

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **Aetna Health 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.....	148,667	45,151	18,739	0	0	76,819	0	0	7,958	0
2. MEMBER MONTHS.....	449,380	140,810	56,400	0	0	227,667	0	0	24,503	0
3. Direct Premium Income.....	138,785,638	56,964,442	49,101,200	0	0	30,557,981	0	XXXXXXXX	2,162,015	0
4. Net Premium Income.....	137,873,654	56,964,442	48,619,607	0	0	30,136,182	0	0	2,153,423	0
5. Change in unearned premium reserve and reserve for rate credits.....	28,098,848	880,087	0	0	0	27,218,761	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).....	165,972,502	57,844,529	48,619,607	0	0	57,354,943	0	0	2,153,423	0
11. Hospital & Medical Benefits.....	144,652,548	45,054,977	44,592,458	0	0	52,537,494	0	0	2,467,619	0
12. Net Reins Recoveries Incurred.....	842,605	0	577,033	0	0	265,572	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	143,809,943	45,054,977	44,015,425	0	0	52,271,922	0	0	2,467,619	0
14. Claims Adjustment Expenses.....	(141,891)	156,962	(49,357)	0	0	(211,694)	0	0	(37,802)	0
15. General Administrative Expenses.....	14,071,031	5,090,936	4,950,556	0	0	3,920,476	0	0	109,063	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).....	157,739,083	50,302,875	48,916,624	0	0	55,980,704	0	0	2,538,880	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,233,419	7,541,654	(297,017)	0	0	1,374,239	0	0	(385,457)	0
19. Net Investments Gains / (Losses).....	1,292,014	451,452	378,693	0	0	444,852	0	0	17,017	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).....	9,525,433	7,993,106	81,676	0	0	1,819,091	0	0	(368,440)	0
22. Federal and foreign income taxes incurred.....	674,917	1,766,090	(555,674)	0	0	(360,573)	0	0	(174,926)	0
23. NET INCOME/(LOSS) (L21 less L22).....	8,850,516	6,227,016	637,350	0	0	2,179,664	0	0	(193,514)	0
24 Medical Loss Ratio	104.3%	79.1%	90.5%	0.0%	0.0%	173.5%	0.0%	0.0%	114.6%	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 **DECEMBER 31, 2014**

OF THE **Aetna Health 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.....	148,667	45,151	18,739	0	0	76,819	0	0	7,958	0
2. MEMBER MONTHS.....	1,778,371	638,746	223,406	0	0	800,977	0	0	115,242	0
3. Direct Premium Income.....	673,177,722	254,031,035	202,814,579	0	0	203,536,844	0	XXXXXXXX	12,795,264	0
4. Net Premium Income.....	670,903,646	254,031,035	201,581,025	0	0	202,536,549	0	0	12,755,037	0
5. Change in unearned premium reserve and reserve for rate credits.....	5,848,649	(13,126)	0	0	0	5,861,775	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).....	676,752,295	254,017,909	201,581,025	0	0	208,398,324	0	0	12,755,037	0
11. Hospital & Medical Benefits.....	567,859,369	202,958,015	176,382,909	0	0	177,299,352	0	0	11,219,093	0
12. Net Reins Recoveries Incurred.....	1,893,166	0	1,233,554	0	0	659,612	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	565,966,203	202,958,015	175,149,355	0	0	176,639,740	0	0	11,219,093	0
14. Claims Adjustment Expenses.....	8,163,827	2,642,468	2,822,072	0	0	2,543,114	0	0	156,173	0
15. General Administrative Expenses.....	74,864,970	35,982,678	18,734,975	0	0	18,976,138	0	0	1,171,179	0
16. Increase in Reserves for A&H contracts.....	(1,100,943)	(1,100,943)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	647,894,057	240,482,218	196,706,402	0	0	198,158,992	0	0	12,546,445	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	28,858,238	13,535,691	4,874,623	0	0	10,239,332	0	0	208,592	0
19. Net Investments Gains / (Losses).....	5,135,026	1,927,424	1,529,546	0	0	1,581,274	0	0	96,782	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).....	33,993,264	15,463,115	6,404,169	0	0	11,820,606	0	0	305,374	0
22. Federal and foreign income taxes incurred.....	10,428,863	4,743,961	1,964,748	0	0	3,626,468	0	0	93,686	0
23. NET INCOME/(LOSS) (L21 less L22).....	23,564,401	10,719,154	4,439,421	0	0	8,194,138	0	0	211,688	0
24 Medical Loss Ratio	84.4%	79.9%	86.9%	0.0%	0.0%	87.2%	0.0%	0.0%	88.0%	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.....		12	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Houston**

(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	35,239	13	31,185	0	0	0	0	4,041	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	28,314	1	22,387	0	0	0	0	5,926	0	0
6. Current Year Member Months	387,075	26	317,081	0	0	0	0	69,968	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	399,282	22	275,037	0	0	0	0	124,223	0	0
8. Non-Physician	209,562	16	197,351	0	0	0	0	12,195	0	0
9. Total	608,844	38	472,388	0	0	0	0	136,418	0	0
10. Hospital Patient Days Incurred	15,167	0	6,421	0	0	0	0	8,746	0	0
11. Number of Inpatient Admissions	2,881	0	1,568	0	0	0	0	1,313	0	0
12. Health Premiums Written	200,911,933	11,691	132,938,333	0	0	0	0	67,961,909	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	200,889,057	11,691	132,915,457	0	0	0	0	67,961,909	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	165,583,418	7,959	108,430,234	0	0	0	0	57,145,225	0	0
18. Amount Incurred for Provision of Health Care Services	160,401,432	3,884	101,866,175	0	0	0	0	58,531,373	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**  
(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.....	28,314	22,388	5,926	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	88,286	70,548	17,738	0	0	0	0	0	0	0
3. Direct Premium Income.....	46,542,560	29,988,243	16,554,317	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	46,449,621	29,988,243	16,461,378	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	670,066	670,066	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).....	47,119,687	30,658,309	16,461,378	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	37,667,824	22,700,230	14,967,594	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	97,430	0	97,430	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	37,570,394	22,700,230	14,870,164	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	72,530	87,058	(14,528)	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,400,077	2,725,235	1,674,842	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).....	42,043,001	25,512,523	16,530,478	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,076,686	5,145,786	(69,100)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	367,353	239,167	128,186	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).....	5,444,039	5,384,953	59,086	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	732,816	956,817	(224,001)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,711,223	4,428,136	283,087	0	0	0	0	0	0	0
24 Medical Loss Ratio	80.9%	75.7%	90.3%	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 **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**  
(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.....	28,314	22,388	5,926	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	387,075	317,107	69,968	0	0	0	0	0	0	0
3. Direct Premium Income.....	200,911,933	132,950,024	67,961,909	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	200,742,953	132,950,024	67,792,929	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(22,876)	(22,876)	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).....	200,720,077	132,927,148	67,792,929	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	160,401,432	101,870,059	58,531,373	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	168,980	0	168,980	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	160,232,452	101,870,059	58,362,393	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,331,879	1,382,799	949,080	0	0	0	0	0	0	0
15. General Administrative Expenses.....	25,130,361	18,829,675	6,300,686	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,100,943)	(1,100,943)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	186,593,749	120,981,590	65,612,159	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	14,126,328	11,945,558	2,180,770	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,523,013	1,008,618	514,395	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).....	15,649,341	12,954,176	2,695,165	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	4,801,093	3,974,238	826,855	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	10,848,248	8,979,938	1,868,310	0	0	0	0	0	0	0
24 Medical Loss Ratio	79.8%	76.6%	86.1%	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 **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **San Antonio**

(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	37,081	4,808	6,558	0	0	0	1,129	3,120	21,466	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	37,981	3,086	5,345	0	0	0	0	3,305	26,245	0
6. Current Year Member Months	448,504	46,889	79,691	0	0	0	7	39,991	281,926	0
Total Member Ambulatory Encounters for Year:										
7. Physician	379,968	22,842	55,827	0	0	0	9	72,028	229,262	0
8. Non-Physician	91,721	3,527	38,365	0	0	0	2	8,722	41,105	0
9. Total	471,689	26,369	94,192	0	0	0	11	80,750	270,367	0
10. Hospital Patient Days Incurred	18,358	391	1,649	0	0	0	4	3,646	12,668	0
11. Number of Inpatient Admissions	4,746	81	377	0	0	0	2	604	3,682	0
12. Health Premiums Written	125,773,340	4,613,641	25,167,261	0	0	0	156,850	35,028,215	60,807,373	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	127,854,238	4,613,641	25,165,417	0	0	0	156,850	35,028,215	62,890,115	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	103,926,855	4,209,216	24,674,880	0	0	0	519,206	26,873,465	47,650,088	0
18. Amount Incurred for Provision of Health Care Services	101,035,958	4,125,727	23,897,808	0	0	0	(76,456)	27,547,282	45,541,597	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**

(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.....	37,981	5,348	3,305	0	0	26,245	0	0	3,083	0
2. MEMBER MONTHS.....	113,994	16,401	9,980	0	0	78,130	0	0	9,483	0
3. Direct Premium Income.....	22,440,195	5,220,212	8,753,310	0	0	7,683,726	0	XXXXXXXX	782,947	0
4. Net Premium Income.....	22,128,262	5,220,212	8,592,779	0	0	7,535,192	0	0	780,079	0
5. Change in unearned premium reserve and reserve for rate credits.....	10,050,762	(1,970)	0	0	0	10,052,732	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).....	32,179,024	5,218,242	8,592,779	0	0	17,587,924	0	0	780,079	0
11. Hospital & Medical Benefits.....	24,196,165	4,229,624	6,125,872	0	0	12,875,090	0	0	965,579	0
12. Net Reins Recoveries Incurred.....	187,355	0	187,355	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	24,008,810	4,229,624	5,938,517	0	0	12,875,090	0	0	965,579	0
14. Claims Adjustment Expenses.....	(65,125)	8,701	(3,731)	0	0	(56,525)	0	0	(13,570)	0
15. General Administrative Expenses.....	2,547,040	421,175	871,983	0	0	1,214,202	0	0	39,680	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).....	26,490,725	4,659,500	6,806,769	0	0	14,032,767	0	0	991,689	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,688,299	558,742	1,786,010	0	0	3,555,157	0	0	(211,610)	0
19. Net Investments Gains / (Losses).....	250,231	40,880	66,861	0	0	136,326	0	0	6,164	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).....	5,938,530	599,622	1,852,871	0	0	3,691,483	0	0	(205,446)	0
22. Federal and foreign income taxes incurred.....	1,181,396	437,092	367,068	0	0	461,904	0	0	(84,668)	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,757,134	162,530	1,485,803	0	0	3,229,579	0	0	(120,778)	0
24 Medical Loss Ratio	108.5%	81.0%	69.1%	0.0%	0.0%	170.9%	0.0%	0.0%	123.8%	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 **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**

(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.....	37,981	5,348	3,305	0	0	26,245	0	0	3,083	0
2. MEMBER MONTHS.....	448,504	79,734	39,991	0	0	281,926	0	0	46,853	0
3. Direct Premium Income.....	125,773,340	25,325,007	35,028,215	0	0	60,807,373	0	XXXXXXXX	4,612,745	0
4. Net Premium Income.....	124,937,765	25,325,007	34,580,418	0	0	60,432,371	0	0	4,599,969	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,080,898	(1,844)	0	0	0	2,082,742	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).....	127,018,663	25,323,163	34,580,418	0	0	62,515,113	0	0	4,599,969	0
11. Hospital & Medical Benefits.....	101,035,958	23,821,036	27,547,282	0	0	45,541,597	0	0	4,126,043	0
12. Net Reins Recoveries Incurred.....	447,797	0	447,797	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	100,588,161	23,821,036	27,099,485	0	0	45,541,597	0	0	4,126,043	0
14. Claims Adjustment Expenses.....	1,566,748	263,430	484,115	0	0	762,881	0	0	56,322	0
15. General Administrative Expenses.....	12,915,855	3,587,129	3,213,911	0	0	5,692,442	0	0	422,373	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).....	115,070,764	27,671,595	30,797,511	0	0	51,996,920	0	0	4,604,738	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	11,947,899	(2,348,432)	3,782,907	0	0	10,518,193	0	0	(4,769)	0
19. Net Investments Gains / (Losses).....	963,787	192,147	262,387	0	0	474,349	0	0	34,904	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).....	12,911,686	(2,156,285)	4,045,294	0	0	10,992,542	0	0	30,135	0
22. Federal and foreign income taxes incurred.....	3,961,204	(661,531)	1,241,065	0	0	3,372,425	0	0	9,245	0
23. NET INCOME/(LOSS) (L21 less L22).....	8,950,482	(1,494,754)	2,804,229	0	0	7,620,117	0	0	20,890	0
24 Medical Loss Ratio	80.5%	94.1%	78.4%	0.0%	0.0%	75.4%	0.0%	0.0%	89.7%	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.....		7	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Austin**

(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	7,698	6	7,038	0	0	0	563	91	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	6,489	1	6,429	0	0	0	0	59	0	0
6. Current Year Member Months	81,436	19	80,726	0	0	0	5	686	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	35,863	8	34,667	0	0	0	7	1,181	0	0
8. Non-Physician	39,568	10	39,387	0	0	0	1	170	0	0
9. Total	75,431	18	74,054	0	0	0	8	1,351	0	0
10. Hospital Patient Days Incurred	1,117	0	1,065	0	0	0	11	41	0	0
11. Number of Inpatient Admissions	361	0	352	0	0	0	0	9	0	0
12. Health Premiums Written	29,282,206	6,645	28,671,078	0	0	0	76,989	527,494	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	29,283,959	6,645	28,672,831	0	0	0	76,989	527,494	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	21,927,160	1,870	20,866,895	0	0	0	724,115	334,280	0	0
18. Amount Incurred for Provision of Health Care Services	21,797,892	(3,821)	21,231,412	0	0	0	231,550	338,751	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(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.....	6,489	6,430	59	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,810	19,634	176	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,119,288	6,977,078	142,210	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,119,288	6,977,078	142,210	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	145,952	145,952	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).....	7,265,240	7,123,030	142,210	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,114,768	5,991,756	123,012	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).....	6,114,768	5,991,756	123,012	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	25,202	25,050	152	0	0	0	0	0	0	0
15. General Administrative Expenses.....	681,124	666,819	14,305	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).....	6,821,094	6,683,625	137,469	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	444,146	439,405	4,741	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	56,534	55,430	1,104	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).....	500,680	494,835	5,845	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(101,609)	(91,417)	(10,192)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	602,289	586,252	16,037	0	0	0	0	0	0	0
24 Medical Loss Ratio	85.9%	85.9%	86.5%	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 **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(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.....	6,489	6,430	59	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	81,436	80,750	686	0	0	0	0	0	0	0
3. Direct Premium Income.....	29,282,206	28,754,712	527,494	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	29,282,206	28,754,712	527,494	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,753	1,753	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).....	29,283,959	28,756,465	527,494	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	21,797,892	21,459,141	338,751	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).....	21,797,892	21,459,141	338,751	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	306,529	299,144	7,385	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,122,497	4,073,472	49,025	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).....	26,226,918	25,831,757	395,161	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,057,041	2,924,708	132,333	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	222,199	218,196	4,003	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).....	3,279,240	3,142,904	136,336	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,006,045	964,218	41,827	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,273,195	2,178,686	94,509	0	0	0	0	0	0	0
24 Medical Loss Ratio	74.4%	74.6%	64.2%	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.....		5	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Corpus Christi**

(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	222	0	220	0	0	0	0	2	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	85	0	83	0	0	0	0	2	0	0
6. Current Year Member Months	1,419	0	1,395	0	0	0	0	24	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	432	0	397	0	0	0	0	35	0	0
8. Non-Physician	598	0	598	0	0	0	0	0	0	0
9. Total	1,030	0	995	0	0	0	0	35	0	0
10. Hospital Patient Days Incurred	23	0	23	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	6	0	6	0	0	0	0	0	0	0
12. Health Premiums Written	521,605	0	507,987	0	0	0	0	13,618	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	521,605	0	507,987	0	0	0	0	13,618	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	402,957	0	397,841	0	0	0	0	5,116	0	0
18. Amount Incurred for Provision of Health Care Services	381,331	0	375,954	0	0	0	0	5,377	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Corpus Christi**

(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.....	85	83	2	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	297	291	6	0	0	0	0	0	0	0
3. Direct Premium Income.....	91,000	86,878	4,122	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	91,000	86,878	4,122	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).....	91,000	86,878	4,122	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	54,356	53,752	604	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).....	54,356	53,752	604	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(38)	(51)	13	0	0	0	0	0	0	0
15. General Administrative Expenses.....	6,055	5,646	409	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).....	60,373	59,347	1,026	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	30,627	27,531	3,096	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	717	684	33	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).....	31,344	28,215	3,129	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,475	5,861	614	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	24,869	22,354	2,515	0	0	0	0	0	0	0
24 Medical Loss Ratio	59.7%	61.9%	14.7%	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 **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Corpus Christi**

(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.....	85	83	2	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,419	1,395	24	0	0	0	0	0	0	0
3. Direct Premium Income.....	521,605	507,987	13,618	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	521,605	507,987	13,618	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).....	521,605	507,987	13,618	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	381,331	375,954	5,377	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).....	381,331	375,954	5,377	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,475	5,284	191	0	0	0	0	0	0	0
15. General Administrative Expenses.....	73,224	71,959	1,265	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).....	460,030	453,197	6,833	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	61,575	54,790	6,785	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,957	3,853	104	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).....	65,532	58,643	6,889	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	20,104	17,991	2,113	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	45,428	40,652	4,776	0	0	0	0	0	0	0
24 Medical Loss Ratio	73.1%	74.0%	39.5%	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 **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **EI Paso**

(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	3,129	0	3,125	0	0	0	0	4	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	1,042	0	1,038	0	0	0	0	4	0	0
6. Current Year Member Months	21,882	0	21,834	0	0	0	0	48	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	5,958	0	5,861	0	0	0	0	97	0	0
8. Non-Physician	14,329	0	14,309	0	0	0	0	20	0	0
9. Total	20,287	0	20,170	0	0	0	0	117	0	0
10. Hospital Patient Days Incurred	416	0	404	0	0	0	0	12	0	0
11. Number of Inpatient Admissions	113	0	109	0	0	0	0	4	0	0
12. Health Premiums Written	7,591,695	0	7,457,243	0	0	0	0	134,452	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	7,598,191	0	7,463,739	0	0	0	0	134,452	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	6,509,328	0	6,386,590	0	0	0	0	122,738	0	0
18. Amount Incurred for Provision of Health Care Services	5,779,064	0	5,630,959	0	0	0	0	148,105	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**

(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.....	1,042	1,038	4	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,840	3,828	12	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,447,667	1,411,580	36,087	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,447,667	1,411,580	36,087	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	6,331	6,331	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).....	1,453,998	1,417,911	36,087	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,504,015	1,423,275	80,740	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).....	1,504,015	1,423,275	80,740	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,078	1,043	35	0	0	0	0	0	0	0
15. General Administrative Expenses.....	108,854	105,222	3,632	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).....	1,613,947	1,529,540	84,407	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(159,949)	(111,629)	(48,320)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	11,425	11,145	280	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).....	(148,524)	(100,484)	(48,040)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(126,029)	(109,359)	(16,670)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(22,495)	8,875	(31,370)	0	0	0	0	0	0	0
24 Medical Loss Ratio	103.9%	100.8%	223.7%	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 **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**

(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.....	1,042	1,038	4	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,882	21,834	48	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,591,695	7,457,243	134,452	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,591,695	7,457,243	134,452	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	6,496	6,496	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).....	7,598,191	7,463,739	134,452	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,779,064	5,630,959	148,105	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).....	5,779,064	5,630,959	148,105	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	79,525	77,643	1,882	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,069,765	1,057,269	12,496	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).....	6,928,354	6,765,871	162,483	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	669,837	697,868	(28,031)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	57,653	56,633	1,020	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).....	727,490	754,501	(27,011)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	223,188	231,475	(8,287)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	504,302	523,026	(18,724)	0	0	0	0	0	0	0
24 Medical Loss Ratio	76.1%	75.5%	110.2%	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 **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Dallas**

(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	67,591	6,584	14,455	0	0	0	0	9,503	37,049	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	74,756	4,876	9,863	0	0	0	0	9,443	50,574	0
6. Current Year Member Months	838,055	68,417	137,898	0	0	0	0	112,689	519,051	0
Total Member Ambulatory Encounters for Year:										
7. Physician	932,081	39,805	140,919	0	0	0	0	221,405	529,952	0
8. Non-Physician	249,740	8,413	107,284	0	0	0	0	26,392	107,651	0
9. Total	1,181,821	48,218	248,203	0	0	0	0	247,797	637,603	0
10. Hospital Patient Days Incurred	55,230	805	2,804	0	0	0	0	11,255	40,366	0
11. Number of Inpatient Admissions	14,592	136	616	0	0	0	0	1,844	11,996	0
12. Health Premiums Written	309,096,943	8,189,290	59,029,291	0	0	0	0	99,148,891	142,729,471	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	312,879,321	8,189,290	59,032,636	0	0	0	0	99,148,891	146,508,504	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	283,625,949	6,980,142	51,756,799	0	0	0	0	90,494,819	134,394,189	0
18. Amount Incurred for Provision of Health Care Services	278,463,692	7,137,978	49,755,938	0	0	0	0	89,812,021	131,757,755	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(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.....	74,756	9,864	9,443	0	0	50,574	0	0	4,875	0
2. MEMBER MONTHS.....	223,153	30,108	28,488	0	0	149,537	0	0	15,020	0
3. Direct Premium Income.....	61,144,928	13,280,451	23,611,154	0	0	22,874,255	0	XXXXXXXX	1,379,068	0
4. Net Premium Income.....	60,637,816	13,280,451	23,383,031	0	0	22,600,990	0	0	1,373,344	0
5. Change in unearned premium reserve and reserve for rate credits.....	17,225,737	59,708	0	0	0	17,166,029	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).....	77,863,553	13,340,159	23,383,031	0	0	39,767,019	0	0	1,373,344	0
11. Hospital & Medical Benefits.....	75,115,420	10,656,340	23,294,636	0	0	39,662,404	0	0	1,502,040	0
12. Net Reins Recoveries Incurred.....	557,820	0	292,248	0	0	265,572	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	74,557,600	10,656,340	23,002,388	0	0	39,396,832	0	0	1,502,040	0
14. Claims Adjustment Expenses.....	(175,538)	35,161	(31,298)	0	0	(155,169)	0	0	(24,232)	0
15. General Administrative Expenses.....	6,327,881	1,166,839	2,385,385	0	0	2,706,274	0	0	69,383	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).....	80,709,943	11,858,340	25,356,475	0	0	41,947,937	0	0	1,547,191	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,846,390)	1,481,819	(1,973,444)	0	0	(2,180,918)	0	0	(173,847)	0
19. Net Investments Gains / (Losses).....	605,754	104,145	182,230	0	0	308,526	0	0	10,853	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).....	(2,240,636)	1,585,964	(1,791,214)	0	0	(1,872,392)	0	0	(162,994)	0
22. Federal and foreign income taxes incurred.....	(1,018,132)	567,096	(672,493)	0	0	(822,477)	0	0	(90,258)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,222,504)	1,018,868	(1,118,721)	0	0	(1,049,915)	0	0	(72,736)	0
24 Medical Loss Ratio	123.0%	80.2%	98.4%	0.0%	0.0%	174.3%	0.0%	0.0%	109.4%	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 **DECEMBER 31, 2014**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(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.....	74,756	9,864	9,443	0	0	50,574	0	0	4,875	0
2. MEMBER MONTHS.....	838,055	137,926	112,689	0	0	519,051	0	0	68,389	0
3. Direct Premium Income.....	309,096,943	59,036,062	99,148,891	0	0	142,729,471	0	XXXXXXXX	8,182,519	0
4. Net Premium Income.....	307,827,422	59,036,062	98,532,114	0	0	142,104,178	0	0	8,155,068	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,782,378	3,345	0	0	0	3,779,033	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).....	311,609,800	59,039,407	98,532,114	0	0	145,883,211	0	0	8,155,068	0
11. Hospital & Medical Benefits.....	278,463,692	49,800,866	89,812,021	0	0	131,757,755	0	0	7,093,050	0
12. Net Reins Recoveries Incurred.....	1,276,389	0	616,777	0	0	659,612	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	277,187,303	49,800,866	89,195,244	0	0	131,098,143	0	0	7,093,050	0
14. Claims Adjustment Expenses.....	3,873,671	614,168	1,379,419	0	0	1,780,233	0	0	99,851	0
15. General Administrative Expenses.....	31,553,268	8,363,174	9,157,592	0	0	13,283,696	0	0	748,806	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).....	312,614,242	58,778,208	99,732,255	0	0	146,162,072	0	0	7,941,707	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,004,442)	261,199	(1,200,141)	0	0	(278,861)	0	0	213,361	0
19. Net Investments Gains / (Losses).....	2,364,417	447,977	747,637	0	0	1,106,925	0	0	61,878	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).....	1,359,975	709,176	(452,504)	0	0	828,064	0	0	275,239	0
22. Federal and foreign income taxes incurred.....	417,229	217,570	(138,825)	0	0	254,043	0	0	84,441	0
23. NET INCOME/(LOSS) (L21 less L22).....	942,746	491,606	(313,679)	0	0	574,021	0	0	190,798	0
24 Medical Loss Ratio	90.0%	84.4%	90.5%	0.0%	0.0%	92.3%	0.0%	0.0%	87.0%	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				