

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	239,876	239,876	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	721,324	721,324	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	9,828,184	9,828,184	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	9,820,360	9,820,360	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	402	402	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).....	9,820,762	9,820,762	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,111,669	6,111,669	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).....	6,111,669	6,111,669	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	110,010	110,010	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,881,496	1,881,496	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).....	8,103,175	8,103,175	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,717,587	1,717,587	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	25,565	25,565	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).....	1,743,152	1,743,152	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	545,124	545,124	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,198,028	1,198,028	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	62.2%	62.2%	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, 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.....	239,876	239,876	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,452,662	1,452,662	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	19,958,214	19,958,214	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,938,477	19,938,477	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	674	674	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).....	19,939,151	19,939,151	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,977,876	10,977,876	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).....	10,977,876	10,977,876	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	197,602	197,602	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,749,016	4,749,016	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).....	15,924,494	15,924,494	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,014,657	4,014,657	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	65,126	65,126	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).....	4,079,783	4,079,783	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,592,309	1,592,309	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,487,474	2,487,474	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	55.1%	55.1%	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 **JUNE 30, 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	0									
3. Second Quarter	155,237	0	0	0	0	155,237	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	939,367	0	0	0	0	939,367	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	139,367	0	0	0	0	139,367	0	0	0	0
9. Total	139,367	0	0	0	0	139,367	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	15,280,021	0	0	0	0	15,280,021	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	15,280,438	0	0	0	0	15,280,438	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	6,548,892	0	0	0	0	6,548,892	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	6,416,093	0	0	0	0	6,416,093	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	155,237	155,237	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	466,666	466,666	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,546,054	7,546,054	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,546,054	7,546,054	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	157	157	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).....	7,546,211	7,546,211	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,744,787	3,744,787	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).....	3,744,787	3,744,787	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	67,406	67,406	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,479,284	1,479,284	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).....	5,291,477	5,291,477	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,254,734	2,254,734	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	19,670	19,670	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).....	2,274,404	2,274,404	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	722,860	722,860	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,551,544	1,551,544	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	49.6%	49.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	155,237	155,237	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	939,367	939,367	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	15,280,021	15,280,021	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	15,280,021	15,280,021	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	417	417	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).....	15,280,438	15,280,438	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,416,093	6,416,093	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).....	6,416,093	6,416,093	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	115,490	115,490	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,676,074	3,676,074	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).....	10,207,657	10,207,657	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,072,781	5,072,781	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	49,909	49,909	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).....	5,122,690	5,122,690	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,999,349	1,999,349	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,123,341	3,123,341	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	42.0%	42.0%	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 **JUNE 30, 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	0									
3. Second Quarter	38,711	0	0	0	0	38,711	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	235,834	0	0	0	0	235,834	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	16,646	0	0	0	0	16,646	0	0	0	0
9. Total	16,646	0	0	0	0	16,646	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	1,316,207	0	0	0	0	1,316,207	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	1,316,231	0	0	0	0	1,316,231	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	672,708	0	0	0	0	672,708	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	681,796	0	0	0	0	681,796	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	38,711	38,711	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	116,889	116,889	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	658,415	658,415	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	658,415	658,415	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	11	11	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).....	658,426	658,426	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	379,478	379,478	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).....	379,478	379,478	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	6,830	6,830	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	122,822	122,822	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).....	509,130	509,130	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	149,296	149,296	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,728	1,728	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).....	151,024	151,024	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	49,609	49,609	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	101,415	101,415	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	57.6%	57.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	38,711	38,711	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	235,834	235,834	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,316,207	1,316,207	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,316,207	1,316,207	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	24	24	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).....	1,316,231	1,316,231	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	681,796	681,796	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).....	681,796	681,796	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	12,272	12,272	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	314,130	314,130	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).....	1,008,198	1,008,198	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	308,033	308,033	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,300	4,300	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).....	312,333	312,333	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	121,901	121,901	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	190,432	190,432	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	51.8%	51.8%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	0									
3. Second Quarter	19,936	0	0	0	0	19,936	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	119,887	0	0	0	0	119,887	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	6,289	0	0	0	0	6,289	0	0	0	0
9. Total	6,289	0	0	0	0	6,289	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	251,284	0	0	0	0	251,284	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	251,281	0	0	0	0	251,281	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	158,046	0	0	0	0	158,046	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	166,587	0	0	0	0	166,587	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	19,936	19,936	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	59,617	59,617	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	125,870	125,870	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	125,870	125,870	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3)	(3)	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).....	125,867	125,867	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	79,575	79,575	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).....	79,575	79,575	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,433	1,433	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	23,344	23,344	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).....	104,352	104,352	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	21,515	21,515	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	330	330	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).....	21,845	21,845	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	8,307	8,307	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	13,538	13,538	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	63.2%	63.2%	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, 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.....	19,936	19,936	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	119,887	119,887	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	251,284	251,284	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	251,284	251,284	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3)	(3)	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).....	251,281	251,281	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	166,587	166,587	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).....	166,587	166,587	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,999	2,999	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	56,888	56,888	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).....	226,474	226,474	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	24,807	24,807	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	821	821	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).....	25,628	25,628	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	10,002	10,002	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	15,626	15,626	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	66.3%	66.3%	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			* 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, 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	0									
3. Second Quarter	25,992	0	0	0	0	25,992	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	157,574	0	0	0	0	157,574	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	158	0	0	0	0	158	0	0	0	0
9. Total	158	0	0	0	0	158	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	3,110,702	0	0	0	0	3,110,702	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	3,110,938	0	0	0	0	3,110,938	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	3,699,616	0	0	0	0	3,699,616	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	3,713,400	0	0	0	0	3,713,400	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.....	25,992	25,992	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	78,152	78,152	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,497,845	1,497,845	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	1,490,021	1,490,021	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	237	237	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).....	1,490,258	1,490,258	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,907,829	1,907,829	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).....	1,907,829	1,907,829	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	34,341	34,341	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	256,046	256,046	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).....	2,198,216	2,198,216	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(707,958)	(707,958)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,837	3,837	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).....	(704,121)	(704,121)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(235,652)	(235,652)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(468,469)	(468,469)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	128.0%	128.0%	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.....	25,992	25,992	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	157,574	157,574	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	3,110,702	3,110,702	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	3,090,965	3,090,965	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	236	236	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).....	3,091,201	3,091,201	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,713,400	3,713,400	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).....	3,713,400	3,713,400	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	66,841	66,841	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	701,924	701,924	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).....	4,482,165	4,482,165	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,390,964)	(1,390,964)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	10,096	10,096	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).....	(1,380,868)	(1,380,868)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(538,943)	(538,943)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(841,925)	(841,925)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	120.1%	120.1%	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				