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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	245,289	245,289	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	739,513	739,513	0	0	0	0	0	0	0	0
3. Direct Premium Income	14.49	14.49	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income	14.47	14.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues)	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues	0.00	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9)	14.47	14.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits	8.43	8.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12)	8.43	8.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses	0.17	0.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses	3.23	3.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	11.83	11.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	2.65	2.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses)	0.05	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	2.69	2.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred	0.87	0.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22)	1.82	1.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24 Medical Loss Ratio	58.2%	58.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	245,289	245,289	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	2,211,146	2,211,146	0	0	0	0	0	0	0	0
3. Direct Premium Income	14.41	14.41	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income	14.39	14.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues)	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9)	14.39	14.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits	7.83	7.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12)	7.83	7.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses	0.16	0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses	3.14	3.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	11.13	11.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	3.27	3.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses)	0.05	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	3.32	3.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred	1.16	1.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22)	2.16	2.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	161,106	161,106	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	484,943	484,943	0	0	0	0	0	0	0	0
3. Direct Premium Income	17.31	17.31	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income	17.31	17.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues)	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9)	17.31	17.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits	8.48	8.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12)	8.48	8.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses	0.17	0.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses	3.89	3.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	12.54	12.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	4.77	4.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses)	0.06	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	4.82	4.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred	1.56	1.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22)	3.26	3.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24 Medical Loss Ratio	49.0%	49.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	161,106	161,106	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	1,442,351	1,442,351	0	0	0	0	0	0	0	0
3. Direct Premium Income	17.25	17.25	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income	17.25	17.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues)	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9)	17.25	17.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits	7.37	7.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12)	7.37	7.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses	0.15	0.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses	3.81	3.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	11.32	11.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	5.92	5.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses)	0.06	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	5.98	5.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred	2.09	2.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22)	3.89	3.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24 Medical Loss Ratio	42.7%	42.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	39,626	39,626	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	119,586	119,586	0	0	0	0	0	0	0	0
3. Direct Premium Income	5.66	5.66	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income	5.66	5.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues)	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9)	5.66	5.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits	2.23	2.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12)	2.23	2.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses	0.04	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses	1.28	1.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	3.56	3.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	2.09	2.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses)	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	2.11	2.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred	0.72	0.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22)	1.39	1.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	39,626	39,626	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	359,571	359,571	0	0	0	0	0	0	0	0
3. Direct Premium Income	5.74	5.74	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income	5.74	5.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues)	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9)	5.74	5.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits	3.21	3.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12)	3.21	3.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses	0.06	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses	1.25	1.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	4.52	4.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	1.22	1.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses)	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	1.24	1.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred	0.43	0.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22)	0.80	0.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24 Medical Loss Ratio	55.9%	55.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	19,589	19,589	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	60,064	60,064	0	0	0	0	0	0	0	0
3. Direct Premium Income	2.44	2.44	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income	2.44	2.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues)	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9)	2.44	2.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits	2.04	2.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12)	2.04	2.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses	0.04	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses	0.53	0.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	2.61	2.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	(0.17)	(0.17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses)	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	(0.16)	(0.16)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred	(0.07)	(0.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22)	(0.10)	(0.10)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24 Medical Loss Ratio	83.6%	83.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	19,589	19,589	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	182,095	182,095	0	0	0	0	0	0	0	0
3. Direct Premium Income	2.40	2.40	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income	2.40	2.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits	(0.00)	(0.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues)	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9)	2.40	2.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits	1.63	1.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12)	1.63	1.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses	0.49	0.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	2.15	2.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	0.25	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses)	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	0.26	0.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred	0.09	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22)	0.17	0.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24 Medical Loss Ratio	67.8%	67.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**	24,968	24,968	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	74,920	74,920	0	0	0	0	0	0	0	0
3. Direct Premium Income	20.01	20.01	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income	19.86	19.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues)	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9)	19.86	19.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits	23.12	23.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12)	23.12	23.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses	0.46	0.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses	4.22	4.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	27.80	27.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	(7.94)	(7.94)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses)	0.06	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	(7.88)	(7.88)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred	(2.60)	(2.60)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22)	(5.27)	(5.27)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24 Medical Loss Ratio	116.4%	116.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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2014ReptQExPMPM.xls Ex North Carolina Entry

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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: 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**	24,968	24,968	0	0	0	0	0	0	0	0
2. **MEMBER MONTHS**	227,129	227,129	0	0	0	0	0	0	0	0
3. Direct Premium Income	19.73	19.73	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income	19.56	19.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits	(0.00)	(0.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues)	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9)	19.56	19.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits	23.02	23.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12)	23.02	23.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses	0.46	0.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses	4.04	4.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	27.52	27.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	(7.95)	(7.95)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses)	0.07	0.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	(7.89)	(7.89)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred	(2.76)	(2.76)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22)	(5.13)	(5.13)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24 Medical Loss Ratio	117.7%	117.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0