. Total underwriting gain (loss) (Line 24)	34.6	36.7	33.7	34.3	29.8
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	288,761	266,811	314,340	306,330	292,031
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	189,295	243,530	278,754	367,326	368,753
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

Yes No

If no, please explain: _____

ANNUAL STATEMENT FOR THE YEAR 2014 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	9,303,409	0	0	0	0	9,303,409	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	9,303,409	0	0	0	0	9,303,409	0
60. Reporting entity contributions for Employee Benefit Plans		XXX	0	0	0	0	0	0	0
61. Total (Direct Business)	(a)	1	9,303,409	0	0	0	0	9,303,409	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.

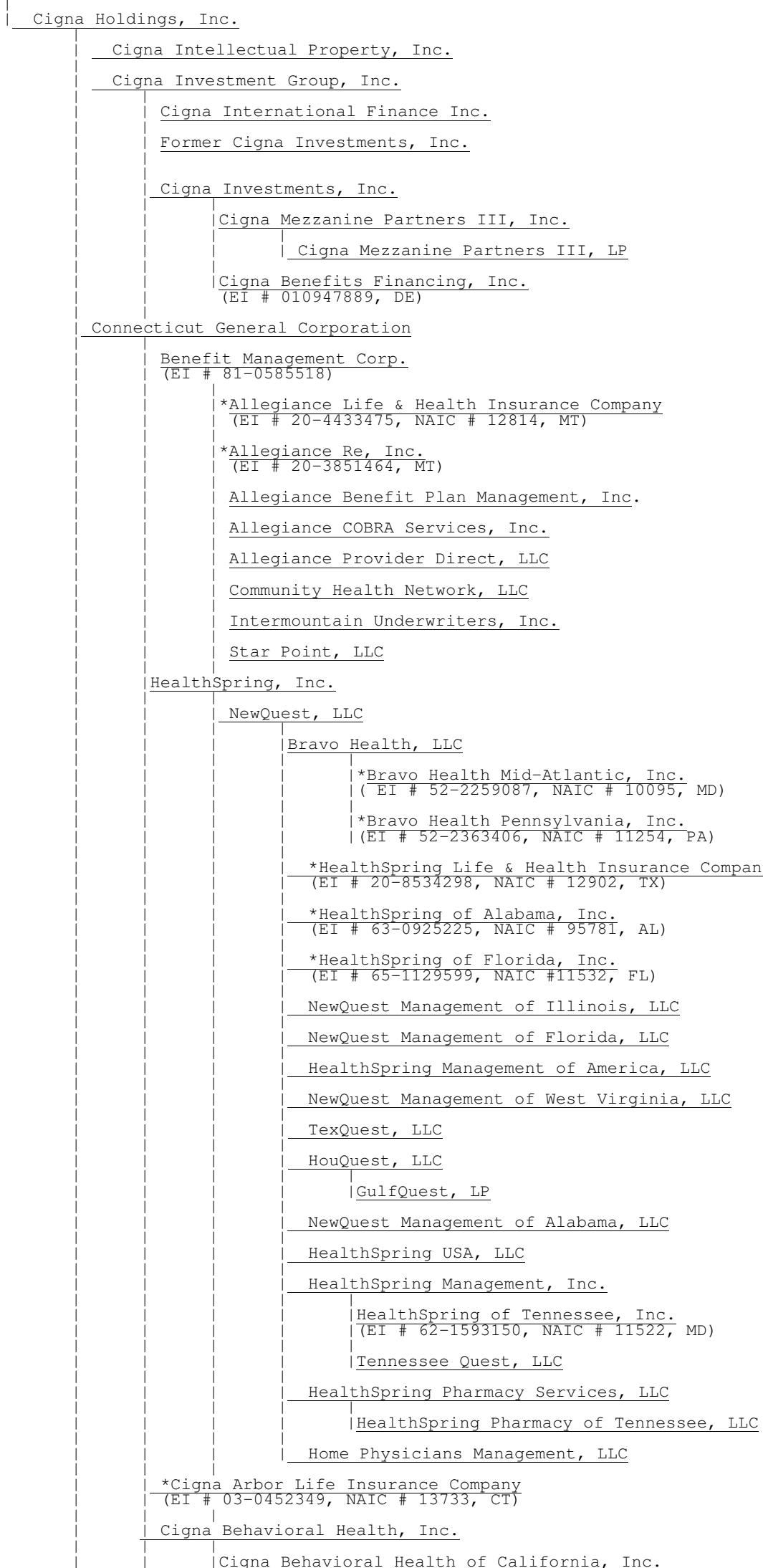
(a) Insert the number of L responses except for Canada and Other Alien.

All premiums written within the State of Ohio.

ANNUAL STATEMENT FOR THE YEAR 2014 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, 2014:

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA DENTAL HEALTH OF OH INC

		(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 2014 OF THE CIGNA DENTAL HEALTH OF OH INC

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

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

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

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

*Temple Insurance Company Limited

Arizona Health Plan, Inc.

Healthsource Properties, Inc.

Managed Care Consultants, Inc.

Choicelinx Corporation

Sagamore Health Network, Inc.

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

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

Cigna Healthcare, Inc.

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

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

CG Gillette Ridge, LLC

 | Gillette Ridge Apartments LLC

CG Merrick, LLC

 | Merrick Park LLC

 | Merrick Park Parking LLC

CG Mystic Center LLC

 | Station Landing Holding LLC

CG Mystic Land LLC

 | ND/CG Holding LLC

CG Skyline, LLC

 | Skyline ND/CG LLC

 | ND Mystic Center Note LLC

 | Skyline Mezzanine Borrower, LLC

 | Skyline at Station Landing, LLC

Careallies, LLC

Carson Bayport 1 LP

CG Bayport LLC

 | Bayport Colony Apartments LLC

CG-LINA Bayport I LLC

 | Cigna Onsite Health, LLC

CR Longwood Investors, LP

 | ND/CR Longwood LLC

 | ARE/ND/CR Longwood LLC

Gillette Ridge Community Council, Inc.

Gillette Ridge Golf LLC

Hazard Center Investment Company LLC

Secon Properties, LP.

Teal Rock 501 Grant Street GP, LLC

Teal Rock 501 Grant Street, LP

Tel-Drug of Pennsylvania, LLC

CG-LINA Realty Investors LLC

 | 115 Sansome Street Associates, LLC

 | 121 Tasman Apartments LLC

 | Alto Apartments LLC

 | CG-LINA Paper Box LLC

GRG Acquisitions LLC

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA DENTAL HEALTH OF OH INC

		Market Street Residential Holdings LLC
		Arborpoint at Market Street LLC
		Market Street Retail Holdings LLC
		Market Street South LLC
		Diamondview Tower CM-CG LLC
		CR Washington Street Investors LP
		Civic Holding LLC
		Dulles Town Center Mall, LLC
		AEW/FDG, LP
		ND/CR Unicorn LLC
		Union Wharf Apartments LLC
		AMD Apartments Limited Partnership
		SP Newport Crossing LLC
		PUR Arbors Apartments Venture LLC
		CG Seventh Street, LLC
		Ideal Properties II LLC
		Allesandro Partners, LLC
		Mallory Square Partners I, LLC
		Houston Briar Forest Apartments Limited Partnership
		Newtown Partners II, LP
		Newtown Square GP LLC
		AFA Apartments Limited Partnership
		SB-SNH LLC
		680 Investors LLC
		685 New Hampshire LLC
		CGGL 18301 LLC
		Unico/CG Commonwealth LLC
		Commonwealth Acquisition LLC
		Unico-CG Lovejoy LLC
		222 Main Street Caring GP LLC
		222 Main Street Investors LP
		Notch 8 Residential, L.L.C.
		UVL, LLC
		Agua Mansa Partners LLC
		3601 North Fairfax Drive Associates, LLC
		CORAC LLC
		Bridgepoint Office Park Associates, LLC (EI# 27-3923999, DE)
		Fairway Center Associates, LLC (EI# 27-3126102, DE)
		Henry on the Park Associates, LLC (EI 27-3582688, DE)
		*Cigna Health and Life Insurance Company (EI # 59-1031071, NAIC # 67369, CT)
		CarePlexus, LLC (EI# 45-2681649; DE)
		Cigna Corporate Services, LLC (EI 27-3396038, DE)
		Cigna Insurance Agency, LLC (EI # 27-1903785, CT)
		Ceres Sales of Ohio, LLC (EI # 34-1970892, OH)
		Central Reserve Life Insurance Company (EI # 34-0970995, NAIC # 61727, OH)
		Provident American Life & Health Insurance Company (EI # 23-1335885, NAIC # 67903, OH)
		United Benefit Life Insurance Company (EI # 75-2305400, NAIC # 65269, OH)
		Loyal American Life Insurance Company (EI # 63-0343428, NAIC # 65722, OH)
		American Retirement Life Insurance Company (EI # 59-2760189, NAIC # 88366, OH)
		Cigna Health Management, Inc.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA DENTAL HEALTH OF OH INC

| (EI# 23-1728483, DE)
| Kronos Optimal Health Company
| (20-8064696, AZ)
| *Life Insurance Company of North America
| (EI# 23-1503749, NAIC # 65498, PA)
| | *Cigna & CMC Life Insurance Company Limited
| | (remaining interest owned by an unaffiliated party)
| | 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 Bellevue Alpha LLC
| | | | CignaTurkey Consultancy Services, A.S.
| | | | Cigna Linden Holdings, Inc.
| | | | | Cigna Laurel Holdings, Ltd.
| | | | | Cigna Palmetto Holdings, Ltd.
| | | | | Cigna Magnolia 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 Health Solution India Pvt. Ltd.
| | Cigna Apac Holdings Limited
| | | Cigna Alder Holdings, LLC
| | | Cigna Walnut Holdings, Ltd.
| | | | Cigna Chestnut Holdings, Ltd.
| | | | | *LINA Life Insurance Company of Korea
| | | | | | LINA Financial Service
| | | | | | Cigna Korea Foundation
| | | | | Cigna International Services Australia Pty Ltd.
| | | | | *Cigna Life Insurance New Zealand Limited
| | | | | Cigna Hong Kong Holdings Company Limited
| | | | | | Cigna Data Services (Shanghai) Company Limited
| | | | | | Cigna HLA Technology Services Limited

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA DENTAL HEALTH OF OH INC

<u>Limited</u>	<u>*Cigna Worldwide General Insurance Company</u>
<u>Limited</u>	<u>*Cigna Worldwide Life Insurance Company</u>
	<u>Vanbreda International Sdn. Bhd.</u>
	<u>*Cigna Life Insurance Company of Canada</u>
	<u>(AA-1560515)</u>
	<u>RHP (Thailand) Limited</u>
	<u>*Cigna Brokerage & Marketing (Thailand) Limited</u>
	<u>KDM (Thailand) Limited</u>
	<u>*Cigna Insurance Public Company Limited</u>
	<u>Cigna Taiwan Life Assurance Company Limited</u>
	<u>Cigna Myrtle Holdings, Ltd</u>
	<u>Cigna Elmwood Holdings, SPRL</u>
	<u>Cigna Beechwood Holdings</u>
	<u>*Cigna Life Insurance Company of Europe S.A.-N.V.</u>
	<u>*Cigna Europe Insurance Company S.A.-N.V.</u>
	<u>Cigna European Services (UK) Limited</u>
	<u>Cigna 2000 UK Pension LTD</u>
	<u>FirstAssist Group Holdings Limited</u>
	<u>FirstAssist Group Limited</u>
	<u>FirstAssist Administration Limited</u>
	<u>First Assist Legal Protection Limited</u>
	<u>Cigna Insurance Services (Europe) Ltd.</u>
	<u>Cigna International Health Services, BVBA</u>
	<u>Vanbreda International, LLC</u>
	<u>Cigna Poplar Holdings, Inc.</u>
	<u>Cigna Sequoia Holdings, SPRL</u>
	<u>PT GAR Indonesia</u>
	<u>PT PGU Indonesia</u>
	<u>*Cigna Global Insurance Company Limited</u>
	<u>Cigna TTK Health Insurance Company Limited</u>
	<u>Cigna Saico Benefits Services W.L.L.</u>
	<u>*Cigna Worldwide Insurance Company</u>
	<u>(EI# 23-2088429, NAIC # 90859, DE)</u>
	<u>*PT. Asuransi Cigna</u>
<u>Cigna Teak Holdings, LLC</u>	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CIGNA DENTAL HEALTH OF OH INC
OVERFLOW PAGE FOR WRITE-INS

NONE

ALPHABETICAL INDEX

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