



## HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015

OF THE CONDITION AND AFFAIRS OF THE

### Cigna Dental Health of Ohio, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes  No

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

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

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

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

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

Internet Website Address www.cigna.com

Statutory Statement Contact Angela Collie, 954-514-6681  
(Name) angela.collie@cigna.com, 860-298-1750  
(E-mail Address) (Area Code) (Telephone Number) (FAX Number)

#### OFFICERS

President Matthew Glenn Manders Secretary Anna Krishkul  
Treasurer Scott Ronald Lambert # Actuary Gregory Nicholas Malone #

#### OTHER

Mark Paul Fleming #, Vice President Julie Ann Vayer, Vice President Lance Manuel Thomas, Vice President  
Maureen Hardiman Ryan, Vice President Joanne Ruth Hart #, Vice President Dinesh Ganesan #

#### DIRECTORS OR TRUSTEES

Matthew Glenn Manders Julie Ann Vayer Dinesh Ganesan #

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

Scott Ronald Lambert  
Treasurer

Anna Krishkul  
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 2015 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) .....	100,670	0	100,670	100,779
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 (\$ .....63,133 , Schedule E - Part 1), cash equivalents (\$ .....2,764,880 , Schedule E - Part 2) and short-term investments (\$ .....0 , Schedule DA) .....	2,828,013	0	2,828,013	2,649,374
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) .....	2,928,683	0	2,928,683	2,750,153
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	540	0	540	543
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	766,534	528	766,006	759,528
15.2 Deferred premiums and 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 ) and contracts subject to redetermination (\$ .....0 ) .....	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 .....	3,289	0	3,289	2,809
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	0
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) .....	3,699,046	528	3,698,518	3,513,033
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	3,699,046	528	3,698,518	3,513,033
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. ....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	321,397	40,263	361,660	285,496
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	8,487	0	8,487	5,938
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	24,400	0	24,400	24,777
9. General expenses due or accrued	101,525	0	101,525	105,504
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))	9,174	0	9,174	1,345
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	4,902	0	4,902	8,325
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	811	0	811	125,613
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)	470,696	40,263	510,959	556,998
25. Aggregate write-ins for special surplus funds	XXX	XXX	161,592	165,545
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	2,752,609	2,517,132
32. Less treasury stock, at cost:				
32.1 \$ 0 shares common (value included in Line 26 \$ 0 ).	XXX	XXX	0	0
32.2 \$ 0 shares preferred (value included in Line 27 \$ 0 ).	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	3,187,559	2,956,035
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	3,698,518	3,513,033
<b>DETAILS OF WRITE-INS</b>				
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. PPACA Industry fee	XXX	XXX	161,592	165,545
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	161,592	165,545
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	504,234	540,632
2. Net premium income ( including \$ 0 non-health premium income).....	XXX.....	8,806,589	9,303,409
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.....	8,806,589	9,303,409
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....	0.....	0	0
10. Other professional services.....	157.....	4,441,328	4,657,720
11. Outside referrals.....	337,621.....	337,621	376,994
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).....	337,778.....	4,778,949	5,034,714
<b>Less:</b>			
17. Net reinsurance recoveries.....	0.....	0	0
18. Total hospital and medical (Lines 16 minus 17).....	337,778.....	4,778,949	5,034,714
19. Non-health claims (net).....	0.....	0	0
20. Claims adjustment expenses, including \$ 0 cost containment expenses.....	0.....	18,016	22,343
21. General administrative expenses.....	0.....	1,033,077	1,028,085
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).....	337,778.....	5,830,042	6,085,142
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	2,976,547	3,218,267
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	0.....	761	(1,622)
26. Net realized capital gains (losses) less capital gains tax of \$ 13.....	0.....	24	50
27. Net investment gains (losses) (Lines 25 plus 26).....	0.....	785	(1,572)
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0 ) (amount charged off \$ 108 )].....	0.....	(108)	(206)
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.....	2,977,224	3,216,489
31. Federal and foreign income taxes incurred.....	XXX.....	1,096,160	1,172,317
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	1,881,064	2,044,172
<b>DETAILS OF WRITE-INS</b>			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0.....	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0.....	0	0
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0.....	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0.....	0	0

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

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	2,956,035	2,891,466
34. Net income or (loss) from Line 32 .....	1,881,064	2,044,172
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 .....	480	(152)
39. Change in nonadmitted assets .....	(20)	549
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 .....	(1,650,000)	(1,980,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	231,524	64,569
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,187,559	2,956,035
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC**  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	8,799,714	9,302,654
2. Net investment income .....	873	(1,864)
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	8,800,587	9,300,790
5. Benefit and loss related payments .....	4,702,785	4,938,513
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	1,052,631	1,045,399
8. Dividends paid to policyholders .....	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....	0	1,088,344
10. Total (Lines 5 through 9) .....	6,843,760	7,236,267
11. Net cash from operations (Line 4 minus Line 10) .....	1,956,827	2,064,523
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	0	100,000
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	37	78
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	37	100,078
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	0	100,805
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	100,805
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) .....	37	(727)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	1,650,000	1,980,000
16.6 Other cash provided (applied) .....	(128,225)	145,279
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(1,778,225)	(1,834,721)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	178,639	229,075
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	2,649,374	2,420,299
19.2 End of year (Line 18 plus Line 19.1) .....	2,828,013	2,649,374

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

--	--

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

## ANNUAL STATEMENT FOR THE YEAR 2015 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 .....	8,806,589	.0	0	8,806,589
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) .....	8,806,589	.0	0	8,806,589
10. Life .....	0	.0	0	0
11. Property/casualty .....	0	.0	0	0
12. Totals (Lines 9 to 11) .....	8,806,589	0	0	8,806,589

## ANNUAL STATEMENT FOR THE YEAR 2015 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 .....	4,702,785	0	0	4,702,785	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 .....	4,702,785	0	0	4,702,785	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 .....	361,660	0	0	361,660	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 .....	361,660	0	0	361,660	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 .....	285,496	0	0	285,496	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 .....	285,496	0	0	285,496	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
12. Incurred Benefits:										
12.1 Direct .....	4,778,949	0	0	4,778,949	0	0	0	0	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	4,778,949	0	0	4,778,949	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 2015 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	75,350	0	0	75,350	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	75,350	0	0	75,350	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	286,310	0	0	286,310	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	286,310	0	0	286,310	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	361,660	0	0	361,660	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	361,660	0	0	361,660	0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 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 .....	314,264	4,388,521	0	361,660	314,264	285,496
4. Vision Only .....	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
6. Title XVIII - Medicare .....	0	0	0	0	0	0
7. Title XIX - Medicaid .....	0	0	0	0	0	0
8. Other health .....	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8) .....	314,264	4,388,521	0	361,660	314,264	285,496
10. Healthcare receivables (a) .....	0	0	0	0	0	0
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	0	0	0	0	0	0
13. Totals (Lines 9 - 10 + 11 + 12)	314,264	4,388,521	0	361,660	314,264	285,496

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

## ANNUAL STATEMENT FOR THE YEAR 2015 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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	306	306	306	306	306
2. 2011 .....	5,062	5,376	5,376	5,376	5,376
3. 2012 .....	XXX	4,905	5,172	5,172	5,172
4. 2013 .....	XXX	XXX	4,690	4,979	4,979
5. 2014 .....	XXX	XXX	XXX	4,650	4,964
6. 2015 .....	XXX	XXX	XXX	XXX	4,389

**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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	306	306	306	306	306
2. 2011 .....	5,341	5,376	5,376	5,376	5,376
3. 2012 .....	XXX	5,148	5,172	5,172	5,172
4. 2013 .....	XXX	XXX	4,879	4,979	4,979
5. 2014 .....	XXX	XXX	XXX	4,935	4,964
6. 2015 .....	XXX	XXX	XXX	XXX	4,751

**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. 2011 .....	9,519	5,376	.17	.0.3	5,393	.56.7	0	0	.5,393	.56.7
2. 2012 .....	9,170	5,172	.15	.0.3	5,187	.56.6	0	0	.5,187	.56.6
3. 2013 .....	9,147	4,979	.19	.0.4	4,998	.54.6	0	0	.4,998	.54.6
4. 2014 .....	9,303	4,964	.19	.0.4	4,983	.53.6	0	0	.4,983	.53.6
5. 2015 .....	8,807	4,389	15	.0.3	4,404	.50.0	362	8	.4,774	.54.2

## ANNUAL STATEMENT FOR THE YEAR 2015 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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	306	306	306	306	306
2. 2011 .....	5,062	5,376	5,376	5,376	5,376
3. 2012 .....	XXX	4,905	5,172	5,172	5,172
4. 2013 .....	XXX	XXX	4,690	4,979	4,979
5. 2014 .....	XXX	XXX	XXX	4,650	4,964
6. 2015 .....	XXX	XXX	XXX	XXX	4,389

**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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior .....	306	306	306	306	306
2. 2011 .....	5,341	5,376	5,376	5,376	5,376
3. 2012 .....	XXX	5,148	5,172	5,172	5,172
4. 2013 .....	XXX	XXX	4,879	4,979	4,979
5. 2014 .....	XXX	XXX	XXX	4,935	4,964
6. 2015 .....	XXX	XXX	XXX	XXX	4,751

**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. 2011 .....	9,519	5,376	.17	.0.3	5,393	.56.7	0	0	.5,393	.56.7
2. 2012 .....	9,170	5,172	.15	.0.3	5,187	.56.6	0	0	.5,187	.56.6
3. 2013 .....	9,147	4,979	.19	.0.4	4,998	.54.6	0	0	.4,998	.54.6
4. 2014 .....	9,303	4,964	.19	.0.4	4,983	.53.6	0	0	.4,983	.53.6
5. 2015 .....	8,807	4,389	15	.0.3	4,404	.50.0	362	8	.4,774	.54.2

## ANNUAL STATEMENT FOR THE YEAR 2015 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 2015 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	10,764	0	10,764
2. Salary, wages and other benefits	0	17,044	353,943	0	370,987
3. Commissions (less \$ 0 ceded plus \$ 0 assumed)	0	0	90,425	0	90,425
4. Legal fees and expenses	0	0	1,900	0	1,900
5. Certifications and accreditation fees	0	0	0	0	0
6. Auditing, actuarial and other consulting services	0	0	26,593	0	26,593
7. Traveling expenses	0	0	12,663	0	12,663
8. Marketing and advertising	0	0	60,593	0	60,593
9. Postage, express and telephone	0	0	18,995	0	18,995
10. Printing and office supplies	0	0	1,900	0	1,900
11. Occupancy, depreciation and amortization	0	0	56,352	0	56,352
12. Equipment	0	0	7,598	0	7,598
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	0	0	0
16. Insurance, except on real estate	0	0	1,266	0	1,266
17. Collection and bank service charges	0	0	3,166	0	3,166
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	6,965	0	6,965
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	0	0	0
23.2 State premium taxes	0	0	88,066	0	88,066
23.3 Regulatory authority licenses and fees	0	0	10,650	0	10,650
23.4 Payroll taxes	0	972	20,262	0	21,234
23.5 Other (excluding federal income and real estate taxes)	0	0	155,869	0	155,869
24. Investment expenses not included elsewhere	0	0	0	3,500	3,500
25. Aggregate write-ins for expenses	0	0	105,107	0	105,107
26. Total expenses incurred (Lines 1 to 25)	0	18,016	1,033,077	3,500	(a) 1,054,593
27. Less expenses unpaid December 31, current year	0	8,487	101,525	0	110,012
28. Add expenses unpaid December 31, prior year	0	5,938	105,504	0	111,442
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	15,467	1,037,056	3,500	1,056,023
<b>DETAILS OF WRITE-INS</b>					
2501. Total Other Corporate Expenses	0	0	32,292	0	32,292
2502. Other Non-Managed	0	0	72,815	0	72,815
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	105,107	0	105,107

(a) Includes management fees of \$ 652,140 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2015 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) 2,016	2,013
1.1 Bonds exempt from U.S. tax .....	(a) 0	0
1.2 Other bonds (unaffiliated) .....	(a) 0	0
1.3 Bonds of affiliates .....	(a) 0	0
2.1 Preferred stocks (unaffiliated) .....	(b) 0	0
2.11 Preferred stocks of affiliates .....	(b) 0	0
2.2 Common stocks (unaffiliated) .....	0	0
2.21 Common stocks of affiliates .....	0	0
3. Mortgage loans .....	(c) 0	0
4. Real estate .....	(d) 0	0
5. Contract Loans .....	0	0
6. Cash, cash equivalents and short-term investments .....	(e) 2,248	2,248
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 .....	4,264	4,261
11. Investment expenses .....	(g) 3,500	
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) .....		3,500
17. Net investment income (Line 10 minus Line 16) .....		761
<b>DETAILS OF WRITE-INS</b>		
0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page .....	0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....	0	0

(a) Includes \$ 0 accrual of discount less \$ 109 amortization of premium and less \$ 0 paid for accrued interest on purchases.  
 (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.  
 (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.  
 (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.  
 (e) Includes \$ 2,248 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 .....	37	0	37	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) .....	37	0	37	0	0
<b>DETAILS OF WRITE-INS</b>					
0901. ....					
0902. ....					
0903. ....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2015 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 .....	528	508	(20)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	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) .....	528	508	(20)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
28. Total (Lines 26 and 27) .....	528	508	(20)
<b>DETAILS OF WRITE-INS</b>			
1101. .....			
1102. .....			
1103. .....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. .....			
2502. .....			
2503. .....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2015 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.....	44,327	42,373	42,006	41,771	41,562	504,234
7. Total	44,327	42,373	42,006	41,771	41,562	504,234
<b>DETAILS OF WRITE-INS</b>						
0601. Health Insuring Corporation .....	44,327	42,373	42,006	41,771	41,562	504,234
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)	44,327	42,373	42,006	41,771	41,562	504,234

**NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES****Organization and Operation**

Cigna Dental Health of Ohio, Inc. (“the Company”), is a Health Insuring Corporation (HIC) which provides dental insurance services throughout the region. Principal products and services include managed care products and services. The Company is a wholly-owned subsidiary of Cigna Dental Health, Inc. (“the Parent”), which is a wholly-owned subsidiary of Connecticut General Corporation (“CGC”), which is an indirect wholly-owned subsidiary of Cigna Corporation (“Cigna”). Cigna is a global health services organization incorporated in Delaware.

The Company had two customers from which it earned 23% of total revenue, excluding investment income for the year ended December 31, 2015, and the Company had two customers, from which it earned 24% of total revenue, excluding investment income for the year ended December 31, 2014. Individually, these customers amounted to greater than 10% of total revenue.

On July 23, 2015, Cigna entered into a definitive agreement to merge with Anthem, Inc. (“Anthem”), subject to certain terms, conditions, and customary operating covenants, with Anthem continuing as the surviving company. At special shareholders’ meetings held in December 2015, Cigna shareholders approved the merger with Anthem and Anthem shareholders approved the issuance of shares of Anthem common stock according to the merger agreement. Consummation of the merger remains subject to certain customary conditions, including the receipt of certain necessary governmental and regulatory approvals, and the absence of a legal restraint prohibiting the consummation of the merger. The merger is expected to close in the second half of 2016.

**A. Accounting Practices**

The 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”), which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (“GAAP”) and include management’s estimates and assumptions, such as those regarding dental costs and interest rates, that affect the recorded amounts.

The Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio (“the State”) for determining and reporting the financial condition and results of operations of an HIC, for determining its solvency under the State Insurance Law. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual (“NAIC SAP” or “SSAPs”) has been adopted as a component of prescribed or permitted practices by the State.

The principal differences between statutory-basis financial statements presented herein and those prepared on a GAAP basis include nonadmitted assets, deferred income taxes, unrealized appreciation (depreciation) on bonds, and bad debt allowances and expenses. These statutory accounting practices disallow certain assets from admission in the Statutory Balance Sheets. These assets, otherwise included on the Company’s balance sheets prepared under GAAP, include receivables greater than 90 days past due and certain non-current assets. Under GAAP, bonds classified as available-for-sale are carried at fair value with the related unrealized appreciation (depreciation) recorded as a component of equity. Under statutory accounting principles, bonds are carried principally at amortized cost. Under GAAP, deferred taxes are recorded for any temporary differences between the tax basis of assets and liabilities to the extent it is more likely than not that the deferred tax assets are realizable, with changes in deferred tax assets and liabilities recorded as a component of net income tax expense. Under statutory accounting principles, the amount of deferred tax assets that may be admitted is generally limited based on the Realization Threshold Limitation Table in Statement of Statutory Accounting Principles (SSAP) No. 101, Income Taxes, a Replacement of SSAP 10R and SSAP 10. The net change in the deferred tax assets and liabilities is recognized as a separate component of changes in unassigned surplus.

A reconciliation of the Company’s net income and capital and between NAIC SAP and practices prescribed and permitted by the State is shown below:

	State of Domicile		2015	2014
NET INCOME	OH	\$ 1,881,064	\$ 2,044,172	
(1) State basis	OH	-	-	
(2) State Prescribed Practices that increase/(decrease)	OH	-	-	
(3) State Permitted Practices that increase/(decrease)	OH	-	-	
(4) NAIC SAP	OH	\$ 1,881,064	\$ 2,044,172	
 SURPLUS				
(5) State basis	OH	\$ 3,187,559	\$ 2,956,035	
(6) State Prescribed Practices that increase/(decrease)	OH	-	-	
(7) State Permitted Practices that increase/(decrease)	OH	-	-	
(8) NAIC SAP	OH	\$ 3,187,559	\$ 2,956,035	

The Company maintained the minimum surplus required by state laws and regulatory agencies of \$250,000 as of December 31, 2015 and December 31, 2014. Minimum required surplus is \$250,000.

**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. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

**C. Accounting Policy**

The Company uses the following accounting policies:

1. **Cash, Cash Equivalents and Short-term Investments:** Cash equivalents consist of investments with original maturities of three months or less from the time of purchase. Investments with original maturities of one year or less from the time of purchase are classified as short term. Cash equivalents and short-term investments and are 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. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). 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).
3. **Net Investment Income:** When interest and principal payments on investments are current, the Company recognizes interest income when it is earned. The Company stops recognizing interest income on bonds when interest payments are 90 days past due. Investment income on these investments is only recognized when interest payments are received. See Note 7 for further information.
4. **Investment Gains and Losses:** Unrealized capital gains and losses on investments carried at fair value are reflected directly in unassigned surplus. Realized capital gains and losses resulting from sales, investment asset write-downs and changes in valuation reserves are based on specifically identified assets and are recognized in net income.
5. **Nonadmitted Assets:** In accordance with NAIC SAP, certain assets or certain portions of assets are excluded from the Company's admitted assets on its Statutory Balance Sheet through a direct charge to unassigned surplus. Certain assets are limited by factors, such as percentage of surplus, as to the amounts that qualify as admitted assets. Such assets include deferred tax assets.
6. **Claims Unpaid and Unpaid Claims Adjustment Expenses:** Claims unpaid and unpaid claims adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined. Management develops these estimates using actuarial methods based upon historical data for claim payment patterns, cost trends, product mix, seasonality, utilization of health care services and other relevant factors. When estimates change, the Company records the adjustment in dental expenses in the period the change in estimate occurs. Unpaid claim adjustment expenses represents 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.
7. **Income Taxes:** 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 difference). Limitations of the admitted amount of the deferred tax asset are calculated in accordance with SSAP No. 101. See Note 9 for more detailed information about the Company's income taxes.
8. **Provider Incentives and Other Risk Sharing Arrangements:** The Company contracts with dentists or provider groups to provide dental services to its customers. The Company pays capitation or

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

negotiated fees for defined services provided by the dentists. The Company and dentists have not entered into incentive sharing agreements.

9. Net Premium Income: Amounts charged for health 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.
10. Section 9010 Insurer Fee: Effective January 1, 2014, the Company adopted SSAP 106, Affordable Care Act ("ACA") Section 9010 Assessment, 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 2 – ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS**

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2015 and 2014.

### **NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL**

The Company was not party to a business combination during the years ended December 31, 2015 and 2014, and does not carry goodwill in its statutory balance sheets.

### **NOTE 4 – DISCONTINUED OPERATIONS**

The Company did not discontinue any operations during 2015 and 2014.

### **NOTE 5 – INVESTMENTS**

- A. The Company has no mortgage loans.
- B. The Company has no debt restructuring.
- C. The Company has no reverse mortgages.
- D. The Company has no loan-backed securities.
- E. The Company has no repurchase agreements and/or securities lending transactions.
- F. The Company has no real estate property occupied by the Company.
- G. The Company has no low-income housing tax credits.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

H. Restricted Assets

(1) Restricted Assets (Including Pledged) as of December 31, 2015 and 2014:

1 Restricted Asset Category	2 Total Gross Restricted from Current Year	3 Total Gross Restricted from Prior Year	4 Increase/ (Decrease) (2 minus 3)	5 Total Current Year Admitted Restricted	6 Percentage Gross Restricted to Total Assets	7 Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements						
c. Subject to repurchase agreements						
d. Subject to reverse repurchase agreements						
e. Subject to dollar repurchase agreements						
f. Subject to dollar reverse repurchase agreements						
g. Placed under option contracts						
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock						
i. FHLB capital stock						
j. On deposit with states	\$ 100,670	\$ 100,779	\$ (109)	\$ 100,670	2.72%	2.72%
k. On deposit with other regulatory bodies						
l. Pledged as collateral to FHLB (including assets backing funding agreements)						
m. Pledged as collateral not captured in other categories						
n. Other restricted assets						
o. Total Restricted Assets	\$ 100,670	\$ 100,779	\$ (109)	\$ 100,670	2.72%	2.72%

(2) The Company has no assets pledged as collateral not captured in other categories.

(3) The Company has no other restricted assets.

I. The Company has no working capital finance investments.

J. The Company has no offsetting and netting of assets and liabilities.

K. The Company has no structured notes.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

L. Bonds

As of December 31, 2015, the amortized cost and estimated fair values for the Company's bonds by contractual maturity period were as follows:

	Amortized Cost	Fair Value
Bonds (by contractual maturity periods):		
Due in one year or less	\$ -	\$ -
Due after one year through five years	- -	- -
Due after five years through ten years	100,670	101,060
Due after ten years	- -	- -
Asset backed securities with varying maturity periods	- -	- -
 Total	 \$ 100,670	 \$ 101,060

Actual maturities could differ from contractual maturities because borrowers may have the right to call or prepay obligations with or without call or prepayment penalties. Also, the Company may extend maturity dates in some cases.

As of December 31, 2015 and December 31, 2014, the gross unrealized appreciation (depreciation) for bonds by type of issuer, were as follows:

2015	Amortized Cost	Appreciation	Depreciation	Fair Value
US Government	100,670	390	- -	101,060
Political subdivisions of states, territories and possessions	- -	- -	- -	- -
Special revenue and assessment obligations	- -	- -	- -	- -
Industrial and miscellaneous	- -	- -	- -	- -
 Total	 100,670	 390	- -	101,060

2014	Amortized Cost	Appreciation	Depreciation	Fair Value
US Government	100,779	351	- -	101,130
Political subdivisions of states, territories and possessions	- -	- -	- -	- -
Special revenue and assessment obligations	- -	- -	- -	- -
Industrial and miscellaneous	- -	- -	- -	- -
 Total	 100,779	 351	- -	101,130

Management reviews bonds with a decline in fair value from cost for impairment based on criteria that include length of time and severity of decline; financial health and specific near term prospects of the issuer; changes in the regulatory, economic or general market environment of the issuer's industry or geographic region; and the Company's intent to sell or the likelihood of a required sale prior to recovery.

There were no bonds with a decline in fair value from cost as of December 31, 2015.

There were no other-than-temporary impairments of bonds as of December 31, 2015 and 2014.

The net unrealized appreciation on bonds that are carried at amortized cost of \$100,670 at December 31, 2015 and \$100,779 at December 31, 2014, is not reflected in the statutory financial statements.

There were no sales of bonds for the years December 31, 2015 and December 31, 2014.

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

The Company has no investments in joint ventures, partnerships, or limited liability companies.

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

A. Due and accrued income is excluded from surplus on the following basis:

Bonds – all investment income due and accrued with amounts that are over 90 days past due.

B. No amounts were excluded from the statutory statements for the years ended December 31, 2015 and 2014

**NOTE 8 – DERIVATIVE INSTRUMENTS**

The Company has no derivative instruments.

**NOTE 9 – INCOME TAXES**

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

1.

	12/31/2015			12/31/2014			Change		
	(1)	(2)	(3) (Col 1+2)	(4)	(5)	(6) (Col 4+5)	(7) (Col 1-4)	(8) (Col 2-5)	(9) (Col 7+8)
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	3,289	-	3,289	2,809	-	2,809	480	-	480
(b) Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	3,289	-	3,289	2,809	-	2,809	480	-	480
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c-1d)	3,289	-	3,289	2,809	-	2,809	480	-	480
(f) Deferred Tax Liabilities	-	-	-	-	-	-	-	-	-
(g) Net Admitted Deferred Tax asset/(Net Deferred Tax Liability) (1e-1f)	3,289	-	3,289	2,809	-	2,809	480	-	480

The realization of DTAs depends on the Company's historical earnings and the generation of future taxable income during the periods in which the temporary differences are deductible. Management may consider the scheduled reversal of deferred tax liabilities (including impact of available carryback and carryforward periods), projected taxable income, and tax planning strategies in making the assessment.

2.

	12/31/2015			12/31/2014			Change			
	(1)	(2)	(3) (Col 1+2)	(4)	(5)	(6) (Col 4+5)	(7) (Col 1-4)	(8) (Col 2-5)	(9) (Col 7+8)	
	Admission Calculation Components SSAP No. 101	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.		3,289	-	3,289	2,809	-	2,809	480	-	480
(b) Adjusted Gross Deferred Tax Assets Expected to Be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)		-	-	-	-	-	-	-	-	-
1. adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.		-	-	-	-	-	-	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.		-	-	490,765	-	-	442,984	-	-	47,781
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.		-	-	-	-	-	-	-	-	-
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2C)		3,289	-	3,289	2,809	-	2,809	480	-	480

3.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

	2015	2014
Ratio Percentage Used To Determine Recovery Period (a) And Threshold Limitation Amount.	1372%	1441%
Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshld Limitation In (b) 2(b)2 Above.	3,184,270	2,953,226

4.

	12/31/2015 (1)	12/31/2014 (3)	Change (Col 1-3) (5)	12/31/2014 (4)	Change (Col 2-4) (6)
	Ordinary	Capital	Ordinary	Capital	Ordinary
<b>Impact of Tax-Planning Strategies</b>					
Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax					
(a) Character As A Percentage.					
1. Adjusted Gross DTAs Amount from Note 9A1C					
2. Percentage Of Adjusted Gross DTAs By Tax					
Character Attributable To The Impact Of Tax Planning Strategies					
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1E					
4. Percentage Of net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies					
Does the Company's tax-planning strategies include the (b) use of reinsurance?					
	Yes	_____	No	_____	X

B. Regarding deferred tax liabilities that are not recognized:

Not applicable.

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

	(1) 12/31/2015	(2) 12/31/2014	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	1,096,160	1,172,317	(76,157)
(b) Foreign	-	-	-
(c) Subtotal	1,096,160	1,172,317	(76,157)
(d) Federal income tax on net capital gains	13	27	(14)
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	<u>1,096,173</u>	<u>1,172,344</u>	<u>(76,171)</u>

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

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

	(1) 12/31/2015	(2) 12/31/2014	(3) (Col 1-2) Change
<b>2. Deferred Tax Assets:</b>			
(a) Ordinary			
(1) Unearned premium reserve	2,029	1,733	296
(2) Loss Reserve Discounting	1,075	898	177
(3) Solvency Reserves	-	-	-
(4) Other Insurance & Contract Holder Liability	-	-	-
(5) Bad Debt	-	-	-
(6) Depreciation and Amortization	-	-	-
(7) Non Admitted Assets	185	178	7
(8) DOI Audit Accrual	-	-	-
(9) Reinsurance Contribution	-	-	-
(10) Other	-	-	-
(99) Subtotal	3,289	2,809	480
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets	3,289	2,809	480
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	-
(99) Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets	-	-	-
(i) Admitted deferred tax assets	3,289	2,809	480
	(1) 12/31/2015	(2) 12/31/2014	(3) (Col 1-2) Change
<b>3. Deferred Tax Liabilities:</b>			
(a) Ordinary			
(1) Discount of bond premiums/Deferred gain	-	-	-
(2) Retroactivity Adjustment	-	-	-
(99) Subtotal	-	-	-
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	-	-	-
(c) Deferred tax liabilities	-	-	-
	12/31/2015	12/31/2014	(Col 1-2) Change
<b>4. Net deferred tax assets/liabilities</b>	3,289	2,809	480

The change in net deferred income taxes is comprised of the following. (this analysis is exclusive of nonadmitted assets as the Change in Nonadmitted Assets is reported separately from the Change in Net Deferred Income Taxes in the capital and surplus section of the Statutory Statements of Capital and Surplus):

	12/31/2015	12/31/2014	(Col 1-2) Change
Total deferred tax assets	3,289	2,809	480
Total deferred tax liabilities	-	-	-
Net deferred tax asset (liability)	3,289	2,809	480
Statutory valuation allowance adjustment	-	-	-
Net deferred tax assets/liabilities after SVA	3,289	2,809	480
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			480

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

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

1. 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:

	12/31/2015	Effective Tax Rate	12/31/2014	Effective Tax Rate
Provision computed at statutory rate	\$ 1,042,033	35.0%	\$ 1,125,781	35.0%
Tax exempt interest income (net)	-	0.0%	-	0.0%
Meals and entertainment	-	0.0%	-	0.0%
Change in non-admitted assets	(7)	0.0%	192	0.0%
Health Insurance Industry Fee	53,667	1.8%	46,523	1.5%
Other	-	0.0%	-	0.0%
<b>Total</b>	<b>\$ 1,095,693</b>	<b>36.8%</b>	<b>\$ 1,172,496</b>	<b>36.5%</b>
 Federal income taxes incurred	 \$ 1,096,173	 36.8%	 \$ 1,172,344	 36.5%
Change in net deferred income taxes	(480)	0.0%	152	0.0%
<b>Total statutory income taxes</b>	<b>\$ 1,095,693</b>	<b>36.8%</b>	<b>\$ 1,172,496</b>	<b>36.5%</b>

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

(1) At December 31, 2015 and 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 as follows:

2015	\$1,096,173
2014	\$1,172,344

(3) Deposits under IRS Code Section 6603 – Not applicable.

F. Federal or Foreign Income Tax Loss Contingencies

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

- (1) The IRS began its examination of the 2011 and 2012 tax years in 2014 and is expected to continue through 2016.
- (2) The Company does not expect a significant increase in federal or foreign contingent tax liability within the next twelve months.

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 Benefits Financing, Inc.
Allegiance Cobra Services Inc	Cigna Dental Health Inc
Allegiance Life & Health Insurance Co	Cigna Dental Health of California Inc
Allegiance Re Inc	Cigna Dental Health of Colorado Inc
Arizona Healthplan Inc	Cigna Dental Health of Delaware Inc
Benefit Management Corp	Cigna Dental Health of Florida Inc
Bravo Health Mid-Atlantic, Inc.	Cigna Dental Health of Illinois Inc
Bravo Health Pennsylvania, Inc.	Cigna Dental Health of Kansas Inc
CG Individual Tax Benefit Payments Inc	Cigna Dental Health of Kentucky Inc
CG Life Pension Benefit Payments Inc	Cigna Dental Health of Maryland Inc
CG LINA Pension Benefit Payments Inc	Cigna Dental Health of Missouri Inc
Choicelinx Corporation	Cigna Dental Health of New Jersey Inc
Cigna Arbor Life Insurance Company	Cigna Dental Health of North Carolina Inc
Cigna Behavioral Health Inc	Cigna Dental Health of Ohio Inc
Cigna Behavioral Health of California Inc	Cigna Dental Health of Pennsylvania Inc
Cigna Behavioral Health of Texas Inc.	Cigna Dental Health of Texas Inc

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC**

Cigna Dental Health of Virginia Inc	Cigna Investment Group Inc
Cigna Dental Healthplan of Arizona Inc	Cigna Investments Inc
Cigna Direct Marketing Company Inc.	Cigna Life Insurance Company of New York
Cigna Federal Benefits Inc	Cigna Linden Holdings Inc
Cigna Global Holdings Inc	Cigna Managed Care Benefits Company
Cigna Global Insurance Company Limited	Cigna Mezzanine Partners III Inc
Cigna Global Reinsurance Company LTD	Cigna Poplar Holdings Inc
Cigna Health and Life Insurance Company	Cigna RE Corporation
Cigna Health Corporation	Cigna Resource Manager Inc
Cigna Health Management Inc	Cigna Worldwide Insurance Company
Cigna Healthcare Benefits Inc	Connecticut General Benefit Payments Inc.
Cigna Healthcare Holdings Inc	Connecticut General Corporation
Cigna Healthcare Inc	Connecticut General Life Insurance Company
Cigna Healthcare Mid-Atlantic Inc	Former Cigna Investments Inc
Cigna Healthcare of Arizona Inc	Great West Healthcare of Illinois Inc
Cigna Healthcare of California Inc	Hazard Center Investment Co LLC
Cigna Healthcare of Colorado Inc	Healthsource Benefits Inc
Cigna Healthcare of Connecticut Inc	Healthsource Inc
Cigna Healthcare of Florida Inc	Healthsource Properties Inc
Cigna Healthcare of Georgia Inc	Healthspring Life & Health Insurance Company
Cigna Healthcare of Illinois Inc	Healthspring Management, Inc.
Cigna Healthcare of Indiana Inc	Healthspring of Alabama, Inc.
Cigna Healthcare of Maine Inc	Healthspring of Florida, Inc.
Cigna Healthcare of Massachusetts Inc	Healthspring of Tennessee, Inc.
Cigna Healthcare of New Hampshire Inc	Healthspring, Inc.
Cigna Healthcare of New Jersey Inc	IHN Inc.
Cigna Healthcare of New York Inc	Intermountain Underwriters Inc
Cigna Healthcare of North Carolina Inc	Kronos Optimal Health Company
Cigna Healthcare of Pennsylvania Inc	Life Ins Co of North America
Cigna Healthcare of South Carolina	LINA Benefit Payments Inc
Cigna Healthcare of St Louis Inc	Managed Care Consultants Inc
Cigna Healthcare of Tennessee Inc	MCC Independent Practice Assoc of New York Inc
Cigna Healthcare of Texas Inc	Mediversal Inc
Cigna Healthcare of Utah Inc	QualCare Alliance Networks, Inc.
Cigna Holdings Inc	QualCare Captive Insurance Company, Inc.
Cigna Holdings Overseas Inc	QualCare Inc.
Cigna Integrated Care Inc	QualCare Management Resources LLC
Cigna Intellectual Property Inc	Sagamore Health Network Inc
Cigna International Corporation	Scibal Associates, Inc.
Cigna International Finance Inc	Tel-Drug Inc
Cigna International Services Inc	Universal Claims Administration

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

- A. The Company is indirectly owned by Cigna.
- B. Except for transactions reported under Part F of this footnote, insurance contracts that were issued by the Company in the ordinary course of its business are not reported in this footnote.
- C. See Part F of this footnote for the dollar amounts of material transactions with affiliates.
- D. At December 31, 2015 and 2014, the Company reported \$811 and \$ 125,613 as amounts due from, and due to parent, subsidiaries and affiliates, respectively. Cash settlements are processed according to the terms of the agreement, generally within 30 days of the balance sheet date.
- E. The Company does not have any guarantees or undertakings for the benefit of an affiliate, which result in a material contingent exposure.
- F. Administrative Services Agreements:
  - (1) 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 \$8,747,459 in 2015 and \$9,217,208 in 2014. Net accounts receivable from these affiliates, including the non-admitted portion, were \$766,084 at December 31, 2015 and \$759,712 at December 31, 2014.
  - (2) 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 Company. The terms of the agreement require that these amounts be settled within 30 days. The fees charged are based largely on the Company's plan participants as a percentage of total applicable participants for

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC  
the Company and its affiliates. The Parent charged the Company \$926,629 and \$961,880 in administrative service fees for the periods ended December 31, 2015 and 2014.

- (3) The Company participates in an Investment Advisory Agreement pursuant to which Cigna Investments, Inc. serves as the Company's investment advisor. The expenses related to this agreement were \$3,500 in 2015 and \$3,362 in 2014.
- (4) Several of Cigna's 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 the Fee Sharing Agreement (the "Agreement"), each subsidiary 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 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 subsidiaries will allocate the Fee for each Fee Year among the subsidiaries in proportion to estimates of each subsidiary's Premiums for that Fee Year. This Agreement was approved by the Department. There were no charges related to this agreement in 2015 and 2014.
- (5) The Company currently participates in the Amended and Restated Consolidated Federal Income Tax Agreement by and between Cigna and its subsidiaries in order to facilitate the filing of a consolidated federal income tax return as an affiliated group under Cigna. Pursuant to this agreement, payments are made to Cigna based on taxable income of the Company. In the case of a taxable loss, Cigna pays the Company a refund to the extent Cigna is able to utilize that loss in the consolidated tax return. There were no charges related to this agreement in 2015 and 2014.

- G. All outstanding shares of the Company are owned by its Parent.
- H. The Company does not own shares of an upstream intermediate or ultimate parent, either directly or indirectly via a downstream subsidiary, controlled or affiliated company.
- I. The Company does not hold any investments in subsidiary, controlled or affiliated companies that exceed 10% of admitted assets.
- J. The Company does not hold any investments in impaired subsidiary, controlled or affiliated companies.
- K. The Company has no investments in foreign subsidiaries.
- L. The Company has no investments in a downstream non-insurance holding company.

#### **NOTE 11 – DEBT**

The Company had no outstanding debt with third parties or outstanding federal home loan bank agreements during 2015 and 2014.

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

The Company has no employees; instead employees of an affiliate, Cigna Health and Life Insurance Company ("CHLIC"), performed all functions on behalf of the Company.

CHLIC provides certain other postretirement benefits to retired employees, spouses and other eligible dependents through a plan sponsored by Cigna. CHLIC also participates in a capital accumulation 401(k) plan sponsored by Cigna in that employee contributions on a before-tax basis are supplemented by Cigna's matching contributions. The Company has no legal obligation for benefits under these plans. CHLIC allocates amounts to the Company based on salary ratios and member months. The Company's expenses for such benefits are included within administrative expenses.

Cigna froze its primary domestic defined benefit pension plans effective July 1, 2009. As a result, pension expense is no longer allocated to the Company.

#### **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.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

- (2) The Company has no preferred stock outstanding.
- (3) With prior approval of its domiciliary commissioner, dividends to stockholders are limited by the laws of the Company's state of incorporation, Ohio. The Ohio Department of Insurance restricts dividend payments to the greater of 10% of the prior year's surplus or net income. Dividends may only be paid out of unassigned surplus, adjusted for a portion of cumulative unrealized capital gains. The Company has the capacity to pay an ordinary dividend of \$1,881,064 in 2016, with prior approval.
- (4) The Company paid ordinary dividends of \$484,172 and extra ordinary dividends of \$1,165,828 to the Parent during the year ended December 31, 2015 and ordinary dividends of \$1,860,320 and extra ordinary dividends of \$119,680 to the Parent during the year ended December 31, 2014.
- (5) The amount of ordinary dividends that may be paid out during any given period are subject to certain restrictions as specified by state statute.
- (6) There were no restrictions placed on the Company's unassigned funds (surplus), including for whom the surplus is being held.
- (7) No advances to surplus not repaid were outstanding at December 31, 2015 and 2014.
- (8) The Company does not hold any stock, including stock of affiliated companies, for special purposes.
- (9) The Company had a change in balance of the special surplus funds of (\$3,953) from the prior year due to the ACA Section 9010 insurer fee segregated surplus requirement.
- (10) The portion of unassigned funds (surplus) reduced by non-admitted asset values was \$528 and \$508, as of December 31, 2015 and 2014. The portion of unassigned funds (surplus) reduced by net unrealized appreciation, net of tax, was \$253 and \$228 as of December 31, 2015 and 2014.
- (11) The Company has no outstanding surplus notes.
- (12) The Company has not restated due to a quasi-reorganization.
- (13) The Company has never been a party to a quasi-reorganization.

**NOTE 14 – CONTINGENCIES**

- A. The Company has no contingent commitments.
- B. The Company is not aware of any assessments, potential or accrued, that could have a material financial effect on the operations of the entity.
- C. The Company is not aware of any gain contingencies that should be disclosed in the statutory basis financial statements.
- D. The Company is not aware of any claims related extra contractual obligations or bad faith losses stemming from lawsuits that should be disclosed in the statutory basis financial statements.
- E. The Company is not aware of any joint and several liabilities that should be disclosed in the statutory basis financial statements.
- F. 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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC 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, CMS and the Office of Inspector General ("OIG"). With respect to Cigna's Medicare Advantage business, CMS and OIG perform audits to determine a health plan's compliance with federal regulations and contractual obligations, including compliance with 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.

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.

## **ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC**

Following announcement of Cigna's merger agreement with Anthem as discussed in Note 1, six putative class action complaints (collectively "complaints") were filed by purported Cigna shareholders on behalf of a purported class of Cigna shareholders. Five of the complaints were filed in the Court of Chancery of the State of Delaware. The sixth complaint was filed in the Connecticut Superior Court, Judicial District of Hartford. Additional lawsuits arising out of or relating to the merger agreement or the merger may be filed in the future.

Cigna, members of the Cigna board of directors, Anthem and Anthem Merger Sub Corp ("Merger Sub") have been named as defendants. The plaintiffs generally assert that the members of the Cigna board of directors breached their fiduciary duties to the Cigna shareholders during merger negotiations and by entering into the merger agreement and approving the merger, and that Cigna, Anthem and Merger Sub aided and abetted such breaches of fiduciary duties. The allegations include, among other things, that (1) the merger consideration undervalues Cigna, (2) the sales process leading up to the merger was flawed due to purported conflicts of interest of members of the Cigna board of directors and (3) certain provisions of the merger agreement inappropriately favor Anthem and inhibit competing bids. Plaintiffs seek, among other things, injunctive relief enjoining the merger, rescission of the merger agreement to the extent already implemented, and costs and damages.

Effective November 24, 2015, solely to avoid the costs, risks and uncertainties inherent in litigation, and without admitting any liability or wrongdoing, Cigna, Cigna's directors, Anthem and Merger Sub entered into a Memorandum of Understanding ("MOU") to settle the Cigna Merger Litigation. Subject to court approval and further definitive documentation in a settlement agreement that will be subject to customary conditions, the MOU resolved the Cigna Merger Litigation and provided that Cigna would make certain additional disclosures related to the merger. If the Court approves the settlement, the Cigna Merger Litigation will be dismissed with prejudice and all claims that were or could have been brought in any actions challenging any aspect of the merger, the merger agreement and any related disclosures will be released. In connection with the settlement, subject to the ultimate determination of the Court, plaintiffs' counsel may receive an award of reasonable fees. There can be no assurance that the parties will ultimately enter into a settlement agreement, or that the Court will approve the settlement even if the parties were to enter into such agreement. The MOU may terminate, if, among other reasons, the Court does not approve the settlement or the merger is not consummated for any reason. Following entry into the MOU, the five complaints filed in Delaware were voluntarily dismissed with prejudice.

### **NOTE 15 – LEASES**

The Company is not a party to any lease agreements in 2015 and 2014.

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

The Company does not hold any financial instruments with off-balance sheet risk or concentrations of credit risk.

### **NOTE 17 – SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES**

The Company does not participate in any transfer of receivables, financial assets, or wash sales.

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

The Company has no uninsured or partially insured accident and health plans.

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

The Company has no direct premiums written or produced by managing agents or third-party administrators.

### **NOTE 20 – FAIR VALUE MEASUREMENTS**

The Company's financial assets measured at fair value include bonds valued at the lower of cost or fair value when reported at fair value at the balance sheet date. As of December 31, 2015 and December 31, 2014, the Company had no bonds reported at fair value in the financial statements.

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date. The Company's financial assets have been classified based upon a hierarchy defined by SAP. The hierarchy gives the highest ranking to fair values determined using

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's classification is based on the lowest level input that is significant to its measurement. For example, a financial asset carried at fair value would be classified in Level 3 if unobservable inputs were significant to the instrument's fair value, even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

The Company estimates fair values of bonds using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available and other market information that a market participant may use to estimate fair value. The internal pricing methods generally use discounted cash flow analyses incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little to no market activity for the same or similar instruments, fair value is estimated 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 that becomes significant with increasingly complex instruments or pricing models.

The Company is responsible for determining fair value, as well as the appropriate level within the fair value hierarchy, based on the significance of unobservable inputs. The Company reviews methodologies and processes and controls of third-party pricing services and compares prices on a test basis to those obtained from other external pricing sources or internal estimates. The Company performs ongoing analyses of both prices received from third-party pricing services and those developed internally to determine that they represent appropriate estimates of fair value. The controls completed by the Company and third-party pricing services include reviewing to ensure that prices do not become stale and whether changes from prior valuations are reasonable or require additional review. The Company also performs sample testing of sales values to confirm the accuracy of prior fair value estimates. Exceptions identified during these processes indicate that adjustments to prices are infrequent and do not significantly impact valuations.

### **Fair Value Measurements at Reporting Date**

As of December 31, 2015 and December 31, 2014, the Company had no bonds reported at fair value in the financial statements.

### **Disclosures about Financial Instruments Not Carried at Fair Value**

The following table provides the fair value, carrying value and classification in the fair value hierarchy of the Company's bonds not recorded at fair value as of December 31, 2015 and December 31, 2014.

2015					Not Practicable
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)
Bonds	101,060	100,670	101,060	-	-
<hr/>					
2014					Not Practicable
	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)
Bonds	101,130	100,779	101,130	-	-

### **NOTE 21 – OTHER ITEMS**

The Company has no extraordinary items, troubled debt restructuring, unusual items, business interruption insurance recoveries, state tax credits, subprime-mortgage-related risk exposure, or retained asset accounts for beneficiaries.

### **NOTE 22 – EVENTS SUBSEQUENT**

Other than discussed below, the Company is not aware of any Type 1 or Type 2 event 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, 2016.

#### Type II – Non Recognized Subsequent Event

On January 1, 2016, the Company will be subject to an annual fee under Section 9010 of the 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 total amount of health insurance for any U.S. health risk written during the preceding year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2015, the Company has written health insurance subject to the ACA

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

assessment, expects to conduct health insurance business in 2016, and estimates its portion of the annual health insurance industry fee payable on September 30, 2016 to be \$161,592. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 0.35%. Reporting this ACA assessment as of December 31, 2015 would not have triggered an RBC action level.

	<u>Current Year</u>	<u>Prior Year</u>
A. Did the reporting entity write accident and dental health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	YES	YES
B. ACA fee assessment payable for the upcoming year	\$161,592	\$165,545
C. ACA fee assessment paid	\$286,572	\$0
D. Premium written subject to Section 9010 assessment	\$8,806,589	\$9,303,409
E. Total Adjusted Capital before surplus adjustment	\$3,187,559	
F. Total Adjusted Capital after surplus adjustment	\$3,025,967	
G. Authorized Control Level	\$232,079	
H. Would reporting the ACA assessment as of Dec. 31, 2015 have triggered an RBC action level.....No		

**NOTE 23 – REINSURANCE**

The Company does not have reinsurance.

**NOTE 24 – RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION**

- A. The Company has no estimated accrued retrospective premium adjustments.
- B. The Company has no recorded accrued retrospective premium.
- C. The Company has no net premiums written that are subject to retrospective rating features.
- D. The Company does not have Medical Loss Ratio Rebates Pursuant to the Public Health Services Act.
- E. Risk Sharing Provisions of the Affordable Care Act
  - (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk-sharing provisions? No
  - (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year is not applicable to the Company.
  - (3) Roll forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with reasons for adjustments to prior year balance are not applicable to the Company.

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

The following table presents an analysis of reserves for claims payable and unpaid claims adjustment expenses and a reconciliation of beginning and ending reserve balances for 2015 and 2014.

	<u>2015</u>	<u>2014</u>
Balances at January 1,	\$ 291,434	\$ 192,311
Incurred related to		
Current year	4,768,197	4,957,591
Prior years	<u>28,768</u>	<u>99,466</u>
Total incurred	<u>4,796,965</u>	<u>5,057,057</u>
Paid related to		
Current year	4,398,050	4,666,157
Prior years	<u>320,202</u>	<u>291,777</u>
Total payments	<u>4,718,252</u>	<u>4,957,934</u>
Balances at December 31,	<u><u>\$ 370,147</u></u>	<u><u>\$ 291,434</u></u>

**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC**

Unpaid claims and claims adjustment expenses attributable to insured events of prior years increased by \$28,768 in 2015 and increased by \$99,466 in 2014, as a result of re-estimation of unpaid claims and claims adjustment expenses. The estimation process for determining these liabilities inherently results in adjustments each year for claims incurred (but not paid) in preceding years. Negative amounts reported for incurred related to prior years result from claims ultimately being settled for amounts less than originally estimated (favorable development). Positive amounts reported for incurred related to prior years result from claims ultimately being settled for amounts greater than originally estimated (unfavorable development).

**NOTE 26 – INTERCOMPANY POOLING ARRANGEMENTS**

The Company has no intercompany pooling arrangements in 2015 or 2014.

**NOTE 27 – STRUCTURED SETTLEMENTS**

The Company has no structured settlements in 2015 or 2014.

**NOTE 28 – HEALTH CARE RECEIVABLES**

The Company has no risk-sharing receivables.

**NOTE 29 – PARTICIPATING POLICIES**

The Company did not have any participating contracts in 2015 or 2014.

**NOTE 30 - PREMIUM DEFICIENCY RESERVES**

The Company does not have any premium deficiency reserves.

**NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION**

The Company did not anticipate any salvage or subrogation in 2015 or 2014.

ANNUAL STATEMENT FOR THE YEAR 2015 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 [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]						
	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 [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input type="checkbox"/> ]						
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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
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. .....	12/31/2014						
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 [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]						
3.6	Have all of the recommendations within the latest financial examination report been complied with? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]						
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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
	4.12 renewals? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
	4.22 renewals? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
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.							
<table border="1"> <thead> <tr> <th>1 Name of Entity</th> <th>2 NAIC Company Code</th> <th>3 State of Domicile</th> </tr> </thead> <tbody> <tr> <td>-</td> <td>-</td> <td>-</td> </tr> </tbody> </table>		1 Name of Entity	2 NAIC Company Code	3 State of Domicile	-	-	-	
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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
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).							
<table border="1"> <thead> <tr> <th>1 Nationality</th> <th>2 Type of Entity</th> </tr> </thead> <tbody> <tr> <td>-</td> <td>-</td> </tr> </tbody> </table>		1 Nationality	2 Type of Entity	-	-			
1 Nationality	2 Type of Entity							
-	-							

**ANNUAL STATEMENT FOR THE YEAR 2015 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 18A 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 N. Malone Cigna Corporation, 900 Cottage Grove Road, Hartford, CT 06152

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? ..... Yes [ ] No [ X ]  
 12.11 Name of real estate holding company .....  
 12.12 Number of parcels involved ..... 0  
 12.13 Total book/adjusted carrying value ..... \$ ..... 0

12.2 If, yes provide explanation: \_\_\_\_\_

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

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

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? ..... Yes [ ] No [ ]  
 13.3 Have there been any changes made to any of the trust indentures during the year? ..... Yes [ ] No [ ]  
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? ..... Yes [ ] No [ ] N/A [ ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [ X ] No [ ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

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

14.2 Has the code of ethics for senior managers been amended? ..... Yes [ ] No [ X ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s). \_\_\_\_\_

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). \_\_\_\_\_

ANNUAL STATEMENT FOR THE YEAR 2015 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
.....	.....	.....	0

**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 2015 OF THE CIGNA DENTAL HEALTH OF OH INC  
**GENERAL INTERROGATORIES**

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

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). ..... Yes [  ] No [  ]

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

25.21 Subject to repurchase agreements .....	\$ ..... 0
25.22 Subject to reverse repurchase agreements .....	\$ ..... 0
25.23 Subject to dollar repurchase agreements .....	\$ ..... 0
25.24 Subject to reverse dollar repurchase agreements .....	\$ ..... 0
25.25 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 .....	\$ ..... 0
25.28 On deposit with states .....	\$ ..... 100,670
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
.....	.....	..... 0

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

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? ..... Yes [  ] No [  ]

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

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
JPMorgan Chase Bank, N.A. ....	4 Chase MetroTech Center 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 [  ]

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

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

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

1 Central Registration Depository Number(s)	2 Name	3 Address
105811 .....	Cigna Investments Inc. ....	900 Cottage Grove Road, Bloomfield, CT 06152 .....

ANNUAL STATEMENT FOR THE YEAR 2015 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
.....	.....	0
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
.....	.....	0	.....

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 .....	2,865,550	2,865,940	390
30.2 Preferred stocks .....	0	0	0
30.3 Totals .....	2,865,550	2,865,940	390

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 Investment Analysis Office been followed? ..... Yes [ X ] No [ ]  
 32.2 If no, list exceptions:  
 .....

ANNUAL STATEMENT FOR THE YEAR 2015 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
.....	.....0

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
.....	.....0

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
.....	.....0

ANNUAL STATEMENT FOR THE YEAR 2015 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 .....	8,806,589 9,303,409
2.2	Premium Denominator .....	8,806,589 9,303,409
2.3	Premium Ratio (2.1/2.2) .....	.1.000 .1.000
2.4	Reserve Numerator .....	361,660 285,496
2.5	Reserve Denominator .....	361,660 285,496
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 .....	3,269
	8.2 Number of providers at end of reporting year .....	3,557
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...\$ .....	3,396,966
	9.22 Business with rate guarantees over 36 months .....	\$ 0

ANNUAL STATEMENT FOR THE YEAR 2015 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 Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]

11.3 If yes, show the name of the state requiring such minimum capital and surplus. ..... 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, Franklin, Greene, Geauga, Hamilton, Hancock, Jefferson, Lake, Licking, Lorain, Lucas, Mahoning, Marion, Medina, Miami, Montgomery, Muskingum, Richland, Ross, Stark, Summit, Trumbull, Tuscarawas, Warren, Wayne, Wood .....	

13.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. ..... \$ ..... 0

13.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]

13.4 If yes, please provide the balance of funds administered as of the reporting date. ..... \$ ..... 0

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
.....	.....	.....	0	0	0	0

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 2015 OF THE CIGNA DENTAL HEALTH OF OH INC**  
**FIVE-YEAR HISTORICAL DATA**

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	3,698,518	3,513,033	3,297,294	3,352,997	3,110,095
2. Total liabilities (Page 3, Line 24)	510,959	556,998	405,928	448,130	434,854
3. Statutory minimum capital and surplus requirement	250,000	250,000	100,000	100,000	100,000
4. Total capital and surplus (Page 3, Line 33)	3,187,559	2,956,035	2,891,466	2,904,867	2,675,241
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	8,806,589	9,303,409	9,147,112	9,170,210	9,519,308
6. Total medical and hospital expenses (Line 18)	4,778,949	5,034,714	4,902,294	5,183,743	5,279,426
7. Claims adjustment expenses (Line 20)	18,016	22,343	17,237	13,971	15,185
8. Total administrative expenses (Line 21)	1,033,077	1,028,085	872,975	885,972	959,395
9. Net underwriting gain (loss) (Line 24)	2,976,547	3,218,267	3,354,606	3,086,524	3,265,302
10. Net investment gain (loss) (Line 27)	785	(1,572)	(959)	1,088	2,060
11. Total other income (Lines 28 plus 29)	(108)	(206)	0	0	0
12. Net income or (loss) (Line 32)	1,881,064	2,044,172	2,180,320	2,007,518	2,124,851
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	1,956,827	2,064,523	2,161,912	2,029,638	2,088,747
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	3,187,559	2,956,035	2,891,466	2,904,867	2,675,241
15. Authorized control level risk-based capital	232,079	204,937	204,402	212,568	209,376
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	41,562	44,327	45,398	46,662	49,290
17. Total members months (Column 6, Line 7)	504,234	540,632	547,265	554,927	595,734
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	54.3	54.1	53.6	56.5	55.5
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.2	0.2	0.2	0.2	0.2
22. Total underwriting deductions (Line 23)	66.2	65.4	63.3	66.3	65.7
23. Total underwriting gain (loss) (Line 24)	33.8	34.6	36.7	33.7	34.3
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	314,264	288,761	266,811	314,340	306,330
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	285,496	189,295	243,530	278,754	367,326
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above	0	0	0	0	0

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

Yes [ ] No [ ]

If no, please explain: \_\_\_\_\_

**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	0
2. Alaska .....	AK	N	0	0	0	0	0	0	0	0
3. Arizona .....	AZ	N	0	0	0	0	0	0	0	0
4. Arkansas .....	AR	N	0	0	0	0	0	0	0	0
5. California .....	CA	N	0	0	0	0	0	0	0	0
6. Colorado .....	CO	N	0	0	0	0	0	0	0	0
7. Connecticut .....	CT	N	0	0	0	0	0	0	0	0
8. Delaware .....	DE	N	0	0	0	0	0	0	0	0
9. District of Columbia .....	DC	N	0	0	0	0	0	0	0	0
10. Florida .....	FL	N	0	0	0	0	0	0	0	0
11. Georgia .....	GA	N	0	0	0	0	0	0	0	0
12. Hawaii .....	HI	N	0	0	0	0	0	0	0	0
13. Idaho .....	ID	N	0	0	0	0	0	0	0	0
14. Illinois .....	IL	N	0	0	0	0	0	0	0	0
15. Indiana .....	IN	N	0	0	0	0	0	0	0	0
16. Iowa .....	IA	N	0	0	0	0	0	0	0	0
17. Kansas .....	KS	N	0	0	0	0	0	0	0	0
18. Kentucky .....	KY	N	0	0	0	0	0	0	0	0
19. Louisiana .....	LA	N	0	0	0	0	0	0	0	0
20. Maine .....	ME	N	0	0	0	0	0	0	0	0
21. Maryland .....	MD	N	0	0	0	0	0	0	0	0
22. Massachusetts .....	MA	N	0	0	0	0	0	0	0	0
23. Michigan .....	MI	N	0	0	0	0	0	0	0	0
24. Minnesota .....	MN	N	0	0	0	0	0	0	0	0
25. Mississippi .....	MS	N	0	0	0	0	0	0	0	0
26. Missouri .....	MO	N	0	0	0	0	0	0	0	0
27. Montana .....	MT	N	0	0	0	0	0	0	0	0
28. Nebraska .....	NE	N	0	0	0	0	0	0	0	0
29. Nevada .....	NV	N	0	0	0	0	0	0	0	0
30. New Hampshire .....	NH	N	0	0	0	0	0	0	0	0
31. New Jersey .....	NJ	N	0	0	0	0	0	0	0	0
32. New Mexico .....	NM	N	0	0	0	0	0	0	0	0
33. New York .....	NY	N	0	0	0	0	0	0	0	0
34. North Carolina .....	NC	N	0	0	0	0	0	0	0	0
35. North Dakota .....	ND	N	0	0	0	0	0	0	0	0
36. Ohio .....	OH	L	8,806,589	0	0	0	0	0	8,806,589	0
37. Oklahoma .....	OK	N	0	0	0	0	0	0	0	0
38. Oregon .....	OR	N	0	0	0	0	0	0	0	0
39. Pennsylvania .....	PA	N	0	0	0	0	0	0	0	0
40. Rhode Island .....	RI	N	0	0	0	0	0	0	0	0
41. South Carolina .....	SC	N	0	0	0	0	0	0	0	0
42. South Dakota .....	SD	N	0	0	0	0	0	0	0	0
43. Tennessee .....	TN	N	0	0	0	0	0	0	0	0
44. Texas .....	TX	N	0	0	0	0	0	0	0	0
45. Utah .....	UT	N	0	0	0	0	0	0	0	0
46. Vermont .....	VT	N	0	0	0	0	0	0	0	0
47. Virginia .....	VA	N	0	0	0	0	0	0	0	0
48. Washington .....	WA	N	0	0	0	0	0	0	0	0
49. West Virginia .....	WV	N	0	0	0	0	0	0	0	0
50. Wisconsin .....	WI	N	0	0	0	0	0	0	0	0
51. Wyoming .....	WY	N	0	0	0	0	0	0	0	0
52. American Samoa .....	AS	N	0	0	0	0	0	0	0	0
53. Guam .....	GU	N	0	0	0	0	0	0	0	0
54. Puerto Rico .....	PR	N	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands .....	VI	N	0	0	0	0	0	0	0	0
56. Northern Mariana Islands .....	MP	N	0	0	0	0	0	0	0	0
57. Canada .....	CAN	N	0	0	0	0	0	0	0	0
58. Aggregate other alien .....	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal .....		XXX	8,806,589	0	0	0	0	0	8,806,589	0
60. Reporting entity contributions for Employee Benefit Plans .....		XXX	0	0	0	0	0	0	0	0
61. Total (Direct Business)	(a)	1	8,806,589	0	0	0	0	0	8,806,589	0
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page .....		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0

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

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

All premiums written within the State of Ohio.

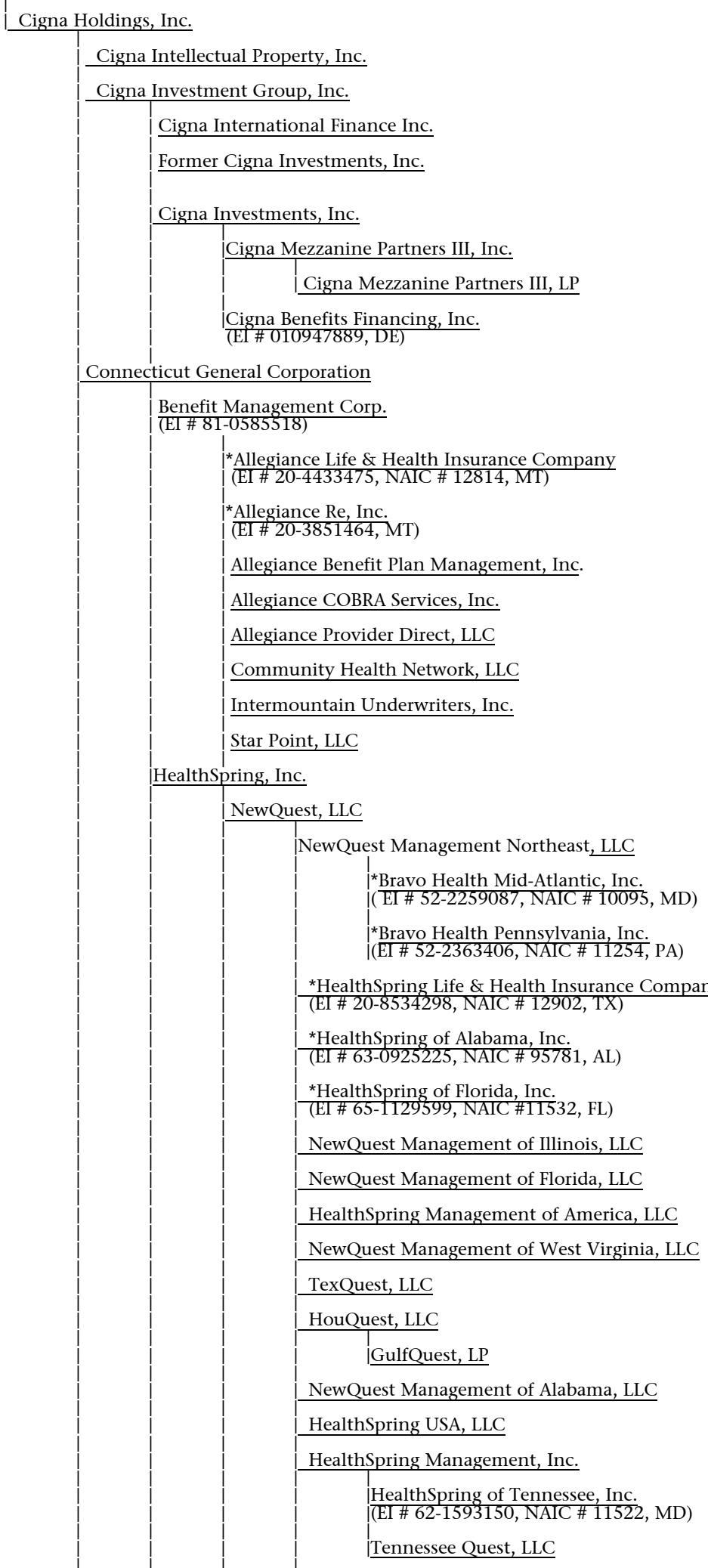
(a) Insert the number of L responses except for Canada and Other Alien.

All premiums written within the State of Texas.

ANNUAL STATEMENT FOR THE YEAR 2015 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, 2015:

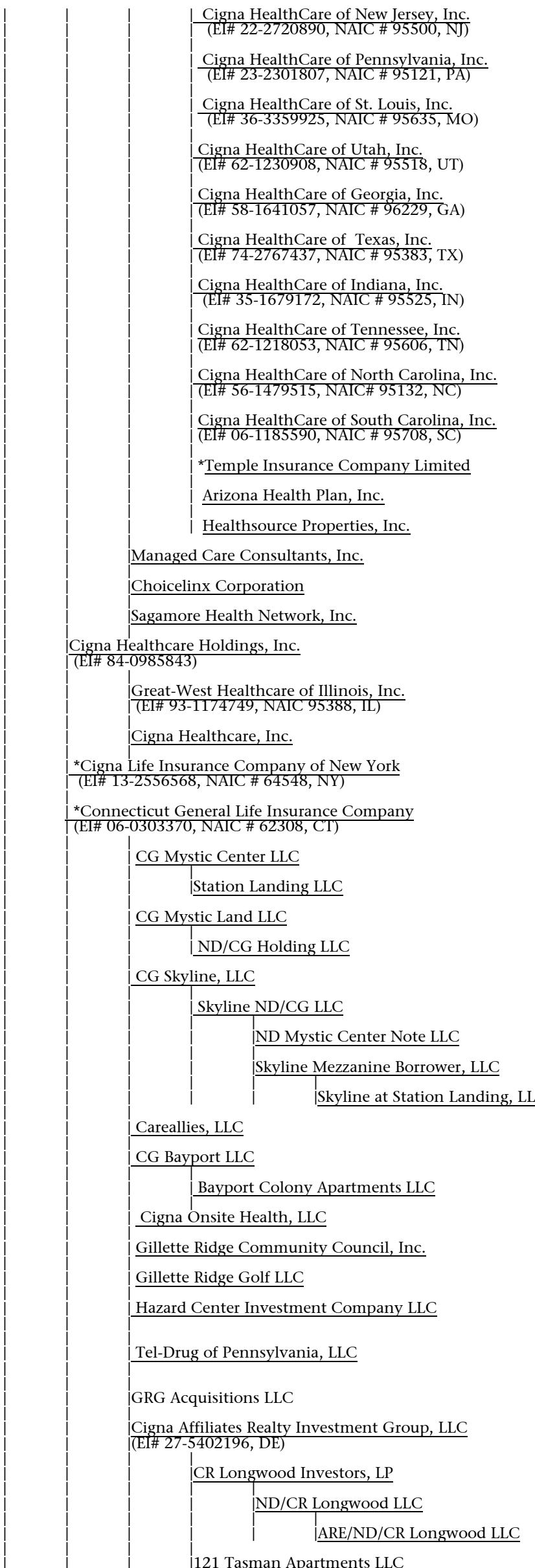
**Cigna CORPORATION**  
(A Delaware corporation and ultimate parent company)



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

		<u>HealthSpring Pharmacy Services, LLC</u> <u>HealthSpring Pharmacy of Tennessee, LLC</u> <u>Home Physicians Management, LLC</u>
		<u>*Cigna Arbor Life Insurance Company</u> (EI # 03-0452349, NAIC # 13733, CT)
		<u>Cigna Behavioral Health, Inc.</u>
		<u>Cigna Behavioral Health of California, Inc.</u> (EI# 94-3107309) <u>Cigna Behavioral Health of Texas, Inc.</u> (EI# 75-2751090) <u>MCC Independent Practice Association of New York, Inc.</u>
		<u>Cigna Dental Health, Inc.</u>
		<u>Cigna Dental Health of California, Inc.</u> (EI# 59-2600475, CA) <u>Cigna Dental Health of Colorado, Inc.</u> (EI# 59-2675861, NAIC # 11175, CO) <u>Cigna Dental Health of Delaware, Inc.</u> (EI# 59-2676987, NAIC # 95380, DE) <u>Cigna Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL) <u>Cigna Dental Health of Illinois, Inc.</u> (EI# 06-1351097, IL) <u>Cigna Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS) <u>Cigna Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY) <u>Cigna Dental Health of Missouri, Inc.</u> (EI#06-1582068, NAIC # 11160, MO) <u>Cigna Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167, NJ) <u>Cigna Dental Health of North Carolina, Inc.</u> (EI# 56-1803464 , NAIC # 95179, NC) <u>Cigna Dental Health of Ohio, Inc.</u> (EI# 59-2579774, NAIC # 47805, OH) <u>Cigna Dental Health of Pennsylvania, Inc.</u> (EI# 52-1220578, NAIC # 47041, PA) <u>Cigna Dental Health of Texas, Inc.</u> (EI# 59-2676977, NAIC # 95037, TX) <u>Cigna Dental Health of Virginia, Inc.</u> (EI# 52-2188914, NAIC # 52617, VA) <u>Cigna Dental Health Plan of Arizona, Inc.</u> (EI# 86-0807222, NAIC # 47013, AZ) <u>Cigna Dental Health of Maryland, Inc.</u> (EI#20-2844020, NAIC #48119, MD)
		<u>Cigna Health Corporation</u>
		<u>Healthsource, Inc.</u>
		<u>Cigna HealthCare of Arizona, Inc.</u> (EI# 86-0334392, NAIC#95125, AZ) <u>Cigna HealthCare of California, Inc.</u> (EI# 95-3310115, CA) <u>Cigna HealthCare of Colorado, Inc.</u> (EI# 84-1004500, NAIC # 95604, CO) <u>Cigna HealthCare of Connecticut, Inc.</u> (EI# 06-1141174, NAIC # 95660, CT) <u>Cigna HealthCare of Florida, Inc.</u> (EI# 59-2089259, NAIC # 95136, FL) <u>Cigna HealthCare of Illinois, Inc.</u> (EI# 36-3385638, NAIC # 95602, IL) <u>Cigna HealthCare of Maine, Inc.</u> (EI# 01-0418220, NAIC # 95447, ME) <u>Cigna HealthCare of Massachusetts, Inc.</u> (EI# 02-0402111, NAIC # 95220, MA) <u>Cigna HealthCare Mid-Atlantic, Inc.</u> (EI# 52-1404350, NAIC # 95599, MD) <u>Cigna HealthCare of New Hampshire, Inc.</u> (EI# 02-0387749, NAIC # 95493, NH)

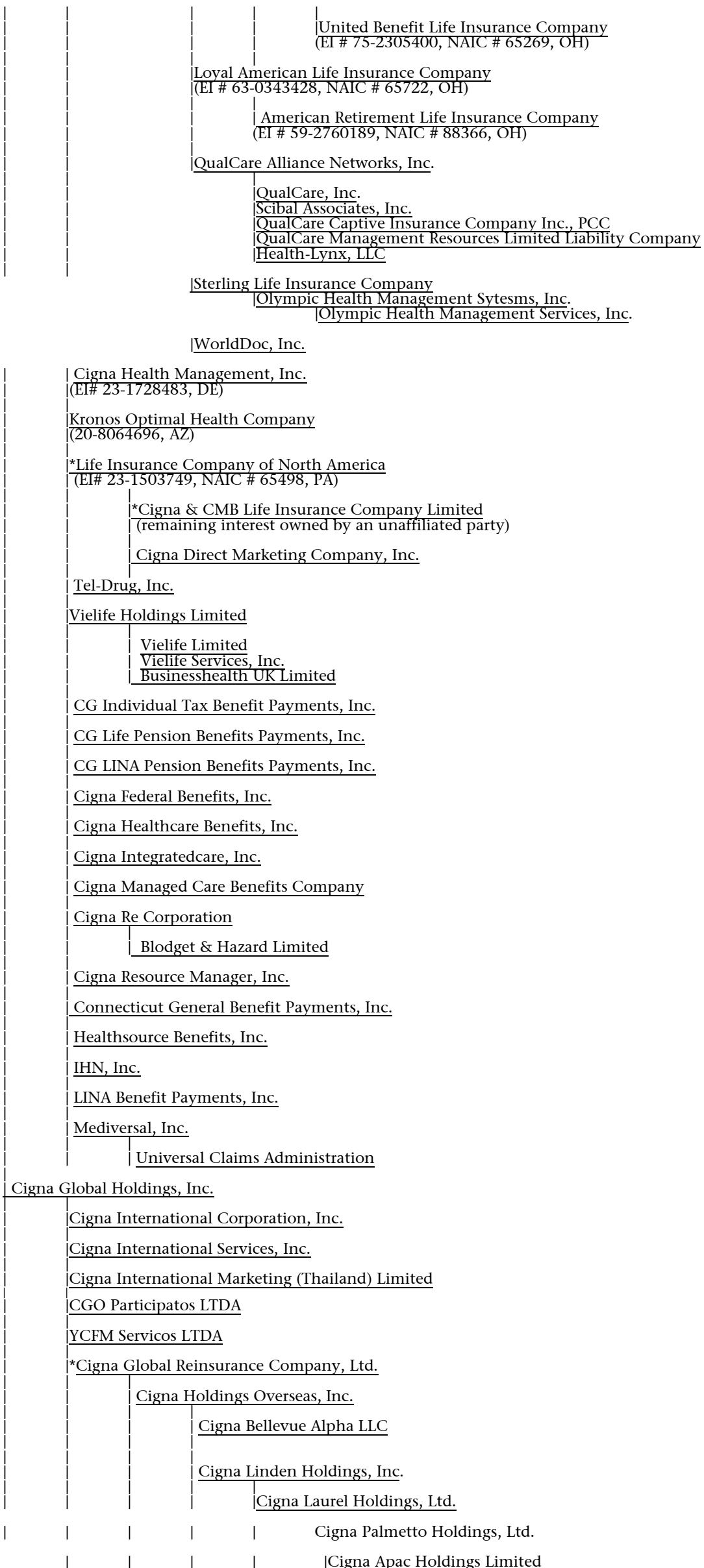
ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

		<u>Secon Properties, LP</u>
		<u>Transwestern Federal Holdings, L.L.C.</u>
		<u>Transwestern Federal, L.L.C.</u>
		<u>Market Street Residential Holdings LLC</u>
		<u>Arborpoint at Market Street LLC</u>
		<u>Diamondview Tower CM-CG LLC</u>
		<u>CR Washington Street Investors LP</u>
		<u>Civic Holding LLC</u>
		<u>Dulles Town Center Mall, LLC</u>
		<u>AEW/FDG, LP</u>
		<u>ND/CR Unicorn LLC</u>
		<u>Union Wharf Apartments LLC</u>
		<u>AMD Apartments Limited Partnership</u>
		<u>SP Newport Crossing LLC</u>
		<u>PUR Arbors Apartments Venture LLC</u>
		<u>CG Seventh Street, LLC</u>
		<u>Ideal Properties II LLC</u>
		<u>Alessandro Partners, LLC</u>
		<u>Mallory Square Partners I, LLC</u>
		<u>Houston Briar Forest Apartments Limited Partnership</u>
		<u>Newtown Partners II, LP</u>
		<u>Newtown Square GP LLC</u>
		<u>AFA Apartments Limited Partnership</u>
		<u>SB-SNH LLC</u>
		<u>680 Investors LLC</u>
		<u>685 New Hampshire LLC</u>
		<u>CGGL 18301 LLC</u>
		<u>Unico/CG Commonwealth LLC</u>
		<u>Commonwealth Acquisition LLC</u>
		<u>222 Main Street Caring GP LLC</u>
		<u>222 Main Street Investors LP</u>
		<u>Notch 8 Residential, L.L.C.</u>
		<u>UVL, LLC</u>
		<u>3601 North Fairfax Drive Associates, LLC</u>
		<u>CI Perris 151, LLC</u>
		<u>Lakehills CM – CG LLC</u>
	<u>CORAC LLC</u>	
		<u>Bridgepoint Office Park Associates, LLC</u> (EI# 27-3923999, DE)
		<u>Fairway Center Associates, LLC</u> (EI# 27-3126102, DE)
		<u>Henry on the Park Associates, LLC</u> (EI 27-3582688, DE)
		<u>*Cigna Health and Life Insurance Company</u> (EI # 59-1031071, NAIC # 67369, CT)
		<u>CarePlexus, LLC</u> (EI# 45-2681649; DE)
		<u>Cigna Corporate Services, LLC</u> (EI 27-3396038, DE)
		<u>Cigna Insurance Agency, LLC</u> (EI # 27-1903785, CT)
		<u>Ceres Sales of Ohio, LLC</u> (EI # 34-1970892, OH)
		<u>Central Reserve Life Insurance Company</u> (EI # 34-0970995, NAIC # 61727, OH)
		<u>Provident American Life &amp; Health Insurance Company</u> (EI # 23-1335885, NAIC # 67903, OH)

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC

					<u>Cigna Alder Holdings, LLC</u>
					<u>Cigna Walnut Holdings, Ltd.</u>
					<u>Cigna Chestnut Holdings, Ltd.</u>
					* <u>LINA Life Insurance Company of Korea</u>   <u>Cigna Korea Foundation</u>   <u>Cigna International Services Australia Pty Ltd.</u>
					<u>Cigna Hong Kong Holdings Company Limited</u>
					<u>Cigna Data Services (Shanghai) Company Limited</u>
					<u>Cigna HLA Technology Services Limited</u>
					* <u>Cigna Worldwide General Insurance Company Limited</u>
					* <u>Cigna Worldwide Life Insurance Company Limited</u>
					<u>Cigna International Health Services Sdn Bhd.</u>   <u>Cigna Life Insurance New Zealand Limited</u>
					* <u>Cigna Life Insurance Company of Canada</u>   (AA-1560515)
					<u>Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)</u>   <u>LINA Financial Service</u>
					<u>RHP (Thailand) Limited</u>
					* <u>Cigna Brokerage &amp; 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>Cigna Oak Holdings, LTD.</u>
					<u>Cigna Willow Holdings, LTD.</u>
					FirstAssist Administration Limited
					<u>Cigna Legal Protection Limited</u>
					<u>Cigna Insurance Services (Europe) Ltd.</u>
					<u>Cigna International Health Services, BVBA</u>
					<u>Cigna International Health Services, LLC</u>
					<u>Cigna International Health Services Kenya Limited</u>
					<u>Cigna Sequoia Holdings, SPRL</u>
					<u>Cigna Magnolia Holdings, Ltd.</u>
					<u>Cigna Turkey Danismanlik Hizmetleri, A.S</u>     (A/K/A <u>Cigna Turkey Consultancy Services, A.S.</u> )
					<u>Cigna Nederland Alpha Cooperatief U.A.</u>
					<u>Cigna Nederland Beta B.V.</u>
					<u>Cigna Nederland Gamma B.V.</u>
					<u>Cigna Finans Emeklilik Ve Hayat A.S.</u>
					<u>Cigna Health Solution India Pvt. Ltd.</u>
					<u>Cigna Poplar Holdings, Inc.</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> (EI# 23-2088429, NAIC # 90859, DE)
					* <u>PT. Asuransi Cigna</u>
					<u>Cigna Teak Holdings, LLC</u>

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE CIGNA DENTAL HEALTH OF OH INC  
**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

## ALPHABETICAL INDEX

### **ANNUAL STATEMENT BLANK**

Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued .....	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	24
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	25
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Nonadmitted Assets .....	16
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	30
Five-Year Historical Data .....	29
General Interrogatories .....	27
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	26
Overflow Page For Write-ins .....	44
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 3 - Special Deposits .....	E28
Schedule E - Verification Between Years .....	SI15

**ANNUAL STATEMENT BLANK (Continued)**

Schedule S - Part 1 - Section 2 .....	31
Schedule S - Part 2 .....	32
Schedule S - Part 3 - Section 2 .....	33
Schedule S - Part 4 .....	34
Schedule S - Part 5 .....	35
Schedule S - Part 6 .....	36
Schedule S - Part 7 .....	37
Schedule T - Part 2 - Interstate Compact .....	39
Schedule T - Premiums and Other Considerations .....	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	42
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	43
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14