

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	246,304	246,304	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	689,945	689,945	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	10,550,156	10,550,156	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	10,534,964	10,534,964	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	238	238	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).....	10,535,202	10,535,202	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,385,419	6,385,419	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).....	6,385,419	6,385,419	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	127,709	127,709	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,975,142	1,975,142	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).....	8,488,270	8,488,270	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,046,932	2,046,932	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	37,505	37,505	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).....	2,084,437	2,084,437	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	646,984	646,984	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,437,453	1,437,453	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	60.6%	60.6%	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 **JUNE 30, 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.....	246,304	246,304	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,471,633	1,471,633	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	21,142,758	21,142,758	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	21,116,288	21,116,288	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	202	202	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).....	21,116,490	21,116,490	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	11,074,337	11,074,337	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).....	11,074,337	11,074,337	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	221,487	221,487	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,558,681	4,558,681	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).....	15,854,505	15,854,505	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,261,985	5,261,985	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	75,775	75,775	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).....	5,337,760	5,337,760	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,918,322	1,918,322	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,419,438	3,419,438	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	52.4%	52.4%	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, 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	161,327	0	0	0	0	161,327	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	957,408	0	0	0	0	957,408	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	143,507	0	0	0	0	143,507	0	0	0	0
9. Total	143,507	0	0	0	0	143,507	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	16,483,121	0	0	0	0	16,483,121	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	16,483,344	0	0	0	0	16,483,344	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	6,822,982	0	0	0	0	6,822,982	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	6,517,681	0	0	0	0	6,517,681	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	161,327	161,327	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	478,686	478,686	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	8,189,859	8,189,859	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,189,859	8,189,859	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	270	270	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).....	8,190,129	8,190,129	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,861,104	3,861,104	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).....	3,861,104	3,861,104	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	77,223	77,223	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,559,413	1,559,413	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).....	5,497,740	5,497,740	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,692,389	2,692,389	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	29,155	29,155	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).....	2,721,544	2,721,544	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	866,082	866,082	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,855,462	1,855,462	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	47.1%	47.1%	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 **JUNE 30, 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.....	161,327	161,327	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	957,408	957,408	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	16,483,121	16,483,121	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,483,121	16,483,121	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	223	223	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).....	16,483,344	16,483,344	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,517,681	6,517,681	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).....	6,517,681	6,517,681	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	130,354	130,354	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,605,173	3,605,173	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).....	10,253,208	10,253,208	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,230,136	6,230,136	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	59,149	59,149	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).....	6,289,285	6,289,285	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,260,288	2,260,288	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,028,997	4,028,997	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	39.5%	39.5%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	39,476	0	0	0	0	39,476	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	239,985	0	0	0	0	239,985	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	27,061	0	0	0	0	27,061	0	0	0	0
9. Total	27,061	0	0	0	0	27,061	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	1,387,500	0	0	0	0	1,387,500	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	1,387,545	0	0	0	0	1,387,545	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	722,511	0	0	0	0	722,511	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	886,596	0	0	0	0	886,596	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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: 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.....	39,476	39,476	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	75,459	75,459	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	687,250	687,250	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	687,250	687,250	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	21	21	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).....	687,271	687,271	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	550,303	550,303	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).....	550,303	550,303	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	11,006	11,006	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	126,225	126,225	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).....	687,534	687,534	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(263)	(263)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,446	2,446	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).....	2,183	2,183	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(5,176)	(5,176)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	7,359	7,359	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	80.1%	80.1%	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	39,476	39,476	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	239,985	239,985	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,387,500	1,387,500	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,387,500	1,387,500	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	45	45	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).....	1,387,545	1,387,545	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	886,596	886,596	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).....	886,596	886,596	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	17,732	17,732	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	296,179	296,179	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).....	1,200,507	1,200,507	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	187,038	187,038	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,979	4,979	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).....	192,017	192,017	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	69,008	69,008	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	123,009	123,009	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
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):

0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	20,287	0	0	0	0	20,287	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	122,031	0	0	0	0	122,031	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	8,134	0	0	0	0	8,134	0	0	0	0
9. Total	8,134	0	0	0	0	8,134	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	290,089	0	0	0	0	290,089	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	290,083	0	0	0	0	290,083	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	170,117	0	0	0	0	170,117	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	173,663	0	0	0	0	173,663	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	20,287	20,287	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	60,091	60,091	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	135,351	135,351	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	135,351	135,351	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6)	(6)	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).....	135,345	135,345	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	92,118	92,118	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).....	92,118	92,118	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,842	1,842	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	18,511	18,511	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).....	112,471	112,471	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	22,874	22,874	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	481	481	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).....	23,355	23,355	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	7,325	7,325	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	16,030	16,030	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	68.1%	68.1%	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
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):

0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	20,287	20,287	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	122,031	122,031	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	290,089	290,089	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	290,089	290,089	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6)	(6)	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).....	290,083	290,083	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	173,663	173,663	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).....	173,663	173,663	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,473	3,473	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	56,620	56,620	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).....	233,756	233,756	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	56,327	56,327	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,041	1,041	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).....	57,368	57,368	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	20,617	20,617	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	36,751	36,751	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	59.9%	59.9%	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
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):

0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	25,214	0	0	0	0	25,214	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	152,209	0	0	0	0	152,209	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	119	0	0	0	0	119	0	0	0	0
9. Total	119	0	0	0	0	119	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	2,982,048	0	0	0	0	2,982,048	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	2,981,988	0	0	0	0	2,981,988	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	3,488,543	0	0	0	0	3,488,543	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	3,496,397	0	0	0	0	3,496,397	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	25,214	25,214	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	75,709	75,709	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,537,696	1,537,696	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,522,504	1,522,504	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(47)	(47)	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).....	1,522,457	1,522,457	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,881,894	1,881,894	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).....	1,881,894	1,881,894	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	37,638	37,638	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	270,993	270,993	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).....	2,190,525	2,190,525	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(668,068)	(668,068)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,423	5,423	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).....	(662,645)	(662,645)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(221,247)	(221,247)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(441,398)	(441,398)	0	0	0	0	0	0	0	0
24. Medical Loss Ratio	123.6%	123.6%	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			

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

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.....	25,214	25,214	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	152,209	152,209	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,982,048	2,982,048	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,955,578	2,955,578	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(60)	(60)	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).....	2,955,518	2,955,518	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,496,397	3,496,397	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).....	3,496,397	3,496,397	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	69,928	69,928	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	600,709	600,709	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).....	4,167,034	4,167,034	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,211,516)	(1,211,516)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	10,606	10,606	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).....	(1,200,910)	(1,200,910)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(431,591)	(431,591)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(769,319)	(769,319)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	118.3%	118.3%	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
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):

0