

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

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.....	244,493	244,493	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	736,234	736,234	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	10,299,241	10,299,241	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	10,287,914	10,287,914	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(27)	(27)	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).....	10,287,887	10,287,887	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,618,552	5,618,552	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).....	5,618,552	5,618,552	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	112,371	112,371	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,053,369	2,053,369	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).....	7,784,292	7,784,292	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,503,595	2,503,595	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	25,613	25,613	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).....	2,529,208	2,529,208	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	763,864	763,864	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,765,344	1,765,344	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.....		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				

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STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

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.....	244,493	244,493	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,947,380	2,947,380	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	42,156,501	42,156,501	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	42,107,466	42,107,466	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	490	490	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).....	42,107,956	42,107,956	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	22,926,254	22,926,254	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).....	22,926,254	22,926,254	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	458,525	458,525	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	8,999,770	8,999,770	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).....	32,384,549	32,384,549	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	9,723,407	9,723,407	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	135,912	135,912	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).....	9,859,319	9,859,319	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,328,276	3,328,276	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	6,531,043	6,531,043	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	54.4%	54.4%	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 **DECEMBER 31, 2014**

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	158,646	0	0	0	0	158,646	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	160,445	0	0	0	0	160,445	0	0	0	0
6. Current Year Member Months	1,924,958	0	0	0	0	1,924,958	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	291,975	0	0	0	0	291,975	0	0	0	0
9. Total	291,975	0	0	0	0	291,975	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	32,855,356	0	0	0	0	32,855,356	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	32,855,814	0	0	0	0	32,855,814	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	14,019,152	0	0	0	0	14,019,152	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	14,067,297	0	0	0	0	14,067,297	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

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.....	160,445	160,445	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	482,607	482,607	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,979,900	7,979,900	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,979,900	7,979,900	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(43)	(43)	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).....	7,979,857	7,979,857	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,438,028	3,438,028	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).....	3,438,028	3,438,028	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	68,759	68,759	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,524,867	1,524,867	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).....	5,031,654	5,031,654	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,948,203	2,948,203	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	19,820	19,820	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).....	2,968,023	2,968,023	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	896,061	896,061	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,071,962	2,071,962	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	43.1%	43.1%	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 **DECEMBER 31, 2014**

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.....	160,445	160,445	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,924,958	1,924,958	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	32,855,356	32,855,356	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	32,855,356	32,855,356	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	458	458	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).....	32,855,814	32,855,814	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	14,067,297	14,067,297	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).....	14,067,297	14,067,297	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	281,345	281,345	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	7,016,108	7,016,108	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).....	21,364,750	21,364,750	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	11,491,064	11,491,064	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	106,048	106,048	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).....	11,597,112	11,597,112	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,914,915	3,914,915	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	7,682,197	7,682,197	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	42.8%	42.8%	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 **DECEMBER 31, 2014**

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	40,687	0	0	0	0	40,687	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	39,553	0	0	0	0	39,553	0	0	0	0
6. Current Year Member Months	479,349	0	0	0	0	479,349	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	35,958	0	0	0	0	35,958	0	0	0	0
9. Total	35,958	0	0	0	0	35,958	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	2,749,771	0	0	0	0	2,749,771	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	2,749,832	0	0	0	0	2,749,832	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	1,489,954	0	0	0	0	1,489,954	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,506,949	0	0	0	0	1,506,949	0	0	0	0

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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.....	39,553	39,553	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	119,778	119,778	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	685,979	685,979	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	685,979	685,979	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).....	685,983	685,983	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	353,230	353,230	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).....	353,230	353,230	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,065	7,065	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	139,670	139,670	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).....	499,965	499,965	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	186,018	186,018	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,722	1,722	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).....	187,740	187,740	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	57,923	57,923	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	129,817	129,817	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	51.5%	51.5%	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				

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STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

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.....	39,553	39,553	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	479,349	479,349	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,749,771	2,749,771	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,749,771	2,749,771	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	61	61	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).....	2,749,832	2,749,832	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,506,949	1,506,949	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).....	1,506,949	1,506,949	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	30,139	30,139	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	589,411	589,411	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).....	2,126,499	2,126,499	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	623,333	623,333	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	8,876	8,876	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).....	632,209	632,209	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	213,419	213,419	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	418,790	418,790	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	54.8%	54.8%	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 **DECEMBER 31, 2014**

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	20,354	0	0	0	0	20,354	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	19,374	0	0	0	0	19,374	0	0	0	0
6. Current Year Member Months	240,432	0	0	0	0	240,432	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	15,819	0	0	0	0	15,819	0	0	0	0
9. Total	15,819	0	0	0	0	15,819	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	583,645	0	0	0	0	583,645	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	583,641	0	0	0	0	583,641	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	364,627	0	0	0	0	364,627	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	364,381	0	0	0	0	364,381	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

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.....	19,374	19,374	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	58,337	58,337	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	146,965	146,965	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	146,965	146,965	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).....	146,967	146,967	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	68,182	68,182	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).....	68,182	68,182	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,364	1,364	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	30,675	30,675	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).....	100,221	100,221	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	46,746	46,746	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	370	370	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).....	47,116	47,116	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	15,323	15,323	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	31,793	31,793	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	46.4%	46.4%	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

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.....	19,374	19,374	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	240,432	240,432	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	583,645	583,645	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	583,645	583,645	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).....	583,641	583,641	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	364,381	364,381	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).....	364,381	364,381	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,288	7,288	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	119,221	119,221	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).....	490,890	490,890	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	92,751	92,751	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,884	1,884	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).....	94,635	94,635	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	31,947	31,947	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	62,688	62,688	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	62.4%	62.4%	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 **DECEMBER 31, 2014**

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	24,130	0	0	0	0	24,130	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	25,121	0	0	0	0	25,121	0	0	0	0
6. Current Year Member Months	302,641	0	0	0	0	302,641	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	274	0	0	0	0	274	0	0	0	0
9. Total	274	0	0	0	0	274	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	5,967,729	0	0	0	0	5,967,729	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	5,967,704	0	0	0	0	5,967,704	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	6,982,265	0	0	0	0	6,982,265	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	6,987,627	0	0	0	0	6,987,627	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

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.....	25,121	25,121	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	75,512	75,512	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,486,397	1,486,397	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	1,475,070	1,475,070	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	10	10	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).....	1,475,080	1,475,080	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,759,112	1,759,112	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).....	1,759,112	1,759,112	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	35,183	35,183	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	358,157	358,157	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).....	2,152,452	2,152,452	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(677,372)	(677,372)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,701	3,701	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).....	(673,671)	(673,671)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(205,443)	(205,443)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(468,228)	(468,228)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	119.3%	119.3%	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 **DECEMBER 31, 2014**

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.....	25,121	25,121	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	302,641	302,641	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,967,729	5,967,729	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,918,694	5,918,694	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(25)	(25)	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).....	5,918,669	5,918,669	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,987,627	6,987,627	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).....	6,987,627	6,987,627	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	139,753	139,753	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,275,030	1,275,030	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).....	8,402,410	8,402,410	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,483,741)	(2,483,741)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	19,104	19,104	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).....	(2,464,637)	(2,464,637)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(832,005)	(832,005)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,632,632)	(1,632,632)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	118.1%	118.1%	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				