

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION 'ION / 2. DIVISION **CONSOLIDATED**

(Location)

EXHIBIT II (Filed Annually and Quarterly)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: **Current Quarter**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	246,631	246,631	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	743,698	743,698	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	10,515,437	10,515,437	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	10,504,461	10,504,461	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(131)	(131)	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	10,504,330	10,504,330	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,393,468	6,393,468	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,393,468	6,393,468	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	195,427	195,427	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,741,259	1,741,259	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	8,330,154	8,330,154	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,174,176	2,174,176	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	56,251	56,251	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,230,427	2,230,427	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	641,266	641,266	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,589,161	1,589,161	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	60.9%	60.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION 'ION / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	246,631	246,631	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,498,527	1,498,527	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	21,316,532	21,316,532	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	21,294,594	21,294,594	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	16	16	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	21,294,610	21,294,610	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	11,831,079	11,831,079	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,831,079	11,831,079	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	401,580	401,580	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,700,960	3,700,960	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	15,933,619	15,933,619	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,360,991	5,360,991	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	116,530	116,530	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,477,521	5,477,521	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,712,353	1,712,353	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,765,168	3,765,168	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	55.6%	55.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

REPORT FOR DIVISION: **Texas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	171,451	0	0	0	0	171,451	0	0	0	0
2. First Quarter	0									
3. Second Quarter	159,897	0	0	0	0	159,897	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	976,297	0	0	0	0	976,297	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	128,970	0	0	0	0	128,970	0	0	0	0
9. Total	128,970	0	0	0	0	128,970	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	17,753,007	0	0	0	0	17,753,007	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	17,752,990	0	0	0	0	17,752,990	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	7,590,516	0	0	0	0	7,590,516	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	7,518,880	0	0	0	0	7,518,880	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Texas

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	159,897	159,897	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	483,256	483,256	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	8,547,216	8,547,216	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	8,547,216	8,547,216	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(126)	(126)	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	8,547,090	8,547,090	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,070,272	4,070,272	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,070,272	4,070,272	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	124,467	124,467	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,460,009	1,460,009	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	5,654,748	5,654,748	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,892,342	2,892,342	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	45,720	45,720	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,938,062	2,938,062	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	849,961	849,961	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,088,101	2,088,101	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	47.6%	47.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Texas

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	159,897	159,897	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	976,297	976,297	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	17,753,007	17,753,007	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	17,753,007	17,753,007	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(17)	(17)	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	17,752,990	17,752,990	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,518,880	7,518,880	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	7,518,880	7,518,880	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	255,212	255,212	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,164,762	3,164,762	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	10,938,854	10,938,854	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,814,136	6,814,136	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	97,149	97,149	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,911,285	6,911,285	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,160,569	2,160,569	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,750,716	4,750,716	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	42.4%	42.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

REPORT FOR DIVISION: **Maryland**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	42,765	0	0	0	0	42,765	0	0	0	0
2. First Quarter	0									
3. Second Quarter	41,767	0	0	0	0	41,767	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	251,191	0	0	0	0	251,191	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	20,521	0	0	0	0	20,521	0	0	0	0
9. Total	20,521	0	0	0	0	20,521	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	1,451,012	0	0	0	0	1,451,012	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,451,047	0	0	0	0	1,451,047	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	773,816	0	0	0	0	773,816	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	872,731	0	0	0	0	872,731	0	0	0	0

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STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Maryland
(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	41,767	41,767	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	125,402	125,402	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	787,168	787,168	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	787,168	787,168	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	8	8	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	787,176	787,176	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	429,845	429,845	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	429,845	429,845	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	12,832	12,832	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	131,760	131,760	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	574,437	574,437	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	212,739	212,739	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,233	4,233	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	216,972	216,972	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	66,270	66,270	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	150,702	150,702	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	54.6%	54.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Maryland
(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	41,767	41,767	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	251,191	251,191	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,451,012	1,451,012	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,451,012	1,451,012	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	35	35	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,451,047	1,451,047	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	872,731	872,731	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	872,731	872,731	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	29,623	29,623	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	249,263	249,263	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,151,617	1,151,617	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	299,430	299,430	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,941	7,941	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	307,371	307,371	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	96,089	96,089	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	211,282	211,282	0	0	0	0	0	0	0	0
24. Medical Loss Ratio	60.1%	60.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

REPORT FOR DIVISION: **Missouri**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	21,459	0	0	0	0	21,459	0	0	0	0
2. First Quarter	0									
3. Second Quarter	20,538	0	0	0	0	20,538	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	124,635	0	0	0	0	124,635	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	8,684	0	0	0	0	8,684	0	0	0	0
9. Total	8,684	0	0	0	0	8,684	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	298,855	0	0	0	0	298,855	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	298,851	0	0	0	0	298,851	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	177,893	0	0	0	0	177,893	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	250,215	0	0	0	0	250,215	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Missouri
(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	20,538	20,538	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	61,886	61,886	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	149,146	149,146	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	149,146	149,146	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4)	(4)	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	149,142	149,142	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	95,342	95,342	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	95,342	95,342	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,621	2,621	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	25,174	25,174	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	123,137	123,137	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	26,005	26,005	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	799	799	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	26,804	26,804	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	8,964	8,964	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	17,840	17,840	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	63.9%	63.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Missouri
(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	20,538	20,538	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	124,635	124,635	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	298,855	298,855	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	298,855	298,855	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4)	(4)	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	298,851	298,851	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	250,215	250,215	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	250,215	250,215	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	8,493	8,493	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	48,869	48,869	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	307,577	307,577	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,726)	(8,726)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,635	1,635	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(7,091)	(7,091)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,217)	(2,217)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,874)	(4,874)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.7%	83.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2013**

OF THE **Aetna Dental Inc.**

REPORT FOR DIVISION: **North Carolina**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	24,389	0	0	0	0	24,389	0	0	0	0
2. First Quarter	0									
3. Second Quarter	24,429	0	0	0	0	24,429	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	146,404	0	0	0	0	146,404	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	142	0	0	0	0	142	0	0	0	0
9. Total	142	0	0	0	0	142	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	1,813,658	0	0	0	0	1,813,658	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,813,660	0	0	0	0	1,813,660	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	3,587,337	0	0	0	0	3,587,337	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	3,189,253	0	0	0	0	3,189,253	0	0	0	0

TEXAS HMO SUPPLEMENT

OF THE **Aetna Dental Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

North Carolina

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	24,429	24,429	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	73,154	73,154	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,031,907	1,031,907	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	1,020,931	1,020,931	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(9)	(9)	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,020,922	1,020,922	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,798,009	1,798,009	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,798,009	1,798,009	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	55,507	55,507	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	124,316	124,316	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,977,832	1,977,832	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(956,910)	(956,910)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,499	5,499	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(951,411)	(951,411)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(283,929)	(283,929)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(667,482)	(667,482)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	176.1%	176.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Aetna Dental Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

North Carolina

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	24,429	24,429	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	146,404	146,404	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,813,658	1,813,658	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,791,720	1,791,720	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2	2	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,791,722	1,791,722	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,189,253	3,189,253	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,189,253	3,189,253	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	108,252	108,252	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	238,066	238,066	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,535,571	3,535,571	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,743,849)	(1,743,849)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	9,805	9,805	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,734,044)	(1,734,044)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(542,088)	(542,088)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,191,956)	(1,191,956)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	178.0%	178.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				