

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	242,882	242,882	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	731,338	731,338	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	10,130,030	10,130,030	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	10,118,117	10,118,117	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	272	272	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).....	10,118,389	10,118,389	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,866,207	4,866,207	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,866,207	4,866,207	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	87,592	87,592	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,867,520	2,867,520	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).....	7,821,319	7,821,319	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,297,070	2,297,070	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	39,561	39,561	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).....	2,336,631	2,336,631	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,047,185	1,047,185	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,289,446	1,289,446	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	48.1%	48.1%	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 **MARCH 31, 2015**

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.....	242,882	242,882	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	731,338	731,338	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	10,130,030	10,130,030	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	10,118,117	10,118,117	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	272	272	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).....	10,118,389	10,118,389	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,866,207	4,866,207	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,866,207	4,866,207	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	87,592	87,592	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,867,520	2,867,520	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).....	7,821,319	7,821,319	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,297,070	2,297,070	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	39,561	39,561	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).....	2,336,631	2,336,631	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,047,185	1,047,185	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,289,446	1,289,446	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	48.1%	48.1%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

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	160,445	0	0	0	0	160,445	0	0	0	0
2. First Quarter	156,952	0	0	0	0	156,952	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	472,701	0	0	0	0	472,701	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	66,557	0	0	0	0	66,557	0	0	0	0
9. Total	66,557	0	0	0	0	66,557	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	7,733,967	0	0	0	0	7,733,967	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	7,734,227	0	0	0	0	7,734,227	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	3,173,738	0	0	0	0	3,173,738	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,671,306	0	0	0	0	2,671,306	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	156,952	156,952	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	472,701	472,701	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,733,967	7,733,967	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,733,967	7,733,967	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	260	260	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).....	7,734,227	7,734,227	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,671,306	2,671,306	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).....	2,671,306	2,671,306	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	48,084	48,084	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,196,790	2,196,790	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).....	4,916,180	4,916,180	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,818,047	2,818,047	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	30,239	30,239	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).....	2,848,286	2,848,286	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,276,489	1,276,489	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,571,797	1,571,797	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	34.5%	34.5%	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	156,952	156,952	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	472,701	472,701	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,733,967	7,733,967	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,733,967	7,733,967	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	260	260	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).....	7,734,227	7,734,227	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,671,306	2,671,306	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).....	2,671,306	2,671,306	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	48,084	48,084	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,196,790	2,196,790	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).....	4,916,180	4,916,180	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,818,047	2,818,047	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	30,239	30,239	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).....	2,848,286	2,848,286	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,276,489	1,276,489	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,571,797	1,571,797	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	34.5%	34.5%	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 **MARCH 31, 2015**

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	39,553	0	0	0	0	39,553	0	0	0	0
2. First Quarter	39,490	0	0	0	0	39,490	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	118,945	0	0	0	0	118,945	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	6,919	0	0	0	0	6,919	0	0	0	0
9. Total	6,919	0	0	0	0	6,919	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	657,792	0	0	0	0	657,792	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	657,805	0	0	0	0	657,805	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	340,749	0	0	0	0	340,749	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	302,318	0	0	0	0	302,318	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	39,490	39,490	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	118,945	118,945	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	657,792	657,792	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	657,792	657,792	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	13	13	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).....	657,805	657,805	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	302,318	302,318	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).....	302,318	302,318	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,442	5,442	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	191,308	191,308	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).....	499,068	499,068	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	158,737	158,737	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,572	2,572	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).....	161,309	161,309	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	72,292	72,292	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	89,017	89,017	0	0	0	0	0	0	0	0
24. Medical Loss Ratio	46.0%	46.0%	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 **MARCH 31, 2015**

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.....	39,490	39,490	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	118,945	118,945	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	657,792	657,792	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	657,792	657,792	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	13	13	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).....	657,805	657,805	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	302,318	302,318	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).....	302,318	302,318	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,442	5,442	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	191,308	191,308	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).....	499,068	499,068	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	158,737	158,737	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,572	2,572	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).....	161,309	161,309	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	72,292	72,292	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	89,017	89,017	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	46.0%	46.0%	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 **MARCH 31, 2015**

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	19,374	0	0	0	0	19,374	0	0	0	0
2. First Quarter	20,072	0	0	0	0	20,072	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	60,270	0	0	0	0	60,270	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	2,930	0	0	0	0	2,930	0	0	0	0
9. Total	2,930	0	0	0	0	2,930	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	125,414	0	0	0	0	125,414	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	125,414	0	0	0	0	125,414	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	86,391	0	0	0	0	86,391	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	87,012	0	0	0	0	87,012	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	20,072	20,072	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	60,270	60,270	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	125,414	125,414	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	125,414	125,414	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	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).....	125,414	125,414	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	87,012	87,012	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).....	87,012	87,012	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,566	1,566	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	33,544	33,544	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).....	122,122	122,122	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,292	3,292	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	491	491	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).....	3,783	3,783	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,695	1,695	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,088	2,088	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	69.4%	69.4%	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 **MARCH 31, 2015**

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.....	20,072	20,072	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	60,270	60,270	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	125,414	125,414	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	125,414	125,414	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	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).....	125,414	125,414	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	87,012	87,012	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).....	87,012	87,012	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,566	1,566	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	33,544	33,544	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).....	122,122	122,122	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,292	3,292	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	491	491	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).....	3,783	3,783	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,695	1,695	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,088	2,088	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	69.4%	69.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

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	25,121	0	0	0	0	25,121	0	0	0	0
2. First Quarter	26,368	0	0	0	0	26,368	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	79,422	0	0	0	0	79,422	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	47	0	0	0	0	47	0	0	0	0
9. Total	47	0	0	0	0	47	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	1,612,857	0	0	0	0	1,612,857	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	1,612,856	0	0	0	0	1,612,856	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	1,706,182	0	0	0	0	1,706,182	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,805,571	0	0	0	0	1,805,571	0	0	0	0

TEXAS HMO SUPPLEMENT

OF THE **Aetna Dental Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

North Carolina

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	26,368	26,368	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	79,422	79,422	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,612,857	1,612,857	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,600,944	1,600,944	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1)	(1)	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).....	1,600,943	1,600,943	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,805,571	1,805,571	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).....	1,805,571	1,805,571	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	32,500	32,500	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	445,878	445,878	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).....	2,283,949	2,283,949	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(683,006)	(683,006)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,259	6,259	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).....	(676,747)	(676,747)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(303,291)	(303,291)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(373,456)	(373,456)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	112.8%	112.8%	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

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.....	26,368	26,368	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	79,422	79,422	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,612,857	1,612,857	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,600,944	1,600,944	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1)	(1)	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).....	1,600,943	1,600,943	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,805,571	1,805,571	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).....	1,805,571	1,805,571	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	32,500	32,500	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	445,878	445,878	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).....	2,283,949	2,283,949	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(683,006)	(683,006)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,259	6,259	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).....	(676,747)	(676,747)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(303,291)	(303,291)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(373,456)	(373,456)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	112.8%	112.8%	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				