



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

Cigna Dental Health of Ohio, Inc.

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

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

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, County and Zip Code) _____ (Area Code) (Telephone Number)

Statutory Statement Contact Angela Collie, 954-514-6681
(Name) (Area Code) (Telephone Number)
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(E-mail Address) (FAX Number)

OFFICERS

President Matthew Glenn Manders Secretary Anna Krishtul
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

DIRECTORS OR TRUSTEES

Matthew Glenn Manders _____ Julie Ann Vayer _____ Jason Dean Meade # _____

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 Krishtul
Secretary

Subscribed and sworn to before me this
____ day of _____

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

ANNUAL STATEMENT FOR THE YEAR 2016 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)	100,559		100,559	100,670
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 55,494 , Schedule E - Part 1), cash equivalents (\$ 1,799,797 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	1,855,291		1,855,291	2,828,013
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	1,955,850	0	1,955,850	2,928,683
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	543		543	540
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	694,289	1,256	693,033	766,006
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	3,243		3,243	3,289
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	4,606		4,606	0
24. Health care (\$) and other amounts receivable			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)	2,658,531	1,256	2,657,275	3,698,518
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	2,658,531	1,256	2,657,275	3,698,518
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	290,420	30,754	321,174	361,660
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	3,413		3,413	8,487
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	25,689		25,689	24,400
9. General expenses due or accrued	95,768		95,768	101,525
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))		17,163	17,163	9,174
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	1,905		1,905	4,902
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	811
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ 0 current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	434,358	30,754	465,112	510,959
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	161,592
26. Common capital stock	XXX	XXX	100	100
27. Preferred capital stock	XXX	XXX		
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	1,918,805	2,752,609
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$ 0)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$ 0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,192,163	3,187,559
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,657,275	3,698,518
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. PPACA Industry fee	XXX	XXX		161,592
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	161,592
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 2016 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.....	479,310	504,234
2. Net premium income (including \$ non-health premium income).....	XXX.....	8,296,591	8,806,589
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	0	
4. Fee-for-service (net of \$ medical expenses).....	XXX.....	0	
5. Risk revenue.....	XXX.....	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.....	8,296,591	8,806,589
Hospital and Medical:			
9. Hospital/medical benefits.....		0	
10. Other professional services.....	497	4,187,308	4,441,328
11. Outside referrals.....	316,177	316,177	337,621
12. Emergency room and out-of-area.....		0	
13. Prescription drugs.....		0	
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		0	
16. Subtotal (Lines 9 to 15).....	316,674	4,503,485	4,778,949
Less:			
17. Net reinsurance recoveries.....		0	
18. Total hospital and medical (Lines 16 minus 17).....	316,674	4,503,485	4,778,949
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$ cost containment expenses.....		12,593	18,016
21. General administrative expenses.....		934,383	1,033,077
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	316,674	5,450,461	5,830,042
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	2,846,130	2,976,547
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		7,836	761
26. Net realized capital gains (losses) less capital gains tax of \$ 18.....		33	24
27. Net investment gains (losses) (Lines 25 plus 26).....	0	7,869	785
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$ 476)].....		(476)	(108)
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.....	2,853,523	2,977,224
31. Federal and foreign income taxes incurred.....	XXX.....	1,048,145	1,096,160
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	1,805,378	1,881,064
DETAILS OF WRITE-INS			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0	0
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	3,187,559	2,956,035
34. Net income or (loss) from Line 32	1,805,378	1,881,064
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(46)	480
39. Change in nonadmitted assets	(728)	(20)
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.....		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	0	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders	(2,800,000)	(1,650,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(995,396)	231,524
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,192,163	3,187,559
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	8,370,125	8,799,714
2. Net investment income	7,945	873
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	8,378,070	8,800,587
5. Benefit and loss related payments	4,543,971	4,702,785
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	958,282	1,052,631
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	1,040,174	1,088,344
10. Total (Lines 5 through 9)	6,542,427	6,843,760
11. Net cash from operations (Line 4 minus Line 10)	1,835,643	1,956,827
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	49	37
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	49	37
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	49	37
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	2,800,000	1,650,000
16.6 Other cash provided (applied)	(8,414)	(128,225)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(2,808,414)	(1,778,225)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(972,722)	178,639
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	2,828,013	2,649,374
19.2 End of year (Line 18 plus Line 19.1)	1,855,291	2,828,013

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2016 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
2. Medicare Supplement				0
3. Dental only	8,296,591			8,296,591
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	8,296,591	0	0	8,296,591
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	8,296,591	0	0	8,296,591

ANNUAL STATEMENT FOR THE YEAR 2016 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	4,543,971				4,543,971					
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	4,543,971	0	0	4,543,971	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	321,174	0	0	321,174	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	321,174	0	0	321,174	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	361,660	0	0	361,660	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	361,660	0	0	361,660	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	4,503,485	0	0	4,503,485	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	4,503,485	0	0	4,503,485	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 \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2016 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	80,448				80,448					
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	80,448	0	0	80,448	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	240,726				240,726					
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	240,726	0	0	240,726	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	321,174	0	0	321,174	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	321,174	0	0	321,174	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only	317,287	4,226,684	0	321,174	317,287	361,660
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	317,287	4,226,684	0	321,174	317,287	361,660
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9 - 10 + 11 + 12)	317,287	4,226,684	0	321,174	317,287	361,660

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

ANNUAL STATEMENT FOR THE YEAR 2016 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 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	314	314	314	314	314
2. 2012		4,905	5,172	5,172	5,172
3. 2013			4,690	4,979	4,979
4. 2014			XXX	4,650	4,964
5. 2015			XXX	XXX	4,389
6. 2016		XXX	XXX	XXX	4,227

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 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	314	314	314	314	314
2. 2012		5,148	5,172	5,172	5,172
3. 2013		XXX	4,879	4,979	4,979
4. 2014		XXX	XXX	4,935	4,964
5. 2015		XXX	XXX	XXX	4,751
6. 2016		XXX	XXX	XXX	4,548

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. 2012	9,170	5,172	.15	.0.3	5,187	56.6			.5,187	56.6
2. 2013	9,147	4,979	.19	.0.4	4,998	54.6			4,998	54.6
3. 2014	9,303	4,964	.19	.0.4	4,983	53.6			4,983	53.6
4. 2015	8,807	4,706	.15	.0.3	4,721	53.6			4,721	53.6
5. 2016	8,297	4,227	18	.0.4	4,245	51.2	321	3	4,569	55.1

ANNUAL STATEMENT FOR THE YEAR 2016 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 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	314	314	314	314	314
2. 2012		4,905	5,172	5,172	5,172
3. 2013			4,690	4,979	4,979
4. 2014			XXX	4,650	4,964
5. 2015			XXX	XXX	4,389
6. 2016			XXX	XXX	XXX

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 2012	2 2013	3 2014	4 2015	5 2016
1. Prior	314	314	314	314	314
2. 2012		5,148	5,172	5,172	5,172
3. 2013			4,879	4,979	4,979
4. 2014			XXX	4,935	4,964
5. 2015			XXX	XXX	4,751
6. 2016			XXX	XXX	XXX

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. 2012	9,170	5,172	.15	.0.3	5,187	56.6	0	0	5,187	56.6
2. 2013	9,147	4,979	.19	.0.4	4,998	54.6	0	0	4,998	54.6
3. 2014	9,303	4,964	.19	.0.4	4,983	53.6	0	0	4,983	53.6
4. 2015	8,807	4,706	.15	.0.3	4,721	53.6	0	0	4,721	53.6
5. 2016	8,297	4,227	18	0.4	4,245	51.2	321	3	4,569	55.1

ANNUAL STATEMENT FOR THE YEAR 2016 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 2016 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 (\$ for occupancy of own building)			9,785		9,785
2. Salary, wages and other benefits		11,928	340,388		352,316
3. Commissions (less \$ ceded plus \$ assumed)			77,902		77,902
4. Legal fees and expenses			1,786		1,786
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			23,916		23,916
7. Traveling expenses			9,479		9,479
8. Marketing and advertising			43,031		43,031
9. Postage, express and telephone			40,431		40,431
10. Printing and office supplies			2,373		2,373
11. Occupancy, depreciation and amortization			8,624		8,624
12. Equipment			5,534		5,534
13. Cost or depreciation of EDP equipment and software			15,239		15,239
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees			63		63
16. Insurance, except on real estate			81		81
17. Collection and bank service charges			2,750		2,750
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes			7,811		7,811
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes			82,966		82,966
23.3 Regulatory authority licenses and fees			6,000		6,000
23.4 Payroll taxes		665	18,980		19,645
23.5 Other (excluding federal income and real estate taxes)			143,954		143,954
24. Investment expenses not included elsewhere				2,874	2,874
25. Aggregate write-ins for expenses	0	0	93,290	0	93,290
26. Total expenses incurred (Lines 1 to 25)	0	12,593	934,383	2,874	(a) 949,850
27. Less expenses unpaid December 31, current year		3,413	95,768		99,181
28. Add expenses unpaid December 31, prior year		8,487	101,525		110,012
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	0	17,667	940,140	2,874	960,681
DETAILS OF WRITE-INS					
2501. Total Other Corporate Expenses			18,202		18,202
2502. Other Non-Managed			75,088		75,088
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	93,290	0	93,290

(a) Includes management fees of \$ 606,891 to affiliates and \$ 0 to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2016 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) 2,013	2,016
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 8,694	8,694
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income .....	.0	.0
10. Total gross investment income	10,707	10,710
11. Investment expenses	(g) 2,874	
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)	0
13. Interest expense	(h)	
14. Depreciation on real estate and other invested assets	(i)	
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		2,874
17. Net investment income (Line 10 minus Line 16)		7,836
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)	0	0

(a) Includes \$ accrual of discount less \$ 112 amortization of premium and less \$ paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
 (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ 8,694 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$. investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ 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		
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		
4. Real estate		0	0		
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments	51		51		
7. Derivative instruments			0		
8. Other invested assets		0	0	.0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	.0	0
10. Total capital gains (losses)	51	0	51	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	.0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 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
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			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
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	1,256	528	(728)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset			0
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,256	528	(728)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	1,256	528	(728)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 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						
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	41,562	39,833	39,444	39,887	40,205	479,310
7. Total	41,562	39,833	39,444	39,887	40,205	479,310
DETAILS OF WRITE-INS						
0601. Health Insuring Corporation	41,562	39,833	39,444	39,887	40,205	479,310
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)	41,562	39,833	39,444	39,887	40,205	479,310

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, 2016 and December 31, 2015. Individually, each of these customers amounted to greater than 10% of total revenue.

On July 23, 2015, Cigna entered into a definitive agreement to engage in a series of transactions to merge Cigna with Anthem, subject to certain terms, conditions and customary operating covenants, with Anthem continuing as the surviving company. At special shareholders’ meetings in December 2015, Cigna shareholders approved the merger with Anthem and Anthem shareholders voted to approve the issuance of shares of Anthem common stock according to the merger agreement.

Consummation of the merger is 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. On July 21, 2016, the U.S. Department of Justice (“DOJ”) and certain state attorneys general filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia (the “District Court”) seeking to block the merger and, on January 4, 2017, the parties concluded the District Court trial. On February 8, 2017, the District Court issued an order enjoining the proposed merger. Anthem appealed this ruling to the U.S. Court of Appeals for the District of Columbia Circuit (the “Appeals Court”). Additionally, Cigna appealed the District Court ruling following the Chancery Court ruling described below.

On February 14, 2017, Cigna delivered a notice to Anthem terminating the merger agreement and filed suit in the Delaware Court of Chancery (the “Chancery Court”) seeking, among other things, declaratory judgment that Cigna’s termination of the merger agreement is lawful and that Anthem does not have the right to extend the merger agreement termination date. Later that day, Anthem filed a lawsuit in the Chancery Court against Cigna seeking, among other things, a temporary restraining order to enjoin Cigna from terminating the merger agreement, specific performance and damages, and, on February 15, 2017, the Chancery Court issued an order temporarily enjoining Cigna from terminating the merger agreement. This order will be subject to further review at a preliminary injunction hearing.

See note 14 for additional information about the proposed merger.

Affordable Care Act Section 9010 Insurer Fee

In January 2016, the federal appropriations legislation imposed a one-year moratorium on the Affordable Care Act (“ACA”) Section 9010 insurer fee for 2017, with reinstatement expected in 2018. On January 1, 2016, the Company was subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). Cigna covered entities’ share of the annual fee is based on the ratio of the amount of their aggregate net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding 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, 2016, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2017. The ACA fee assessment paid was \$141,807 in 2016 and \$286,572 in 2015.

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 a 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:

	SSAP#	F/S Page	F/S Line #	2016	2015
NET INCOME					
(1) State basis				\$ 1,805,378	\$ 1,881,064
(2) State Prescribed Practices that increase/(decrease)				-	-
(3) State Permitted Practices that increase/(decrease)				-	-
(4) NAIC SAP (1-2-3=4)				<u>\$ 1,805,378</u>	<u>\$ 1,881,064</u>
SURPLUS					
(5) State basis				\$ 2,192,163	\$ 3,187,559
(6) State Prescribed Practices that increase/(decrease)				-	-
(7) State Permitted Practices that increase/(decrease)				-	-
(8) NAIC SAP (5-6-7=8)				<u>\$ 2,192,163</u>	<u>\$ 3,187,559</u>

The Company maintained the minimum surplus required by state laws and regulatory agencies of \$250,000 as of December 31, 2016 and December 31, 2015. Minimum required surplus is the greater of \$250,000 or that amount required pursuant to the risk based capital provisions. Applicable net worth is calculated as the Company's net worth less any required special contingency reserve.

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 may 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 negotiated fees for defined services provided by the dentists. The Company and dentists have not entered into incentive sharing agreements.
9. Premium Revenue: Amounts charged for dental care services are recognized as revenue in the month for which customers are entitled to dental care. Unearned premiums represent that portion of premiums received which are applicable to the unexpired terms of contracts in force.
10. Section 9010 Insurer Fee: Effective January 1, 2014, the Company adopted SSAP 106, Affordable Care Act Section 9010 Assessment, for the annual health insurance industry fee imposed under Section 9010 of the ACA.

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, 2016 and 2015.

NOTE 3 – BUSINESS COMBINATIONS AND GOODWILL

The Company was not party to a business combination during the years ended December 31, 2016 and 2015, and does not carry goodwill in its statutory balance sheets.

NOTE 4 – DISCONTINUED OPERATIONS

The Company did not discontinue any operations during 2016 and 2015.

NOTE 5 – INVESTMENTS

- A. The Company has no mortgage loans.
- B. The Company has no debt restructuring.
- C. The Company has no reverse mortgages.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC

- 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.

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H. Restricted Assets

(1) Restricted Assets (Including Pledged):

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Gross (Admitted & Nonadmitted) Restricted to Total Asset (a)	7 Admitted Restricted to Total Admitted Assets (b)
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 the State	100,559	100,670	(11)	-	100,559	3.78%	3.78%
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	\$ 100,559	\$ 100,670	\$ (11)	\$ -	\$ 100,559	3.78%	3.78%

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

(3) The Company has no other restricted assets.

(4) The Company holds no collateral received as assets.

I. The Company has no working capital finance investments.

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

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- K. The Company has no structured notes.
- L. The Company holds no five star securities.
- M. Bonds

As of December 31, 2016, 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	100,559	100,797
Due after five years through ten years	-	-
Due after ten years	-	-
Asset backed securities with varying maturity periods	-	-
Total	\$ 100,559	\$ 100,797

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, 2016 and December 31, 2015, the gross unrealized appreciation for bonds by type of issuer, were as follows:

2016	Amortized Cost	Appreciation	Depreciation	Fair Value
US Government	\$ 100,559	\$ 238	\$ -	\$ 100,797
Political subdivisions of states, territories and possessions	-	-	-	-
Special revenue and assessment obligations	-	-	-	-
Industrial and miscellaneous	-	-	-	-
Total	\$ 100,559	\$ 238	\$ -	\$ 100,797

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

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, 2016 and 2015.

There were no other-than-temporary impairments of bonds as of December 31, 2016 and 2015.

The net unrealized appreciation on bonds that are carried at amortized cost of \$238 at December 31, 2016 and \$390 at December 31, 2015, is not reflected in the statutory financial statements.

There were no sales of bonds for the years December 31, 2016 and December 31, 2015.

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

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, 2016 and 2015.

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.

	12/31/2016			12/31/2015			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 3,243	-	\$ 3,243	\$ 3,289	-	\$ 3,289	\$ (46)	-	\$ (46)
(b) Statutory Valuation Allowance (SVA) Adjustments	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	3,243	-	3,243	3,289	-	3,289	(46)	-	(46)
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c-1d)	3,243	-	3,243	3,289	-	3,289	(46)	-	(46)
(f) Deferred Tax Liabilities	-	-	-	-	-	-	-	-	-
(g) Net Admitted Deferred Tax asset/(Net Deferred Tax Liability) (1e-1f)	\$ 3,243	-	\$ 3,243	\$ 3,289	-	\$ 3,289	\$ (46)	-	\$ (46)

The realization of Deferred Tax Assets (DTA) 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.

	12/31/2016			12/31/2015			Change		
	(1) Admission Calculation Components SSAP No. 101 Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 3,243	-	\$ 3,243	\$ 3,289	-	\$ 3,289	\$ (46)	-	\$ (46)
(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.	-	-	328,338	-	-	477,641	-	-	(149,303)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax AssetsFrom 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)	\$ 3,243	-	\$ 3,243	\$ 3,289	-	\$ 3,289	\$ (46)	-	\$ (46)

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3.

	2016	2015
Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	910%	1,372%
Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshld Limitation In 2(b)2 Above.	\$ 2,188,920	\$ 3,184,270

4.

	12/31/2016		12/31/2015		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
Impact of Tax-Planning Strategies						
Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(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 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) 12/31/2016	(2) 12/31/2015	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ 1,048,145	\$ 1,096,160	\$ (48,015)
(b) Foreign	-	-	-
(c) Subtotal	1,048,145	1,096,160	(48,015)
(d) Federal income tax on net capital gains	18	13	5
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	<u>\$ 1,048,163</u>	<u>\$ 1,096,173</u>	<u>\$ (48,010)</u>

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) 12/31/2016	(2) 12/31/2015	(3) (Col 1-2) Change
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unearned premium reserve	\$ 1,929	\$ 2,029	\$ (100)
(2) Loss Reserve Discounting	874	1,075	(201)
(3) Solvency Reserves	-	-	-
(4) Other Insurance & Contract Holder Liability	-	-	-
(5) Bad Debt	-	-	-
(6) Depreciation and Amortization	-	-	-
(7) Non Admitted Assets	440	185	255
(8) Department of Insurance Audit Accrual	-	-	-
(9) Reinsurance Contribution	-	-	-
(10) Other	-	-	-
(99) Subtotal	3,243	3,289	(46)
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets	3,243	3,289	(46)
(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	<u>\$ 3,243</u>	<u>\$ 3,289</u>	<u>\$ (46)</u>

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	(1) 12/31/2016	(2) 12/31/2015	(3) (Col 1-2) Change
3. Deferred Tax Liabilities			
(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	\$ -	\$ -	\$ -

	12/31/2016	12/31/2015	(Col 1-2) Change
4. Net deferred tax assets/liabilities	\$ 3,243	\$ 3,289	\$ (46)

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):

	12/31/2016	12/31/2015	(Col 1-2) Change
Total deferred tax assets	\$ 3,243	\$ 3,289	\$ (46)
Total deferred tax liabilities	-	-	-
Net deferred tax asset (liability)	3,243	3,289	(46)
Statutory valuation allowance adjustment	-	-	-
Net deferred tax assets/liabilities after SVA	\$ 3,243	\$ 3,289	\$ (46)
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			<u>(46)</u>

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

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

	12/31/2016	Effective Tax Rate	12/31/2015	Effective Tax Rate
Provision computed at statutory rate	\$ 998,739	35.0%	\$ 1,042,033	35.0%
Tax exempt interest income (net)	-	0.0%	-	0.0%
Meals and entertainment	-	0.0%	-	0.0%
Change in non-admitted assets	(255)	0.0%	(7)	0.0%
Health Insurance Industry Fee	49,725	1.7%	53,667	1.8%
Other	-	0.0%	-	0.0%
Total	\$ 1,048,209	36.7%	\$ 1,095,693	36.8%
 Federal income taxes incurred	\$ 1,048,163	36.7%	\$ 1,096,173	36.8%
Change in net deferred income taxes	46	0.0%	(480)	0.0%
Total statutory income taxes	\$ 1,048,209	36.7%	\$ 1,095,693	36.8%

E. Carry forwards, recoverable taxes, and Internal Revenue Code (IRC) Section 6603 deposits:

(1) At December 31, 2016 and 2015, 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:

2016	\$ 1,048,163
2015	\$ 1,096,173

(3) Deposits under IRC 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 has completed its examination of the Cigna's 2011 and 2012 consolidated federal income tax return. The review, which was completed in the fourth quarter of 2016, had no material impact on the Company's financial condition.

(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

The Company's Federal Income Tax return is consolidated with Cigna, and the following subsidiaries of Cigna:

Allegiance Benefit Plan Management Inc	Cigna Healthcare of Arizona Inc
Allegiance Cobra Services Inc	Cigna Healthcare of California Inc
Allegiance Life & Health Insurance Co	Cigna Healthcare of Colorado Inc
Allegiance Re Inc	Cigna Healthcare of Connecticut Inc
Arizona Healthplan Inc	Cigna Healthcare of Florida Inc
Benefit Management Corp	Cigna Healthcare of Georgia Inc
Bravo Health Mid-Atlantic, Inc.	Cigna Healthcare of Illinois Inc
Bravo Health Pennsylvania, Inc.	Cigna Healthcare of Indiana Inc
CG Individual Tax Benefit Payments Inc	Cigna Healthcare of Maine Inc
CG Life Pension Benefit Payments Inc	Cigna Healthcare of Massachusetts Inc
CG LINA Pension Benefit Payments Inc	Cigna Healthcare of New Hampshire Inc
Choicelinx Corporation	Cigna Healthcare of New Jersey Inc
Cigna Arbor Life Insurance Company	Cigna Healthcare of New York Inc
Cigna Behavioral Health Inc	Cigna Healthcare of North Carolina Inc
Cigna Behavioral Health of California Inc	Cigna Healthcare of Pennsylvania Inc
Cigna Behavioral Health of Texas Inc.	Cigna Healthcare of South Carolina
Cigna Benefits Financing, Inc.	Cigna Healthcare of St Louis Inc
Cigna Dental Health Inc	Cigna Healthcare of Tennessee Inc
CareAllies, Inc.	Cigna Healthcare of Texas Inc
Cigna Dental Health of California Inc	Cigna Healthcare of Utah Inc
Cigna Dental Health of Colorado Inc	Cigna Holdings Inc
Cigna Dental Health of Delaware Inc	Cigna Holdings Overseas Inc
Cigna Dental Health of Florida Inc	Cigna Integrated Care Inc
Cigna Dental Health of Illinois Inc	Cigna Intellectual Property Inc
Cigna Dental Health of Kansas Inc	Cigna International Corporation
Cigna Dental Health of Kentucky Inc	Cigna International Finance Inc
Cigna Dental Health of Maryland Inc	Cigna International Services Inc
Cigna Dental Health of Missouri Inc	Cigna Investment Group Inc
Cigna Dental Health of New Jersey Inc	Cigna Investments Inc
Cigna Dental Health of North Carolina Inc	Cigna Life Insurance Company of New York
Cigna Dental Health of Ohio Inc	Cigna Linden Holdings Inc
Cigna Dental Health of Pennsylvania Inc	Cigna Managed Care Benefits Company
Cigna Dental Health of Texas Inc	Cigna Mezzanine Partners III Inc
Cigna Dental Health of Virginia Inc	Cigna Poplar Holdings Inc
Cigna Dental Healthplan of Arizona Inc	Cigna RE Corporation
Cigna Direct Marketing Company Inc.	Cigna Resource Manager Inc
Cigna Federal Benefits Inc	Cigna Worldwide Insurance Company
Cigna Global Holdings Inc	Connecticut General Benefit Payments Inc.
Cigna Global Insurance Company Limited	Connecticut General Corporation
Cigna Global Reinsurance Company LTD	Connecticut General Life Insurance Company
Cigna Health and Life Insurance Company	Former Cigna Investments Inc
Cigna Health Corporation	Great West Healthcare of Illinois Inc
Cigna Health Management Inc	Hazard Center Investment Co LLC
Cigna Healthcare Benefits Inc	Healthsource Benefits Inc
Cigna Healthcare Holdings Inc	Healthsource Inc
Cigna Healthcare Inc	Healthsource Properties Inc
Cigna Healthcare Mid-Atlantic Inc	Healthspring Life & Health Insurance Company

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Healthspring Management, Inc.	MCC Independent Practice Assoc of New York Inc
Healthspring of Alabama, Inc.	Mediversal Inc
Healthspring of Florida, Inc.	QualCare Alliance Networks, Inc.
Healthspring of Tennessee, Inc.	QualCare Captive Insurance Company, Inc.
Healthspring, Inc.	QualCare Inc.
IHN Inc.	QualCare Management Resources LLC
Intermountain Underwriters Inc	Sagamore Health Network Inc
Kronos Optimal Health Company	Scibal Associates, Inc.
Life Ins Co of North America	Tel-Drug Inc
LINA Benefit Payments Inc	Universal Claims Administration
Managed Care Consultants Inc	

NOTE 10 – INFORMATION CONCERNING PARENT, SUBSIDIARIES, AFFILIATES AND OTHER RELATED PARTIES

- 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, 2016 and 2015, the Company reported \$4,606 and \$ 811 as amounts due from, and due to parent, subsidiaries and affiliates. 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 \$8,253,459 in 2016 and \$8,747,459 in 2015. Net accounts receivable from these affiliates, including the non-admitted portion, were \$693,002 at December 31, 2016 and \$766,084 at December 31, 2015.
 - (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 the Company and its affiliates. The Parent charged the Company \$862,881 and \$926,629 in administrative service fees for the periods ended December 31, 2016 and 2015. Included in these fees were charges for administrative and management services of \$586,350 in 2016 and \$633,172 in 2015, reflected as general administrative expenses, charges for claims adjustment expenses of \$17,667 in 2016 and \$15,468 in 2015, and charges for services critical to the delivery of dental care of \$258,864 in 2016 and \$277,989 in 2015, included in other professional services. The fees charged are based on a fixed monthly fee per individual, per couple, and/or per family.
 - (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 \$2,874 in 2016 and \$3,500 in 2015.
 - (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 2016 and 2015.
 - (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

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- 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.
- M. The Company has no investments in Subsidiary, Controlled and Affiliated (SCA) entities.
- N. The Company has no investments in Insurance SCAs.

NOTE 11 – DEBT

The Company had no outstanding debt with third parties or outstanding federal home loan bank agreements during 2016 and 2015.

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 general 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.
- (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. 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 \$1,805,378 in 2017, with prior approval.
- (4) The Company paid ordinary dividends of \$642,188 and extra ordinary dividends of \$2,157,872 to the Parent during the year ended December 31, 2016, and ordinary dividends of \$484,172 and extra ordinary dividends of \$1,165,828 to the Parent during the year ended December 31, 2015.
- (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, 2016 and 2015.

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- (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 \$161,592 from the prior year due to the ACA Section 9010 insurer fee segregated surplus requirement
- (10) The portion of unassigned funds reduced by non-admitted asset values was \$1,256 and \$528, as of December 31, 2016 and 2015. The portion of unassigned funds reduced by net unrealized appreciation, net of tax, was \$0 as of December 31, 2016 and 2015.
- (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 – COMMITMENTS AND 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 and its subsidiaries (including the Company, and collectively known as Cigna) 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 global 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 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.

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, the U.S. Departments of Health and Human Services, Treasury, Labor and Justice, as well as the courts. Health care regulation and legislation in its various forms, including the implementation of Health Care Reform, other regulatory reform initiatives, such as those relating to Medicare programs, or additional changes in existing laws or regulations or their interpretations, could have a material adverse effect on Cigna and its subsidiaries' (including the Company) business, results of operations and financial condition.

In addition, there is heightened review by federal and state regulators of the health care, disability and life insurance industry business and related reporting practices. Cigna and its subsidiaries (including the Company) are frequently the subject of regulatory market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, the Centers for Medicare and Medicaid Services ("CMS") and the Office of Inspector General ("OIG"). With respect to Cigna's Medicare Advantage business, the CMS and OIG perform audits to determine a health plan's compliance with federal regulations and contractual obligations, including compliance with 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 Company (in the course of its regular review of pending litigation and legal or regulatory matters) has determined that a material loss is reasonably possible, the matter is disclosed. Such

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC

matter are described below. 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 shareholders' net 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 and its subsidiaries (including the Company) believe that they have valid defenses to the matters pending against them and are defending themselves vigorously. Except as otherwise noted, Cigna and its subsidiaries (including the Company) believe that the legal actions, regulatory matters, proceedings and investigations currently pending against them should not have a material adverse effect on Cigna and its subsidiaries' (including the Company's) results of operations, financial condition or liquidity based upon our 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 Cigna and its subsidiaries (including the Company). An adverse outcome in one or more of these matters could be material to Cigna and its subsidiaries' (including the Company's) results of operations, financial condition or liquidity for any particular period.

Ingenix. In April 2004, Cigna and its subsidiaries (including the Company) was sued in a number of putative nationwide class actions alleging that Cigna and its subsidiaries (including the Company) improperly underpaid claims for out-of-network providers through the use of data provided by Ingenix, Inc., a subsidiary of one of Cigna and its subsidiaries (including the Company'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 and its subsidiaries' (including the Company) 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 and its subsidiaries (including the Company), including the class certification decision, to the Third Circuit.

On May 2, 2016, the Third Circuit affirmed the District Court's decisions denying class certification for the claims asserted by members, the granting of summary judgment on the individual plaintiffs' claims, as well as the dismissal of the antitrust claims. However, the Third Circuit also reversed the earlier dismissal of the providers' ERISA claims. Cigna and its subsidiaries (including the Company) will continue to vigorously defend its position.

Other Legal Matters

Antitrust Litigation. On July 21, 2016, the U.S. Department of Justice ("DOJ") and certain state attorneys general filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia (the "District Court") seeking to block the merger and, on January 4, 2017, the parties concluded the District Court trial. On February 8, 2017, the District Court issued an order enjoining the proposed merger. Anthem filed a notice of appeal of the District Court's order with the U.S. Court of Appeals for the District of Columbia Circuit (the "Appeals Court") and requested an expedited appeal. On February 17, 2017, the Appeals Court granted Anthem's motion for an expedited appeal and set oral

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
arguments for March 24, 2017. That same day, Cigna filed its notice of appeal of the District Court's order with the Appeals Court.

Litigation with Anthem. On February 14, 2017, Cigna delivered a notice to Anthem terminating the merger agreement, and notifying Anthem that it must pay Cigna the \$1.85 billion reverse termination fee pursuant to the terms of the merger agreement. Also on February 14, 2017, Cigna filed suit against Anthem in the Delaware Court of Chancery (the "Chancery Court"). The complaint sought declaratory judgments that Cigna's termination of the merger agreement was valid and that Anthem was not permitted to extend the termination date. The complaint also sought payment of the reverse termination fee and additional damages in an amount exceeding \$13 billion, which includes the lost premium value to Cigna's shareholders caused by Anthem's willful breaches of the merger agreement.

Also on February 14, 2017, Anthem filed a lawsuit in the Chancery Court against Cigna seeking (i) a temporary restraining order to enjoin Cigna from terminating and taking any action contrary to the terms of the merger agreement, (ii) specific performance compelling Cigna to comply with the merger agreement and (iii) damages. On February 15, 2017, the Chancery Court granted Anthem's motion for a temporary restraining order and issued an order temporarily enjoining Cigna from terminating the Merger Agreement. This is not a decision on the merits of the case, but rather an order to ensure irrevocable actions do not take place before the Chancery Court's substantive review of the issues. Cigna will continue to abide by terms of the merger agreement until the expiration or lifting of the Chancery Court's order and any further review of the case by the Chancery Court. This order will be subject to review by the Chancery Court at a preliminary injunction hearing.

Cigna believes in the merits of their claims and dispute Anthem's claims, and intends to vigorously defend themselves and pursue their claims. The outcomes of lawsuits are inherently unpredictable, and Cigna may be unsuccessful in the ongoing litigation or any future claims or litigation.

Shareholder Litigation. Following announcement of Cigna's merger agreement with Anthem as discussed in Note 1, putative class action complaints (collectively the "complaints" or "Cigna Merger Litigation") were filed by purported Cigna shareholders on behalf of a purported class of Cigna shareholders. 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 approval by the Connecticut Superior Court, Judicial District of Hartford 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.

NOTE 15 – LEASES

The Company is not a party to any lease agreements in 2016 and 2015.

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.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
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 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

A. 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.

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 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 or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a financial asset or liability 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).

Level 1 Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets.

Level 2 Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if the Company determines that unobservable inputs are insignificant. Level 2 assets primarily include corporate bonds valued using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates.

Level 3 Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

1. As of December 31, 2016 and December 31, 2015, the Company had no bonds reported at fair value in the financial statements.
2. As of December 31, 2016 and December 31, 2015, the Company had no bonds reported at fair value in Level 3 of the Fair Value Hierarchy in the financial statements.
3. As of December 31, 2016 and December 31, 2015, the Company had no bonds reported at fair value in Level 3 Transfers in the financial statements.

4. Valuation Techniques and Inputs

The Company estimates fair values 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. Such other inputs include market interest rates and volatilities, spreads, and yield curves. The internal pricing methods are performed by the Company's investment professionals

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC and generally involve using 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 or no market activity for the same or similar instruments, the 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.

B. Other Fair Value Disclosures

The Company provides additional fair value information in Notes 1 and 5.

C. Aggregate Fair Value of All Financial Instruments

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2016 and 2015.

Financial Assets	Aggregate Fair Value	Admitted Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Not Practicable (Carrying Value)
December 31, 2016							
Bonds	\$ 100,797	\$ 100,559	\$ 100,797	\$ -	\$ -	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	1,855,291	1,855,291	55,494	1,799,797	-	-	-
Total	\$ 1,956,088	\$ 1,955,850	\$ 156,291	\$ 1,799,797	\$ -	\$ -	\$ -
December 31, 2015							
Bonds	\$ 101,060	\$ 100,670	\$ 101,060	\$ -	\$ -	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	2,828,013	2,828,013	63,133	2,764,880	-	-	-
Total	\$ 2,929,073	\$ 2,928,683	\$ 164,193	\$ 2,764,880	\$ -	\$ -	\$ -

The following valuation methodologies and significant assumptions are used by the Company to determine fair value for each instrument.

Bonds

The methods and significant assumptions used to estimate the fair value of bonds are described in A4 above.

Short-Term Investments, Cash Equivalents, and Cash

Short-term investments and cash equivalents are carried at fair value which approximates cost, and are classified in Level 2. Given the nature of cash, fair value approximates carrying value and is classified in Level 1.

D. As of December 31, 2016 and December 31, 2015, the Company has no financial instruments where it is not practicable to estimate fair value.

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 or insurance-linked securities contracts.

NOTE 22 – EVENTS SUBSEQUENT

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
preparing these financials statements the Company has evaluated events that occurred between the balance sheet date and February 28, 2017.

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 2016 and 2015.

	<u>2016</u>	<u>2015</u>
Balances at January 1,	\$ 370,147	\$ 291,434
Incurred related to		
Current year	4,560,451	4,768,197
Prior years	<u>(44,373)</u>	<u>28,768</u>
Total incurred	4,516,078	4,796,965
Paid related to		
Current year	4,235,864	4,398,050
Prior years	<u>325,774</u>	<u>320,202</u>
Total payments	4,561,638	4,718,252
Balances at December 31,	<u><u>\$ 324,587</u></u>	<u><u>\$ 370,147</u></u>

Unpaid claims and claims adjustment expenses attributable to insured events of prior years decreased by \$44,373 in 2016 and increased by \$28,768 in 2015, 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 2016 or 2015.

NOTE 27 – STRUCTURED SETTLEMENTS

The Company has no structured settlements in 2016 or 2015.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
NOTE 28 – HEALTH CARE RECEIVABLES

The Company has no risk-sharing receivables in 2016 or 2015.

NOTE 29 – PARTICIPATING POLICIES

The Company did not have any participating contracts in 2016 or 2015.

NOTE 30 - PREMIUM DEFICIENCY RESERVES

The Company does not have any premium deficiency reserves in 2016 or 2015.

NOTE 31 – ANTICIPATED SALVAGE AND SUBROGATION

The Company did not anticipate any salvage or subrogation in 2016 or 2015.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
 GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []
 If yes, complete Schedule Y, Parts 1, 1A and 2

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []

1.3 State Regulating? Ohio

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No []

2.2 If yes, date of change: _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

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. 12/31/2014

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). 05/03/2016

3.4 By what department or departments?
 Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []

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

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

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes [] No []
 4.22 renewals? Yes [] No []

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

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

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []

7.2 If yes,
 7.21 State the percentage of foreign control; %
 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
_____	_____

ANNUAL STATEMENT FOR THE YEAR 2016 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. Malnone 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
 12.13 Total book/adjusted carrying value \$

12.2 If, yes provide explanation: _____

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

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

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

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

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

14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 • Updated Table of Contents
 • Updated President and Chief Executive Officer message/letter
 • Updated Executive Leadership quotes
 • Updated references to Policies and Procedures
 • Updated Key Contacts
 • Updated Legal Lines and Trademark
 • Updated Branding
 • General grammatical updates

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 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [] 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 [] 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 [] 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..... \$
	20.12 To stockholders not officers..... \$
	20.13 Trustees, supreme or grand (Fraternal Only) \$
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..... \$
	20.22 To stockholders not officers..... \$
	20.23 Trustees, supreme or grand (Fraternal Only) \$
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..... \$
	21.22 Borrowed from others..... \$
	21.23 Leased from others \$
	21.24 Other \$
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 \$
	22.22 Amount paid as expenses \$
	22.23 Other amounts paid \$
23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes [X] No []
23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$ 4,606

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 []

24.02 If no, give full and complete information relating thereto

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 []

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$

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 []

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A []

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 []

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
GENERAL INTERROGATORIES

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

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

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

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

25.21 Subject to repurchase agreements	\$ 0
25.22 Subject to reverse repurchase agreements	\$ 0
25.23 Subject to dollar repurchase agreements	\$ 0
25.24 Subject to reverse dollar repurchase agreements	\$ 0
25.25 Placed under option agreements	\$ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
25.27 FHLB Capital Stock	\$ 0
25.28 On deposit with states	\$ 100,559
25.29 On deposit with other regulatory bodies	\$ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
25.32 Other	\$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

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

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

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

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

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

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
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 [X]

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

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

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Cigna Investments, Inc.	A.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes [] No [X]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [] No [X]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
105811	Cigna Investments, Inc.	Not Available	SEC	DS.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

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

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	1,900,355	1,900,594	238
30.2 Preferred stocks .....	.0	.....	0
30.3 Totals	1,900,355	1,900,594	238

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:
.....

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 2016 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?\$

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

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

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

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

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

ANNUAL STATEMENT FOR THE YEAR 2016 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.	\$ _____
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ _____
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	\$ _____
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	8,296,591 8,806,589
2.2	Premium Denominator	8,296,591 8,806,589
2.3	Premium Ratio (2.1/2.2) .....	.1.000 1.000
2.4	Reserve Numerator	321,174 361,660
2.5	Reserve Denominator	321,174 361,660
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 \$ 5.32 Medical Only \$ 5.33 Medicare Supplement \$ 5.34 Dental & Vision \$ 5.35 Other Limited Benefit Plan \$ 5.36 Other \$
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 3,547 8.2 Number of providers at end of reporting year 2,668
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...\$ 4,720,437 9.22 Business with rate guarantees over 36 months \$

ANNUAL STATEMENT FOR THE YEAR 2016 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.....\$
 10.22 Amount actually paid for year bonuses.....\$
 10.23 Maximum amount payable withholds.....\$
 10.24 Amount actually paid for year withholds.....\$

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, Clark, Ashtabula, Clermont, Butler, Champaign, Cuyahoga, Darke, Fairfield, Defiance, Franklin, Delaware, Erie, Hancock, Lorain, Jefferson, Lake, Mahoning, Geauga, Greene, Lucas, Marion, Hamilton, Licking, Medina, Stark, Miami, Tuscarawas, Muskingum, Montgomery, Portage, Warren, Richland, Wayne, Ross, Summit, Trumbull, 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. \$

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. \$

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
.....

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 \$
 15.2 Total Incurred Claims \$
 15.3 Number of Covered Lives

*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 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
FIVE-YEAR HISTORICAL DATA

	1 2016	2 2015	3 2014	4 2013	5 2012
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	2,657,275	3,698,518	3,513,033	3,297,294	3,352,997
2. Total liabilities (Page 3, Line 24)	465,112	510,959	556,998	405,828	448,130
3. Statutory minimum capital and surplus requirement	250,000	250,000	250,000	100,000	100,000
4. Total capital and surplus (Page 3, Line 33)	2,192,163	3,187,559	2,956,035	2,891,466	2,904,867
Income Statement (Page 4)					
5. Total revenues (Line 8)	8,296,591	8,806,589	9,303,409	9,147,112	9,170,210
6. Total medical and hospital expenses (Line 18)	4,503,485	4,778,949	5,034,714	4,902,294	5,183,743
7. Claims adjustment expenses (Line 20)	12,593	18,016	22,343	17,237	13,971
8. Total administrative expenses (Line 21)	934,383	1,033,077	1,028,085	872,975	885,972
9. Net underwriting gain (loss) (Line 24)	2,846,130	2,976,547	3,218,267	3,354,606	3,086,524
10. Net investment gain (loss) (Line 27)	7,869	785	(1,572)	(959)	1,088
11. Total other income (Lines 28 plus 29)	(476)	(108)	(206)	0	0
12. Net income or (loss) (Line 32)	1,805,378	1,881,064	2,044,172	2,180,320	2,007,518
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	1,835,643	1,956,827	2,064,523	2,161,912	2,029,638
Risk-Based Capital Analysis					
14. Total adjusted capital	2,192,163	3,187,559	2,956,035	2,891,466	2,904,867
15. Authorized control level risk-based capital	240,655	232,079	204,937	204,402	212,568
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	40,205	41,562	44,327	45,398	46,662
17. Total members months (Column 6, Line 7)	479,310	504,234	540,632	547,265	554,927
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	54.3	54.3	54.1	53.6	56.5
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)	65.7	66.2	65.4	63.3	66.3
23. Total underwriting gain (loss) (Line 24)	34.3	33.8	34.6	36.7	33.7
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	317,287	314,264	288,761	266,811	314,340
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	361,660	285,496	189,295	243,530	278,754
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)		0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
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					

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							
		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	9 Deposit-Type Contracts
1. Alabama	AL	N						0	
2. Alaska	AK	N						0	
3. Arizona	AZ	N						0	
4. Arkansas	AR	N						0	
5. California	CA	N						0	
6. Colorado	CO	N						0	
7. Connecticut	CT	N						0	
8. Delaware	DE	N						0	
9. District of Columbia	DC	N						0	
10. Florida	FL	N						0	
11. Georgia	GA	N						0	
12. Hawaii	HI	N						0	
13. Idaho	ID	N						0	
14. Illinois	IL	N						0	
15. Indiana	IN	N						0	
16. Iowa	IA	N						0	
17. Kansas	KS	N						0	
18. Kentucky	KY	N						0	
19. Louisiana	LA	N						0	
20. Maine	ME	N						0	
21. Maryland	MD	N						0	
22. Massachusetts	MA	N						0	
23. Michigan	MI	N						0	
24. Minnesota	MN	N						0	
25. Mississippi	MS	N						0	
26. Missouri	MO	N						0	
27. Montana	MT	N						0	
28. Nebraska	NE	N						0	
29. Nevada	NV	N						0	
30. New Hampshire	NH	N						0	
31. New Jersey	NJ	N						0	
32. New Mexico	NM	N						0	
33. New York	NY	N						0	
34. North Carolina	NC	N						0	
35. North Dakota	ND	N						0	
36. Ohio	OH	L	8,296,591					8,296,591	
37. Oklahoma	OK	N						0	
38. Oregon	OR	N						0	
39. Pennsylvania	PA	N						0	
40. Rhode Island	RI	N						0	
41. South Carolina	SC	N						0	
42. South Dakota	SD	N						0	
43. Tennessee	TN	N						0	
44. Texas	TX	N						0	
45. Utah	UT	N						0	
46. Vermont	VT	N						0	
47. Virginia	VA	N						0	
48. Washington	WA	N						0	
49. West Virginia	WV	N						0	
50. Wisconsin	WI	N						0	
51. Wyoming	WY	N						0	
52. American Samoa	AS	N						0	
53. Guam	GU	N						0	
54. Puerto Rico	PR	N						0	
55. U.S. Virgin Islands	VI	N						0	
56. Northern Mariana Islands	MP	N						0	
57. Canada	CAN	N						0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Subtotal		XXX	8,296,591	0	0	0	0	8,296,591	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	
61. Total (Direct Business)	(a) 1	8,296,591	0	0	0	0	0	8,296,591	0
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0

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

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

All premiums written within the State of Ohio.

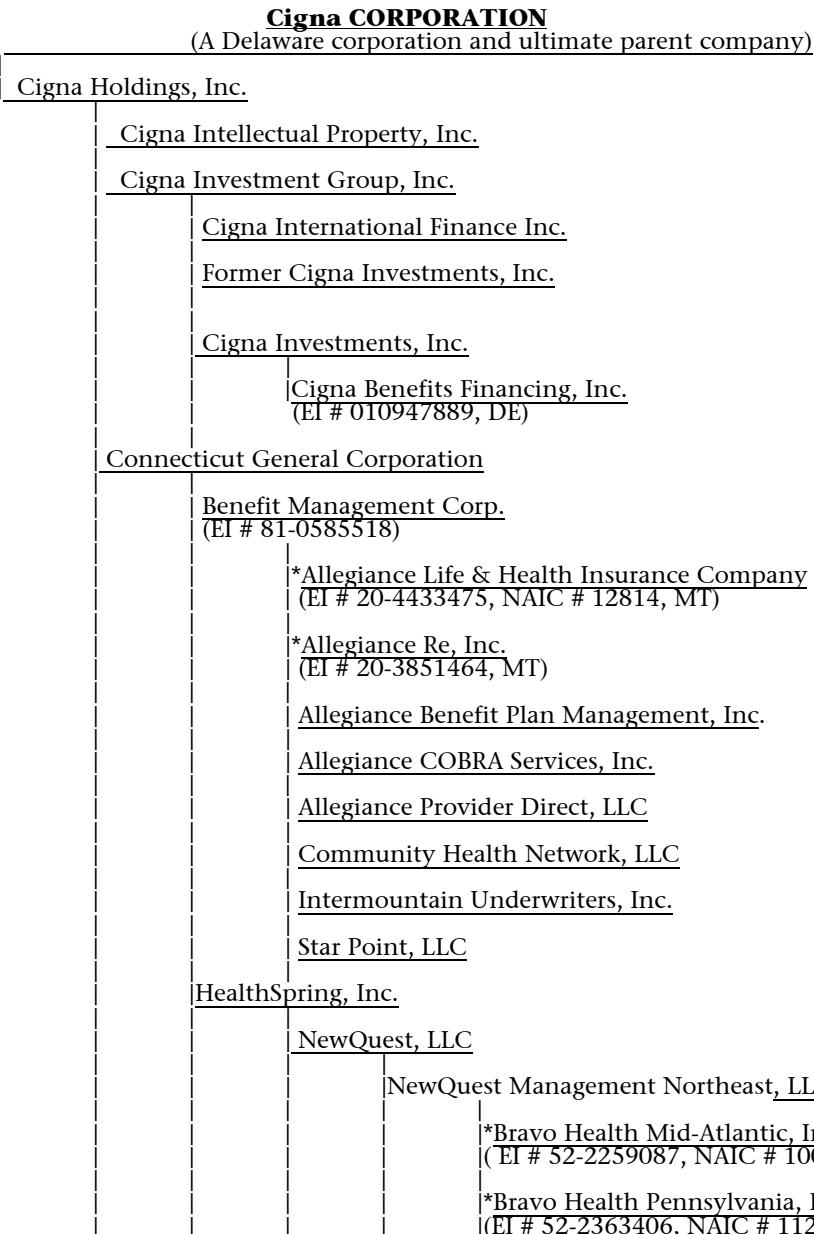
(a) Insert the number of L responses except for Canada and Other Alien.

All premiums written within the State of Ohio.

ANNUAL STATEMENT FOR THE YEAR 2016 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, 2016:



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC

		<p><u>*HealthSpring Life & Health Insurance Company</u> (EI # 20-8534298, NAIC # 12902, TX)</p> <p><u>*HealthSpring of Alabama, Inc.</u> (EI # 63-0925225, NAIC # 95781, AL)</p>
		<p><u>*HealthSpring of Florida, Inc.</u> (EI # 65-1129599, NAIC # 11532, FL)</p>
		<p><u>NewQuest Management of Illinois, LLC</u></p>
		<p><u>NewQuest Management of Florida, LLC</u></p>
		<p><u>HealthSpring Management of America, LLC</u></p>
		<p><u>NewQuest Management of West Virginia, LLC</u></p>
		<p><u>TexQuest, LLC</u></p>
		<p><u>HouQuest, LLC</u></p>
		<p><u>GulfQuest, LP</u></p>
		<p><u>NewQuest Management of Alabama, LLC</u></p>
		<p><u>HealthSpring USA, LLC</u></p>
		<p><u>HealthSpring Management, Inc.</u></p>
		<p><u>HealthSpring of Tennessee, Inc.</u> (EI # 62-1593150, NAIC # 11522, MD)</p>
		<p><u>Tennessee Quest, LLC</u></p>
		<p><u>HealthSpring Pharmacy Services, LLC</u></p>
		<p><u>HealthSpring Pharmacy of Tennessee, LLC</u></p>
		<p><u>Home Physicians Management, LLC</u></p>
		<p><u>Alegis Care Services, LLC</u></p>
		<p><u>*Cigna Arbor Life Insurance Company</u> (EI # 03-0452349, NAIC # 13733, CT)</p>
		<p><u>Cigna Behavioral Health, Inc.</u></p>
		<p><u>Cigna Behavioral Health of California, Inc.</u> (EI# 94-3107309)</p>
		<p><u>Cigna Behavioral Health of Texas, Inc.</u> (EI# 75-2751090)</p>
		<p><u>MCC Independent Practice Association of New York, Inc.</u></p>
		<p><u>Cigna Dental Health, Inc.</u></p>

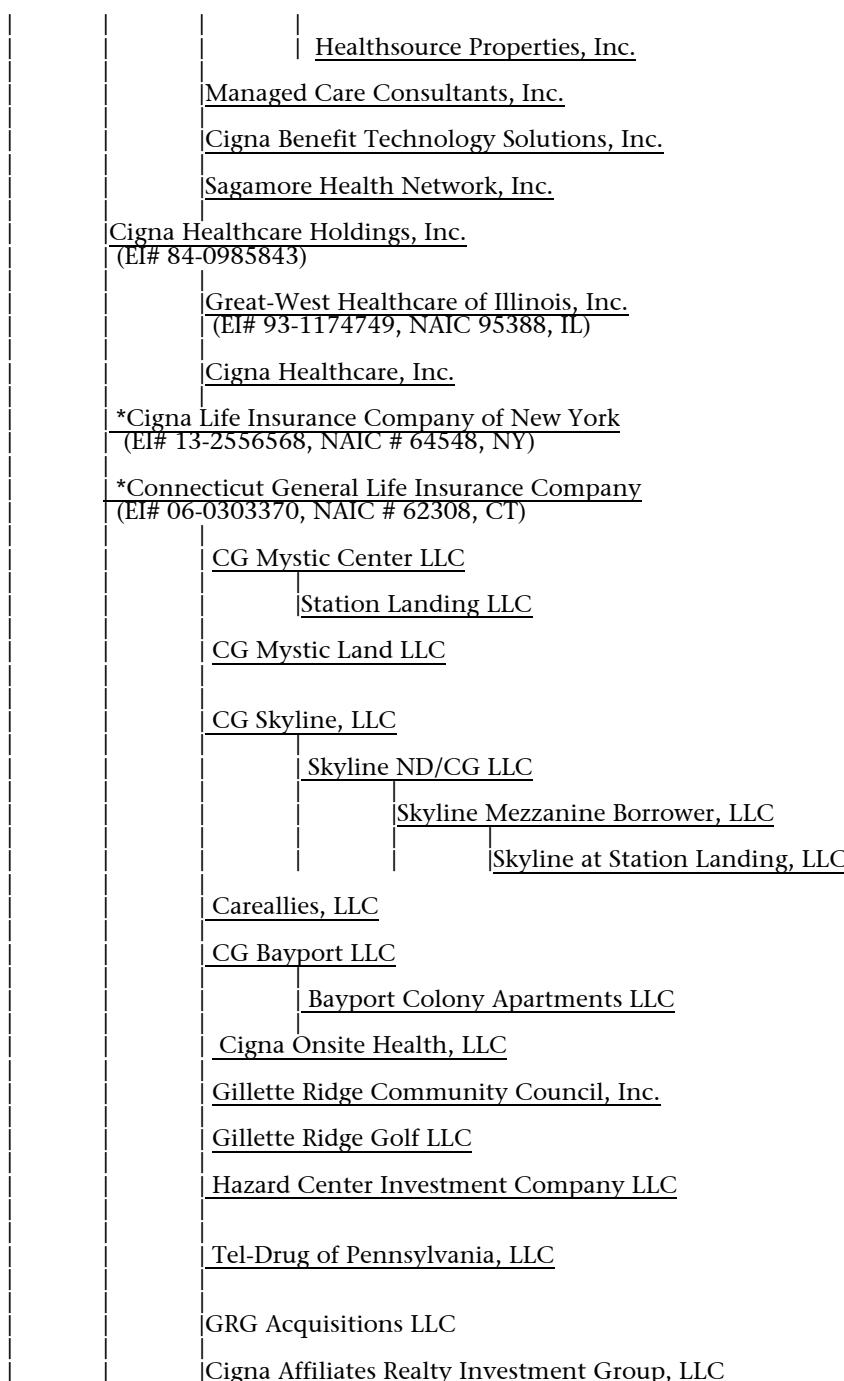
ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC

	<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)

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC

	<p><u>Cigna HealthCare of Colorado, Inc.</u> (EI# 84-1004500, NAIC # 95604, CO)</p>
	<p><u>Cigna HealthCare of Connecticut, Inc.</u> (EI# 06-1141174, NAIC # 95660, CT)</p>
	<p><u>Cigna HealthCare of Florida, Inc.</u> (EI# 59-2089259, NAIC # 95136, FL)</p>
	<p><u>Cigna HealthCare of Illinois, Inc.</u> (EI# 36-3385638, NAIC # 95602, IL)</p>
	<p><u>Cigna HealthCare of Maine, Inc.</u> (EI# 01-0418220, NAIC # 95447, ME)</p>
	<p><u>Cigna HealthCare of Massachusetts, Inc.</u> (EI# 02-0402111, NAIC # 95220, MA)</p>
	<p><u>Cigna HealthCare Mid-Atlantic, Inc.</u> (EI# 52-1404350, NAIC # 95599, MD)</p>
	<p><u>Cigna HealthCare of New Hampshire, Inc.</u> (EI# 02-0387749, NAIC # 95493, NH)</p>
	<p><u>Cigna HealthCare of New Jersey, Inc.</u> (EI# 22-2720890, NAIC # 95500, NJ)</p>
	<p><u>Cigna HealthCare of Pennsylvania, Inc.</u> (EI# 23-2301807, NAIC # 95121, PA)</p>
	<p><u>Cigna HealthCare of St. Louis, Inc.</u> (EI# 36-3359925, NAIC # 95635, MO)</p>
	<p><u>Cigna HealthCare of Utah, Inc.</u> (EI# 62-1230908, NAIC # 95518, UT)</p>
	<p><u>Cigna HealthCare of Georgia, Inc.</u> (EI# 58-1641057, NAIC # 96229, GA)</p>
	<p><u>Cigna HealthCare of Texas, Inc.</u> (EI# 74-2767437, NAIC # 95383, TX)</p>
	<p><u>Cigna HealthCare of Indiana, Inc.</u> (EI# 35-1679172, NAIC # 95525, IN)</p>
	<p><u>Cigna HealthCare of Tennessee, Inc.</u> (EI# 62-1218053, NAIC # 95606, TN)</p>
	<p><u>Cigna HealthCare of North Carolina, Inc.</u> (EI# 56-1479515, NAIC# 95132, NC)</p>
	<p><u>Cigna HealthCare of South Carolina, Inc.</u> (EI# 06-1185590, NAIC # 95708, SC)</p>
	<p><u>*Temple Insurance Company Limited</u></p>
	<p><u>Arizona Health Plan, Inc.</u></p>

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC



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		<p><u>222 Main Street Caring GP LLC</u></p> <p><u>222 Main Street Investors LP</u></p> <p><u>Notch 8 Residential, L.L.C.</u></p> <p><u>UVL, LLC</u></p> <p><u>3601 North Fairfax Drive Associates, LLC</u></p>
		<p>CI Perris 151, LLC</p> <p>Lakehills CM - CG LLC</p> <p>Affiliated Hotel Subsidiary LLC</p> <p>CGGL 6280 LLC</p> <p>Berewick Apartments LLC</p> <p>CIG-LEI Ygnacio Associates LLC</p> <p>CGGL Orange Collection LLC</p><p> |CGGL Chapman LLC</p><p> |CGGL City Parkway LLC</p> <p>Heights at Bear Creek Venture LLC</p>
	<u>CORAC LLC</u>	
		<p>Bridgepoint Office Park Associates, LLC (EI# 27-3923999, DE)</p> <p>Fairway Center Associates, LLC (EI# 27-3126102, DE)</p> <p>Henry on the Park Associates, LLC (EI 27-3582688, DE)</p>
		<p><u>*Cigna Health and Life Insurance Company</u> (EI # 59-1031071, NAIC # 67369, CT)</p>
		<p> CarePlexus, LLC (EI# 45-2681649; DE)</p> <p> Cigna Corporate Services, LLC (EI 27-3396038, DE)</p> <p> Cigna Insurance Agency, LLC (EI # 27-1903785, CT)</p> <p> Ceres Sales of Ohio, LLC (EI # 34-1970892, OH)</p> <p> Central Reserve Life Insurance Company (EI # 34-0970995, NAIC # 61727, OH)</p>

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| Provident American Life & Health Insurance Company
(EI # 23-1335885, NAIC # 67903, OH)

| United Benefit Life Insurance Company
(EI # 75-2305400, NAIC # 65269, OH)

| Loyal American Life Insurance Company
(EI # 63-0343428, NAIC # 65722, OH)

| American Retirement Life Insurance Company
(EI # 59-2760189, NAIC # 88366, OH)

| QualCare Alliance Networks, Inc.

| QualCare, Inc.

| Scibal Associates, Inc.

| QualCare Captive Insurance Company Inc., PCC

| QualCare Management Resources Limited Liability Company

| Health-Lynx, LLC

| Sterling Life Insurance Company
(EI # 13-1867829, NAIC # 77399, IL)

| Olympic Health Management Systems, Inc.

| Olympic Health Management Services, Inc.

| WorldDoc, Inc.

| Cigna Health Management, Inc.
(EI# 23-1728483, DE)

| Kronos Optimal Health Company
(20-8064696, AZ)

| *Life Insurance Company of North America
(EI# 23-1503749, NAIC # 65498, PA)

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

| Cigna Direct Marketing Company, Inc.

| Tel-Drug, Inc.

| Cigna Global Wellbeing Holdings Limited

| Cigna Global Wellbeing Solutions Limited
| Vielife Services, Inc.

| CG Individual Tax Benefit Payments, Inc.

| CG Life Pension Benefits Payments, Inc.

| CG LINA Pension Benefits Payments, Inc.

| Cigna Federal Benefits, Inc.

| Cigna Healthcare Benefits, Inc.

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	<u>Cigna Integratedcare, Inc.</u>
	<u>Cigna Managed Care Benefits Company</u>
	<u>Cigna Re Corporation</u>
	| <u>Blodget & Hazard Limited</u>
	<u>Cigna Resource Manager, Inc.</u>
	<u>Connecticut General Benefit Payments, Inc.</u>
	<u>Healthsource Benefits, Inc.</u>
	<u>IHN, Inc.</u>
	<u>LINA Benefit Payments, Inc.</u>
	<u>Mediversal, Inc.</u>
	| <u>Universal Claims Administration</u>
	<u>CareAllies, Inc.</u>
	<u>Cigna Global Holdings, Inc.</u>
	| <u>Cigna International Corporation, Inc.</u>
	| <u>Cigna International Services, Inc.</u>
	| <u>Cigna International Marketing (Thailand) Limited</u>
	| <u>CGO Participatos LTDA</u>
	| <u>YCFM Servicos LTDA</u>
	| <u>*Cigna Global Reinsurance Company, Ltd.</u>
	| <u>Cigna Holdings Overseas, Inc.</u>
	| <u>Cigna Bellevue Alpha LLC</u>
	| <u>Cigna Linden Holdings, Inc.</u>
	| <u>Cigna Laurel Holdings, Ltd.</u>
	| <u>Cigna Palmetto Holdings, Ltd.</u>
	| <u>Cigna Apac Holdings Limited</u>
	| <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>

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC

							<u>Cigna Hong Kong Holdings Company Limited</u>
							| <u>Cigna Data Services (Shanghai) Company Limited</u>
							| <u>Cigna HLA Technology Services Limited</u>
							| *Cigna Worldwide General Insurance Company Limited
							| *<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>Grown Ups New Zealand Limited</u>
							| *<u>Cigna Life Insurance Company of Canada</u> (AA-1560515)
							| <u>Cigna Korea Chusik Heosa</u> (A/K/A <u>Cigna Korea</u> | <u>Company Limited</u>)
							| <u>LINA Financial Service</u>
							<u>RHP (Thailand) Limited</u>
							| *<u>Cigna Brokerage & Marketing (Thailand) Limited</u>
							| <u>KDM (Thailand) Limited</u>
							| *<u>Cigna Insurance Public Company Limited</u>
							<u>Cigna Taiwan Life Assurance Company Limited</u>
							<u>Cigna Myrtle Holdings, Ltd.</u>
							| <u>Cigna Elmwood Holdings, SPRL</u>
							| <u>Cigna Beechwood Holdings</u>
							| <u>Cigna Life Insurance Company of Europe S.A.-N.V.</u>
							| <u>Cigna Europe Insurance Company S.A.-N.V.</u>
							| <u>Cigna European Services (UK) Limited</u>
							| <u>Cigna 2000 UK Pension LTD</u>
							| <u>Cigna Oak Holdings, LTD.</u>
							| <u>Cigna Willow Holdings, LTD.</u>
							| <u>FirstAssist Administration Limited</u>
							| <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</u> | <u>Limited</u>
							| <u>Cigna Sequoia Holdings, SPRL</u>
							| <u>Cigna Cedar Holdings, Ltd.</u>
							| <u>Cigna Magnolia Holdings, Ltd.</u>
							| <u>Cigna Turkey Danismanlik Hizmetleri, A.S</u>

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CIGNA DENTAL HEALTH OF OH INC

(A/K/Cigna Turkey Consultancy Services, A.S.)

				<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 2016 OF THE CIGNA DENTAL HEALTH OF OH INC
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