



## HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019  
OF THE CONDITION AND AFFAIRS OF THE

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

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

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

Licensed as business type: \_\_\_\_\_ Other \_\_\_\_\_

Is HMO Federally Qualified? Yes [  ] No [  ]

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

Statutory Home Office 1571 Sawgrass Corporate Parkway Suite 300, Sunrise, FL, US 33323  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1571 Sawgrass Corporate Parkway Suite 300  
(Street and Number)  
Sunrise, FL, US 33323, 954-514-6600  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1571 Sawgrass Corporate Parkway Suite 300, Sunrise, FL, US 33323  
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records      1571 Sawgrass Corporate Parkway Suite 300  
(Street and Number)  
Sunrise, FL, US 33323      954-514-6600  
(City or Town, State, Country and Zip Code)      (Area Code) (Telephone Number)

Internet Website Address www.cigna.com  
Statutory Statement Contact Paula Giorgio . 615-695-8929

(Name) \_\_\_\_\_ (Area Code) (Telephone Number)  
paula.giorgio@cigna.com \_\_\_\_\_, 860-298-1750  
(E-mail Address) \_\_\_\_\_ (FAX Number)

## OFFICERS

President Frederick Eugene Scardellette Treasurer Scott Ronald Lampert  
Secretary Anna Krishnal Actuary Gregory Nicholas Malone

## OTHER

Mark Paul Fleming, Vice President      Anne Lynn Rodier 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      Annie Lynn Roulier Benedict      Jason Dean Meade

State of \_\_\_\_\_ SS: \_\_\_\_\_  
County of \_\_\_\_\_

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
b. If no,  
1. State the amendment number.....  
2. Date filed .....,  
3. Number of pages attached.....

## 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) .....	100,211		100,211	100,329
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 (less \$ encumbrances) .....			0	
4.2 Properties held for the production of income (less \$ encumbrances) .....			0	
4.3 Properties held for sale (less \$ encumbrances) .....			0	
5. Cash (\$ ..... 47,174 , Schedule E - Part 1), cash equivalents (\$ ..... 1,819,545 , Schedule E - Part 2) and short-term investments (\$ ..... , Schedule DA) .....	1,866,719		1,866,719	1,646,587
6. Contract loans, (including \$ ..... 0 premium notes) .....			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	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	1,966,930	0	1,966,930	1,746,916
13. Title plants less \$ ..... 0 charged off (for Title insurers only) .....			0	
14. Investment income due and accrued .....	540	0	540	543
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	738,664	1,768	736,896	728,681
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ ..... 0 earned but unbilled premiums) .....			0	
15.3 Accrued retrospective premiums (\$ ..... 0 ) 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	0	0	62,571
18.2 Net deferred tax asset .....	1,914	0	1,914	2,047
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 ) .....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	
23. Receivables from parent, subsidiaries and affiliates .....	1,029	0	1,029	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	
25. Aggregate write-ins for other than invested assets .....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	2,709,077	1,768	2,707,309	2,540,758
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	
28. Total (Lines 26 and 27) .....	2,709,077	1,768	2,707,309	2,540,758
<b>DETAILS OF WRITE-INS</b>				
1101. Options covering insurance liabilities .....	0	0	0	0
1102. Net Deferred (Gains) Losses on Futures .....	0	0	0	0
1103. OTC Forward Contracts .....	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. Prepaid expenses and miscellaneous .....	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 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	319,760	15,413	335,173	311,592
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses	3,717	0	3,717	3,843
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act			0	
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserves			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance	19,044	0	19,044	17,928
9. General expenses due or accrued			0	0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))		10,343	10,343	0
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	
13. Remittances and items not allocated	16,200	0	16,200	8,668
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)			0	
15. Amounts due to parent, subsidiaries and affiliates			0	313
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)			0	
20. Reinsurance in unauthorized and certified (\$ 0 ) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including \$ 101,281 current)	101,281	0	101,281	99,272
24. Total liabilities (Lines 1 to 23)	470,345	15,413	485,758	441,616
25. Aggregate write-ins for special surplus funds	XXX	XXX	166,387	0
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	1,781,806	1,825,784
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	2,221,551	2,099,142
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	2,707,309	2,540,758
<b>DETAILS OF WRITE-INS</b>				
2301. Comm to Agents Due or Accrued	14,079	0	14,079	14,391
2302. Premium Tax Payable	87,202	0	87,202	84,881
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)	101,281	0	101,281	99,272
2501. Surplus appropriated for CY ACA Section 9010 Fee	XXX	XXX	166,387	0
2502. Other restricted surplus	XXX	XXX	0	0
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	166,387	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	514,486	494,263
2. Net premium income ( including \$ ..... non-health premium income).....	XXX.....	8,715,174	8,487,380
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....		
4. Fee-for-service (net of \$ ..... medical expenses).....	XXX.....		
5. Risk revenue.....	XXX.....		
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.....	8,715,174	8,487,380
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits.....			
10. Other professional services.....		4,551,084	4,230,306
11. Outside referrals.....	160,589	160,589	224,743
12. Emergency room and out-of-area.....			
13. Prescription drugs.....			
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	160,589	4,711,673	4,455,049
<b>Less:</b>			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	160,589	4,711,673	4,455,049
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$ .....0 cost containment expenses.....		14,067	14,150
21. General administrative expenses.....		787,393	914,406
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).....	160,589	5,513,133	5,383,605
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	3,202,041	3,103,775
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		47,798	43,962
26. Net realized capital gains (losses) less capital gains tax of \$ .....32.....		121	(6)
27. Net investment gains (losses) (Lines 25 plus 26).....	0	47,919	43,956
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....231 )].....		(231)	.75
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.....	3,249,729	3,147,806
31. Federal and foreign income taxes incurred.....	XXX.....	682,311	693,430
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	2,567,418	2,454,376
<b>DETAILS OF WRITE-INS</b>			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0	0
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0	0	0

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

	1 Current Year	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
33. Capital and surplus prior reporting year.....	2,099,142	2,344,852
34. Net income or (loss) from Line 32 .....	2,567,418	2,454,376
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 .....	(133)	404
39. Change in nonadmitted assets .....	124	(490)
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 .....	(2,445,000)	(2,700,000)
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	122,409	(245,710)
49. Capital and surplus end of reporting period (Line 33 plus 48)	2,221,551	2,099,142
<b>DETAILS OF WRITE-INS</b>		
4701. ....		
4702. ....		
4703. ....		
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC  
**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance .....	8,708,199	8,481,654
2. Net investment income .....	47,919	44,077
3. Miscellaneous income .....	0	0
4. Total (Lines 1 through 3) .....	8,756,118	8,525,731
5. Benefit and loss related payments .....	4,688,092	4,441,763
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		
7. Commissions, expenses paid and aggregate write-ins for deductions .....	799,808	927,856
8. Dividends paid to policyholders .....		
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	609,397	764,226
10. Total (Lines 5 through 9) .....	6,097,297	6,133,845
11. Net cash from operations (Line 4 minus Line 10) .....	2,658,821	2,391,886
<b>Cash from Investments</b>		
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 .....	121	(8)
12.7 Miscellaneous proceeds .....	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	121	(8)
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) .....	121	(8)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0
16.3 Borrowed funds .....	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5 Dividends to stockholders .....	2,445,000	2,700,000
16.6 Other cash provided (applied) .....	6,190	14,577
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	(2,438,810)	(2,685,423)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	220,132	(293,545)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year .....	1,646,587	1,940,132
19.2 End of year (Line 18 plus Line 19.1) .....	1,866,719	1,646,587

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC  
**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....				0
2. Medicare Supplement .....				0
3. Dental only .....	8,715,174			8,715,174
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) .....	8,715,174	0	0	8,715,174
10. Life .....	0			0
11. Property/casualty .....	0			0
12. Totals (Lines 9 to 11) .....	8,715,174	0	0	8,715,174

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

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

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	4,688,092				4,688,092					
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	4,688,092	0	0	4,688,092	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	335,173	0	0	335,173	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	335,173	0	0	335,173	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	311,592	0	0	311,592	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	311,592	0	0	311,592	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	4,711,673	0	0	4,711,673	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	4,711,673	0	0	4,711,673	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	92,448				92,448					
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	92,448	0	0	92,448	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	242,726				242,726					
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	242,726	0	0	242,726	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	335,173	0	0	335,173	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	335,173	0	0	335,173	0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental Only .....	306,389	4,381,703	0	335,173	306,389	311,592
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) .....	306,389	4,381,703	0	335,173	306,389	311,592
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)	306,389	4,381,703	0	335,173	306,389	311,592

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

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

**Section A - Paid Health Claims - Dental Only**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	314	314	314	314	314
2. 2015 .....	4,389	4,706	4,706	4,706	4,706
3. 2016 .....	XXX	4,227	4,531	4,531	4,531
4. 2017 .....	XXX	XXX	4,237	4,550	4,550
5. 2018 .....	XXX	XXX	XXX	4,129	4,435
6. 2019 .....	XXX	XXX	XXX	XXX	4,382

**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 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	314	314	314	314	314
2. 2015 .....	4,751	4,706	4,706	4,706	4,706
3. 2016 .....	XXX	4,548	4,531	4,531	4,531
4. 2017 .....	XXX	XXX	4,535	4,550	4,550
5. 2018 .....	XXX	XXX	XXX	4,440	4,435
6. 2019 .....	XXX	XXX	XXX	XXX	4,717

**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. 2015 .....	8,807	4,706	.15	.0.3	4,721	53.6			4,721	53.6
2. 2016 .....	8,297	4,531	.18	.0.4	4,549	54.8			4,549	54.8
3. 2017 .....	8,629	4,550	.17	.0.4	4,567	52.9			4,567	52.9
4. 2018 .....	8,487	4,435	.13	.0.3	4,448	52.4			4,448	52.4
5. 2019 .....	8,715	4,382	.14	.0.3	4,396	50.4	335	4	4,735	54.3

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

**UNDERWRITING AND INVESTMENT EXHIBIT**

## PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

**Section A - Paid Health Claims - Grand Total**

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	314	314	314	314	314
2. 2015 .....	4,389	4,706	4,706	4,706	4,706
3. 2016 .....	XXX	4,227	4,531	4,531	4,531
4. 2017 .....	XXX	XXX	4,237	4,550	4,550
5. 2018 .....	XXX	XXX	XXX	4,129	4,435
6. 2019 .....	XXX	XXX	XXX	XXX	4,382

**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 2015	2 2016	3 2017	4 2018	5 2019
1. Prior .....	314	314	314	314	314
2. 2015 .....	4,751	4,706	4,706	4,706	4,706
3. 2016 .....	XXX	4,548	4,531	4,531	4,531
4. 2017 .....	XXX	XXX	4,535	4,550	4,550
5. 2018 .....	XXX	XXX	XXX	4,440	4,435
6. 2019 .....	XXX	XXX	XXX	XXX	4,717

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2015 .....	8,807	4,706	.15	.0.3	4,721	53.6	0	0	4,721	53.6
2. 2016 .....	8,297	4,531	.18	.0.4	4,549	54.8	0	0	4,549	54.8
3. 2017 .....	8,629	4,550	.17	.0.4	4,567	52.9	0	0	4,567	52.9
4. 2018 .....	8,487	4,435	.13	.0.3	4,448	52.4	0	0	4,448	52.4
5. 2019 .....	8,715	4,382	.14	.0.3	4,396	50.4	335	4	4,735	54.3

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

**UNDERWRITING AND INVESTMENT EXHIBIT**

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

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

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - ANALYSIS OF EXPENSES**

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ ..... for occupancy of own building) .....			7,450		7,450
2. Salary, wages and other benefits .....		13,394	313,861		327,256
3. Commissions (less \$ ..... ceded plus \$ ..... assumed) .....			71,852		71,852
4. Legal fees and expenses .....			1,355		1,355
5. Certifications and accreditation fees .....					0
6. Auditing, actuarial and other consulting services .....			1,633		1,633
7. Traveling expenses .....			7,613		7,613
8. Marketing and advertising .....			24,135		24,135
9. Postage, express and telephone .....			27,302		27,302
10. Printing and office supplies .....			1,524		1,524
11. Occupancy, depreciation and amortization .....			9,005		9,005
12. Equipment .....			1,342		1,342
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 .....			7,175		7,175
16. Insurance, except on real estate .....			1,286		1,286
17. Collection and bank service charges .....			2,890		2,890
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 .....					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes .....					0
23.2 State premium taxes .....			87,196		87,196
23.3 Regulatory authority licenses and fees .....					0
23.4 Payroll taxes .....		673	15,759		16,432
23.5 Other (excluding federal income and real estate taxes) .....			118		118
24. Investment expenses not included elsewhere .....			6,000	2,735	8,735
25. Aggregate write-ins for expenses .....	0	0	199,897	0	199,897
26. Total expenses incurred (Lines 1 to 25) .....	0	14,067	787,393	2,735	(a) 804,195
27. Less expenses unpaid December 31, current year .....		3,717			3,717
28. Add expenses unpaid December 31, prior year .....		3,843	99,272		103,115
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	14,193	886,665	2,735	903,593
<b>DETAILS OF WRITE-INS</b>					
2501. Total Other Corporate Expenses .....			73,560		73,560
2502. Other Non-Managed .....			126,337		126,337
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	199,897	0	199,897

(a) Includes management fees of \$ 616,873 to affiliates and \$ ..... to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC  
**EXHIBIT OF NET INVESTMENT INCOME**

		1 Collected During Year	2 Earned During Year
1. U.S. government bonds .....	(a) .....	2,007	2,004
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) .....	48,529	48,529
7. Derivative instruments .....	(f) .....		
8. Other invested assets .....			
9. Aggregate write-ins for investment income .....		0	0
10. Total gross investment income .....		50,536	50,533
11. Investment expenses .....	(g) .....	2,735	
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) .....		0
15. Aggregate write-ins for deductions from investment income .....			0
16. Total deductions (Lines 11 through 15) .....			2,735
17. Net investment income (Line 10 minus Line 16) .....			47,798
<b>DETAILS OF WRITE-INS</b>			
0901. .....			
0902. .....			
0903. .....			
0998. Summary of remaining write-ins for Line 9 from overflow page .....		0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....		0	0
1501. .....			
1502. .....			
1503. .....			
1598. Summary of remaining write-ins for Line 15 from overflow page .....		0	
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....		0	

(a) Includes \$ accrual of discount less \$ 118 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 \$ 48,529 accrual of discount less \$ ..... amortization of premium and less \$ ..... paid for accrued interest on purchases.  
 (f) Includes \$ accrual of discount less \$ ..... amortization of premium.  
 (g) Includes \$. investment expenses and \$ ..... investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.  
 (h) Includes \$ interest on surplus notes and \$ ..... interest on capital notes.  
 (i) Includes \$ depreciation on real estate and \$ ..... depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds .....	0	0	0	0	0
1.1 Bonds exempt from U.S. tax .....			0		
1.2 Other bonds (unaffiliated) .....	0	0	0	0	0
1.3 Bonds of affiliates .....	0	0	0	0	0
2.1 Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11 Preferred stocks of affiliates .....	0	0	0	0	0
2.2 Common stocks (unaffiliated) .....	0	0	0	0	0
2.21 Common stocks of affiliates .....	0	0	0	0	0
3. Mortgage loans .....		0	0	0	0
4. Real estate .....		0	0	0	0
5. Contract loans .....			0		
6. Cash, cash equivalents and short-term investments .....	153		153		
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) .....	153	0	153	0	0
<b>DETAILS OF WRITE-INS</b>					
0901. .....					
0902. .....					
0903. .....					
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above) .....	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC**  
**EXHIBIT OF NON-ADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D) .....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks .....			0
2.2 Common stocks .....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens .....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale .....			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA) .....			0
6. Contract loans .....			0
7. Derivatives (Schedule DB) .....			0
8. Other invested assets (Schedule BA) .....			0
9. Receivables for securities .....			0
10. Securities lending reinvested collateral assets (Schedule DL) .....			0
11. Aggregate write-ins for invested assets .....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	0	0	0
13. Title plants (for Title insurers only) .....			0
14. Investment income due and accrued .....	0		0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection .....	1,768	1,892	124
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		0
18.2 Net deferred tax asset .....	0		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		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) .....	1,768	1,892	124
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0
28. Total (Lines 26 and 27) .....	1,768	1,892	124
<b>DETAILS OF WRITE-INS</b>			
1101. .....			
1102. .....			
1103. .....			
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above) .....	0	0	0
2501. .....			
2502. .....			
2503. .....			
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) .....	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

**EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY**

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations .....						
2. Provider Service Organizations .....						
3. Preferred Provider Organizations .....						
4. Point of Service .....						
5. Indemnity Only .....						
6. Aggregate write-ins for other lines of business.....	41,604	42,030	42,241	43,460	43,959	514,486
7. Total	41,604	42,030	42,241	43,460	43,959	514,486
<b>DETAILS OF WRITE-INS</b>						
0601. Health Insuring Corporation .....	41,604	42,030	42,241	43,460	43,959	514,486
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)	41,604	42,030	42,241	43,460	43,959	514,486

## 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 25% and 29% of total revenue, excluding investment income for the years ended December 31, 2019 and December 31, 2018. Individually, each of these customers amounted to greater than 10% of total revenue.

**Health Insurance Industry Tax**

Federal legislation suspended the health insurance industry tax for 2019 and the Company’s premium rates for 2019 reflect this suspension. Under current legislation, the industry tax is reinstated in 2020. The return of the industry tax in 2020 is contemplated in our premium rates and benefits for the affected products and will increase the Company’s effective tax rate in 2020. In addition, as a result of the passage of the Further Consolidated Appropriations Act of 2020 in December 2019, the health insurance industry tax will be repealed effective 2021.

**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 #	2019	2018
<b>NET INCOME</b>					
(1) State basis				\$ 2,567,418	\$ 2,454,376
(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>\$ 2,567,418</u>	<u>\$ 2,454,376</u>
<b>SURPLUS</b>					
(5) State Basis				\$ 2,221,551	\$ 2,099,142
(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>\$ 2,221,551</u>	<u>\$ 2,099,142</u>

The Company maintained the minimum surplus required by state laws and regulatory agencies of \$250,000 as of December 31, 2019 and December 31, 2018. Minimum required surplus is the greater of \$250,000 or that amount required pursuant to the risk based capital provisions.

**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 of three months or less from the time of purchase. Investments with original maturities of one year or less from the time of purchase are classified as short term. Cash equivalents and short-term investments 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).
- (3) Common Stocks: The Company holds no common stocks as of December 31, 2019 and 2018.
- (4) Preferred Stocks: The Company holds no preferred stocks as of December 31, 2019 and 2018.
- (5) Mortgage Loans: The Company holds no mortgage loans as of December 31, 2019 and 2018.
- (6) Loan-Backed Securities: The Company holds no loan-backed securities as of December 31, 2019 and 2018.
- (7) Investments in Subsidiaries, Controlled and Affiliated Entities (“SCA”): The Company holds no investments in subsidiaries, controlled and affiliated entities as of December 31, 2019 and 2018.
- (8) Joint Ventures, Partnerships and Limited Liability Companies: The Company holds no investments in joint ventures, controlled and affiliated entities as of December 31, 2019 and 2018.
- (9) Derivatives: The Company has no derivative instruments as of December 31, 2019 and 2018.
- (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

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

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) Other Liabilities: Other accrued liabilities include commission payable and state taxes payable.

### D. Going Concern

Going concern is not applicable to the Company.

### **Note 2. Accounting Changes and Corrections of Errors**

No changes in accounting principles or corrections of errors have been recorded during the years ended December 31, 2019 and 2018.

### **Note 3. Business Combinations and Goodwill**

The Company was not a party to a business combination during the years ended December 31, 2019 and 2018, and does not carry goodwill on its statutory balance sheets.

### **Note 4. Discontinued Operations**

The Company did not discontinue any operations during 2019 and 2018.

### **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.
- 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):

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC**

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	100,211	100,329	(118)	-	100,211	3.70%	3.70%
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	<u>\$ 100,211</u>	<u>\$ 100,329</u>	<u>\$ (118)</u>	<u>\$ 100,211</u>	<u>3.70%</u>	<u>3.70%</u>	<u>3.70%</u>

(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 penalties or acceleration fees.

S. Bonds

As of December 31, 2019, 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
<b>Bonds (by contractual maturity periods):</b>		
Due in one year or less	\$ 1,819,545	\$ 1,819,545
Due after one year through five years	100,211	100,875
Due after five years through ten years	-	-
Due after ten years	-	-
Asset backed securities with varying maturity periods	-	-
<b>Total</b>	<u>\$ 1,919,756</u>	<u>\$ 1,920,420</u>

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.

# ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

As of December 31, 2019 and December 31, 2018, the gross unrealized appreciation (depreciation) for bonds by type of issuer, were as follows:

2019	Amortized Cost	Appreciation	Depreciation	Fair Value
US Government	\$ 100,211	\$ 664	-	\$ 100,875
Political subdivisions of states, territories and possessions	-	-	-	-
Special revenue and assessment obligations	-	-	-	-
Industrial and miscellaneous	-	-	-	-
<b>Total</b>	<b>\$ 100,211</b>	<b>\$ 664</b>	<b>-</b>	<b>\$ 100,875</b>

  

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

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.

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

There were no other-than-temporary impairments of bonds as of December 31, 2019 and 2018.

The net unrealized appreciation on bonds that are carried at amortized cost of \$664 at December 31, 2019 and net unrealized depreciation on bonds of \$1,266 at December 31, 2018, are not reflected in the statutory financial statements.

There were no sales of bonds for the years ended December 31, 2019 and December 31, 2018.

## **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, 2019 and 2018.

## **Note 8. Derivative Instruments**

The Company has no derivative instruments.

# ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

## **Note 9. Income Taxes**

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

1.

	12/31/2019			12/31/2018			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
	\$ 2,246	\$ -	\$ 2,246	\$ 2,490	\$ -	\$ 2,490	\$ (244)	\$ -	\$ (244)
(a) Gross Deferred Tax Assets									
(b) Statutory Valuation Allowance Adjustments									
(c) Adjusted Gross Deferred Tax Assets (1a-1b)	2,246	-	2,246	2,490	-	2,490	(244)	-	(244)
(d) Deferred Tax Assets Nonadmitted	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted Deferred Tax Asset (1c-1d)	2,246	-	2,246	2,490	-	2,490	(244)	-	(244)
(f) Deferred Tax Liabilities	(332)	-	(332)	(443)	-	(443)	111	-	111
(g) Net Admitted Deferred Tax asset/(Net Deferred Tax Liability) (1e-1f)	\$ 1,914	\$ -	\$ 1,914	\$ 2,047	\$ -	\$ 2,047	\$ (133)	\$ -	\$ (133)

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.

2.

	12/31/2019			12/31/2018			Change		
	(1) Ordinary	(2) Capital	(3) (Col 1+2) Total	(4) Ordinary	(5) Capital	(6) (Col 4+5) Total	(7) (Col 1-4) Ordinary	(8) (Col 2-5) Capital	(9) (Col 7+8) Total
Admission Calculation Components SSAP No. 101	\$ 2,246	\$ -	\$ 2,246	\$ 2,490	\$ -	\$ 2,490	\$ (244)	\$ -	\$ (244)
(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.									
(b) Adjusted Gross Deferred Tax Assets Expected to Be Realized (Excluding The Amount of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)									
1. adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	-	-	-	-	-	-	-	-	-
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	-	-	332,946	-	-	314,564	-	-	18,382
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.									
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2C)	\$ 2,246	\$ -	\$ 2,246	\$ 2,490	\$ -	\$ 2,490	\$ (244)	\$ -	\$ (244)

3.

	2019	2018
Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	983%	8,639%

Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 2,219,637	\$ 2,097,095
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4.

	12/31/2019		12/31/2018		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (Col 2-4) Capital
	Impact of Tax-Planning Strategies					
Determination Of Adjusted Gross Deferred Tax Assets And Net Admitted Deferred Tax Assets, By Tax Character As A Percentage.						
1. Adjusted Gross DTAs Amount from Note 9A1C	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	-	-	-	-	-	-
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1E	-	-	-	-	-	-
4. Percentage Of net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	-	-	-	-	-	-
Does the Company's tax-planning strategies include the use of reinsurance?	Yes		No		X	

B. Regarding deferred tax liabilities that are not recognized:

Not applicable.

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC**

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

	(1) 12/31/2019	(2) 12/31/2018	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ 682,311	\$ 693,430	\$ (11,119)
(b) Foreign	-	-	-
(c) Subtotal	682,311	693,430	(11,119)
(d) Federal income tax on net capital gains	32	(2)	34
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	\$ 682,343	\$ 693,428	\$ (11,085)

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) 12/31/2019	(2) 12/31/2018	(3) (Col 1-2) Change
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Unearned premium reserve	\$ 800	\$ 1,086	\$ (286)
(2) Loss Reserve Discounting	1,075	1,007	68
(3) Solvency Reserves	-	-	-
(4) Other Insurance & Contract Holder Liability	-	-	-
(5) Bad Debt	-	-	-
(6) Depreciation and Amortization	-	-	-
(7) Non Admitted Assets	371	397	(26)
(8) DOI Audit Accrual	-	-	-
(9) Reinsurance Contribution	-	-	-
(10) Other	-	-	-
(99) Subtotal	2,246	2,490	(244)
(b) Statutory valuation allowance (SVA) adjustment	-	-	-
(c) Nonadmitted	-	-	-
(d) Admitted ordinary deferred tax assets	2,246	2,490	(244)
(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	\$ 2,246	\$ 2,490	\$ (244)

	(1) 12/31/2019	(2) 12/31/2018	(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	(332)	(443)	111
(99) Subtotal	(332)	(443)	111
(b) Capital:			
(1) Investments	-	-	-
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	-	-	-
(c) Deferred tax liabilities	\$ (332)	\$ (443)	111

	(1) 12/31/2019	(2) 12/31/2018	(3) (Col 1-2) Change
4. Net deferred tax assets/liabilities	\$ 1,914	\$ 2,047	\$ (133)

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):

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC**

	<b>(1) 12/31/2019</b>	<b>(2) 12/31/2018</b>	<b>(3) (Col 1-2) Change</b>
Total deferred tax assets	\$ 2,246	\$ 2,490	\$ (244)
Total deferred tax liabilities	(332)	(443)	111
Net deferred tax asset (liability)	<b>1,914</b>	<b>2,047</b>	<b>(133)</b>
Statutory valuation allowance adjustment	-	-	-
Net deferred tax assets/liabilities after SVA	<b>\$ 1,914</b>	<b>\$ 2,047</b>	<b>\$ (133)</b>
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			<b>\$ (133)</b>

**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:

	12/31/2019	Effective Tax Rate	12/31/2018	Effective Tax Rate
Provision computed at statutory rate	\$ 682,450	21.0%	\$ 661,039	21.0%
Tax exempt interest income (net)	-	0.0%	-	0.0%
Meals and entertainment	-	0.0%	-	0.0%
Change in non-admitted assets	26	0.0%	(102)	0.0%
Health Insurance Industry Fee	-	0.0%	32,087	1.0%
Impact of Tax reform	-	0.0%	-	0.0%
Other	-	0.0%	-	0.0%
<b>Total</b>	<b>\$ 682,476</b>	<b>21.0%</b>	<b">\$ 693,024</b">	<b>22.0%</b>
 Federal income taxes incurred	 \$ 682,343	 21.0%	 \$ 693,428	 22.0%
Change in net deferred income taxes	133	0.0%	(404)	0.0%
<b>Total statutory income taxes</b>	<b>\$ 682,476</b>	<b>21.0%</b>	<b>\$ 693,024</b>	<b>22.0%</b>

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

(1) At December 31, 2019 and 2018, the Company has utilized all of its net operating or capital loss carry forwards.

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

	<u>Ordinary</u>	<u>Capital</u>
2019	\$682,311	\$32
2018	\$693,430	-
2017	N/A	-

(3) Deposits under IRC Section 6603 – Not applicable.

**F. 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, Inc.
Allegiance Life & Health Insurance Co	Cigna Healthcare of Illinois Inc	Express Scripts Strategic Development, Inc.
Allegiance Re Inc	Cigna Healthcare of Indiana Inc	Express Scripts Utilization Management, Inc.
American Retirement Life Insurance Company	Cigna Healthcare of Maine Inc	Express Scripts, Inc.
Arizona Healthplan Inc	Cigna Healthcare of Massachusetts Inc	Former Cigna Investments Inc
Benefit Management Corp	Cigna Healthcare of New Hampshire Inc	Freco, Inc.
BioPartners in Care, Inc.	Cigna Healthcare of New Jersey Inc	GreatWest Healthcare of Illinois Inc
Bravo Health Mid-Atlantic, Inc.	Cigna Healthcare of North Carolina Inc	Hazard Center Investment Co LLC
Bravo Health Pennsylvania, Inc.	Cigna Healthcare of Pennsylvania Inc	Healthbridge Reimbursement & Product Support, Inc.
Brighter, Inc.	Cigna Healthcare of South Carolina	Healthbridge, Inc.
Care Continuum, Inc.	Cigna Healthcare of St Louis Inc	Healthsource Benefits Inc
CareAllies, Inc.	Cigna Healthcare of Tennessee Inc	Healthsource Inc
CG Individual Tax Benefit Payments Inc	Cigna Healthcare of Texas Inc	Healthsource Properties Inc
CG Life Pension Benefit Payments Inc	Cigna Healthcare of Utah Inc	Healthspring Life & Health Insurance Company
CG LINA Pension Benefit Payments Inc	Cigna Holding Company	Healthspring of Florida, Inc.
Cigna Arbor Life Insurance Company	Cigna Holdings Inc	Healthspring, Inc.
Cigna Behavioral Health Inc	Cigna Holdings Overseas Inc	IHN Inc.
Cigna Behavioral Health of California Inc	Cigna Integrated Care Inc	Intermountain Underwriters Inc

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Cigna Behavioral Health of Texas	Cigna Intellectual Property Inc	Kronos Optimal Health Company
Cigna Benefit Technology Solutions, Inc.	Cigna International Corporation	Life Ins Co of North America
Cigna Benefits Financing, Inc.	Cigna International Finance Inc	LINA Benefit Payments Inc
Cigna Dental Health Inc	Cigna International Services Inc	Loyal American Life Insurance Company
Cigna Dental Health of California Inc	Cigna Investment Group Inc	Lynnfield Compounding Center, Inc.
Cigna Dental Health of Colorado Inc	Cigna Investments Inc	Lynnfield Drug, Inc.
Cigna Dental Health of Delaware Inc	Cigna Life Insurance Company of New York	MAH Pharmacy, LLC
Cigna Dental Health of Florida Inc	Cigna Linden Holdings Inc	Managed Care Consultants Inc
Cigna Dental Health of Illinois Inc	Cigna Managed Care Benefits Company	Matrix Healthcare Services, Inc.
Cigna Dental Health of Kansas Inc	Cigna National Health Insurance Company	MCC Independent Practice Assoc of New York Inc
Cigna Dental Health of Kentucky Inc	Cigna Poplar Holdings Inc	Medco Containment Insurance Company of New York
Cigna Dental Health of Maryland Inc	Cigna RE Corporation	Medco Containment Life Insurance Company
Cigna Dental Health of Missouri Inc	Cigna Resource Manager Inc	Medco Health Puerto Rico, LLC
Cigna Dental Health of New Jersey Inc	Cigna Worldwide Insurance Company	Medco Health Services, Inc.
Cigna Dental Health of North Carolina Inc	Connecticut General Benefit Payments Inc.	Medco Health Solutions, Inc.
Cigna Dental Health of Ohio Inc	Connecticut General Corporation	Mediversal Inc
Cigna Dental Health of Pennsylvania Inc	Connecticut General Life Insurance Company	Oz Parent, Inc.
Cigna Dental Health of Texas Inc	Curascript, Inc.	Priority Healthcare Corporation
Cigna Dental Health of Virginia Inc	Diversified NY IPA, Inc.	Priority Healthcare Distribution, Inc.
Cigna Dental Healthplan of Arizona Inc	Diversified Pharmaceutical Services, Inc.	Provident American Life and Health Insurance Company
Cigna Direct Marketing Company Inc.	ESI GP Holdings, Inc.	QUALCARE ALLIANCE NETWORKS, INC.
Cigna Federal Benefits Inc	ESI Mail Order Processing, Inc.	QUALCARE CAPTIVE INSURANCE COMPANY INC., PCC
Cigna Global Holdings Inc	ESI Mail Pharmacy Service, Inc.	QUALCARE, INC.
Cigna Global Insurance Compay Limited	eviCore 1, Inc.	Sagamore Health Network Inc
Cigna Global Reinsurance Company LTD	eviCore 2, Inc.	SCIBAL ASSOCIATES, INC.
Cigna Health and Life Insurance Company	eviCore 3, Inc.	Spectracare Health Care Ventures, Inc.
Cigna Health Corporation	eviCore 4, Inc.	SpectraCare, Inc.
Cigna Health Management Inc	Express Reinsurance Company	Tel-Drug Inc
Cigna Healthcare Benefits Inc	Express Scripts Administrators, LLC	United Benefit Life Insurance Company
Cigna Healthcare Holdings Inc	Express Scripts Canada Holding Company	Universal Claims Administration
Cigna Healthcare Inc	Express Scripts Holding Company, Inc.	Verity Solutions Group, Inc.
Cigna Healthcare Mid-Atlantic Inc	Express Scripts Pharmaceutical Procurement, LLC	
Cigna Healthcare of Arizona Inc	Express Scripts Pharmacy, Inc.	

### G. Federal or Foreign Income Tax Loss Contingencies

- (1) The statute of limitations for Cigna's consolidated income tax returns through 2015 have closed, and there are no pending examinations. Cigna has filed amended consolidated tax returns for various years and the pending refund is subject to Internal Revenue Service (IRS) review. The IRS has examined Express Scripts Incorporated tax returns for 2010 through 2012 for which there is a significant disputed tax matter, and is 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.

### **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, 2019 and at December 31, 2018, the Company reported \$1,029 due from parent and \$313 as amounts due to parent, subsidiaries and affiliates. Cash settlements are processed according to the terms of the agreement, generally within 30 days of the balance sheet date.
- E. The Company does not have any guarantees or undertakings, 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 \$8,658,083 in 2019 and \$8,410,603 in 2018. Net accounts receivable, including the non-admitted portion, were \$736,788 at December 31, 2019 and \$727,818 at December 31, 2018.
  - (2) The Administrative 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 Administrative 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 \$877,340 and \$833,949 in administrative service fees for the periods ended

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

December 31, 2019 and 2018. Included in these fees were charges for administrative and management services of \$601,829 in 2019 and \$570,330 in 2018, reflected as management fee charges from affiliates, charges for claims adjustment expense of \$12,309 in 2019 and \$13,434 in 2018, and charges for services critical to the delivery of dental care of \$263,202 in 2019 and \$250,185 in 2018, included in professional services. The fee charges are based on a fixed monthly fee per individual, per couple or per family.

- (3) The Company participates in an Investment Advisory Agreement pursuant to which Cigna Investments, Inc. serves as the Company's investment advisor. The expenses related to this agreement were \$2,735 in 2019 and \$3,059 in 2018.
- (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 2019 and 2018.

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 2019 and 2018.

- 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 2019 and 2018.

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

Pension plans and post-retirement benefits expenses are allocated to the Company based on methods described below.

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.

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, 2019, 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 \$2,567,418 in 2020, without prior approval.
- (4) The Company paid extraordinary dividends to the Parent of \$2,445,000 and \$2,700,000 during the year ended December 31, 2019, and December 31, 2018.
- (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, 2019 and 2018.
- (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 \$166,387 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 \$1,768 and \$1,892 as of December 31, 2019 and 2018.
- (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 operates in a regulatory environment that may require its participation in assessments under state insurance guaranty association laws. The Company's exposure to assessments for certain obligations of insolvent insurance companies to policyholders and claimants is based on its share of business written in the relevant jurisdictions.  
There were no material impacts related to existing or new guaranty fund assessments for the years ended December 31, 2019 or December 31, 2018.
- 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 extracontractual 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 inquiries and audits, government investigations, including under the federal False Claims Act and state false claims acts initiated by a government investigating body or by a qui tam relator's filing of a compliant under court seal, and other legal matters arising, for the most part, in the ordinary course of managing a global health services business. Disputed tax matters arising from audits by the 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. 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). 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

## ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

material to Cigna's results of operations, financial condition or liquidity for any particular period. The outcomes of lawsuits are inherently unpredictable, and Cigna may be unsuccessful in these ongoing litigation matters or any future claims or litigation.

### ***Other Legal Matters***

***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. Anthem has countersued, alleging its own claims for damages.

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. A trial was held during the first quarter of 2019. Oral arguments on post-trial briefs were held on November 26, 2019 and Cigna expects the judge to issue a decision in the first quarter of 2020. Cigna believes in the merits of its claims and disputes Anthem's claims, and Cigna intends to vigorously defend itself and pursue its claims.

***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 also requested that 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 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 September 2020. There is no tentative trial date. Cigna believes in the merits of its claims and disputes Anthem's claims, and Cigna intends to vigorously defend itself and pursue its claims.

### **Note 15. Leases**

The Company is not a party to any lease agreements in 2019 and 2018.

### **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).

- 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.

SSAP 100 allows 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.

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, 2019 and 2018.

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO 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
<b>December 31, 2019</b>							
Bonds	\$ 100,875	\$ 100,211	\$ 100,875	\$ -	\$ -	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	1,866,719	1,866,719	47,174	1,819,545	-	-	-
Total	\$ 1,967,594	\$ 1,966,930	\$ 148,049	\$ 1,819,545	\$ -	\$ -	\$ -
<b>December 31, 2018</b>							
Bonds	\$ 99,063	\$ 100,329	\$ 99,063	\$ -	\$ -	\$ -	\$ -
Cash, Cash Equivalents, and Short-Term Investments	1,646,587	1,646,587	(3,961)	1,650,548	-	-	-
Total	\$ 1,745,650	\$ 1,746,916	\$ 95,102	\$ 1,650,548	\$ -	\$ -	\$ -

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. Bonds are classified in Level I because their fair values are based on unadjusted quoted prices in active markets.

**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**

**E. Investments Measured using NAV per Share – 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 financial statements the Company has evaluated events that occurred between the balance sheet date and February 28, 2020.

**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.

# ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

## 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 asset (gross of any nonadmissions) 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 2019 and 2018:

	<b>2019</b>	<b>2018</b>
Balances at January 1	\$ 315,435	\$ 301,434
Incurred related to:		
Current year	4,730,943	4,454,357
Prior year	<u>(5,203)</u>	<u>14,842</u>
Total incurred	4,725,740	4,469,199
Paid related to:		
Current year	4,392,053	4,138,922
Prior year	<u>310,232</u>	<u>316,276</u>
Total payments	4,702,285	4,455,198
Balances at December 31	<u>\$ 338,890</u>	<u>\$ 315,435</u>

Unpaid claims and claims adjustment expenses attributable to insured events of prior year's decreased by \$5,203 in 2019 and increased by \$14,842 in 2018, 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 year's 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 2019 and 2018, 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 2019 or 2018.

## **Note 27. Structured Settlements**

The Company had no structured settlements in 2019 or 2018.

## **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 2019 or 2018.

## **Note 30. Premium Deficiency Reserves**

The Company did not have any premium deficiency reserves in 2019 or 2018.

## **Note 31. Anticipated Salvage and Subrogation**

The Company does not anticipate any salvage or subrogation in 2019 or 2018.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES  
 GENERAL**

1.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]						
1.2	If yes, complete Schedule Y, Parts 1, 1A and 2							
1.3	Is the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input type="checkbox"/> ]						
1.4	State Regulating? .....	Ohio						
1.5	Is the reporting entity publicly traded or a member of a publicly traded group? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]						
1.6	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....	0001739940						
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
2.2	If yes, date of change: .....							
3.1	State as of what date the latest financial examination of the reporting entity was made or is being made. ....	12/31/2018						
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 [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]						
3.6	Have all of the recommendations within the latest financial examination report been complied with? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] N/A [ <input checked="" type="checkbox"/> ]						
4.1	During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:							
	4.11 sales of new business? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
	4.12 renewals? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
4.2	During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:							
	4.21 sales of new business? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
	4.22 renewals? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
5.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
	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.							
<table border="1"> <thead> <tr> <th>1 Name of Entity</th> <th>2 NAIC Company Code</th> <th>3 State of Domicile</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>			1 Name of Entity	2 NAIC Company Code	3 State of Domicile	.....	.....	.....
1 Name of Entity	2 NAIC Company Code	3 State of Domicile						
.....	.....	.....						
6.1	Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
6.2	If yes, give full information: .....							
7.1	Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]						
7.2	If yes,							
	7.21 State the percentage of foreign control; .....	%						
	7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).							
<table border="1"> <thead> <tr> <th>1 Nationality</th> <th>2 Type of Entity</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> </tr> </tbody> </table>			1 Nationality	2 Type of Entity	.....	.....		
1 Nationality	2 Type of Entity							
.....	.....							

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO 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 [ ] No [ X ]  
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).  
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes [ ] No [ X ]  
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).  
 .....

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO 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 [ X ] No [ ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 1,029

**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 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC**  
**GENERAL INTERROGATORIES**

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

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

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

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

25.21 Subject to repurchase agreements	\$ ..... 0
25.22 Subject to reverse repurchase agreements	\$ ..... 0
25.23 Subject to dollar repurchase agreements	\$ ..... 0
25.24 Subject to reverse dollar repurchase agreements	\$ ..... 0
25.25 Placed under option agreements	\$ ..... 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ ..... 0
25.27 FHLB Capital Stock	\$ ..... 0
25.28 On deposit with states	\$ ..... 100,211
25.29 On deposit with other regulatory bodies	\$ ..... 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ ..... 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ ..... 0
25.32 Other	\$ ..... 0

25.3 For category (25.26) provide the following:

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

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

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

**LINES 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:**

26.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? ..  Yes [ ]  No [ X ]

26.4 If the response to 26.3 is YES, does the reporting entity utilize:

26.41 Special accounting provision of SSAP No. 108	Yes [ ] No [ ]
26.42 Permitted accounting practice	Yes [ ] No [ ]
26.43 Other accounting guidance	Yes [ ] No [ ]

26.5 By responding YES to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:  

- The reporting entity has obtained explicit approval from the domiciliary state.
- Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21.
- Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount.
- Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts.

 Yes [ ]  No [ ]

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 [ X ]  No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
JPMorgan Chase Bank, N.A. .....	4 Chase MetroTech Center Brooklyn, NY 11245 .....

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC**  
**GENERAL INTERROGATORIES**

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [  ] No [  ]

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
Bank of New York Mellon .....	.....	10/31/2019	Terminated agreement with Bank of New York Mellon at 10/31/2019.

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 invested assets?..... Yes [  ] No [  ]

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 invested assets?..... Yes [  ] No [  ]

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	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 [  ]

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
.....	.....	.....	.....

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC**  
**GENERAL INTERROGATORIES**

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 .....	1,919,756	1,920,420	664
30.2 Preferred stocks .....	0	0	0
30.3 Totals .....	1,919,756	1,920,420	664

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:

.....

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

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- 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 ]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

**OTHER**

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

36.2 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
.....	.....

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC  
**GENERAL INTERROGATORIES**

37.1 Amount of payments for legal expenses, 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 payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	.....

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

38.2 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 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC  
**GENERAL INTERROGATORIES**

**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
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. ....	\$ .....	
1.6	Individual policies:		
	Most current three years:		
	1.61 Total premium earned .....	\$ .....	
	1.62 Total incurred claims .....	\$ .....	
	1.63 Number of covered lives .....	0	
	All years prior to most current three years:		
	1.64 Total premium earned .....	\$ .....	
	1.65 Total incurred claims .....	\$ .....	
	1.66 Number of covered lives .....	0	
1.7	Group policies:		
	Most current three years:		
	1.71 Total premium earned .....	\$ .....	
	1.72 Total incurred claims .....	\$ .....	
	1.73 Number of covered lives .....	0	
	All years prior to most current three years:		
	1.74 Total premium earned .....	\$ .....	
	1.75 Total incurred claims .....	\$ .....	
	1.76 Number of covered lives .....	0	
2.	Health Test:		
	1 Current Year	2 Prior Year	
2.1	Premium Numerator .....	8,715,174	8,487,380
2.2	Premium Denominator .....	8,715,174	8,487,380
2.3	Premium Ratio (2.1/2.2) .....	.1.000	.1.000
2.4	Reserve Numerator .....	335,173	311,592
2.5	Reserve Denominator .....	335,173	311,592
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 [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
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 [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? .....	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
5.1	Does the reporting entity have stop-loss reinsurance? .....	Yes [ <input type="checkbox"/> ] No [ <input checked="" type="checkbox"/> ]	
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 [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
7.2	If no, give details		
8.	Provide the following information regarding participating providers:		
	8.1 Number of providers at start of reporting year .....	3,556	
	8.2 Number of providers at end of reporting year .....	3,114	
9.1	Does the reporting entity have business subject to premium rate guarantees? .....	Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]	
9.2	If yes, direct premium earned:		
	9.21 Business with rate guarantees between 15-36 months...\$ .....	2,567,173	
	9.22 Business with rate guarantees over 36 months .....	\$ .....	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC  
**GENERAL INTERROGATORIES**

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? ..... Yes [ ] No [ X ]

10.2 If yes:  
 10.21 Maximum amount payable bonuses.....\$ .....  
 10.22 Amount actually paid for year bonuses.....\$ .....  
 10.23 Maximum amount payable withholds.....\$ .....  
 10.24 Amount actually paid for year withholds.....\$ .....

11.1 Is the reporting entity organized as:  
 11.12 A Medical Group/Staff Model, ..... Yes [ ] No [ X ]  
 11.13 An Individual Practice Association (IPA), or, ..... Yes [ ] No [ X ]  
 11.14 A Mixed Model (combination of above)? ..... Yes [ ] No [ X ]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? ..... Yes [ X ] No [ ]  
 11.3 If yes, show the name of the state requiring such minimum capital and surplus. ..... Ohio  
 11.4 If yes, show the amount required. ..... \$ 250,000  
 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? ..... Yes [ ] No [ X ]  
 11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area	
Adams , Allen , Ashtabula , Belmont , Butler , Champaign , Clark , Clermont , Columbiana , Coshocton , Cuyahoga , Darke , Defiance , Delaware , Erie , Fairfield , Fayette , Franklin , Fulton , Geauga , Greene , Hamilton , Hancock , Jefferson , Knox , Lake , Lawrence , Licking , Lorain , Lucas , Mahoning , Marion , Medina , Miami , Montgomery , Muskingum , Pickaway , Portage , Richland , Ross , Shelby , 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 guarantee)	
Universal Life (with or without secondary guarantee)	
Variable Universal Life (with or without secondary guarantee)	

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 ]

**ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC**  
**FIVE-YEAR HISTORICAL DATA**

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>Balance Sheet (Pages 2 and 3)</b>					
1. Total admitted assets (Page 2, Line 28)	2,707,309	2,540,758	2,775,323	2,657,275	3,698,518
2. Total liabilities (Page 3, Line 24)	485,758	441,616	430,471	465,112	510,959
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)	2,221,551	2,099,142	2,344,852	2,192,163	3,187,559
<b>Income Statement (Page 4)</b>					
5. Total revenues (Line 8)	8,715,174	8,487,380	8,629,302	8,296,591	8,806,589
6. Total medical and hospital expenses (Line 18)	4,711,673	4,455,049	4,518,149	4,503,485	4,778,949
7. Claims adjustment expenses (Line 20)	14,067	14,150	17,570	12,593	18,016
8. Total administrative expenses (Line 21)	787,393	914,406	800,904	934,383	1,033,077
9. Net underwriting gain (loss) (Line 24)	3,202,041	3,103,775	3,292,679	2,846,130	2,976,547
10. Net investment gain (loss) (Line 27)	47,919	43,956	20,566	7,869	785
11. Total other income (Lines 28 plus 29)	(231)	75	438	(476)	(108)
12. Net income or (loss) (Line 32)	2,567,418	2,454,376	2,154,435	1,805,378	1,881,064
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11)	2,658,821	2,391,886	2,087,800	1,835,643	1,956,827
<b>Risk-Based Capital Analysis</b>					
14. Total adjusted capital	2,221,551	2,099,142	2,344,852	2,192,163	3,187,559
15. Authorized control level risk-based capital	225,912	242,751	234,062	240,655	232,079
<b>Enrollment (Exhibit 1)</b>					
16. Total members at end of period (Column 5, Line 7)	43,959	41,604	41,737	40,205	41,562
17. Total members months (Column 6, Line 7)	514,486	494,263	497,897	479,310	504,234
<b>Operating Percentage (Page 4)</b> (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	54.1	52.5	52.4	54.3	54.3
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.2	0.2	0.2	0.2	0.2
22. Total underwriting deductions (Line 23)	63.3	63.4	61.8	65.7	66.2
23. Total underwriting gain (loss) (Line 24)	36.7	36.6	38.2	34.3	33.8
<b>Unpaid Claims Analysis</b> (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	306,389	313,148	303,943	317,287	314,264
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	311,592	298,306	321,174	361,660	285,496
<b>Investments In Parent, Subsidiaries and Affiliates</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	.....	.....	.....	.....	.....
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	.....	.....	.....	.....
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	.....	.....	.....	.....
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	.....	.....	.....	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 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

**SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS****Allocated by States and Territories**

States, etc.	1 Active Status (a)	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama .....	AL	N						0	
2. Alaska .....	AK	N						0	
3. Arizona .....	AZ	N						0	
4. Arkansas .....	AR	N						0	
5. California .....	CA	N						0	
6. Colorado .....	CO	N						0	
7. Connecticut .....	CT	N						0	
8. Delaware .....	DE	N						0	
9. District of Columbia .....	DC	N						0	
10. Florida .....	FL	N						0	
11. Georgia .....	GA	N						0	
12. Hawaii .....	HI	N						0	
13. Idaho .....	ID	N						0	
14. Illinois .....	IL	N						0	
15. Indiana .....	IN	N						0	
16. Iowa .....	IA	N						0	
17. Kansas .....	KS	N						0	
18. Kentucky .....	KY	N						0	
19. Louisiana .....	LA	N						0	
20. Maine .....	ME	N						0	
21. Maryland .....	MD	N						0	
22. Massachusetts .....	MA	N						0	
23. Michigan .....	MI	N						0	
24. Minnesota .....	MN	N						0	
25. Mississippi .....	MS	N						0	
26. Missouri .....	MO	N						0	
27. Montana .....	MT	N						0	
28. Nebraska .....	NE	N						0	
29. Nevada .....	NV	N						0	
30. New Hampshire .....	NH	N						0	
31. New Jersey .....	NJ	N						0	
32. New Mexico .....	NM	N						0	
33. New York .....	NY	N						0	
34. North Carolina .....	NC	N						0	
35. North Dakota .....	ND	N						0	
36. Ohio .....	OH	L	8,715,174					8,715,174	
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	8,715,174	0	0	0	0	8,715,174	0
60. Reporting entity contributions for Employee Benefit Plans .....		XXX						0	
61. Total (Direct Business)		XXX	8,715,174	0	0	0	0	8,715,174	0
DETAILS OF WRITE-INS									
58001. ....		XXX							
58002. ....		XXX							
58003. ....		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page .....		XXX	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0

(a) Active Status Counts:

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

(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 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

## PART 1 -- ORGANIZATION CHART

### Cigna CORPORATION

Entity Name	EIN	State	NAIC CODE
<b>Cigna Corporation (A Delaware corporation and ultimate parent company)</b>	82-4991898	DE	
Cigna Holding Company	06-1059331	DE	
Cigna Holdings, Inc.	06-1072796	DE	
Cigna Intellectual Property, Inc.	51-0402128	DE	
Cigna Investment Group, Inc.	06-1095823	DE	
Cigna International Finance, Inc.	52-0291385	DE	
Former Cigna Investments, Inc.	23-1914061	DE	
Cigna Investments, Inc.	06-0861092	DE	
Cigna Benefits Financing, Inc.	01-0947889	DE	
CareAllies, Inc.	26-0160898	DE	
Connecticut General Corporation	06-0840391	CT	
Benefit Management Corp.	81-0585518	MT	
Allegiance Life & Health Insurance Company	20-4433475	MT	12814
Allegiance Re, Inc.	20-3851464	MT	
Allegiance Benefit Plan Management, Inc.	81-0400550	MT	
Allegiance COBRA Services, Inc.	71-0916514	MT	
Allegiance Provider Direct, LLC	26-2201582	MT	
Community Health Network, LLC	84-1461840	MT	
Intermountain Underwriters, Inc.	81-0425785	MT	
Allegiance Care Management, LLC	03-0507057	MT	
HealthSpring, Inc.	20-1821898	DE	
NewQuest, LLC	76-0628370	TX	
NewQuest Management Northeast, LLC	52-1929677	DE	
Bravo Health Mid-Atlantic, Inc.	52-2259087	MD	10095
Bravo Health Pennsylvania, Inc.	52-2363406	PA	11524
HealthSpring Life & Health Insurance Company, Inc.	20-8534298	TX	12902
HealthSpring of Florida, Inc.	65-1129599	FL	11532
NewQuest Management of Illinois, LLC	77-0632665	IL	
NewQuest Management of Florida, LLC	20-4954206	FL	
HealthSpring Management of America, LLC	20-8647386	DE	
NewQuest Management of West Virginia, LLC	45-0633893	DE	
TexQuest, LLC	75-3108527	DE	
HouQuest, LLC	75-3108521	DE	
GulfQuest, LP	76-0657035	TX	
NewQuest Management of Alabama, LLC	33-1033586	AL	
HealthSpring USA, LLC	72-1569530	TN	
Tennessee Quest, LLC	20-5524622	TN	
HealthSpring Pharmacy Services, LLC	26-2353476	DE	
HealthSpring Pharmacy of Tennessee, LLC	26-2353772	DE	
Home Physicians Management, LLC	20-4266628	DE	
Alegis Care Services, LLC	35-2562415	DE	
Cigna Arbor Life Insurance Company	03-0452349	CT	13733
Cigna Behavioral Health, Inc.	41-1648670	MN	
Cigna Behavioral Health of California, Inc.	94-3107309	CA	
Cigna Behavioral Health of Texas, Inc.	75-2751090	TX	
MCC Independent Practice Association of New York, Inc.	06-1346406	NY	
Cigna Dental Health, Inc.	59-2308055	FL	
Cigna Dental Health Plan of Arizona, Inc.	86-0807222	AZ	47013
Cigna Dental Health of California, Inc.	59-2600475	CA	
Cigna Dental Health of Colorado, Inc.	59-2675861	CO	11175
Cigna Dental Health of Delaware, Inc.	59-2676987	DE	
Cigna Dental Health of Florida, Inc.	59-1611217	FL	
Cigna Dental Health of Illinois, Inc.	06-1351097	IL	
Cigna Dental Health of Kansas, Inc.	59-2625350	KS	52024
Cigna Dental Health of Kentucky, Inc.	59-2619589	KY	52108
Cigna Dental Health of Maryland, Inc.	20-2844020	MD	48119
Cigna Dental Health of Missouri, Inc.	06-1582068	MO	11160
Cigna Dental Health of New Jersey, Inc.	59-2308062	NJ	11167
Cigna Dental Health of North Carolina, Inc.	56-1803464	NC	95179
Cigna Dental Health of Ohio, Inc.	59-2579774	OH	47805
Cigna Dental Health of Pennsylvania, Inc.	52-1220578	PA	47041
Cigna Dental Health of Texas, Inc.	59-2676977	TX	95037
Cigna Dental Health of Virginia, Inc.	52-2188914	VA	52617
Cigna Health Corporation	62-1312478	DE	
Healthsource, Inc.	02-0387748	DE	
Cigna HealthCare of Arizona, Inc.	86-0334392	AZ	95125
Cigna HealthCare of California, Inc.	95-3310115	CA	
Cigna HealthCare of Colorado, Inc.	84-1004500	CO	95604
Cigna HealthCare of Connecticut, Inc.	06-1141174	CT	95660
Cigna HealthCare of Florida, Inc.	59-2089256	FL	95136
Cigna HealthCare of Georgia, Inc.	58-1641057	GA	96229
Cigna HealthCare of Illinois, Inc.	36-3385638	IL	95602
Cigna HealthCare of Indiana, Inc.	35-1679172	IN	95525
Cigna HealthCare of Maine, Inc.	01-0418220	ME	
Cigna HealthCare of Massachusetts, Inc.	02-0402111	MA	
Cigna HealthCare Mid-Atlantic, Inc.	52-1404350	MD	
Cigna HealthCare of New Hampshire, Inc.	02-0387749	NH	95493
Cigna HealthCare of New Jersey, Inc.	22-2720890	NJ	95500
Cigna HealthCare of North Carolina, Inc.	56-1479515	NC	95132
Cigna HealthCare of Pennsylvania, Inc.	23-2301807	PA	
Cigna HealthCare of St. Louis, Inc.	36-3359925	MO	95635
Cigna HealthCare of South Carolina, Inc.	06-1185590	SC	95708
Cigna HealthCare of Tennessee, Inc.	62-1218053	TN	95606
Cigna HealthCare of Texas, Inc.	74-2767437	TX	95383
Cigna HealthCare of Utah, Inc.	62-1230908	UT	
Temple Insurance Company Limited	00-0000000		
Arizona Health Plan, Inc.	86-3581583	AZ	
Healthsource Properties, Inc.	02-0467679	NH	
Managed Care Consultants, Inc.	88-0241365	NV	
Cigna Benefit Technology Solutions, Inc.	02-0515554	DE	
Sagamore Health Network, Inc.	35-1641636	IN	
Cigna Healthcare Holdings, Inc.	84-0985843	CO	
Great-West Healthcare of Illinois, Inc.	93-1174749	IL	
Cigna Healthcare, Inc.	02-0495422	VT	
Cigna Life Insurance Company of New York	13-2556568	NY	64548
Connecticut General Life Insurance Company	06-030370	CT	62308
CareAllies, LLC	81-2760646	DE	
Cigna Onsite Health, LLC	32-0222252	DE	
Gillette Ridge Community Council, Inc.	00-0000000	CT	
Gillette Ridge Golf, LLC	20-3700105	DE	
Hazard Center Investment Company LLC	52-2149519	DE	
Tel-Drug of Pennsylvania, LLC	23-3074013	PA	
GRG Acquisitions LLC	00-0000000	DE	
Cigna Affiliates Realty Investment Group, LLC	27-5402196	DE	
Secon Properties, LP	95-2876207	CA	
Transwestern Federal Holdings, L.L.C.	00-0000000	DE	
Transwestern Federal, L.L.C.	00-0000000	DE	
CR Washington Street Investors LP	27-3555688	DE	
Dulles Town Center Mall, LLC	52-2099336	VA	
PUR Arbors Apartments Venture LLC	45-5046449	DE	
CG Seventh Street, LLC	45-5499889	DE	
Ideal Properties II LLC	95-4838551	CA	
Malory Square Partners I, LLC	80-0908244	DE	
Houston Briar Forest Apartments Limited Partnership	37-1708015	DE	
SB-SNH LLC	46-3593103	DE	
680 Investors LLC	00-0000000	CA	
685 New Hampshire LLC	00-0000000	CA	
222 Main Street Caring GP LLC	00-0000000	DE	
Notch 8 Residential, L.L.C.	46-4671745	DE	
UVL, LLC	90-1033569	DE	
3601 North Fairfax Drive Associates, LLC	46-4901453	DE	
Lakehills CM-CG LLC	46-4926192	DE	
Affiliated Hotel Subsidiary LLC	47-4375626	DE	
Berwick Apartments LLC	30-0939067	DE	
CIG-LEI Ygnacio Associates LLC	81-2650133	DE	
CGGL Orange Collection LLC	81-3389374	DE	
CGGL Chapman LLC	61-1797835	DE	
CGGL City Parkway LLC	81-3281922	DE	
Heights at Bear Creek Venture LLC	81-3313562	DE	
SOMA Apartments Venture LLC	81-4139432	DE	
Arbor Heights Venture LLC	82-1732483	DE	
CG/Wood ALTA 601, LLC	82-3315524	DE	
CPI-CII 9171 Wilshire JV LLC	82-1280312	DE	
9171 Wilshire CPI-CII LLC	82-4936006	DE	
CARING Capitol Hill GP LLC	82-4794800	DE	
	32-0570889	DE	

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION

Entity Name	EIN	State	NAIC CODE
CARING Capitol Hill LP LLC	37-1903297	DE	
Rise-CG Capitol Hill, LP	83-1460134	DE	
CARING 3130 Investor LLC	84-1960231	DE	
CARING 9171 Wilshire Investor LLC	83-2318410	DE	
CARING Heights at Bear Creek Investor LLC	83-2318233	DE	
CARING Dulles Town Center Investor LLC	83-2318370	DE	
CARING 500 Ygnacio Investor LLC	83-2562994	DE	
CARING Alta Englewood Investor LLC	83-2851501	DE	
CARING Alta Woodson Investor LLC	83-2563284	DE	
CARING Mallory Square Investor LLC	83-2339522	DE	
CARING Soma Investor LLC	83-2563138	DE	
CARING Century Plaza Investor LLC	83-2851364	DE	
CG-Muller 550 Winchester, LLC	83-2993316	DE	
CARING Hillcrest Investor LLC	83-1400482	DE	
CI-GS Hillcrest LLC	82-1612980	DE	
CARING Alexan Enclave Investor LLC	83-2633790	DE	
CARING Orange Collection Investor LLC	83-2633886	DE	
CGGL Orange Collection Mezz LLC	00-0000000	DE	
CARING South Coast Subsidiary LLC	83-8294933	DE	
CARING 18th & Salmon Investor LLC	83-1400586	DE	
CI-GS Portland, LLC	82-4774243	DE	
CARING Firestone Investor LLC	83-3701937	DE	
CG-AQ 477 South Market Street LLC	84-2083351	DE	
CARING XR 2 International Investor LLC	83-4317078	DE	
CGGL XR 2 International LLC	84-1843578	DE	
CARING XR International Investor LLC	83-3923178	DE	
CGGL XR International LLC	84-1921719	DE	
CARING JA Lofts Investor GP LLC	00-0000000	DE	
CARING JA Lofts Investor LP LLC	00-0000000	DE	
JA Lofts JV Limited Partnership	84-3395923	DE	
JA Lofts Holdings, LLC	84-3406799	DE	
RISE-CG JA Lofts Limited Partnership	84-3254168	DE	
CARING Westcore Holding Investor LLC	38-4085763	DE	
Westcore CG AC, LLC	00-0000000	DE	
Westcore CG Commerce, LLC	00-0000000	DE	
Westcore CG Venture, LLC	00-0000000	DE	
Cigna Health and Life Insurance Company	59-1031071	CT	67369
CarePlexus, LLC	45-2681649	DE	
Cigna Corporate Services, LLC	27-3396038	DE	
Cigna Insurance Agency, LLC	27-1903785	CT	
Ceres Sales of Ohio, LLC	34-1970892	OH	
Cigna National Health Insurance Company	34-0970995	OH	61727
Provident American Life & Health Insurance Company	23-1335885	OH	67903
United Benefit Life Insurance Company	75-2305400	OH	65269
Loyal American Life Insurance Company	63-0343428	OH	65722
American Retirement Life Insurance Company	59-2760189	OH	88366
QualCare Alliance Networks, Inc.	23-3744987	NJ	
QualCare, Inc.	22-3129563	NJ	
Scibal Associates, Inc.	22-2483867	NJ	
QualCare Captive Insurance Company Inc., PCC	46-1634843	NJ	
QualCare Management Resources Limited Liability Company	46-1801639	NJ	
Health-Lynx, LLC	46-2086778	NJ	
Sterling Life Insurance Company	13-1867829	IL	77399
Olympic Health Management Systems, Inc.	91-1500758	WA	
Olympic Health Management Services, Inc.	91-1599329	WA	
WorldDoc, Inc.	88-0455414	NV	
Omada Health, Inc.	45-2355015	DE	
Cigna Ventures, LLC	83-1069280	DE	
Cricket Health, Inc.	47-2746692	DE	
Ventity Solutions Group, Inc.	00-0000000	DE	
Cigna Health Management, Inc.	23-1728483	DE	
Kronos Optimal Health Company	20-8064696	AZ	
Life Insurance Company of North America	23-1503749	PA	65498
Cigna & CMB Life Insurance Company Limited	91440000710931571W		
Cigna & CMB Health Services Company, Ltd.	00-0000000		
Cigna Direct Marketing Company, Inc.	58-1136865	DE	
Tel-Drug, Inc.	46-0427127	SD	
Cigna Global Wellbeing Holdings Limited	224 72651 19448		
Cigna Global Wellbeing Solutions Limited	579 23011 03137		
VieLife Services, Inc.	98-0463704	DE	
CG Individual Tax Benefit Payments, Inc.	06-132403	DE	
CG Life Pension Benefits Payments, Inc.	06-132405	DE	
CG LINA Pension Benefits Payments, Inc.	06-1332401	DE	
Cigna Federal Benefits, Inc.	62-1724116	DE	
Cigna Healthcare Benefits, Inc.	23-2741293	DE	
Cigna IntegratedCare, Inc.	23-2924152	DE	
Cigna Managed Care Benefits Company	23-2741294	DE	
Cigna Re Corporation	06-1071502	DE	
Budget & Hazard Limited	06-1522976		
Cigna Resource Manager, Inc.	06-1567902	DE	
Connecticut General Benefit Payments, Inc.	06-1252419	DE	
Healthsource Benefits, Inc.	06-1533555	DE	
IHN, Inc.	35-2041388	IN	
LINA Benefit Payments, Inc.	06-1252418	DE	
Mediversal, Inc.	88-0334401	NV	
Universal Claims Administration	88-0344624	NV	
Brighter, Inc.	27-1713977	DE	
Patient Provider Alliance, Inc.	80-0818758	DE	
Cigna Global Holdings, Inc.	51-0389196	DE	
Cigna International Corporation, Inc.	51-0111677	DE	
Cigna International Services, Inc.	23-2610178	DE	
Cigna International Marketing (Thailand) Limited	0105546038364		
CGO Participatos LTDA	00-0000000		
YCFM Servicos LTDA	00-0000000		
Cigna Global Reinsurance Company, Ltd.	98-0210110		
Cigna Holdings Overseas, Inc.	23-3009279	DE	
Cigna Bellevue Alpha LLC	00-0000000	DE	
Cigna Linden Holdings, Inc.	46-4110289	DE	
Cigna Laurel Holdings, Ltd.	98-1146864		
Cigna Palmetto Holdings, Ltd.	98-1232443		
Cigna Apac Holdings, Ltd.	00-0000000		
Cigna Alder Holdings, LLC	00-0000000		
Cigna Walnut Holdings, Ltd.	00-0000000		
Cigna Chestnut Holdings, Ltd.	98-1137759		
LINA Life Insurance Company of Korea	00-0000000		
Cigna International Services Australia Pty Ltd.	00-0000000		
Cigna Hong Kong Holdings Company Limited	00-0000000		
Cigna Data Services (Shanghai) Company Limited	00-0000000		
Cigna HLA Technology Services Limited	00-0000000		
Cigna Worldwide General Insurance Company Limited	00-0000000		
Cigna Worldwide Life Insurance Company Limited	00-0000000		
Cigna International Health Services Sdn Bhd.	00-0000000		
Cigna New Zealand Holdings Limited	00-0000000		
Cigna New Zealand Finance Limited	00-0000000		
OnePath Life (NZ) Limited	00-0000000		
Cigna Life Insurance New Zealand Limited	00-0000000		
Growth Ups New Zealand Limited	119-599-164		
Cigna Life Insurance Company of Canada	AA-1560515		
Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	00-0000000		
LINA Financial Service	00-0000000		
Cigna Spruce Holdings GmbH	00-0000000		
Ascent Health Services LLC	00-0000000		
Cigna Nederland Gamma B.V.	00-0000000		
Cigna Finans Emeklilik Ve Hayat A.S.	00-0000000		
RHP (Thailand) Limited	00-0000000		
Cigna Brokerage & Marketing (Thailand) Limited	00-0000000		
KDM (Thailand) Limited	00-0000000		
Cigna Insurance Public Company Limited	00-0000000		
Cigna Taiwan Life Assurance Company Limited	00-0000000		
Cigna Myrtle Holdings, Ltd.	98-1154657		
Cigna Elmwood Holdings, Ltd.	98-1155943		
Cigna Beechwood Holdings	98-1161787		
Cigna Life Insurance Company of Europe S.A.-N.V.	AA-1240009		
Cigna Europe Insurance Company S.A.-N.V.	00-0000000		
Cigna European Services (UK) Limited	00-0000000		
Cigna 2000 UK Pension LTD	00-0000000		

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE CIGNA DENTAL HEALTH OF OHIO INC

PART 1 -- ORGANIZATION CHART

Cigna CORPORATION

Entity Name	EIN	State	NAIC CODE
Cigna Oak Holdings, Ltd.	00-0000000		
Cigna Willow Holdings, LTD.	00-0000000		
FirstAssist Administration Limited	00-0000000		
Cigna Legal Protection U.K. Ltd.	00-0000000		
Cigna Insurance Services (Europe) Limited	00-0000000		
Cigna International Health Services, BVBA	00-0000000		
Cigna International Health Services, LLC	30-0526216	FL	
Cigna International Health Services Kenya Limited	00-0000000		
Cigna Cedar Holdings, Ltd.	00-0000000		
Cigna Insurance Middle East S.A.L.	00-0000000		
Cigna Insurance Management Services (DIFC), Ltd.	00-0000000		
Cigna Magnolia Holdings, Ltd.	98-1232512		
Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	00-0000000		
Cigna Health Solution India Pvt. Ltd.	00-0000000		
Cigna Poplar Holdings, Inc.	46-4099800	DE	
PT GAR Indonesia	00-0000000		
Cigna Global Insurance Company Limited	68-0676638		
ManipalCigna Health Insurance Company Limited	00-0000000		
Cigna Worldwide Insurance Company	23-2088429	DE	90859
PT Asuransi Cigna	AA-5360003		
Cigna Teak Holdings, LLC	00-0000000	DE	
Express Scripts Holding Company	45-2884094	DE	
Express Scripts, Inc.	43-1420563	DE	
Express Scripts Services Co.	43-1832983	DE	
Diversified Pharmaceutical Services, Inc.	41-1627938	MN	
Diversified NY IPA, Inc.	16-1526641	NY	
ESI Mail Pharmacy Service, Inc.	43-1867735	DE	
Express Scripts Pharmaceutical Procurement, LLC	20-5826948	DE	
Econdisc Contracting Solutions, LLC	27-3542089	DE	
Express Scripts Sales Operations, Inc.	22-3114423	NJ	
Express Scripts Specialty Distribution Services, Inc.	43-1869712	DE	
ESI Partnership	43-1925562	DE	
ESI Resources, Inc.	41-2006555	MN	
ESI GP Holdings, Inc.	43-1925556	DE	
Express Scripts Utilization Management Company	43-1869714	DE	
Express Scripts Strategic Development, Inc.	22-2230703	NJ	
Airport Holdings, LLC	75-3040465	NJ	
CuraScript, Inc.	36-4369972	DE	
Priority Healthcare Corporation	35-1927379	IN	
Lynnfield Drug, Inc.	04-3546044	FL	
Freedom Service Company, LLC	20-3229217	FL	
Priority Healthcare Distribution, Inc.	59-3761140	FL	
Freco, Inc.	02-0523249	FL	
Lynnfield Compounding Center, Inc.	58-2593075	FL	
SpectraCare, Inc.	61-1147068	KY	
SpectraCare Health Care Ventures, Inc.	61-1316795	KY	
Care Continuum, Inc.	61-1162797	KY	
Matrix GPO, LLC	51-0500147	IN	
Healthbridge Reimbursement & Product Support, Inc.	04-2929335	MA	
Strategic Pharmaceutical Investments, LLC	47-2658932	DE	
L&C Investments, LLC	47-5292506	DE	
Express Scripts Senior Care Holdings, Inc.	20-3126104	DE	
Express Scripts Senior Care, Inc.	20-3126075	DE	
ESI Mail Order Processing, Inc. (f/k/a NXI)	74-2974964	DE	
Express Reinsurance Company	27-3175443	MO	13918
Express Scripts Canada Holding Co.	43-1942542	DE	
Express Scripts Canada Co.	98-0650775/CN98-0368790		
ESI Canada	CN 98-0358792		
ESI GP Canada ULC	CN 98-0358791		
ESI GP2 Canada ULC	00-0000000		
Express Scripts Canada Wholesale	CN25-0012861		
Express Scripts Canada Services	00-0000000		
Express Scripts Pharmacy Ontario, Ltd.	00-0000000		
Express Scripts Pharmacy West, Ltd.	00-0000000		
Express Scripts Pharmacy Central, Ltd.	00-0000000		
Express Scripts Pharmacy Atlantic, Ltd.	00-0000000		
Express Scripts Canada Holding, LLC	27-1490640	DE	
Healthbridge, Inc.	26-2159005	DE	
Inside RX, LLC	82-0658250	DE	
myMatrix Holdings, LLC	82-1350878	DE	
Matrix Healthcare Services, Inc.	59-3720653	FL	
myMatrix-B, LLC	46-2589799	FL	
MyM Technology Services, LLC	36-4833284	FL	
Innovative Product Alignment, LLC	82-1655179	DE	
Piso Delmatico, LLC	83-2368310	DE	
Medco Health Solutions, Inc.	22-3461740	DE	
MAH Pharmacy, LLC	27-1506930	DE	
Medco Containment Life Insurance Company	42-1425239	PA	63762
Medco Containment Insurance Company of NY	13-3506395	NY	34720
Accredo Health, Incorporated	55-0894449	DE	
AHG of New York, Inc.	13-3888838	NY	
Biopartners in Care, Inc.	43-1815573	MO	
Accredo Health Group, Inc.	11-3358535	DE	
Medco Europe, LLC	46-2166374	DE	
Medco Europe II, LLC	27-3709630	DE	
Express Scripts Administrators LLC	41-2063830	DE	
Medco Health Puerto Rico, LLC	81-0616525	DE	
Systemed, LLC	22-3474888	DE	
Medco Health Services, Inc.	26-3544786	DE	
Express Scripts Pharmacy, Inc.	30-0789911	DE	
Specialty Products Acquisitions, LLC	82-4405071	DE	
ValoremRx Sourcing Solutions, LLC	82-4410128	DE	
SureScripts, LLC	00-0000000	VA	
eviCore 1, Inc.	46-4676347	DE	
CareCore National, LLC	14-1831391	NY	
CareNext Post-Acute, LLC	47-2873703	DE	
CareNext Managed Care, LLC	27-3845847	NY	
MedSolutions Holdings, Inc.	27-3801345	DE	
eviCore healthcare MSI, LLC	62-1615395	TN	10144
CareCore NJ, LLC	20-1089572	NJ	
CCN-WNY IPA, LLC	33-1039759	NY	
CCN NMO, LLC	45-2604992	NY	
MedSolutions of Texas, Inc.	62-1872797	TN	
MSI Health Organization of Texas, Inc.	32-0071543	TX	
Premerus, Inc.	26-1737661	TN	
Triad Healthcare, Inc.	39-1886617	CT	
MSIAZ I, LLC	86-1090522	TN	
MSICA I, LLC	20-1749733	TN	
MSICO I, LLC	20-1222347	TN	
MSIFL LLC	55-0840800	TN	
MSIMD I, LLC	26-0181185	TN	
MSINC I, LLC	74-3122235	TN	
MSINH, LLC	03-0524694	TN	
MSINH II, LLC	11-3715243	TN	
MSINJ I, LLC	20-1749446	TN	
MSINV I, LLC	20-1761914	TN	
MSI HT, LLC	27-5492993	TN	
MSI LT, LLC	27-5493148	TN	
MSI SAR-GW, LLC	27-5493321	TN	
MSISC II, LLC	55-0840806	TN	
MSIVT I, LLC	26-0336736	TN	
MSIWA, LLC	20-2536458	TN	
Palladian Independent Practice Association, LLC	16-1513067	DE	
Palladian Health of Florida, LLC	26-1937849	DE	
Chiro Alliance Corporation	59-3466707	FL	
AS Acquisition Corp.	46-1543748	SC	
HealthFortis, Inc.	27-3611739	DE	
DNA Direct, Inc.	71-0958489	DE	
Landmark Healthcare, Inc.	95-4034089	CA	
Landmark Healthcare Services, Inc.	68-0393103	CA	
Landmark Healthcare Colorado, Inc.	86-0805962	CO	
QPID Health, LLC	45-5569416	DE	

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**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 11

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1104. 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 Liabilities Line 23

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. DOI Audit Accrual .....	0	0	0	0
2305. Other Liabilities .....	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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