

TEXAS HMO SUPPLEMENT

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

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.....	51,662	35,581	16,081	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	154,869	106,798	48,071	0	0	0	0	0	0	0
3. Direct Premium Income.....	87,074,197	45,511,382	41,562,815	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	86,654,519	45,511,382	41,143,136	0	0	0	0	0	1	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,198	3,198	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).....	86,657,717	45,514,580	41,143,136	0	0	0	0	0	1	0
11. Hospital & Medical Benefits.....	81,006,253	44,336,803	36,669,450	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	417,774	0	417,774	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	80,588,479	44,336,803	36,251,676	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,575,685	598,589	968,092	0	0	8,510	0	0	494	0
15. General Administrative Expenses.....	10,114,239	4,708,809	5,766,417	0	0	(340,658)	0	0	(20,329)	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).....	92,278,403	49,644,201	42,986,185	0	0	(332,148)	0	0	(19,835)	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,620,686)	(4,129,621)	(1,843,049)	0	0	332,148	0	0	19,836	0
19. Net Investments Gains / (Losses).....	1,489,238	690,042	621,876	0	0	167,034	0	0	10,286	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,131,448)	(3,439,579)	(1,221,173)	0	0	499,182	0	0	30,122	0
22. Federal and foreign income taxes incurred.....	(3,713,910)	(497,298)	(1,361,241)	0	0	(1,658,960)	0	0	(196,411)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(417,538)	(2,942,281)	140,068	0	0	2,158,142	0	0	226,533	0
24 Medical Loss Ratio	93.0%	97.4%	88.1%	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				

TEXAS HMO SUPPLEMENT

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

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.....	51,662	35,581	16,081	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,297,372	456,108	179,774	0	0	595,879	0	0	65,611	0
3. Direct Premium Income.....	522,532,780	189,809,998	172,019,317	0	0	151,698,446	0	XXXXXXXX	9,005,019	0
4. Net Premium Income.....	520,111,592	189,809,998	169,986,094	0	0	151,330,264	0	0	8,985,236	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,346,555)	64,183	0	0	0	(5,410,738)	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).....	514,765,037	189,874,181	169,986,094	0	0	145,919,526	0	0	8,985,236	0
11. Hospital & Medical Benefits.....	433,634,612	167,489,919	145,663,973	0	0	114,418,834	0	0	6,061,886	0
12. Net Reins Recoveries Incurred.....	2,211,854	0	1,990,389	0	0	221,465	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	431,422,758	167,489,919	143,673,584	0	0	114,197,369	0	0	6,061,886	0
14. Claims Adjustment Expenses.....	6,633,429	2,223,595	2,673,883	0	0	1,640,456	0	0	95,495	0
15. General Administrative Expenses.....	61,771,409	32,813,826	16,601,795	0	0	11,670,217	0	0	685,571	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	499,827,596	202,527,340	162,949,262	0	0	127,508,042	0	0	6,842,952	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	14,937,441	(12,653,159)	7,036,832	0	0	18,411,484	0	0	2,142,284	0
19. Net Investments Gains / (Losses).....	5,935,356	2,189,290	1,959,980	0	0	1,682,484	0	0	103,602	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).....	20,872,797	(10,463,869)	8,996,812	0	0	20,093,968	0	0	2,245,886	0
22. Federal and foreign income taxes incurred.....	6,990,371	(3,504,386)	3,013,063	0	0	6,729,539	0	0	752,155	0
23. NET INCOME/(LOSS) (L21 less L22).....	13,882,426	(6,959,483)	5,983,749	0	0	13,364,429	0	0	1,493,731	0
24 Medical Loss Ratio	82.9%	88.2%	84.5%	0.0%	0.0%	75.5%	0.0%	0.0%	67.5%	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, 2015**

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	28,314	1	22,387	0	0	0	0	5,926	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	25,465	0	17,882	0	0	0	0	7,583	0	0
6. Current Year Member Months	316,429	0	233,770	0	0	0	0	82,659	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	421,149	0	207,222	0	0	0	0	213,927	0	0
8. Non-Physician	376,146	0	244,504	0	0	0	0	131,642	0	0
9. Total	797,295	0	451,726	0	0	0	0	345,569	0	0
10. Hospital Patient Days Incurred	16,901	0	4,593	0	0	0	0	12,308	0	0
11. Number of Inpatient Admissions	2,333	0	933	0	0	0	0	1,400	0	0
12. Health Premiums Written	180,359,938	0	99,562,582	0	0	0	0	80,797,356	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	180,401,419	0	99,604,063	0	0	0	0	80,797,356	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	149,698,605	0	82,385,285	0	0	0	(1,203)	67,314,523	0	0
18. Amount Incurred for Provision of Health Care Services	153,974,898	0	83,882,278	0	0	0	(9,743)	70,102,363	0	0

TEXAS HMO SUPPLEMENT

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

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.....	25,465	17,882	7,583	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	76,617	53,961	22,656	0	0	0	0	0	0	0
3. Direct Premium Income.....	43,263,174	23,294,209	19,968,965	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	43,156,197	23,294,209	19,861,988	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	216	216	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).....	43,156,413	23,294,425	19,861,988	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	39,845,768	21,939,944	17,905,824	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	106,882	0	106,882	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	39,738,886	21,939,944	17,798,942	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	770,308	307,461	462,847	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,116,146	2,356,916	2,759,230	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).....	45,625,340	24,604,321	21,021,019	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,468,927)	(1,309,896)	(1,159,031)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	654,086	355,942	298,144	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).....	(1,814,841)	(953,954)	(860,887)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,113,972)	(510,014)	(603,958)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(700,869)	(443,940)	(256,929)	0	0	0	0	0	0	0
24 Medical Loss Ratio	92.1%	94.2%	89.6%	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, 2015**

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.....	25,465	17,882	7,583	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	316,429	233,770	82,659	0	0	0	0	0	0	0
3. Direct Premium Income.....	180,359,938	99,562,582	80,797,356	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	179,816,164	99,562,582	80,253,582	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	41,482	41,482	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).....	179,857,646	99,604,064	80,253,582	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	153,974,898	83,872,535	70,102,363	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	549,880	0	549,880	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	153,425,018	83,872,535	69,552,483	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,428,842	1,166,452	1,262,390	0	0	0	0	0	0	0
15. General Administrative Expenses.....	25,051,469	17,213,454	7,838,015	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).....	180,905,329	102,252,441	78,652,888	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,047,683)	(2,648,377)	1,600,694	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,073,799	1,148,457	925,342	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).....	1,026,116	(1,499,920)	2,526,036	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	102,237	(743,741)	845,978	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	923,879	(756,179)	1,680,058	0	0	0	0	0	0	0
24 Medical Loss Ratio	85.3%	84.2%	86.7%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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	37,981	3,086	5,345	0	0	0	0	3,305	26,245	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	6,285	0	2,472	0	0	0	0	3,813	0	0
6. Current Year Member Months	300,897	24,410	32,441	0	0	0	0	41,697	202,349	0
Total Member Ambulatory Encounters for Year:										
7. Physician	105,047	0	15,834	0	0	0	0	89,213	0	0
8. Non-Physician	71,419	0	25,348	0	0	0	0	46,071	0	0
9. Total	176,466	0	41,182	0	0	0	0	135,284	0	0
10. Hospital Patient Days Incurred	4,614	0	(98)	0	0	0	0	4,712	0	0
11. Number of Inpatient Admissions	586	0	31	0	0	0	0	555	0	0
12. Health Premiums Written	100,290,992	3,087,448	11,008,003	0	0	0	(33,199)	37,637,889	48,590,851	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	97,036,851	3,087,448	11,011,204	0	0	0	(33,199)	37,637,889	45,333,509	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	80,614,605	2,356,337	12,694,876	0	0	0	29,579	27,506,750	38,027,063	0
18. Amount Incurred for Provision of Health Care Services	73,528,635	2,070,279	10,212,761	0	0	0	39,620	28,032,154	33,173,821	0

TEXAS HMO SUPPLEMENT

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

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.....	6,285	2,472	3,813	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	18,835	7,446	11,389	0	0	0	0	0	0	0
3. Direct Premium Income.....	11,837,992	2,864,955	8,973,037	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	11,582,894	2,864,955	8,717,939	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	552	552	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).....	11,583,446	2,865,507	8,717,939	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,089,654	2,853,164	6,236,490	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	253,779	0	253,779	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,835,875	2,853,164	5,982,711	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	246,816	37,243	206,767	0	0	2,637	0	0	169	0
15. General Administrative Expenses.....	1,436,064	317,804	1,230,767	0	0	(105,538)	0	0	(6,969)	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	10,518,755	3,208,211	7,420,245	0	0	(102,901)	0	0	(6,800)	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,064,691	(342,704)	1,297,694	0	0	102,901	0	0	6,800	0
19. Net Investments Gains / (Losses).....	230,124	42,325	132,523	0	0	51,749	0	0	3,527	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).....	1,294,815	(300,379)	1,430,217	0	0	154,650	0	0	10,327	0
22. Federal and foreign income taxes incurred.....	(247,760)	311,596	76,303	0	0	(567,565)	0	0	(68,094)	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,542,575	(611,975)	1,353,914	0	0	722,215	0	0	78,421	0
24 Medical Loss Ratio	76.3%	99.6%	68.6%	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, 2015**

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.....	6,285	2,472	3,813	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	300,897	32,441	41,697	0	0	202,349	0	0	24,410	0
3. Direct Premium Income.....	100,290,992	10,974,804	37,637,889	0	0	48,590,851	0	XXXXXXXX	3,087,448	0
4. Net Premium Income.....	99,194,499	10,974,804	36,675,096	0	0	48,463,953	0	0	3,080,646	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,254,141)	3,201	0	0	0	(3,257,342)	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).....	95,940,358	10,978,005	36,675,096	0	0	45,206,611	0	0	3,080,646	0
11. Hospital & Medical Benefits.....	73,528,635	10,252,381	28,032,154	0	0	33,173,821	0	0	2,070,279	0
12. Net Reins Recoveries Incurred.....	844,031	0	844,031	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	72,684,604	10,252,381	27,188,123	0	0	33,173,821	0	0	2,070,279	0
14. Claims Adjustment Expenses.....	1,246,426	128,563	576,900	0	0	508,222	0	0	32,741	0
15. General Administrative Expenses.....	9,329,645	1,897,205	3,581,895	0	0	3,615,492	0	0	235,053	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).....	83,260,675	12,278,149	31,346,918	0	0	37,297,535	0	0	2,338,073	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	12,679,683	(1,300,144)	5,328,178	0	0	7,909,076	0	0	742,573	0
19. Net Investments Gains / (Losses).....	1,106,215	126,577	422,874	0	0	521,243	0	0	35,521	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).....	13,785,898	(1,173,567)	5,751,052	0	0	8,430,319	0	0	778,094	0
22. Federal and foreign income taxes incurred.....	5,099,655	(62,215)	1,926,047	0	0	2,975,237	0	0	260,586	0
23. NET INCOME/(LOSS) (L21 less L22).....	8,686,243	(1,111,352)	3,825,005	0	0	5,455,082	0	0	517,508	0
24 Medical Loss Ratio	73.3%	93.4%	74.1%	0.0%	0.0%	68.5%	0.0%	0.0%	67.2%	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, 2015**

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	6,489	1	6,429	0	0	0	0	59	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	6,020	0	5,975	0	0	0	0	45	0	0
6. Current Year Member Months	69,164	0	68,631	0	0	0	0	533	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	66,389	0	65,998	0	0	0	0	391	0	0
8. Non-Physician	54,941	0	54,717	0	0	0	0	224	0	0
9. Total	121,330	0	120,715	0	0	0	0	615	0	0
10. Hospital Patient Days Incurred	1,257	0	1,247	0	0	0	0	10	0	0
11. Number of Inpatient Admissions	276	0	275	0	0	0	0	1	0	0
12. Health Premiums Written	26,279,220	0	25,818,566	0	0	0	(18,248)	478,902	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	26,279,610	0	25,818,956	0	0	0	(18,248)	478,902	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	21,202,495	0	20,974,843	0	0	0	(5,584)	233,236	0	0
18. Amount Incurred for Provision of Health Care Services	21,132,694	0	20,930,524	0	0	0	(7,940)	210,110	0	0

TEXAS HMO SUPPLEMENT

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

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.....	6,020	5,975	45	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,875	17,737	138	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,027,539	6,916,797	110,742	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,027,539	6,916,797	110,742	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	234	234	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).....	7,027,773	6,917,031	110,742	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,296,061	6,240,968	55,093	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).....	6,296,061	6,240,968	55,093	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	92,241	89,582	2,659	0	0	0	0	0	0	0
15. General Administrative Expenses.....	798,240	782,430	15,810	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	7,186,542	7,112,980	73,562	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(158,769)	(195,949)	37,180	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	103,069	101,371	1,698	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).....	(55,700)	(94,578)	38,878	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(16,256)	(12,396)	(3,860)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(39,444)	(82,182)	42,738	0	0	0	0	0	0	0
24 Medical Loss Ratio	89.6%	90.2%	49.7%	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, 2015**

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.....	6,020	5,975	45	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	69,164	68,631	533	0	0	0	0	0	0	0
3. Direct Premium Income.....	26,279,220	25,800,318	478,902	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	26,279,220	25,800,318	478,902	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	390	390	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).....	26,279,610	25,800,708	478,902	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	21,132,694	20,922,584	210,110	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).....	21,132,694	20,922,584	210,110	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	309,682	302,149	7,533	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,505,619	4,458,847	46,772	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).....	25,947,995	25,683,580	264,415	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	331,615	117,128	214,487	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	303,010	297,488	5,522	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).....	634,625	414,616	220,009	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	279,271	205,589	73,682	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	355,354	209,027	146,327	0	0	0	0	0	0	0
24 Medical Loss Ratio	80.4%	81.1%	43.9%	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, 2015**

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	85	0	83	0	0	0	0	2	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	189	0	79	0	0	0	0	110	0	0
6. Current Year Member Months	1,940	0	1,040	0	0	0	0	900	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	953	0	(620)	0	0	0	0	1,573	0	0
8. Non-Physician	1,071	0	587	0	0	0	0	484	0	0
9. Total	2,024	0	(33)	0	0	0	0	2,057	0	0
10. Hospital Patient Days Incurred	28	0	(88)	0	0	0	0	116	0	0
11. Number of Inpatient Admissions	8	0	(14)	0	0	0	0	22	0	0
12. Health Premiums Written	1,352,128	0	306,873	0	0	0	0	1,045,255	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,352,128	0	306,873	0	0	0	0	1,045,255	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,853,486	0	301,014	0	0	0	0	1,552,472	0	0
18. Amount Incurred for Provision of Health Care Services	1,022,430	0	304,360	0	0	0	0	718,070	0	0

TEXAS HMO SUPPLEMENT

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

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.....	189	79	110	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	600	255	345	0	0	0	0	0	0	0
3. Direct Premium Income.....	345,061	85,850	259,211	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	345,061	85,850	259,211	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).....	345,061	85,850	259,211	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	292,914	76,845	216,069	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).....	292,914	76,845	216,069	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,141	1,106	6,035	0	0	0	0	0	0	0
15. General Administrative Expenses.....	45,984	10,003	35,981	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).....	346,039	87,954	258,085	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(978)	(2,104)	1,126	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,131	1,243	3,888	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,153	(861)	5,014	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(22,217)	(3,795)	(18,422)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	26,370	2,934	23,436	0	0	0	0	0	0	0
24 Medical Loss Ratio	84.9%	89.5%	83.4%	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, 2015**

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.....	189	79	110	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,940	1,040	900	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,352,128	306,873	1,045,255	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,352,128	306,873	1,045,255	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).....	1,352,128	306,873	1,045,255	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,022,430	304,360	718,070	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).....	1,022,430	304,360	718,070	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	20,036	3,594	16,442	0	0	0	0	0	0	0
15. General Administrative Expenses.....	155,118	53,033	102,085	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).....	1,197,584	360,987	836,597	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	154,544	(54,114)	208,658	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	15,590	3,538	12,052	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).....	170,134	(50,576)	220,710	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	48,839	(25,078)	73,917	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	121,295	(25,498)	146,793	0	0	0	0	0	0	0
24 Medical Loss Ratio	75.6%	99.2%	68.7%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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	1,042	0	1,038	0	0	0	0	4	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	702	0	627	0	0	0	0	75	0	0
6. Current Year Member Months	10,482	0	9,947	0	0	0	0	535	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	7,576	0	6,871	0	0	0	0	705	0	0
8. Non-Physician	8,637	0	8,406	0	0	0	0	231	0	0
9. Total	16,213	0	15,277	0	0	0	0	936	0	0
10. Hospital Patient Days Incurred	189	0	172	0	0	0	0	17	0	0
11. Number of Inpatient Admissions	47	0	45	0	0	0	0	2	0	0
12. Health Premiums Written	4,056,501	0	3,441,724	0	0	0	0	614,777	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	4,071,818	0	3,457,041	0	0	0	0	614,777	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	4,106,154	0	3,741,628	0	0	0	0	364,526	0	0
18. Amount Incurred for Provision of Health Care Services	3,688,823	0	3,340,778	0	0	0	0	348,045	0	0

TEXAS HMO SUPPLEMENT

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

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.....	702	627	75	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,175	1,970	205	0	0	0	0	0	0	0
3. Direct Premium Income.....	886,717	713,385	173,332	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	886,717	713,385	173,332	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,196	2,196	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).....	888,913	715,581	173,332	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	845,795	746,545	99,250	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).....	845,795	746,545	99,250	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	13,451	9,625	3,826	0	0	0	0	0	0	0
15. General Administrative Expenses.....	86,632	63,714	22,918	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).....	945,878	819,884	125,994	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(56,965)	(104,303)	47,338	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	13,893	11,389	2,504	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).....	(43,072)	(92,914)	49,842	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(70,106)	(72,421)	2,315	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	27,034	(20,493)	47,527	0	0	0	0	0	0	0
24 Medical Loss Ratio	95.4%	104.6%	57.3%	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, 2015**

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.....	702	627	75	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	10,482	9,947	535	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,056,501	3,441,724	614,777	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,056,501	3,441,724	614,777	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	15,317	15,317	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).....	4,071,818	3,457,041	614,777	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,688,823	3,340,778	348,045	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,688,823	3,340,778	348,045	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	50,155	40,485	9,670	0	0	0	0	0	0	0
15. General Administrative Expenses.....	657,485	597,442	60,043	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,396,463	3,978,705	417,758	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(324,645)	(521,664)	197,019	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	46,949	39,860	7,089	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).....	(277,696)	(481,804)	204,108	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(170,548)	(238,904)	68,356	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(107,148)	(242,900)	135,752	0	0	0	0	0	0	0
24 Medical Loss Ratio	90.9%	97.1%	56.6%	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, 2015**

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	74,756	4,876	9,863	0	0	0	0	9,443	50,574	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	13,001	0	8,546	0	0	0	0	4,455	0	0
6. Current Year Member Months	598,460	41,201	110,279	0	0	0	0	53,450	393,530	0
Total Member Ambulatory Encounters for Year:										
7. Physician	216,897	0	116,558	0	0	0	0	100,339	0	0
8. Non-Physician	179,337	0	125,978	0	0	0	0	53,359	0	0
9. Total	396,234	0	242,536	0	0	0	0	153,698	0	0
10. Hospital Patient Days Incurred	10,726	0	2,997	0	0	0	0	7,729	0	0
11. Number of Inpatient Admissions	1,274	0	528	0	0	0	0	746	0	0
12. Health Premiums Written	210,194,001	5,917,571	49,723,697	0	0	0	0	51,445,138	103,107,595	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	208,044,398	5,917,571	49,727,490	0	0	0	0	51,445,138	100,954,199	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	198,057,423	4,360,354	46,631,379	0	0	0	3,229	48,965,406	98,097,055	0
18. Amount Incurred for Provision of Health Care Services	180,287,132	3,991,607	48,797,281	0	0	0	0	46,253,231	81,245,013	0

TEXAS HMO SUPPLEMENT

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

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.....	13,001	8,546	4,455	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	38,767	25,429	13,338	0	0	0	0	0	0	0
3. Direct Premium Income.....	23,713,714	11,636,186	12,077,527	0	0	0	0	XXXXXXXX	1	0
4. Net Premium Income.....	23,656,112	11,636,188	12,019,924	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).....	23,656,112	11,636,188	12,019,924	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	24,636,061	12,479,337	12,156,724	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	57,112	0	57,112	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	24,578,949	12,479,337	12,099,612	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	445,728	153,572	285,958	0	0	5,873	0	0	325	0
15. General Administrative Expenses.....	2,631,173	1,177,942	1,701,712	0	0	(235,121)	0	0	(13,360)	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).....	27,655,850	13,810,851	14,087,282	0	0	(229,248)	0	0	(13,035)	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,999,738)	(2,174,663)	(2,067,358)	0	0	229,248	0	0	13,035	0
19. Net Investments Gains / (Losses).....	482,935	177,772	183,119	0	0	115,285	0	0	6,759	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).....	(3,516,803)	(1,996,891)	(1,884,239)	0	0	344,533	0	0	19,794	0
22. Federal and foreign income taxes incurred.....	(2,243,598)	(210,267)	(813,619)	0	0	(1,091,395)	0	0	(128,317)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,273,205)	(1,786,624)	(1,070,620)	0	0	1,435,928	0	0	148,111	0
24 Medical Loss Ratio	103.9%	107.2%	100.7%	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, 2015**

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.....	13,001	8,546	4,455	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	598,460	110,279	53,450	0	0	393,530	0	0	41,201	0
3. Direct Premium Income.....	210,194,001	49,723,697	51,445,138	0	0	103,107,595	0	XXXXXXXX	5,917,571	0
4. Net Premium Income.....	209,413,081	49,723,699	50,918,482	0	0	102,866,311	0	0	5,904,589	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,149,603)	3,793	0	0	0	(2,153,396)	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).....	207,263,478	49,727,492	50,918,482	0	0	100,712,915	0	0	5,904,589	0
11. Hospital & Medical Benefits.....	180,287,132	48,797,281	46,253,231	0	0	81,245,013	0	0	3,991,607	0
12. Net Reins Recoveries Incurred.....	817,942	0	596,477	0	0	221,465	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	179,469,190	48,797,281	45,656,754	0	0	81,023,548	0	0	3,991,607	0
14. Claims Adjustment Expenses.....	2,578,288	582,352	800,948	0	0	1,132,234	0	0	62,754	0
15. General Administrative Expenses.....	22,072,073	8,593,846	4,972,985	0	0	8,054,724	0	0	450,518	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).....	204,119,551	57,973,479	51,430,687	0	0	90,210,506	0	0	4,504,879	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,143,927	(8,245,987)	(512,205)	0	0	10,502,409	0	0	1,399,710	0
19. Net Investments Gains / (Losses).....	2,389,793	573,370	587,101	0	0	1,161,241	0	0	68,081	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).....	5,533,720	(7,672,617)	74,896	0	0	11,663,650	0	0	1,467,791	0
22. Federal and foreign income taxes incurred.....	1,630,918	(2,640,036)	25,083	0	0	3,754,302	0	0	491,569	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,902,802	(5,032,581)	49,813	0	0	7,909,348	0	0	976,222	0
24 Medical Loss Ratio	85.7%	98.1%	89.7%	0.0%	0.0%	78.8%	0.0%	0.0%	67.6%	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				