

47805201820100100

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Cigna Dental Health of Ohio, Inc.

NAIC Group Code	0901 (Current)	0901 (Prior)	NAIC Company Code	47805	Employer's ID Number	59-2579774
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	OH	
Country of Domicile	United States of America					
Licensed as business type:	Other					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	06/17/1985			Commenced Business	11/06/1985	
Statutory Home Office	1300 East 9th Street (Street and Number)			Cleveland, OH, US 44114 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1571 Sawgrass Corporate Parkway Suite 140 (Street and Number)					
	Sunrise, FL, US 33323 (City or Town, State, Country and Zip Code)			954-514-6600 (Area Code) (Telephone Number)		
Mail Address	1571 Sawgrass Corporate Parkway Suite 140 (Street and Number or P.O. Box)			Sunrise, FL, US 33323 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1571 Sawgrass Corporate Parkway Suite 140 (Street and Number)					
	Sunrise, FL, US 33323 (City or Town, State, Country and Zip Code)			954-514-6600 (Area Code) (Telephone Number)		
Internet Website Address	www.cigna.com					
Statutory Statement Contact	Angela Collie (Name)			954-514-6681 (Area Code) (Telephone Number)		
	angela.collie@cigna.com (E-mail Address)			860-298-1750 (FAX Number)		

OFFICERS

President	Frederick Eugene Scardellette	Secretary	Anna Krishtul
Treasurer	Scott Ronald Lambert	Actuary	Gregory Nicholas Malone

OTHER

Mark Paul Fleming, Vice President	Amie Lynn Roulier Benedict #, Vice President	Lance Manuel Thomas, Vice President
Maureen Hardiman Ryan, Vice President	Joanne Ruth Hart, Vice President	Kathleen Murphy O'Neil #, Vice President

DIRECTORS OR TRUSTEES

Frederick Eugene Scardellette	Amie Lynn Roulier Benedict #	Jason Dean Meade
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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.

Frederick Eugene Scardellette President	Scott Ronald Lambert Treasurer	Anna Krishtul Secretary
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Subscribed and sworn to before me this _____ day of _____	a. Is this an original filing? b. If no, 1. State the amendment number..... 2. Date filed 3. Number of pages attached.....	Yes [X] No []
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ANNUAL STATEMENT FOR THE YEAR 2018 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)	100,329		100,329	100,445
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 (\$				
(3,961) , Schedule E - Part 1), cash equivalents				
(\$				
1,650,548 , Schedule E - Part 2) and short-term				
investments (\$	1,646,587		1,646,587	1,940,132
, Schedule DA)				
6. Contract loans, (including \$			0	0
0 premium notes)				
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)	1,746,916	0	1,746,916	2,040,577
13. Title plants less \$				
0 charged off (for Title insurers				
only)			0	0
14. Investment income due and accrued	543		543	543
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	730,573	1,892	728,681	724,162
15.2 Deferred premiums and agents' balances and installments booked but				
deferred and not yet due (including \$				
0				
earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$				
0) 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	62,571		62,571	0
18.2 Net deferred tax asset	2,047		2,047	1,643
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	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	8,398
24. Health care (\$			0	0
) and other amounts receivable				
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)	2,542,650	1,892	2,540,758	2,775,323
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts			0	0
28. Total (Lines 26 and 27)	2,542,650	1,892	2,540,758	2,775,323
DETAILS OF WRITE-INS				
1101. Options covering insurance liabilities	0	0	0	0
1102. Write-in	0	0	0	0
1103. Net Deferred (Gains) Losses on Futures	0	0	0	0
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. State Income Taxes Receivable	0	0	0	0
2502. Receivable from installment sale	0	0	0	0
2503. Goodwill	0	0	0	0
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	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	290,308	21,284	311,592	298,306
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	3,843		3,843	3,128
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	17,928		17,928	18,645
9. General expenses due or accrued			0	99,363
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized capital gains (losses))			0	8,227
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	8,668		8,668	2,802
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	313		313	0
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 \$99,272 current)	99,272	0	99,272	0
24. Total liabilities (Lines 1 to 23)	420,332	21,284	441,616	430,471
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	168,045
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	
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	1,825,784	1,903,449
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	2,099,142	2,344,852
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,540,758	2,775,323
DETAILS OF WRITE-INS				
2301. Accrued Commissions Payable	14,391	0	14,391	0
2302. State Premium Tax Payable	84,881	0	84,881	0
2303. Escheat Liability	0	0	0	0
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)	99,272	0	99,272	0
2501. Surplus appropriated for ACA Section 9010 Fee	XXX	XXX	0	168,045
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	168,045
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	494,263	497,897
2. Net premium income (including \$ non-health premium income)	XXX	8,487,380	8,629,302
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	8,487,380	8,629,302
Hospital and Medical:			
9. Hospital/medical benefits		0	
10. Other professional services	466	4,230,306	4,237,576
11. Outside referrals	224,743	224,743	280,573
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)	225,209	4,455,049	4,518,149
Less:			
17. Net reinsurance recoveries		0	
18. Total hospital and medical (Lines 16 minus 17)	225,209	4,455,049	4,518,149
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$0 cost containment expenses		14,150	17,570
21. General administrative expenses		914,406	800,904
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)	225,209	5,383,605	5,336,623
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	3,103,775	3,292,679
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		43,962	20,608
26. Net realized capital gains (losses) less capital gains tax of \$(2)		(6)	(42)
27. Net investment gains (losses) (Lines 25 plus 26)	0	43,956	20,566
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$75) (amount charged off \$)]		75	438
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	3,147,806	3,313,683
31. Federal and foreign income taxes incurred	XXX	693,430	1,159,248
32. Net income (loss) (Lines 30 minus 31)	XXX	2,454,376	2,154,435
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	2,344,852	2,192,163
34. Net income or (loss) from Line 32	2,454,376	2,154,435
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	404	(1,600)
39. Change in nonadmitted assets	(490)	(146)
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	(2,700,000)	(2,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(245,710)	152,689
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,099,142	2,344,852
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

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	8,481,654	8,590,983
2. Net investment income	44,077	20,722
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	8,525,731	8,611,705
5. Benefit and loss related payments	4,441,763	4,541,017
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	927,856	814,726
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	764,226	1,168,162
10. Total (Lines 5 through 9)	6,133,845	6,523,905
11. Net cash from operations (Line 4 minus Line 10)	2,391,886	2,087,800
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	(8)	(64)
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	(8)	(64)
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)	(8)	(64)
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	2,700,000	2,000,000
16.6 Other cash provided (applied)	14,577	(2,895)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(2,685,423)	(2,002,895)
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)	(293,545)	84,841
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	1,940,132	1,855,291
19.2 End of year (Line 18 plus Line 19.1)	1,646,587	1,940,132

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	8,487,380			8,487,380						
2. Change in unearned premium reserves and reserve for rate credit	0									
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	8,487,380	0	0	8,487,380	0	0	0	0	0	0
8. Hospital/medical benefits	0									XXX
9. Other professional services	4,230,306			4,230,306						XXX
10. Outside referrals	224,743			224,743						XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	0									XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	4,455,049	0	0	4,455,049	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	4,455,049	0	0	4,455,049	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ cost containment expenses	14,150			14,150						
20. General administrative expenses	914,406			914,406						
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	5,383,605	0	0	5,383,605	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	3,103,775	0	0	3,103,775	0	0	0	0	0	0
DETAILS OF WRITE-INS										XXX
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only	8,487,380			8,487,380
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)	8,487,380	0	0	8,487,380
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	8,487,380	0	0	8,487,380

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	4,441,763			4,441,763						
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	4,441,763	0	0	4,441,763	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	311,592	0	0	311,592	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	311,592	0	0	311,592	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	298,306	0	0	298,306	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	298,306	0	0	298,306	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	4,455,049	0	0	4,455,049	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	4,455,049	0	0	4,455,049	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.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	78,080			78,080						
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	78,080	0	0	78,080	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	233,512			233,512						
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	233,512	0	0	233,512	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	311,592	0	0	311,592	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	311,592	0	0	311,592	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 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	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred In Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only	313,148	4,128,615	0	311,592	313,148	298,306
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)	313,148	4,128,615	0	311,592	313,148	298,306
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)	313,148	4,128,615	0	311,592	313,148	298,306

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

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 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	289	289	289	289	289
2.	2014	4,650	4,964	4,964	4,964	4,964
3.	2015	XXX	4,389	4,706	4,706	4,706
4.	2016	XXX	XXX	4,227	4,531	4,531
5.	2017	XXX	XXX	XXX	4,237	4,550
6.	2018	XXX	XXX	XXX	XXX	4,129

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 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	289	289	289	289	289
2.	2014	4,935	4,964	4,964	4,964	4,964
3.	2015	XXX	4,751	4,706	4,706	4,706
4.	2016	XXX	XXX	4,548	4,531	4,531
5.	2017	XXX	XXX	XXX	4,535	4,550
6.	2018	XXX	XXX	XXX	XXX	4,440

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. 2014	9,303	4,964	19	0.4	4,983	53.6			4,983	53.6
2. 2015	8,807	4,706	15	0.3	4,721	53.6			4,721	53.6
3. 2016	8,297	4,531	18	0.4	4,549	54.8			4,549	54.8
4. 2017	8,629	4,550	17	0.4	4,567	52.9			4,567	52.9
5. 2018	8,487	4,129	13	0.3	4,142	48.8	312	4	4,458	52.5

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 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	289	289	289	289	289
2.	2014	4,650	4,964	4,964	4,964	4,964
3.	2015	XXX	4,389	4,706	4,706	4,706
4.	2016	XXX	XXX	4,227	4,531	4,531
5.	2017	XXX	XXX	XXX	4,237	4,550
6.	2018	XXX	XXX	XXX	XXX	4,129

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 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	289	289	289	289	289
2.	2014	4,935	4,964	4,964	4,964	4,964
3.	2015	XXX	4,751	4,706	4,706	4,706
4.	2016	XXX	XXX	4,548	4,531	4,531
5.	2017	XXX	XXX	XXX	4,535	4,550
6.	2018	XXX	XXX	XXX	XXX	4,440

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2014	9,303	4,964	19	0.4	4,983	53.6	0	0	4,983	53.6
2.	2015	8,807	4,706	15	0.3	4,721	53.6	0	0	4,721	53.6
3.	2016	8,297	4,531	18	0.4	4,549	54.8	0	0	4,549	54.8
4.	2017	8,629	4,550	17	0.4	4,567	52.9	0	0	4,567	52.9
5.	2018	8,487	4,129	13	0.3	4,142	48.8	312	4	4,458	52.5

UNDERWRITING AND INVESTMENT EXHIBIT

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

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$) for investment income									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net)(Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....									
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)			8,002		8,002
2. Salary, wages and other benefits		13,316	335,510		348,826
3. Commissions (less \$ ceded plus \$ assumed)			73,834		73,834
4. Legal fees and expenses			1,345		1,345
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			730		730
7. Traveling expenses			8,258		8,258
8. Marketing and advertising			37,667		37,667
9. Postage, express and telephone			31,340		31,340
10. Printing and office supplies			1,687		1,687
11. Occupancy, depreciation and amortization			28,758		28,758
12. Equipment			3,511		3,511
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees			539		539
16. Insurance, except on real estate			(87)		(87)
17. Collection and bank service charges			5,847		5,847
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			53		53
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes			84,874		84,874
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes		834	21,008		21,842
23.5 Other (excluding federal income and real estate taxes)			153,230		153,230
24. Investment expenses not included elsewhere				3,059	3,059
25. Aggregate write-ins for expenses	0	0	118,300	0	118,300
26. Total expenses incurred (Lines 1 to 25)	0	14,150	914,406	3,059	(a) 931,615
27. Less expenses unpaid December 31, current year ..		3,843	99,272		103,115
28. Add expenses unpaid December 31, prior year		3,128	99,363		102,491
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	13,435	914,497	3,059	930,991
DETAILS OF WRITE-INS					
2501. Total Other Corporate Expenses			28,728		28,728
2502. Other Non-Managed			89,572		89,572
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	118,300	0	118,300

(a) Includes management fees of \$ 586,823 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) 2,009	2,009
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) 45,012	45,012
7	Derivative instruments	(f) .....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	47,021	47,021
11.	Investment expenses		(g) 3,059
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)		3,059
17.	Net investment income (Line 10 minus Line 16)		43,962
DETAILS OF WRITE-INS			
0901.	.....	
0902.	.....	
0903.	.....	
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....	
1502.	.....	
1503.	.....	
1598.	Summary of remaining write-ins for Line 15 from overflow page		0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ accrual of discount less \$115 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 \$45,012 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	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	0	0	0	0	0
1.1	Bonds exempt from U.S. tax .....	.....	.....	0	.....	.....
1.2	Other bonds (unaffiliated)	0	0	0	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans .....	.....	.....	0	0	0
4.	Real estate .....	.....	0	0	.....	0
5.	Contract loans .....	.....	.....	0	.....	.....
6.	Cash, cash equivalents and short-term investments	(8)	.....	(8)	.....	.....
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)	(8)	0	(8)	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 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
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	1,892	1,402	(490)
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)	1,892	1,402	(490)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	1,892	1,402	(490)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	41,737	40,975	40,878	41,252	41,604	494,263
7. Total	41,737	40,975	40,878	41,252	41,604	494,263
DETAILS OF WRITE-INS						
0601. Health Insuring Corporation	41,737	40,975	40,878	41,252	41,604	494,263
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)	41,737	40,975	40,878	41,252	41,604	494,263

NOTES TO STATUTORY FINANCIAL STATEMENTS

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 29% and 24% of total revenue, excluding investment income for the year ended December 31, 2018 and December 31, 2017. Individually, each of these customers amounted to greater than 10% of total revenue.

Acquisition of Express Scripts

The Company’s ultimate parent entity, Cigna, acquired Express Scripts on December 20, 2018 in a cash and stock transaction valued at \$52.8 billion.

The acquired Express Scripts business accelerates Cigna’s strategy by increasing its ability to put medicine within reach of customers while also helping to make it more affordable. Cigna can improve patient outcomes and help control the cost of the drug benefit by: 1) identifying products and offering solutions that improve patient outcomes and assist in controlling costs; 2) evaluating drugs for efficacy, value and price to select a cost-effective formulary; 3) offering cost-effective home delivery pharmacy and specialty services that produce cost savings for plan sponsors and better care for members; 4) leveraging purchasing volume to provide discounts to health benefit providers; and 5) promoting generic and lower-cost brands.

U.S. Tax Reform Legislation

Major U.S. tax reform legislation was signed into law on December 22, 2017, reducing the corporate income tax rate from 35% to 21% effective January 1, 2018, among other things.

Health Care Reform Act Taxes and Fees

Federal legislation imposed a moratorium on the health insurance industry tax for 2017 and 2019. The industry tax was assessed in 2018 and, under current law, will be imposed in 2020. The industry tax for the Company in 2018 was \$152,802. Because this tax is not deductible for federal income tax purposes, it negatively impacted the Company’s effective tax rate in 2018.

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 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 of Ohio (“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 nonadmitted 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 surplus between NAIC SAP and practices prescribed and permitted by the State is shown below:

	SSAP #	F/S Page	F/S Line #	2018	2017
<u>NET INCOME</u>					
(1) State basis				\$ 2,454,376	\$ 2,154,435
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				-	-
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				-	-
(4) NAIC SAP (1-2-3=4)				<u>\$ 2,454,376</u>	<u>\$ 2,154,435</u>
<u>SURPLUS</u>					
(5) State Basis				\$ 2,099,142	\$ 2,344,852
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				-	-
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP				-	-
(8) NAIC SAP (5-6-7=8)				<u>\$ 2,099,142</u>	<u>\$ 2,344,852</u>

The Company maintained the minimum surplus required by state laws and regulatory agencies of \$250,000 as of December 31, 2018 and December 31, 2017. Minimum required surplus is the greater of \$250,000 or that amount required pursuant to the risk based capital provisions. Risk based capital was \$242,751 as of December 31, 2018, and \$234,062 as of December 31, 2017. 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. NAIC SAP also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Significant estimates are disclosed throughout these Notes, however 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 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 are carried at 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).

The Company holds no mandatory convertible securities or Securities Valuation Office (SVO) Identified bond Exchange-Traded Funds (ETFs) as of December 31, 2018 and 2017.

- (3) Common Stocks: The Company holds no common stocks as of December 31, 2018 and 2017.
- (4) Preferred Stocks: The Company holds no preferred stocks as of December 31, 2018 and 2017.
- (5) Mortgage Loans: The Company holds no mortgage loans as of December 31, 2018 and 2017.
- (6) Loan-Backed Securities: The Company holds no loan-backed securities as of December 31, 2018 and 2017.
- (7) Investments in Subsidiaries, Controlled and Affiliated Entities (“SCA”): The Company holds no investments in subsidiaries, controlled and affiliated entities as of December 31, 2018 and 2017.
- (8) Joint Ventures, Partnerships and Limited Liability Companies: The Company holds no investments in joint ventures, controlled and affiliated entities as of December 31, 2018 and 2017.
- (9) Derivatives: The Company has no derivative instruments as of December 31, 2018 and 2017.
- (10) Premium Deficiency Reserves: The Company anticipates investment income as a factor in its premium deficiency calculations.
- (11) 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.

- (12) 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.
- (13) 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.
- (14) 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.
- (15) 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.
- (16) Provider Incentives and Other Risk Sharing Arrangements: The Company contracts with dentists or provider groups to provide dental services to its members. 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.
- (17) 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.
- (18) Section 9010 Insurer Fee: Effective January 1, 2014, the Company adopted SSAP 106, *Affordable Care Act* ("ACA") *Section 9010 Assessment*, for the annual health insurance industry fee imposed under Section 9010 of the ACA. Federal legislation imposed a moratorium on the ACA Section 9010 insurer fee for 2017 and 2019. This annual fee will be imposed in 2020.

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, 2018 and 2017.

Note 3. Business Combinations and Goodwill

The Company was not party to a business combination during the years ended December 31, 2018 and 2017, and does not carry goodwill in its statutory balance sheets.

Note 4. Discontinued Operations

The Company did not discontinue any operations during 2018 and 2017.

Note 5. Investments

- A. The Company has no mortgage loans.
- B. The Company has no debt restructuring.
- C. The Company has no reverse mortgages.
- D. The Company has no loan-backed securities.
- E. The Company has no dollar repurchase agreements or securities lending transactions.
- F. The Company has no repurchase agreement transactions accounted for as a securing borrowing.
- G. The Company has no reverse repurchase agreement transactions accounted for as a secured borrowing.
- H. The Company has no repurchase agreement transactions accounted for as a sale.

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- I. The Company has no reverse repurchase agreement transactions accounted for as a sale.
- J. The Company has no real estate property investments.
- K. The Company has no low-income housing tax credits.
- L. Restricted Assets

(1) Restricted Assets (Including Pledged):

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted From Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted and Nonadmitted) Restricted to Total Asset (a)	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 Federal Home Loan Bank (FHLB) capital stock	-	-	-	-	-	-	-
I. FHLB capital stock	-	-	-	-	-	-	-
J. On deposit with states	100,329	100,445	(116)	-	100,329	3.95%	3.95%
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	\$ 100,329	\$ 100,445	\$ (116)	\$ -	\$ 100,329	3.95%	3.95%

(a) Column 1 divided by Asset Page, Column 1, Line 28
(b) Column 5 divided by Asset Page, Column 3, Line 28

- (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 and reflected as assets.
- M. The Company has no working capital finance investments.
- N. The Company has no offsetting and netting of assets and liabilities related to derivatives, repurchase and reverse repurchase agreements or security borrowing and lending activities.
- O. The Company has no structured notes.
- P. The Company holds no 5* securities. NAIC 5* is a designation assigned by the SVO for certain obligations when an insurer certifies: (1) that documentation necessary to permit a full credit analysis of a security does not exist and (2) the issuer or obligor is current on all contracted interest and principal payments and (3) the insurer has an actual expectation of ultimate repayment of all contracted interest and principal.
- Q. The Company has no short sales.
- R. The Company has no prepayment penalty and acceleration fees.
- S. Bonds

As of December 31, 2018, the amortized cost and estimated fair values for the Company’s bonds, including short-term investments and cash equivalents, by contractual maturity period were as follows:

	Amortized Cost	Fair Value
Bonds (by contractual maturity periods):		
Due in one year or less	\$ 1,650,548	\$ 1,650,548
Due after one year through five years	100,329	99,063
Due after five years through ten years	-	-
Due after ten years	-	-
Asset backed securities with varying maturity periods	-	-
Total	\$ 1,750,877	\$ 1,749,611

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.

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As of December 31, 2018 and December 31, 2017, the gross unrealized depreciation for bonds by type of issuer, were as follows:

2018		Amortized			Fair
		Cost	Appreciation	Depreciation	Value
	US Government	\$ 100,329	\$ -	\$ (1,266)	\$ 99,063
	Political subdivisions of states, territories and possessions	-	-	-	-
	Special revenue and assessment obligations	-	-	-	-
	Industrial and miscellaneous	-	-	-	-
	Total	\$ 100,329	\$ -	\$ (1,266)	\$ 99,063
2017		Amortized			Fair
		Cost	Appreciation	Depreciation	Value
	US Government	\$ 100,445	\$ -	\$ (398)	\$ 100,047
	Political subdivisions of states, territories and possessions	-	-	-	-
	Special revenue and assessment obligations	-	-	-	-
	Industrial and miscellaneous	-	-	-	-
	Total	\$ 100,445	\$ -	\$ (398)	\$ 100,047

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.

As of December 31, 2018, bonds with a decline in fair value from cost (primarily U.S. Government bonds) were as follows, including the length of time of such decline:

	Fair	Amortized	Unrealized	
	Value	Cost	Depreciation	Count
One year or less:	\$ 99,063	\$ 100,329	\$ (1,266)	1
Investment grade				
More than one year:				
Investment grade	-	-	-	-

The unrealized depreciation of bonds is primarily due to the increase in market yield since purchase.

There were no other-than-temporary impairments of bonds as of December 31, 2018 and 2017.

The net unrealized depreciation on bonds that are carried at amortized cost of (\$1,266) at December 31, 2018 and (\$398) at December 31, 2017, are not reflected in the statutory financial statements.

There were no sales of bonds for the years December 31, 2018 and December 31, 2017.

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 due and accrued were excluded from the statutory statements for the years ended December 31, 2018 and 2017.

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:

	12/31/2018			12/31/2017			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ 2,490	\$ -	\$ 2,490	\$ 1,953	\$ -	\$ 1,953	\$ 537	\$ -	\$ 537
(b) Statutory Valuation Allowance Adjustments (SVA)	-	-	-	-	-	-	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	2,490	-	2,490	1,953	-	1,953	537	-	537
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c-1d)	2,490	-	2,490	1,953	-	1,953	537	-	537
(f) Deferred Tax Liabilities	(443)	-	(443)	(310)	-	(310)	(133)	-	(133)
(g) Net Admitted Deferred Tax asset/(Net Deferred Tax Liability) (1e-1f)	\$ 2,047	\$ -	\$ 2,047	\$ 1,643	\$ -	\$ 1,643	\$ 404	\$ -	\$ 404

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

	12/31/2018			12/31/2017			Change		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 2,490	\$ -	\$ 2,490	\$ 1,953	\$ -	\$ 1,953	\$ 537	\$ -	\$ 537
(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 Defered Tax Assets Allowed per Limitation Threshold.	-	-	314,564	-	-	351,481	-	-	(36,917)
(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) + 2(c))	\$ 2,490	\$ -	\$ 2,490	\$ 1,953	\$ -	\$ 1,953	\$ 537	\$ -	\$ 537

	2018	2017
Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	8,639%	1,001%
Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshld Limitation In 2(b)2 Above.	\$ 2,097,095	\$ 2,343,209

	12/31/2018		12/31/2017		Change	
	(1)	(2)	(3)	(4)	(5)	(6)
	Ordinary	Capital	Ordinary	Capital	(Col 1-3) Ordinary	(Col 2-4) Capital
Impact of Tax-Planning Strategies						
Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax						
(a) Character As A Percentage.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. Adjusted Gross DTAs Amount from Note 9A1C	-	-	-	-	-	-
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	-	-	-	-	-	-
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1E	-	-	-	-	-	-
4. Percentage Of net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	-	-	-	-	-	-
Does the Company's tax-planning strategies include the use of reinsurance?						
(b)	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) 12/31/2018	(2) 12/31/2017	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ 693,430	\$ 1,159,248	\$ (465,818)
(b) Foreign	-	-	-
(c) Subtotal	693,430	1,159,248	(465,818)
(d) Federal income tax on net capital gains	(2)	(22)	20
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	\$ 693,428	\$ 1,159,226	\$ (465,798)

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) 12/31/2018	(2) 12/31/2017	(3) (Col 1-2) Change
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unearned premium reserve	\$ 1,086	\$ 892	\$ 194
(2) Loss Reserve Discounting	1,007	766	241
(3) Solvency Reserves	-	-	-
(4) Other Insurance & Contract Holder Liability	-	-	-
(5) Bad Debt	-	-	-
(6) Depreciation and Amortization	-	-	-
(7) Non Admitted Assets	397	295	102
(8) Department of Insurance (DOI) Audit Accrual	-	-	-
(9) Reinsurance Contribution	-	-	-
(10) Other	-	-	-
(99) Subtotal	2,490	1,953	537
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets	2,490	1,953	537
(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	\$ 2,490	\$ 1,953	\$ 537

	(1) 12/31/2018	(2) 12/31/2017	(3) (Col 1-2) Change
3. Deferred Tax Liabilities			
(a) Ordinary			
(1) Discount of bond premiums/Deferred gain	\$ -	\$ -	\$ -
(2) Retroactivity Adjustment	-	-	-
(3) Other insurance & contract holder liabilities	(443)	(310)	(133)
(99) Subtotal	(443)	(310)	(133)
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	-	-	-
(c) Deferred tax liabilities	\$ (443)	\$ (310)	\$ (133)

	12/31/2018	12/31/2017	(Col 1-2) Change
4. Net deferred tax assets/liabilities	\$ 2,047	\$ 1,643	\$ 404

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):

	12/31/2018	12/31/2017	(Col 1-2) Change
Total deferred tax assets	\$ 2,490	\$ 1,953	\$ 537
Total deferred tax liabilities	(443)	(310)	(133)
Net deferred tax asset (liability)	2,047	1,643	404
Statutory valuation allowance adjustment	-	-	-
Net deferred tax assets/liabilities after SVA	\$ 2,047	\$ 1,643	\$ 404
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			\$ 404

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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:

	12/31/2018	Effective Tax Rate	12/31/2017	Effective Tax Rate
Provision computed at statutory rate	\$ 661,039	21.0%	\$ 1,159,781	35.0%
Tax exempt interest income (net)	-	0.0%	-	0.0%
Meals and entertainment	-	0.0%	-	0.0%
Change in non-admitted assets	(102)	0.0%	(51)	0.0%
Health Insurance Industry Fee	32,087	1.0%	-	0.0%
Impact of Tax reform	-	0.0%	1,096	0.0%
Other	-	0.0%	-	0.0%
Total	\$ 693,024	22.0%	\$ 1,160,826	35.0%
Federal income taxes incurred	\$ 693,428	22.0%	\$ 1,159,226	35.0%
Change in net deferred income taxes	(404)	0.0%	1,600	0.0%
Total statutory income taxes	\$ 693,024	22.0%	\$ 1,160,826	35.0%

On December 22, 2017, H.R. 1/Public Law 115-97, commonly known as the Tax Cuts and Jobs Act (the “Act”) was signed into law. The Act is highlighted by a reduction in the corporate income tax rate from the 2017 rate of 35% to 21% effective January 1, 2018. The remaining provisions of the law, most of which took effect on January 1, 2018, have not had a material impact on the Company’s results of operations. Deferred income tax balances as of December 31, 2017 have been adjusted to reflect the reduced statutory tax rate that took effect as of January 1, 2018 pursuant to the Act. The tax reform impact amount disclosed in the above table represents the total revaluation of the gross deferred tax assets and liabilities to reflect the reduction in the corporate tax before consideration of admissibility. The 2017 amount was considered provisional as certain adjustments used to calculate the tax at year-end were based on estimates where additional guidance and information is required. This includes estimated adjustments to reflect modifications to the discounted tax basis of unpaid loss reserves. These provisions had no effect on the net deferred tax balance before consideration of admissibility as of December 31, 2017.

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

(1) At December 31, 2018 and 2017, 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:

	<u>Ordinary</u>	<u>Capital</u>
2018	\$693,430	\$ -
2017	\$1,159,248	\$ -
2016	\$N/A	\$18

(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 statute of limitations for Cigna’s consolidated income tax returns through 2014 have closed, and there are no pending examinations. Cigna has filed an amended 2014 consolidated tax return and the pending refund is subject to Internal Revenue Service (IRS) review. The IRS has examined Express Scripts’s tax returns for 2010 through 2012 for which there is a significant disputed tax matter, and currently under examination for 2013 through 2015. No material impacts are anticipated for the Company.

(2) In management’s opinion, the Company has adequate tax liabilities to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS upon audit. 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. No material contingent tax liability is included in the Company’s current federal income tax payable. 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:

Accredo Health Group, Inc.	Cigna Healthcare of California Inc	Express Scripts Sales Operations, Inc.
Accredo Health, Inc.	Cigna Healthcare of Colorado Inc	Express Scripts Senior Care Holdings, Inc.
AHG of New York, Inc.	Cigna Healthcare of Connecticut Inc	Express Scripts Senior Care, Inc.
Allegiance Benefit Plan Management Inc	Cigna Healthcare of Florida Inc	Express Scripts Services Company, Inc.
Allegiance Cobra Services Inc	Cigna Healthcare of Georgia Inc	Express Scripts Specialty Distribution Services,

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Allegiance Life & Health Insurance Co	Cigna Healthcare of Illinois Inc	Inc.
Allegiance Re Inc	Cigna Healthcare of Indiana Inc	Express Scripts Strategic Development, Inc.
American Retirement Life Insurance Company	Cigna Healthcare of Maine Inc	Express Scripts Utilization Management, Inc.
Arizona Healthplan Inc	Cigna Healthcare of Massachusetts Inc	Express Scripts, Inc.
Benefit Management Corp	Cigna Healthcare of New Hampshire Inc	Former Cigna Investments Inc
BioPartners in Care, Inc.	Cigna Healthcare of New Jersey Inc	Freco, Inc.
Bravo Health Mid-Atlantic, Inc.	Cigna Healthcare of North Carolina Inc	GreatWest Healthcare of Illinois Inc
Bravo Health Pennsylvania, Inc.	Cigna Healthcare of Pennsylvania Inc	Hazard Center Investment Co LLC
Brighter, Inc.	Cigna Healthcare of South Carolina	Healthbridge Reimbursement & Product Support, Inc.
Care Continuum, Inc.	Cigna Healthcare of St Louis Inc	Healthbridge, Inc.
CareAllies, Inc.	Cigna Healthcare of Tennessee Inc	Healthsource Benefits Inc
CG Individual Tax Benefit Payments Inc	Cigna Healthcare of Texas Inc	Healthsource Inc
CG Life Pension Benefit Payments Inc	Cigna Healthcare of Utah Inc	Healthsource Properties Inc
CG LINA Pension Benefit Payments Inc	Cigna Holding Company	Healthspring Life & Health Insurance Company
Cigna Arbor Life Insurance Company	Cigna Holdings Inc	Healthspring of Florida, Inc.
Cigna Behavioral Health Inc	Cigna Holdings Overseas Inc	Healthspring, Inc.
Cigna Behavioral Health of California Inc	Cigna Integrated Care Inc	IHN Inc.
Cigna Behavioral Health of Texas	Cigna Intellectual Property Inc	Intermountain Underwriters Inc
Cigna Benefit Technology Solutions, Inc.	Cigna International Corporation	Kronos Optimal Health Company
Cigna Benefits Financing, Inc.	Cigna International Finance Inc	Life Ins Co of North America
Cigna Dental Health Inc	Cigna International Services Inc	LINA Benefit Payments Inc
Cigna Dental Health of California Inc	Cigna Investment Group Inc	Loyal American Life Insurance Company
Cigna Dental Health of Colorado Inc	Cigna Investments Inc	Lynnfield Compounding Center, Inc.
Cigna Dental Health of Delaware Inc	Cigna Life Insurance Company of New York	Lynnfield Drug, Inc.
Cigna Dental Health of Florida Inc	Cigna Linden Holdings Inc	MAH Pharmacy, LLC
Cigna Dental Health of Illinois Inc	Cigna Managed Care Benefits Company	Managed Care Consultants Inc
Cigna Dental Health of Kansas Inc	Cigna National Health Insurance Company	Matrix Healthcare Services, Inc.
Cigna Dental Health of Kentucky Inc	Cigna Poplar Holdings Inc	MCC Independent Practice Assoc of New York Inc
Cigna Dental Health of Maryland Inc	Cigna RE Corporation	Medco Containment Insurance Company of New York
Cigna Dental Health of Missouri Inc	Cigna Resource Manager Inc	Medco Containment Life Insurance Company
Cigna Dental Health of New Jersey Inc	Cigna Worldwide Insurance Company	Medco Health Puerto Rico, LLC
Cigna Dental Health of North Carolina Inc	Connecticut General Benefit Payments Inc.	Medco Health Services, Inc.
Cigna Dental Health of Ohio Inc	Connecticut General Corporation	Medco Health Solutions, Inc.
Cigna Dental Health of Pennsylvania Inc	Connecticut General Life Insurance Company	Medco of Willingboro Urban Renewal, LLC
Cigna Dental Health of Texas Inc	Curascript, Inc.	Mediversal Inc
Cigna Dental Health of Virginia Inc	Diversified NY IPA, Inc.	Oz Parent, Inc.
Cigna Dental Healthplan of Arizona Inc	Diversified Pharmaceutical Services, Inc.	Priority Healthcare Corporation
Cigna Direct Marketing Company Inc.	ESI GP Holdings, Inc.	Priority Healthcare Distribution, Inc.
Cigna Federal Benefits Inc	ESI Mail Order Processing, Inc.	Provident American Life Insurance Company
Cigna Global Holdings Inc	ESI Mail Pharmacy Service, Inc.	QUALCARE ALLIANCE NETWORKS, INC.
Cigna Global Insurance Compay Limited	eviCore 1, Inc.	QUALCARE CAPTIVE INSURANCE COMPANY INC., PCC
Cigna Global Reinsurance Company LTD	eviCore 2, Inc.	QUALCARE, INC.
Cigna Health and Life Insurance Company	eviCore 3, Inc.	Sagamore Health Network Inc
Cigna Health Corporation	eviCore 4, Inc.	SCIBAL ASSOCIATES, INC.
Cigna Health Management Inc	Express Reinsurance Company	Spectracare Health Care Ventures, Inc.
Cigna Healthcare Benefits Inc	Express Scripts Administrators, LLC	SpectraCare, Inc.
Cigna Healthcare Holdings Inc	Express Scripts Canada Holding Company	Tel-Drug Inc
Cigna Healthcare Inc	Express Scripts Holding Company, Inc.	UBC Late Stage, Inc.
Cigna Healthcare Mid-Atlantic Inc	Express Scripts Pharmaceutical Procurement, LLC	United Benefit Life Insurance Company
Cigna Healthcare of Arizona Inc	Express Scripts Pharmacy, Inc.	United BioSource Patient Solutions, Inc.
		Universal Claims Administration

Note 10. Information Concerning Parent, Subsidiaries and 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, 2018 and at December 31, 2017, the Company reported \$313 due to parent and \$8,398 as amounts due from 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, written or otherwise, for the benefit of an affiliate or related party that 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 \$8,410,603 in 2018 and 8,555,547 in 2017. Net accounts receivable, including the non-admitted portion, were \$727,818 at December 31, 2018 and \$724,081 at December 31, 2017.
- (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 \$833,949 and \$885,763 in administrative service fees for the periods ended December 31, 2018 and 2017. Included in these fees were charges for administrative and management services of \$570,330 in 2018 and \$602,179 in 2017, reflected as management fee charges from affiliates, charges for claims adjustment expense of \$13,434 in 2018 and 17,855 in 2017, and charges for services critical to the delivery of dental care of \$250,185 in 2018 and \$265,729 in 2017, included in professional services. The fees charges 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 \$3,059 in 2018 and \$2,972 in 2017.
- (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 party has consented to select Cigna as its "designated entity" for the payment of this Fee. The Agreement allows Cigna to pay each year to the 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 administrative charges related to this agreement in 2018 and 2017.

Amendment One to the Fee Sharing Agreement is between Cigna Health and Life Insurance Company ("CHLIC"), Connecticut General Life Insurance Company ("CGLIC"), the Company and various other affiliates. Amendment One was filed in response to a request from the Connecticut Department of Insurance for clarification to Section 1 of the Agreement related to both the delegation by Cigna Corporation of the fee payment and related administrative functions to its wholly owned subsidiary CHLIC and clarification regarding any "service fee" charged or allocation of expenses related to the processing of the fee payment and related administrative functions. Amendment One does not materially modify the Agreement, it only clarifies certain sections. Amendment One was approved by the Connecticut Department of Insurance on November 13, 2015. The last regulatory approval of Amendment One was received on May 10, 2016.

- (5) The Company currently participates in the Amended and Restated Consolidated Federal Income Tax Agreement by and between Cigna and its subsidiaries in order to facilitate the filing of a consolidated federal income tax return as an affiliated group under Cigna. Pursuant to this agreement, payments are made to Cigna based on taxable income of the Company. In the case of a taxable loss, Cigna pays the Company a refund to the extent Cigna is able to utilize that loss in the consolidated tax return. There were no administrative charges related to this agreement in 2018 and 2017.

- 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 exceeds 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 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 2018 and 2017.

Note 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The Company has no employees; instead employees of CHLIC, performed certain functions on behalf of the dental plan.

CHLIC provides certain 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 which employee contributions are supplemented by the Company'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 expense for such benefits is 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 dental plan.

Note 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has 1,000 shares authorized, 100 shares issued and outstanding as of December 31, 2018, with a par value of \$1 per share.
- (2) The Company has no preferred stock outstanding.
- (3) Without prior approval of its domiciliary commissioner, dividends to stockholders are limited by the laws of the Company's state of incorporation. The Department 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 \$2,454,376 in 2019, without prior approval.
- (4) The Company paid extraordinary dividends to the Parent of \$2,700,000 and \$2,000,000 during the year ended December 31, 2018, and December 31, 2017.
- (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 surplus, including for whom the surplus is being held.
- (7) No advances to surplus not repaid were outstanding at December 31, 2018 and 2017.
- (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 \$168,045 from the prior year due to the ACA Section 9010 Insurer Fee segregated surplus requirement.
- (10) The portion of unassigned funds (surplus) reduced by non-admitted asset values was \$1,892 and \$1,402 as of December 31, 2018 and 2017.
- (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. Liabilities, Contingencies and Assessments

- 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 to 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. All Other Contingencies

Litigation and Other Legal Matters

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. Except for the specific matters noted below, Cigna believes that the legal actions, regulatory matters, proceedings and investigations currently pending against it should not have a material adverse effect on Cigna's results of operations, financial condition or liquidity based upon our current knowledge and taking into consideration current accruals. Disputed tax matters arising from audits by the Internal Revenue Service ("IRS") or other state and foreign jurisdictions, including those resulting in litigation, are accounted for under the NAIC's accounting guidance for tax loss contingencies.

Pending litigation and legal or regulatory matters that Cigna has identified with a reasonably possible material loss are described below. When litigation and regulatory matters present loss contingencies that are both probable and estimable, Cigna accrues the estimated loss by a charge to shareholders' net income. The estimated loss is Cigna's best estimate of the probable loss at the time or an amount within a range of estimated losses reflecting the most likely outcome or the minimum amount of the range (if no amount is better than any other

estimated amount in the range.) Cigna 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. 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. An adverse outcome in one or more of these matters could be material to Cigna's results of operations, financial condition or liquidity for any particular period.

Other Legal Matters

Cigna Litigation with Anthem. In February 2017, Cigna delivered a notice to Anthem terminating the 2015 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 in February 2017, Cigna filed suit against Anthem in the Delaware Court of Chancery (the “Chancery Court”) seeking 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, including the lost premium value to Cigna’s shareholders caused by Anthem’s willful breaches of the merger agreement.

On February 15, 2017, the Chancery Court granted Anthem’s motion for a temporary restraining order and temporarily enjoined Cigna from terminating the merger agreement. In May 2017, the Chancery Court denied Anthem’s motion for a preliminary injunction to enjoin Cigna from terminating the merger agreement but stayed its ruling pending Anthem’s determination as to whether to seek an appeal. Anthem subsequently notified Cigna and the Chancery Court that it did not intend to appeal the Chancery Court’s decision. As a result, the merger agreement was terminated.

The litigation between the parties remains pending. Trial is scheduled for February 2019 [and Cigna awaits the outcome]. Cigna believe in the merits of its claims and dispute Anthem’s claims, and Cigna intends to vigorously defend itself and pursue its claims. The outcomes of lawsuits are inherently unpredictable, and Cigna may be unsuccessful in the ongoing litigation or any future claims or litigation.

Express Scripts Litigation with Anthem. In March 2016, Anthem filed a lawsuit in the United States District Court for the Southern District of New York alleging various breach of contract claims against Express Scripts relating to the parties’ rights and obligations under the periodic pricing review section of the pharmacy benefit management agreement between the parties, including allegations that Express Scripts failed to negotiate new pricing concessions in good faith, as well as various alleged service issues. Anthem requests the court enter declaratory judgment that Express Scripts is required to provide Anthem competitive benchmark pricing, that Anthem can terminate the agreement, and that Express Scripts is required to provide Anthem with post-termination services at competitive benchmark pricing for one year following any termination by Anthem. Anthem claims it is entitled to \$13.0 billion in additional pricing concessions over the remaining term of the agreement as well as \$1.8 billion for one year following any contract termination by Anthem, and \$150 million in damages for service issues (“Anthem’s Allegations”). On April 19, 2016, in response to Anthem’s complaint, Express Scripts filed its answer denying Anthem’s allegations in their entirety and asserting affirmative defenses and counterclaims against Anthem. The court subsequently granted Anthem’s motion to dismiss two of six counts of Express Scripts, amended counterclaims. The current scheduling order runs through the completion of summary judgment briefing in December 2019. There is no tentative trial date.

Note 15. Leases

The Company is not a party to any lease agreements in 2018 and 2017.

Note 16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

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

Note 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

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

Note 18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

The Company has no uninsured or partially insured plans.

- A. The Company has no Administrative Services Only (ASO) business.
- B. The Company has no Administrative Services Contract (ASC) business.
- C. The Company has no Medicare or Similarly Structured Cost Based Reimbursement Contract.

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

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).

Updates to SSAP 100 that became effective on January 1, 2018 allow the use of net asset value (NAV) as a practical expedient to fair value for investments in investment companies where there is no readily determinable fair value. There were no such investments owned by the Company for either period presented.

- | | |
|---------|--|
| 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. **Fair Value Measurements at Reporting Date** – None

- 2. **Fair Value Measurements in Level 3 of the Fair Value Hierarchy** – None

- 3. **Level 3 Transfers** – None

- 4. **Valuation Techniques and Inputs** – No financial instruments at fair value

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, 2018 and 2017.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

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)	Net Asset Value (NAV) Included in Level 2
December 31, 2018							
Bonds	\$ 99,063	\$ 100,329	\$ 99,063	\$ -	\$ -	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	1,646,587	1,646,587	(3,962)	1,650,547	-	-	-
Total	\$ 1,745,650	\$ 1,746,916	\$ 95,101	\$ 1,650,547	\$ -	\$ -	\$ -
December 31, 2017							
Bonds	\$ 100,047	\$ 100,445	\$ 100,047	\$ -	\$ -	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	1,940,132	1,940,132	40,331	1,899,801	-	-	-
Total	\$ 2,040,179	\$ 2,040,577	\$ 140,378	\$ 1,899,801	\$ -	\$ -	\$ -

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

Bonds

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 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.

Cash, Cash Equivalents, and Short-Term Investments

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

D. Disclosures about Financial Instruments Not Practicable to Estimate Fair Value – None

Note 21. Other Items

The Company has no extraordinary items, troubled debt restructurings, unusual items, business interruption insurance recoveries, state tax credits, subprime-mortgage-related risk exposure, 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 these financial statements which would have had a material effect on the financial condition of the Company. In preparing these financials statements the Company has evaluated events that occurred between the balance sheet date and February 28, 2019.

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 Claim 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 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Balances at January 1	\$ 301,434	\$ 324,587
Incurred related to:		
Current year	4,454,357	4,552,950
Prior year	<u>14,842</u>	<u>(17,231)</u>
Total incurred	4,469,199	4,535,719
Paid related to:		
Current year	4,138,922	4,251,516
Prior year	<u>316,276</u>	<u>307,356</u>
Total payments	4,455,198	4,558,872
Balances at December 31	<u>\$ 315,435</u>	<u>\$ 301,434</u>

Unpaid claims and claims adjustment expenses attributable to insured events of prior years increased by \$14,842 in 2018 and decreased by \$17,231 in 2017, 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 results 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). During 2018 and 2017, there were no significant changes in the methodologies and assumptions used in calculating the liability for claims unpaid and unpaid claims adjustment expenses.

Note 26. Intercompany Pooling Arrangements

The Company had no intercompany pooling arrangements in 2018 or 2017.

Note 27. Structured Settlements

The Company had no structured settlements in 2018 or 2017.

Note 28. Health Care Receivables

The Company has no risk-sharing receivables.

Note 29. Participating Policies

The Company did not have any participating contracts in 2018 or 2017.

Note 30. Premium Deficiency Reserves

The Company did not have any premium deficiency reserves in 2018 or 2017.

Note 31. Anticipated Salvage and Subrogation

The Company does not anticipate any salvage or subrogation in 2018 or 2017.

ANNUAL STATEMENT FOR THE YEAR 2018 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?
If yes, complete Schedule Y, Parts 1, 1A and 2

Yes [☒] No [☐]

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [☒] No [☐]
N/A [☐]

1.3

State Regulating?

Ohio

1.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [☒] No [☐]

1.5

If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0000701221

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?
4.12 renewals?

Yes [☐] No [☒]
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?
4.22 renewals?

Yes [☐] No [☒]
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 [☒]
If yes, complete and file the merger history data file with the NAIC.

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 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
-
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers LLP 185 Asylum Street, Suite 2400 Hartford, CT 06103
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No []
N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Gregory N. Malone Cigna Corporation, 900 Cottage Grove Road, Hartford, CT 06152
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

- 12.11 Name of real estate holding company
12.12 Number of parcels involved
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 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

GENERAL INTERROGATORIES

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

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers\$

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

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 [X] 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 [X]
- 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 [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No []
N/A [X]
- 24.09 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No []
N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2018 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	\$	
		25.22 Subject to reverse repurchase agreements	\$	
		25.23 Subject to dollar repurchase agreements	\$	
		25.24 Subject to reverse dollar repurchase agreements	\$	
		25.25 Placed under option agreements	\$	
		25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	
		25.27 FHLB Capital Stock	\$	
		25.28 On deposit with states	\$	100,329
		25.29 On deposit with other regulatory bodies	\$	
		25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$	
		25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$	
		25.32 Other	\$	

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 2018 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.	N/A	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	1,750,878	1,749,611	(1,267)
30.2 Preferred stocks	0		0
30.3 Totals	1,750,878	1,749,611	(1,267)

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 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

GENERAL INTERROGATORIES

33.

By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [**X**]
34.

By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [**X**]

OTHER

- 35.1

Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$
- 35.2

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
.....
.....

- 36.1

Amount of payments for legal expenses, if any?\$
- 36.2

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
.....
.....

- 37.1

Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$
- 37.2

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 2018 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

8,487,380

8,629,302

2.2

Premium Denominator

8,487,380

8,629,302

2.3

Premium Ratio (2.1/2.2)

1.000

1.000

2.4

Reserve Numerator

311,592

298,306

2.5

Reserve Denominator

311,592

298,306

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

2,996

8.2

Number of providers at end of reporting year

3,296

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.

\$

4,643,817

9.22

Business with rate guarantees over 36 months

\$

28

ANNUAL STATEMENT FOR THE YEAR 2018 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: Yes [] No [X]
11.12 A Medical Group/Staff Model,]
11.13 An Individual Practice Association (IPA), or, .]
11.14 A Mixed Model (combination of above)?]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio

11.4 If yes, show the amount required.\$ 250,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation

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

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

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

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

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 gurantee)
Universal Life (with or without secondary gurantee)
Variable Universal Life (with or without secondary gurantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]

16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	2,540,758	2,775,323	2,657,275	3,698,518	3,513,033
2. Total liabilities (Page 3, Line 24)	441,616	430,471	465,112	510,959	556,998
3. Statutory minimum capital and surplus requirement	250,000	250,000	250,000	250,000	250,000
4. Total capital and surplus (Page 3, Line 33)	2,099,142	2,344,852	2,192,163	3,187,559	2,956,035
Income Statement (Page 4)					
5. Total revenues (Line 8)	8,487,380	8,629,302	8,296,591	8,806,589	9,303,409
6. Total medical and hospital expenses (Line 18)	4,455,049	4,518,149	4,503,485	4,778,949	5,034,714
7. Claims adjustment expenses (Line 20)	14,150	17,570	12,593	18,016	22,343
8. Total administrative expenses (Line 21)	914,406	800,904	934,383	1,033,077	1,028,085
9. Net underwriting gain (loss) (Line 24)	3,103,775	3,292,679	2,846,130	2,976,547	3,218,267
10. Net investment gain (loss) (Line 27)	43,956	20,566	7,869	785	(1,572)
11. Total other income (Lines 28 plus 29)	75	438	(476)	(108)	(206)
12. Net income or (loss) (Line 32)	2,454,376	2,154,435	1,805,378	1,881,064	2,044,172
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	2,391,886	2,087,800	1,835,643	1,956,827	2,064,523
Risk-Based Capital Analysis					
14. Total adjusted capital	2,099,142	2,344,852	2,192,163	3,187,559	2,956,035
15. Authorized control level risk-based capital	242,751	234,062	240,655	232,079	204,937
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	41,604	41,737	40,205	41,562	44,327
17. Total members months (Column 6, Line 7)	494,263	497,897	479,310	504,234	540,632
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)	52.5	52.4	54.3	54.3	54.1
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)	63.4	61.8	65.7	66.2	65.4
23. Total underwriting gain (loss) (Line 24)	36.6	38.2	34.3	33.8	34.6
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	313,148	303,943	317,287	314,264	288,761
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	298,306	321,174	361,660	285,496	189,295
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
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:

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories										
		1	Direct Business Only							
			2	3	4	5	6	7	8	9
States, etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	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	8,487,380					8,487,380	
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	8,487,380	0	0	0	0	0	8,487,380	0
60.	Reporting entity contributions for Employee Benefit Plans	XXX							0	
61.	Total (Direct Business)	XXX	8,487,380	0	0	0	0	0	8,487,380	0
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:
L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....1
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0
N - None of the above - Not allowed to write business in the state.....56
R - Registered - Non-domiciled RRGs.....0
Q - Qualified - Qualified or accredited reinsurer.0

(b) Explanation of basis of allocation by states, premiums by state, etc.
All premiums written within the State of Ohio.

ANNUAL STATEMENT FOR THE YEAR 2018 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, 2018:

	Entity Name
Cigna Corporation (A Delaware corporation and ultimate parent company)	
Cigna Holding Company	
Cigna Holdings, Inc.	
	Cigna Intellectual Property, Inc.
	Cigna Investment Group, Inc.
	Cigna International Finance Inc.
	Former Cigna Investments, Inc.
	Cigna Investments, Inc.
	Cigna Benefits Financing, Inc.
CareAllies, Inc.	
Connecticut General Corporation	
	Benefit Management Corp.
	*Allegiance Life & Health Insurance Company
	*Allegiance Re, Inc.
	Allegiance Benefit Plan Management, Inc.
	Allegiance COBRA Services, Inc.
	Allegiance Provider Direct, LLC
	Community Health Network, LLC
	Intermountain Underwriters, Inc.
	Allegiance Care Management, LLC
HealthSpring, Inc.	
	NewQuest, LLC
	NewQuest Management Northeast, LLC
	*Bravo Health Mid-Atlantic, Inc.
	*Bravo Health Pennsylvania, Inc.
	*HealthSpring Life & Health Insurance Company
	*HealthSpring of Florida, Inc.
	NewQuest Management of Illinois, LLC
	NewQuest Management of Florida, LLC
	HealthSpring Management of America, LLC
	NewQuest Management of West Virginia, LLC
	TexQuest, LLC
	HouQuest, LLC
	GulfQuest, LP
	NewQuest Management of Alabama, LLC
	HealthSpring USA, LLC
	Tennessee Quest, LLC
	HealthSpring Pharmacy Services, LLC
	HealthSpring Pharmacy of Tennessee, LLC
	Home Physicians Management, LLC
	Alegis Care Services, LLC
*Cigna Arbor Life Insurance Company	
Cigna Behavioral Health, Inc.	
	Cigna Behavioral Health of California, Inc.
	Cigna Behavioral Health of Texas, Inc.
	MCC Independent Practice Association of New York, Inc.
Cigna Dental Health, Inc.	
	Cigna Dental Health of California, Inc.
	Cigna Dental Health of Colorado, Inc.
	Cigna Dental Health of Delaware, Inc.
	Cigna Dental Health of Florida, Inc.
	Cigna Dental Health of Illinois, Inc.
	Cigna Dental Health of Kansas, Inc.
	Cigna Dental Health of Kentucky, Inc.
	Cigna Dental Health of Missouri, Inc.
	Cigna Dental Health of New Jersey, Inc.
	Cigna Dental Health of North Carolina, Inc.
	Cigna Dental Health of Ohio, Inc.
	Cigna Dental Health of Pennsylvania, Inc.
	Cigna Dental Health of Texas, Inc.
	Cigna Dental Health of Virginia, Inc.
	Cigna Dental Health Plan of Arizona, Inc.
	Cigna Dental Health of Maryland, Inc.
Cigna Health Corporation	
	Healthsource, Inc.
	Cigna HealthCare of Arizona, Inc.
	Cigna HealthCare of California, Inc.
	Cigna HealthCare of Colorado, Inc.
	Cigna HealthCare of Connecticut, Inc.
	Cigna HealthCare of Florida, Inc.
	Cigna HealthCare of Illinois, Inc.
	Cigna HealthCare of Maine, Inc.
	Cigna HealthCare of Massachusetts, Inc.
	Cigna HealthCare Mid-Atlantic, Inc.
	Cigna HealthCare of New Hampshire, Inc.
	Cigna HealthCare of New Jersey, Inc.
	Cigna HealthCare of Pennsylvania, Inc.
	Cigna HealthCare of St. Louis, Inc.
	Cigna HealthCare of Utah, Inc.
	Cigna HealthCare of Georgia, Inc.
	Cigna HealthCare of Texas, Inc.
	Cigna HealthCare of Indiana, Inc.
	Cigna HealthCare of Tennessee, Inc.
	Cigna HealthCare of North Carolina, Inc.
	Cigna HealthCare of South Carolina, Inc.
	*Temple Insurance Company Limited
	Arizona Health Plan, Inc.
	Healthsource Properties, Inc.
	Managed Care Consultants, Inc.
	Cigna Benefit Technology Solutions, Inc.
	Sagamore Health Network, Inc.
Cigna Healthcare Holdings, Inc.	
	Great-West Healthcare of Illinois, Inc.
	Cigna Healthcare, Inc.
*Cigna Life Insurance Company of New York	
*Connecticut General Life Insurance Company	
	CG Mystic Center LLC
	CG Mystic Land LLC
	CG Skyline, LLC
	Careallies, LLC
	Cigna Onsite Health, LLC
	Gillette Ridge Community Council,Inc.
	Gillette Ridge Golf LLC
	Hazard Center Investment Company LLC
	Tel-Drug of Pennsylvania, LLC
	GRG Acquisitions LLC
Cigna Affiliates Realty Investment Group, LLC	
	CR Longwood Investors, LP
	ND/CR Longwood LLC
	ARE/ND/CR Longwood LLC
	Secon Properties, LP
	Transwestern Federal Holdings, L.L.C.
	Transwestern Federal, L.L.C.
	Diamondview Tower CM-CG LLC
	CR Washington Street Investors LP
	Dulles Town Center Mall, LLC
	PUR Arbors Apartments Venture LLC
	CG Seventh Street, LLC
	Ideal Properties II LLC
	Mallory Square Partners I, LLC
	Houston Briar Forest Apartments Limited Partnership
	SB-SNH LLC
	680 Investors LLC
	685 New Hampshire LLC
	222 Main Street Caring GP LLC
	222 Main Street Investors LP
	Notch 8 Residential, L.L.C.
	UVL, LLC

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

PART 1 -- ORGANIZATION CHART

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	Entity Name
	3601 North Fairfax Drive Associates, LLC
	CI Perris 151, LLC
	Lakehills CM – CG LLC
	Affiliated Hotel Subsidiary LLC
	Berewick Apartments LLC
	CIG-LEI Ygnacio Associates LLC
	CGGL Orange Collection LLC
	CGGL Chapman LLC
	CGGL City Parkway LLC
	Heights at Bear Creek Venture LLC
	SOMA Apartments Venture LLC
	Arbor Heights Venture LLC
	CG/Wood ALTA 601, LLC
	CPI-CII 9171 Wilshire JV LLC
	9171 Wilshire CPI-CII LLC
	CARING Capitol Hill GP LLC
	CARING Capitol Hill LP LLC
	Rise-CG Capitol Hill, LP
	CARING 9171 Wilshire Investor LLC
	CARING Heights at Bear Creek Investor LLC
	CARING Dulles Town Center Investor LLC
	CARING 500 Ygnacio Investor LLC
	CARING Alta Woodson Investor LLC
	CARING Mallory Square Investor LLC
	CARING Soma Investor LLC
CORAC LLC	
	Henry on the Park Associates, LLC
*Cigna Health and Life Insurance Company	
	CarePlexus, LLC
	Cigna Corporate Services, LLC
	Cigna Insurance Agency, LLC
	Ceres Sales of Ohio, LLC
	Cigna National Health Insurance Company
	Provident American Life & Health Insurance Company
	United Benefit Life Insurance Company
	Loyal American Life Insurance Company
	American Retirement Life Insurance Company
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	
	Olympic Health Management Systems, Inc.
	Olympic Health Management Services, Inc.
	WorldDoc, Inc.
	Omada Health, Inc.
	Cigna Ventures, LLC
	Cricket Health, Inc.
Cigna Health Management, Inc.	
Kronos Optimal Health Company	
*Life Insurance Company of North America	
	*Cigna & CMB Life Insurance Company Limited
	Cigna & CMB Health Services Company, Ltd.
	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.	
Cigna Integratedcare, Inc.	
Cigna Managed Care Benefits Company	
Cigna Re Corporation	
	Blodget & Hazard Limited
Cigna Resource Manager, Inc.	
Connecticut General Benefit Payments, Inc.	
Healthsource Benefits, Inc.	
IHN, Inc.	
LINA Benefit Payments, Inc.	
Mediversal, Inc.	
	Universal Claims Administration
Brighter, Inc	
	Patient Provider Alliance, Inc
Cigna Global Holdings, Inc.	
	Cigna International Corporation, Inc.
	Cigna International Services, Inc.
	Cigna International Marketing (Thailand) Limited
	CGO Participatos LTDA
	YCFM Servicios LTDA
*Cigna Global Reinsurance Company, Ltd.	
	Cigna Holdings Overseas, Inc.
	Cigna Bellevue Alpha LLC
	Cigna Linden Holdings, Inc.
	Cigna Palmetto Holdings, Ltd.
	Cigna Apac Holdings, Ltd.
	Cigna Alder Holdings, LLC
	Cigna Walnut Holdings, Ltd.
	Cigna Chestnut Holdings, Ltd.
	*LINA Life Insurance Company of Korea
	Cigna International Services Australia Pty Ltd.
	Cigna Hong Kong Holdings Company Limited
	Cigna Data Services (Shanghai) Company Limited
	Cigna HLA Technology Services Limited
	*Cigna Worldwide General Insurance Company Limited
	*Cigna Worldwide Life Insurance Company Limited
	Cigna International Health Services Sdn Bhd.
	*Cigna Life Insurance New Zealand Limited
	Grown Ups New Zealand Limited
	Cigna New Zealand Holdings Limited
	Cigna New Zealand Finance Limited
	OnePath Life (NC) Limited
	*Cigna Life Insurance Company of Canada(AA-1560515)
	Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)
	LINA Financial Service
Cigna Nederland Gamma B.V.	
	Cigna Finans Emeklilik Ve Hayat A.S.
RHP (Thailand) Limited	
	*Cigna Brokerage & Marketing (Thailand) Limited
	KDM (Thailand) Limited
	*Cigna Insurance Public Company Limited
Cigna Taiwan Life Assurance Company Limited	
Cigna Myrtle Holdings, Ltd.	
	Cigna Elmwood Holdings, SPRL
	Cigna Beechwood Holdings
	Cigna Life Insurance Company of Europe S.A.-N.V.
	Cigna Europe Insurance Company S.A.-N.V.
	Cigna European Services (UNITED KINGDOM) Limited
	Cigna 2000 UNITED KINGDOM Pension LTD
	Cigna Oak Holdings, LTD.
	Cigna Willow Holdings, LTD.
	FirstAssist Administration Limited
	Cigna Legal Protection U.K. Ltd.

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Entity Name	
	Cigna Insurance Services (Europe) Ltd.
	Cigna International Health Services, BVBA
	Cigna International Health Services, LLC
	Cigna International Health Services Kenya Limited
	Cigna Sequoia Holdings, SPRL
	Cigna Cedar Holdings, Ltd.
	Cigna Insurance Middle East S.A.L.
	Cigna Insurance Management Services (DIFC), Ltd.
	Cigna Magnolia Holdings, Ltd.
	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)
	Cigna Nederland Alpha Cooperatief U.A.
	Cigna Nederland Beta B.V.
	Cigna Health Solution India Pvt. Ltd.
	Cigna Poplar Holdings, Inc.
	PT GAR Indonesia
	PT PGU Indonesia
	*Cigna Global Insurance Company Limited
	*Cigna TTK Health Insurance Company Limited
	*Cigna Worldwide Insurance Company
	*PT. Asuransi Cigna
	Cigna Teak Holdings, LLC
Express Scripts Holding Company, Inc.	
Express Scripts, Inc.	
Express Scripts Services Co.	
Diversified Pharmaceutical Services, Inc.	
Diversified NY IPA, Inc.	
ESI Mail Pharmacy Service, Inc.	
Express Scripts Pharmaceutical Procurement, LLC	
Econdisc Contracting Solutions, LLC	
Express Scripts Sales Operations, Inc.	
Express Scripts Specialty Distribution Services, Inc.	
ESI Partnership (82% Direct ownership, 18% Indirect ownership)	
ESI Resources, Inc.	
ESI GP Holdings, Inc.	
Express Scripts Utilization Management Company	
Express Scripts Strategic Development, Inc.	
Airport Holdings, LLC	
CuraScript, Inc.	
Priority Healthcare Corporation	
Lynnfield Drug, Inc.	
Freedom Service Company, LLC	
Priority Healthcare Distribution, Inc.	
Freco, Inc.	
Lynnfield Compounding Center, Inc.	
SpectraCare, Inc.	
SpectraCare Health Care Ventures, Inc.	
Care Continuum, Inc.	
Matrix GPO, LLC	
Healthbridge Reimbursement & Product Support, Inc.	
Strategic Pharmaceutical Investments, LLC	
Naryx Pharma, Inc.	
L&C Investments, LLC	
Express Scripts Senior Care Holdings, Inc.	
Express Scripts Senior Care, Inc.	
ESI Mail Order Processing, Inc. (f/k/a NXI)	
*Express Reinsurance Company	
Express Scripts Canada Holding Co.	
Express Scripts Canada Co.	
ESI Canada	
ESI GP Canada ULC	
ESI GP2 Canada ULC	
Express Scripts Canada Wholesale	
Express Scripts Canada Services (Ontario Partnership) (99.9% Direct ownership, 0.1% Indirect ownership)	
Express Scripts Pharmacy Ontario, Ltd.	
Express Scripts Pharmacy West, Ltd.	
Express Scripts Pharmacy Central, Ltd.	
Express Scripts Pharmacy Atlantic, Ltd.	
Express Scripts Canada Holding, LLC	
Healthbridge, Inc.	
Inside RX, LLC	
myMatrix Holdings, LLC	
Matrix Healthcare Services, Inc.	
myMatrix-B, LLC	
MyM Technology Services, LLC	
Innovative Product Alignment, LLC	
Piso Delmatico, LLC (55%)	
Medco Health Solutions, Inc.	
MAH Pharmacy, LLC	
*Medco Containment Life Insurance Company	
*Medco Containment Insurance Company of NY	
Accredo Health, Incorporated	
AHG of New York, Inc.	
Biopartners in Care, Inc.	
Accredo Health Group, Inc.	
Medco Europe, LLC	
Medco Europe II, LLC	
MHS Holdings, CV	
Medco International Holdings, BV	
Express Scripts Administrators LLC	
Medco Health Puerto Rico, LLC	
Systemed, LLC	
Medco Health Services, Inc.	
Express Scripts Pharmacy, Inc.	
Specialty Products Acquisitions, LLC	
ValoremRx Sourcing Solutions, LLC (50%)	
SureScripts, LLC (16.67%)	
Oz Parent, Inc.	
eviCore 1, LLC	
eviCore 2, Inc.	
eviCore 3, LLC	
eviCore 4, Inc.	
eviCore 5, LLC	
eviCore 6, LLC	
eviCore 8, LLC	
eviCore 9, LP	
CareCore National Group, LLC	
CareCore National Intermediate Holdings, LLC	
CareCore National, LLC	
CareNext Post-Acute, LLC	
CareNext Managed Care, LLC	
MedSolutions Holdings, Inc.	
eviCore healthcare MSI, LLC	
*CareCore NJ, LLC	
CCN-WNY IPA, LLC	
CCN NMO, LLC	
MedSolutions of Texas, Inc.	
MSI Health Organization of Texas, Inc.	
Premerus, Inc.	
Triad Healthcare, Inc.	
MSIAZ I, LLC	
MSICA I, LLC	
MSICO I, LLC	
MSIFL, LLC	
MSIMD I, LLC	
MSINC I, LLC	
MSINH, LLC	
MSINH II, LLC	
MSINJ I, LLC	

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Entity Name
MSINV I, LLC
MSI HT, LLC
MSI LT, LLC
MSI SAR-GW, LLC
MSISC II, LLC
MSIVT I, LLC
MSIWA, LLC
Palladian Independent Practice Association, LLC
Palladian Health of Florida, LLC
Chiro Alliance Corporation
AS Acquisition Corp.
HealthFortis, Inc.
DNA Direct, Inc.
Landmark Healthcare, Inc.
Landmark Healthcare Services, Inc.
Landmark Healthcare Colorado, Inc.
QPID Health, LLC

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE CIGNA DENTAL HEALTH OF OH INC

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 11

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1104. OTC Forward Contracts	0	0	0	0
1105. Invested asset allocation s/b 0	0	0	0	0
1197. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
2504. Write in-	0	0	0	0
2505. Write in-	0	0	0	0
2506. Write in-	0	0	0	0
2507. Write in-	0	0	0	0
2508. Write in-	0	0	0	0
2509. Write in-	0	0	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0

Additional Write-ins for Liabilities Line 23

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
2304. Other liabilities	0	0	0	0
2305. DOI Audit Accrual	0	0	0	0
2306. Write in	0	0	0	0
2307. Write in	0	0	0	0
2308. Write in	0	0	0	0
2309. Write in	0	0	0	0
2397. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0

NONE

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