

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	242,618	242,618	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	719,447	719,447	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	9,977,414	9,977,414	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	9,965,761	9,965,761	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	60	60	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	9,965,821	9,965,821	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,001,121	6,001,121	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).....	6,001,121	6,001,121	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	108,020	108,020	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,771,480	2,771,480	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).....	8,880,621	8,880,621	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,085,200	1,085,200	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	19,921	19,921	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).....	1,105,121	1,105,121	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	257,861	257,861	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	847,260	847,260	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	60.2%	60.2%	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 **SEPTEMBER 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.....	242,618	242,618	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,172,109	2,172,109	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	29,935,628	29,935,628	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	29,904,238	29,904,238	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	734	734	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).....	29,904,972	29,904,972	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,978,997	16,978,997	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).....	16,978,997	16,978,997	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	305,622	305,622	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	7,520,496	7,520,496	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).....	24,805,115	24,805,115	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,099,857	5,099,857	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	85,047	85,047	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).....	5,184,904	5,184,904	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,850,170	1,850,170	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,334,734	3,334,734	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	56.8%	56.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	158,686	0	0	0	0	158,686	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	1,406,203	0	0	0	0	1,406,203	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	223,911	0	0	0	0	223,911	0	0	0	0
9. Total	223,911	0	0	0	0	223,911	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	22,623,527	0	0	0	0	22,623,527	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	22,624,022	0	0	0	0	22,624,022	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	9,907,552	0	0	0	0	9,907,552	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	10,062,667	0	0	0	0	10,062,667	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	158,686	158,686	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	466,836	466,836	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,343,506	7,343,506	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	7,343,506	7,343,506	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	78	78	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).....	7,343,584	7,343,584	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,646,574	3,646,574	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).....	3,646,574	3,646,574	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	65,638	65,638	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,065,298	2,065,298	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).....	5,777,510	5,777,510	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,566,074	1,566,074	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	14,431	14,431	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).....	1,580,505	1,580,505	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	392,606	392,606	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,187,899	1,187,899	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	49.7%	49.7%	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 **SEPTEMBER 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.....	158,686	158,686	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,406,203	1,406,203	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	22,623,527	22,623,527	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	22,623,527	22,623,527	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	495	495	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).....	22,624,022	22,624,022	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,062,667	10,062,667	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).....	10,062,667	10,062,667	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	181,128	181,128	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,741,372	5,741,372	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).....	15,985,167	15,985,167	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,638,855	6,638,855	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	64,340	64,340	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,703,195	6,703,195	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,391,955	2,391,955	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,311,240	4,311,240	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	44.5%	44.5%	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 **SEPTEMBER 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	0									
4. Third Quarter	38,439	0	0	0	0	38,439	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	351,449	0	0	0	0	351,449	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	26,682	0	0	0	0	26,682	0	0	0	0
9. Total	26,682	0	0	0	0	26,682	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	1,973,979	0	0	0	0	1,973,979	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	1,974,008	0	0	0	0	1,974,008	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	1,048,407	0	0	0	0	1,048,407	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,086,672	0	0	0	0	1,086,672	0	0	0	0

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STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	38,439	38,439	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	115,615	115,615	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	657,772	657,772	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	657,772	657,772	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	5	5	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).....	657,777	657,777	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	404,876	404,876	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).....	404,876	404,876	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,288	7,288	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	182,704	182,704	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).....	594,868	594,868	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	62,909	62,909	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,314	1,314	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).....	64,223	64,223	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	12,468	12,468	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	51,755	51,755	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	61.6%	61.6%	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 **SEPTEMBER 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.....	38,439	38,439	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	351,449	351,449	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,973,979	1,973,979	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,973,979	1,973,979	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	29	29	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).....	1,974,008	1,974,008	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,086,672	1,086,672	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).....	1,086,672	1,086,672	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	19,560	19,560	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	496,834	496,834	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).....	1,603,066	1,603,066	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	370,942	370,942	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,614	5,614	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).....	376,556	376,556	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	134,369	134,369	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	242,187	242,187	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	55.0%	55.0%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	19,797	0	0	0	0	19,797	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	179,493	0	0	0	0	179,493	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	9,989	0	0	0	0	9,989	0	0	0	0
9. Total	9,989	0	0	0	0	9,989	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	375,088	0	0	0	0	375,088	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	375,085	0	0	0	0	375,085	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	274,551	0	0	0	0	274,551	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	294,953	0	0	0	0	294,953	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	19,797	19,797	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	59,606	59,606	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	123,804	123,804	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	123,804	123,804	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).....	123,804	123,804	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	128,366	128,366	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).....	128,366	128,366	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,310	2,310	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	33,518	33,518	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).....	164,194	164,194	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(40,390)	(40,390)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	246	246	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).....	(40,144)	(40,144)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(15,182)	(15,182)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(24,962)	(24,962)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	103.7%	103.7%	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 **SEPTEMBER 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.....	19,797	19,797	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	179,493	179,493	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	375,088	375,088	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	375,088	375,088	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).....	375,085	375,085	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	294,953	294,953	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).....	294,953	294,953	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,309	5,309	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	90,406	90,406	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).....	390,668	390,668	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(15,583)	(15,583)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,067	1,067	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).....	(14,516)	(14,516)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(5,180)	(5,180)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(9,336)	(9,336)	0	0	0	0	0	0	0	0
24. Medical Loss Ratio	78.6%	78.6%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	25,696	0	0	0	0	25,696	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	234,964	0	0	0	0	234,964	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	285	0	0	0	0	285	0	0	0	0
9. Total	285	0	0	0	0	285	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	4,963,034	0	0	0	0	4,963,034	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	4,963,247	0	0	0	0	4,963,247	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	5,506,773	0	0	0	0	5,506,773	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	5,534,705	0	0	0	0	5,534,705	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015**

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.....	25,696	25,696	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	77,390	77,390	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,852,332	1,852,332	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,840,679	1,840,679	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(23)	(23)	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).....	1,840,656	1,840,656	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,821,305	1,821,305	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).....	1,821,305	1,821,305	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	32,784	32,784	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	489,960	489,960	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).....	2,344,049	2,344,049	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(503,393)	(503,393)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,930	3,930	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).....	(499,463)	(499,463)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(132,031)	(132,031)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(367,432)	(367,432)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	98.9%	98.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* 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 **SEPTEMBER 30, 2015**

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.....	25,696	25,696	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	234,964	234,964	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,963,034	4,963,034	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,931,644	4,931,644	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	213	213	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).....	4,931,857	4,931,857	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,534,705	5,534,705	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,534,705	5,534,705	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	99,625	99,625	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,191,884	1,191,884	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).....	6,826,214	6,826,214	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,894,357)	(1,894,357)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	14,026	14,026	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).....	(1,880,331)	(1,880,331)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(670,974)	(670,974)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,209,357)	(1,209,357)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	112.2%	112.2%	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				