

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	146,333	53,123	18,606	0	0	64,683	0	0	9,921	0
2. MEMBER MONTHS.....	439,241	166,086	55,721	0	0	186,825	0	0	30,609	0
3. Direct Premium Income.....	175,632,618	64,795,613	52,287,747	0	0	54,834,138	0	XXXXXXXX	3,715,120	0
4. Net Premium Income.....	175,170,786	64,795,612	52,008,027	0	0	54,659,088	0	0	3,708,059	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,411,044)	(921,381)	0	0	0	(2,489,663)	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).....	171,759,742	63,874,231	52,008,027	0	0	52,169,425	0	0	3,708,059	0
11. Hospital & Medical Benefits.....	139,510,737	49,567,890	44,864,265	0	0	42,457,729	0	0	2,620,853	0
12. Net Reins Recoveries Incurred.....	279,720	0	279,720	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	139,231,017	49,567,890	44,584,545	0	0	42,457,729	0	0	2,620,853	0
14. Claims Adjustment Expenses.....	3,082,068	818,496	1,078,090	0	0	1,105,970	0	0	79,512	0
15. General Administrative Expenses.....	18,257,880	6,587,520	5,302,927	0	0	5,951,684	0	0	415,749	0
16. Increase in Reserves for A&H contracts.....	4,001,904	939,264	3,062,640	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	164,572,869	57,913,170	54,028,202	0	0	49,515,383	0	0	3,116,114	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,186,873	5,961,061	(2,020,175)	0	0	2,654,042	0	0	591,945	0
19. Net Investments Gains / (Losses).....	1,259,282	466,674	382,340	0	0	383,122	0	0	27,146	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).....	8,446,155	6,427,735	(1,637,835)	0	0	3,037,164	0	0	619,091	0
22. Federal and foreign income taxes incurred.....	3,211,509	(1,071,139)	(73,550)	0	0	3,667,672	0	0	688,526	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,234,646	7,498,874	(1,564,285)	0	0	(630,508)	0	0	(69,435)	0
24. Medical Loss Ratio	79.5%	76.5%	85.7%	0.0%	0.0%	77.7%	0.0%	0.0%	70.7%	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.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	146,333	53,123	18,606	0	0	64,683	0	0	9,921	0
2. MEMBER MONTHS.....	876,515	341,860	110,680	0	0	360,006	0	0	63,969	0
3. Direct Premium Income.....	351,226,136	134,461,156	102,375,622	0	0	106,766,340	0	XXXXXXXX	7,623,018	0
4. Net Premium Income.....	350,525,813	134,461,155	102,095,902	0	0	106,370,646	0	0	7,598,110	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,720,333)	(900,162)	0	0	0	(2,820,171)	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).....	346,805,480	133,560,993	102,095,902	0	0	103,550,475	0	0	7,598,110	0
11. Hospital & Medical Benefits.....	287,880,845	106,740,062	88,164,334	0	0	87,102,564	0	0	5,873,885	0
12. Net Reins Recoveries Incurred.....	279,720	0	279,720	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	287,601,125	106,740,062	87,884,614	0	0	87,102,564	0	0	5,873,885	0
14. Claims Adjustment Expenses.....	6,079,211	2,035,315	2,012,552	0	0	1,892,026	0	0	139,318	0
15. General Administrative Expenses.....	46,292,226	25,929,948	9,371,915	0	0	10,234,381	0	0	755,982	0
16. Increase in Reserves for A&H contracts.....	3,359,896	297,256	3,062,640	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	343,332,458	135,002,581	102,331,721	0	0	99,228,971	0	0	6,769,185	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,473,022	(1,441,588)	(235,819)	0	0	4,321,504	0	0	828,925	0
19. Net Investments Gains / (Losses).....	2,668,035	1,027,507	785,443	0	0	796,632	0	0	58,453	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).....	6,141,057	(414,081)	549,624	0	0	5,118,136	0	0	887,378	0
22. Federal and foreign income taxes incurred.....	5,047,231	(340,327)	451,727	0	0	4,206,510	0	0	729,321	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,093,826	(73,754)	97,897	0	0	911,626	0	0	158,057	0
24. Medical Loss Ratio	82.0%	79.4%	86.1%	0.0%	0.0%	81.9%	0.0%	0.0%	77.3%	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 **JUNE 30, 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	32,407	2	26,598	0	0	0	0	5,807	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	203,555	19	168,893	0	0	0	0	34,643	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	213,425	17	150,004	0	0	0	0	63,404	0	0
8. Non-Physician	100,260	10	94,149	0	0	0	0	6,101	0	0
9. Total	313,685	27	244,153	0	0	0	0	69,505	0	0
10. Hospital Patient Days Incurred	7,262	0	3,193	0	0	0	0	4,069	0	0
11. Number of Inpatient Admissions	1,449	0	814	0	0	0	0	635	0	0
12. Health Premiums Written	104,868,454	17,549	70,304,290	0	0	0	0	34,546,615	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	104,173,921	17,549	69,609,757	0	0	0	0	34,546,615	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	85,216,531	9,095	58,265,291	0	0	0	0	26,942,145	0	0
18. Amount Incurred for Provision of Health Care Services	82,570,419	(29,710)	53,783,962	0	0	0	0	28,816,167	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	32,407	26,600	5,807	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	99,645	82,240	17,405	0	0	0	0	0	0	0
3. Direct Premium Income.....	51,288,666	34,046,007	17,242,659	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	51,265,356	34,046,007	17,219,349	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(703,156)	(703,156)	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).....	50,562,200	33,342,851	17,219,349	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	40,242,600	25,092,747	15,149,853	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	23,310	0	23,310	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	40,219,290	25,092,747	15,126,543	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	785,174	427,468	357,706	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,209,812	3,446,460	1,763,352	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	4,001,904	939,264	3,062,640	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	50,216,180	29,905,939	20,310,241	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	346,020	3,436,912	(3,090,892)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	369,974	243,641	126,333	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).....	715,994	3,680,553	(2,964,559)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(55,258)	879,226	(934,484)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	771,252	2,801,327	(2,030,075)	0	0	0	0	0	0	0
24. Medical Loss Ratio	78.5%	73.7%	87.8%	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
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

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

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	32,407	26,600	5,807	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	203,555	168,912	34,643	0	0	0	0	0	0	0
3. Direct Premium Income.....	104,868,454	70,321,839	34,546,615	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	104,845,144	70,321,839	34,523,305	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(694,533)	(694,533)	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).....	104,150,611	69,627,306	34,523,305	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	82,570,419	53,754,252	28,816,167	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	23,310	0	23,310	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	82,547,109	53,754,252	28,792,857	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,741,576	1,061,040	680,536	0	0	0	0	0	0	0
15. General Administrative Expenses.....	16,686,736	13,517,662	3,169,074	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	3,359,896	297,256	3,062,640	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	104,335,317	68,630,210	35,705,107	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(184,706)	997,096	(1,181,802)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	801,249	535,655	265,594	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).....	616,543	1,532,751	(916,208)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	506,729	1,259,745	(753,016)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	109,814	273,006	(163,192)	0	0	0	0	0	0	0
24 Medical Loss Ratio	78.7%	76.4%	83.4%	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
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

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

0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	37,294	4,528	6,658	0	0	0	0	3,337	22,771	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	220,204	26,789	43,672	0	0	0	7	19,950	129,786	0
Total Member Ambulatory Encounters for Year:										
7. Physician	196,002	12,496	34,662	0	0	0	9	37,937	110,898	0
8. Non-Physician	43,575	1,663	18,880	0	0	0	2	4,756	18,274	0
9. Total	239,577	14,159	53,542	0	0	0	11	42,693	129,172	0
10. Hospital Patient Days Incurred	9,406	223	858	0	0	0	4	1,789	6,532	0
11. Number of Inpatient Admissions	2,410	44	184	0	0	0	2	298	1,882	0
12. Health Premiums Written	67,662,991	2,824,087	13,672,518	0	0	0	159,147	16,843,920	34,163,319	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	65,767,253	2,824,087	13,672,296	0	0	0	159,147	16,843,920	32,267,803	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	52,851,317	2,236,306	13,160,071	0	0	0	640,587	14,467,372	22,346,981	0
18. Amount Incurred for Provision of Health Care Services	52,068,495	2,184,864	13,654,528	0	0	0	13,825	14,506,655	21,708,623	0

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STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	37,294	6,661	3,337	0	0	22,771	0	0	4,525	0
2. MEMBER MONTHS.....	110,692	21,249	10,027	0	0	66,501	0	0	12,915	0
3. Direct Premium Income.....	34,820,782	6,507,860	9,514,477	0	0	17,445,465	0	XXXXXXXX	1,352,980	0
4. Net Premium Income.....	34,596,894	6,507,860	9,374,617	0	0	17,363,946	0	0	1,350,471	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,615,295)	(502)	0	0	0	(1,614,793)	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).....	32,981,599	6,507,358	9,374,617	0	0	15,749,153	0	0	1,350,471	0
11. Hospital & Medical Benefits.....	25,368,023	5,488,583	7,117,627	0	0	11,696,707	0	0	1,065,106	0
12. Net Reins Recoveries Incurred.....	139,860	0	139,860	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	25,228,163	5,488,583	6,977,767	0	0	11,696,707	0	0	1,065,106	0
14. Claims Adjustment Expenses.....	640,906	82,883	192,536	0	0	336,388	0	0	29,099	0
15. General Administrative Expenses.....	3,551,959	652,238	937,932	0	0	1,809,806	0	0	151,983	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).....	29,421,028	6,223,704	8,108,235	0	0	13,842,901	0	0	1,246,188	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,560,571	283,654	1,266,382	0	0	1,906,252	0	0	104,283	0
19. Net Investments Gains / (Losses).....	242,213	47,464	69,521	0	0	115,359	0	0	9,869	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).....	3,802,784	331,118	1,335,903	0	0	2,021,611	0	0	114,152	0
22. Federal and foreign income taxes incurred.....	3,918,149	(2,234,220)	418,847	0	0	5,486,306	0	0	247,216	0
23. NET INCOME/(LOSS) (L21 less L22).....	(115,365)	2,565,338	917,056	0	0	(3,464,695)	0	0	(133,064)	0
24. Medical Loss Ratio	72.9%	84.3%	74.4%	0.0%	0.0%	67.4%	0.0%	0.0%	78.9%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 1 (Examples of non-taxable enrollees are State
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

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

0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	37,294	6,661	3,337	0	0	22,771	0	0	4,525	0
2. MEMBER MONTHS.....	220,204	43,697	19,950	0	0	129,786	0	0	26,771	0
3. Direct Premium Income.....	67,662,991	13,833,456	16,843,920	0	0	34,163,319	0	XXXXXXXX	2,822,296	0
4. Net Premium Income.....	67,352,911	13,833,456	16,704,060	0	0	34,000,874	0	0	2,814,521	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,895,738)	(222)	0	0	0	(1,895,516)	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).....	65,457,173	13,833,234	16,704,060	0	0	32,105,358	0	0	2,814,521	0
11. Hospital & Medical Benefits.....	52,068,495	13,668,158	14,506,655	0	0	21,708,623	0	0	2,185,059	0
12. Net Reins Recoveries Incurred.....	139,860	0	139,860	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	51,928,635	13,668,158	14,366,795	0	0	21,708,623	0	0	2,185,059	0
14. Claims Adjustment Expenses.....	1,178,300	210,802	329,277	0	0	586,614	0	0	51,607	0
15. General Administrative Expenses.....	7,672,138	2,685,627	1,533,354	0	0	3,173,124	0	0	280,033	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).....	60,779,073	16,564,587	16,229,426	0	0	25,468,361	0	0	2,516,699	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,678,100	(2,731,353)	474,634	0	0	6,636,997	0	0	297,822	0
19. Net Investments Gains / (Losses).....	503,573	106,421	128,508	0	0	246,992	0	0	21,652	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).....	5,181,673	(2,624,932)	603,142	0	0	6,883,989	0	0	319,474	0
22. Federal and foreign income taxes incurred.....	4,258,725	(2,157,393)	495,713	0	0	5,657,835	0	0	262,570	0
23. NET INCOME/(LOSS) (L21 less L22).....	922,948	(467,539)	107,429	0	0	1,226,154	0	0	56,904	0
24 Medical Loss Ratio	77.1%	98.8%	86.0%	0.0%	0.0%	63.8%	0.0%	0.0%	77.6%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 1 (Examples of non-taxable enrollees are State
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

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

0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	6,690	2	6,633	0	0	0	0	55	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	41,488	12	41,133	0	0	0	5	338	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	19,896	5	19,154	0	0	0	7	730	0	0
8. Non-Physician	19,497	6	19,403	0	0	0	1	87	0	0
9. Total	39,393	11	38,557	0	0	0	8	817	0	0
10. Hospital Patient Days Incurred	497	0	473	0	0	0	11	13	0	0
11. Number of Inpatient Admissions	169	0	164	0	0	0	0	5	0	0
12. Health Premiums Written	14,883,812	9,493	14,538,095	0	0	0	86,113	250,111	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	14,739,318	9,493	14,393,601	0	0	0	86,113	250,111	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	11,216,067	1,652	10,446,946	0	0	0	575,381	192,088	0	0
18. Amount Incurred for Provision of Health Care Services	10,481,602	(3,460)	10,160,388	0	0	0	126,987	197,687	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	6,690	6,635	55	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	20,571	20,402	169	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,355,146	7,233,502	121,644	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,355,146	7,233,502	121,644	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(146,896)	(146,896)	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).....	7,208,250	7,086,606	121,644	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,575,271	5,471,806	103,465	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).....	5,575,271	5,471,806	103,465	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	94,073	91,540	2,533	0	0	0	0	0	0	0
15. General Administrative Expenses.....	770,819	758,296	12,523	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).....	6,440,163	6,321,642	118,521	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	768,087	764,964	3,123	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	52,783	51,893	890	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).....	820,870	816,857	4,013	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	997,230	976,831	20,399	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(176,360)	(159,974)	(16,386)	0	0	0	0	0	0	0
24. Medical Loss Ratio	75.8%	75.6%	85.1%	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, 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.....	6,690	6,635	55	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	41,488	41,150	338	0	0	0	0	0	0	0
3. Direct Premium Income.....	14,883,812	14,633,701	250,111	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	14,883,812	14,633,701	250,111	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(144,494)	(144,494)	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).....	14,739,318	14,489,207	250,111	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,481,602	10,283,915	197,687	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).....	10,481,602	10,283,915	197,687	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	225,729	220,799	4,930	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,835,939	2,812,980	22,959	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).....	13,543,270	13,317,694	225,576	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,196,048	1,171,513	24,535	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	113,392	111,468	1,924	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).....	1,309,440	1,282,981	26,459	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,076,209	1,054,463	21,746	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	233,231	228,518	4,713	0	0	0	0	0	0	0
24 Medical Loss Ratio	70.4%	70.3%	79.0%	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
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

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

0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	119	0	117	0	0	0	0	2	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	750	0	738	0	0	0	0	12	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	195	0	184	0	0	0	0	11	0	0
8. Non-Physician	329	0	328	0	0	0	0	1	0	0
9. Total	524	0	512	0	0	0	0	12	0	0
10. Hospital Patient Days Incurred	16	0	16	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	3	0	3	0	0	0	0	0	0	0
12. Health Premiums Written	284,012	0	277,183	0	0	0	0	6,829	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	284,012	0	277,183	0	0	0	0	6,829	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	262,012	0	258,075	0	0	0	0	3,937	0	0
18. Amount Incurred for Provision of Health Care Services	262,035	0	257,736	0	0	0	0	4,299	0	0

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

TEXAS HMO SUPPLEMENT

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.....	119	117	2	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	371	365	6	0	0	0	0	0	0	0
3. Direct Premium Income.....	141,167	138,078	3,089	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	141,167	138,078	3,089	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).....	141,167	138,078	3,089	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	85,010	82,537	2,473	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).....	85,010	82,537	2,473	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,860	1,795	65	0	0	0	0	0	0	0
15. General Administrative Expenses.....	15,525	15,203	322	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).....	102,395	99,535	2,860	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	38,772	38,543	229	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,035	1,012	23	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).....	39,807	39,555	252	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(29,965)	(31,423)	1,458	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	69,772	70,978	(1,206)	0	0	0	0	0	0	0
24 Medical Loss Ratio	60.2%	59.8%	80.1%	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				

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

TEXAS HMO SUPPLEMENT

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.....	119	117	2	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	750	738	12	0	0	0	0	0	0	0
3. Direct Premium Income.....	284,012	277,183	6,829	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	284,012	277,183	6,829	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).....	284,012	277,183	6,829	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	262,035	257,736	4,299	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).....	262,035	257,736	4,299	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,359	4,224	135	0	0	0	0	0	0	0
15. General Administrative Expenses.....	54,439	53,813	626	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).....	320,833	315,773	5,060	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(36,821)	(38,590)	1,769	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,185	2,132	53	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).....	(34,636)	(36,458)	1,822	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(28,467)	(29,964)	1,497	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(6,169)	(6,494)	325	0	0	0	0	0	0	0
24 Medical Loss Ratio	92.3%	93.0%	63.0%	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, 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	1,841	0	1,837	0	0	0	0	4	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	13,010	0	12,986	0	0	0	0	24	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	3,491	0	3,459	0	0	0	0	32	0	0
8. Non-Physician	8,312	0	8,305	0	0	0	0	7	0	0
9. Total	11,803	0	11,764	0	0	0	0	39	0	0
10. Hospital Patient Days Incurred	206	0	203	0	0	0	0	3	0	0
11. Number of Inpatient Admissions	67	0	66	0	0	0	0	1	0	0
12. Health Premiums Written	4,444,621	0	4,366,901	0	0	0	0	77,720	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	4,440,942	0	4,363,222	0	0	0	0	77,720	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	3,561,226	0	3,512,095	0	0	0	0	49,131	0	0
18. Amount Incurred for Provision of Health Care Services	2,635,904	0	2,585,713	0	0	0	0	50,191	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	1,841	1,837	4	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	5,799	5,787	12	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,990,713	1,957,994	32,719	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,990,713	1,957,994	32,719	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(12,533)	(12,533)	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).....	1,978,180	1,945,461	32,719	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,114,939	1,077,212	37,727	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).....	1,114,939	1,077,212	37,727	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	24,965	24,273	692	0	0	0	0	0	0	0
15. General Administrative Expenses.....	179,489	176,010	3,479	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).....	1,319,393	1,277,495	41,898	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	658,787	667,966	(9,179)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	14,344	14,108	236	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).....	673,131	682,074	(8,943)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	727,807	712,284	15,523	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(54,676)	(30,210)	(24,466)	0	0	0	0	0	0	0
24. Medical Loss Ratio	56.0%	55.0%	115.3%	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, 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.....	1,841	1,837	4	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,010	12,986	24	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,444,621	4,366,901	77,720	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,444,621	4,366,901	77,720	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,679)	(3,679)	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).....	4,440,942	4,363,222	77,720	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,635,904	2,585,713	50,191	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,635,904	2,585,713	50,191	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	68,022	66,490	1,532	0	0	0	0	0	0	0
15. General Administrative Expenses.....	854,224	847,090	7,134	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).....	3,558,150	3,499,293	58,857	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	882,792	863,929	18,863	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	34,165	33,567	598	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).....	916,957	897,496	19,461	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	753,634	737,639	15,995	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	163,323	159,857	3,466	0	0	0	0	0	0	0
24 Medical Loss Ratio	59.3%	59.2%	64.6%	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
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

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

0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	67,982	5,398	11,271	0	0	0	0	9,401	41,912	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	397,508	37,220	74,355	0	0	0	0	55,713	230,220	0
Total Member Ambulatory Encounters for Year:										
7. Physician	461,563	20,169	89,257	0	0	0	0	109,700	242,437	0
8. Non-Physician	109,984	4,205	42,079	0	0	0	0	15,031	48,669	0
9. Total	571,547	24,374	131,336	0	0	0	0	124,731	291,106	0
10. Hospital Patient Days Incurred	26,558	427	1,480	0	0	0	0	5,613	19,038	0
11. Number of Inpatient Admissions	6,984	76	331	0	0	0	0	921	5,656	0
12. Health Premiums Written	159,082,246	4,805,237	31,023,561	0	0	0	0	50,650,427	72,603,021	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	158,100,357	4,805,237	30,966,327	0	0	0	0	50,650,427	71,678,366	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	143,665,511	3,707,966	28,710,056	0	0	0	0	44,999,786	66,247,703	0
18. Amount Incurred for Provision of Health Care Services	139,862,390	3,760,675	26,118,439	0	0	0	0	44,589,335	65,393,941	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	67,982	11,273	9,401	0	0	41,912	0	0	5,396	0
2. MEMBER MONTHS.....	202,163	36,043	28,102	0	0	120,324	0	0	17,694	0
3. Direct Premium Income.....	80,036,144	14,912,172	25,373,159	0	0	37,388,673	0	XXXXXXXX	2,362,140	0
4. Net Premium Income.....	79,821,510	14,912,171	25,256,609	0	0	37,295,142	0	0	2,357,588	0
5. Change in unearned premium reserve and reserve for rate credits.....	(933,164)	(58,294)	0	0	0	(874,870)	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).....	78,888,346	14,853,877	25,256,609	0	0	36,420,272	0	0	2,357,588	0
11. Hospital & Medical Benefits.....	67,124,894	12,355,005	22,453,120	0	0	30,761,022	0	0	1,555,747	0
12. Net Reins Recoveries Incurred.....	116,550	0	116,550	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	67,008,344	12,355,005	22,336,570	0	0	30,761,022	0	0	1,555,747	0
14. Claims Adjustment Expenses.....	1,535,090	190,537	524,558	0	0	769,582	0	0	50,413	0
15. General Administrative Expenses.....	8,530,276	1,539,313	2,585,319	0	0	4,141,878	0	0	263,766	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).....	77,073,710	14,084,855	25,446,447	0	0	35,672,482	0	0	1,869,926	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,814,636	769,022	(189,838)	0	0	747,790	0	0	487,662	0
19. Net Investments Gains / (Losses).....	578,933	108,556	185,337	0	0	267,763	0	0	17,277	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).....	2,393,569	877,578	(4,501)	0	0	1,015,553	0	0	504,939	0
22. Federal and foreign income taxes incurred.....	(2,346,454)	(1,373,837)	404,707	0	0	(1,818,634)	0	0	441,310	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,740,023	2,251,415	(409,208)	0	0	2,834,187	0	0	63,629	0
24 Medical Loss Ratio	83.9%	82.9%	88.4%	0.0%	0.0%	82.5%	0.0%	0.0%	66.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 1 (Examples of non-taxable enrollees are State
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

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

0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	67,982	11,273	9,401	0	0	41,912	0	0	5,396	0
2. MEMBER MONTHS.....	397,508	74,377	55,713	0	0	230,220	0	0	37,198	0
3. Direct Premium Income.....	159,082,246	31,028,076	50,650,427	0	0	72,603,021	0	XXXXXXXX	4,800,722	0
4. Net Premium Income.....	158,715,313	31,028,075	50,533,877	0	0	72,369,772	0	0	4,783,589	0
5. Change in unearned premium reserve and reserve for rate credits.....	(981,889)	(57,234)	0	0	0	(924,655)	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).....	157,733,424	30,970,841	50,533,877	0	0	71,445,117	0	0	4,783,589	0
11. Hospital & Medical Benefits.....	139,862,390	26,190,288	44,589,335	0	0	65,393,941	0	0	3,688,826	0
12. Net Reins Recoveries Incurred.....	116,550	0	116,550	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	139,745,840	26,190,288	44,472,785	0	0	65,393,941	0	0	3,688,826	0
14. Claims Adjustment Expenses.....	2,861,225	471,960	996,142	0	0	1,305,412	0	0	87,711	0
15. General Administrative Expenses.....	18,188,750	6,012,776	4,638,768	0	0	7,061,257	0	0	475,949	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).....	160,795,815	32,675,024	50,107,695	0	0	73,760,610	0	0	4,252,486	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,062,391)	(1,704,183)	426,182	0	0	(2,315,493)	0	0	531,103	0
19. Net Investments Gains / (Losses).....	1,213,471	238,264	388,766	0	0	549,640	0	0	36,801	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).....	(1,848,920)	(1,465,919)	814,948	0	0	(1,765,853)	0	0	567,904	0
22. Federal and foreign income taxes incurred.....	(1,519,599)	(1,204,817)	669,792	0	0	(1,451,325)	0	0	466,751	0
23. NET INCOME/(LOSS) (L21 less L22).....	(329,321)	(261,102)	145,156	0	0	(314,528)	0	0	101,153	0
24 Medical Loss Ratio	88.0%	84.4%	88.0%	0.0%	0.0%	90.4%	0.0%	0.0%	77.1%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 1 (Examples of non-taxable enrollees are State
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

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

0