

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	136,079	40,300	13,078	0	0	74,534	0	0	8,167	0
2. MEMBER MONTHS.....	409,697	122,740	39,707	0	0	223,528	0	0	23,722	0
3. Direct Premium Income.....	150,230,802	50,120,423	37,707,418	0	0	59,021,444	0	XXXXXXXX	3,381,517	0
4. Net Premium Income.....	149,575,217	50,120,423	37,196,780	0	0	58,881,152	0	0	3,376,862	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,133,830)	86,940	0	0	0	(1,220,770)	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).....	148,441,387	50,207,363	37,196,780	0	0	57,660,382	0	0	3,376,862	0
11. Hospital & Medical Benefits.....	116,321,578	40,746,877	29,865,683	0	0	43,208,791	0	0	2,500,227	0
12. Net Reins Recoveries Incurred.....	900,725	0	512,633	0	0	388,092	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	115,420,853	40,746,877	29,353,050	0	0	42,820,699	0	0	2,500,227	0
14. Claims Adjustment Expenses.....	1,686,862	445,009	524,391	0	0	682,060	0	0	35,402	0
15. General Administrative Expenses.....	23,507,082	16,697,559	2,638,069	0	0	3,947,714	0	0	223,740	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).....	140,614,797	57,889,445	32,515,510	0	0	47,450,473	0	0	2,759,369	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,826,590	(7,682,082)	4,681,270	0	0	10,209,909	0	0	617,493	0
19. Net Investments Gains / (Losses).....	2,175,085	735,680	545,037	0	0	844,887	0	0	49,481	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).....	10,001,675	(6,946,402)	5,226,307	0	0	11,054,796	0	0	666,974	0
22. Federal and foreign income taxes incurred.....	7,039,477	(5,760,890)	3,678,431	0	0	8,652,499	0	0	469,437	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,962,198	(1,185,512)	1,547,876	0	0	2,402,297	0	0	197,537	0
24 Medical Loss Ratio	77.2%	81.3%	78.9%	0.0%	0.0%	72.7%	0.0%	0.0%	74.0%	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 **MARCH 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.....	136,079	40,300	13,078	0	0	74,534	0	0	8,167	0
2. MEMBER MONTHS.....	409,697	122,740	39,707	0	0	223,528	0	0	23,722	0
3. Direct Premium Income.....	150,230,802	50,120,423	37,707,418	0	0	59,021,444	0	XXXXXXXX	3,381,517	0
4. Net Premium Income.....	149,575,217	50,120,423	37,196,780	0	0	58,881,152	0	0	3,376,862	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,133,830)	86,940	0	0	0	(1,220,770)	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).....	148,441,387	50,207,363	37,196,780	0	0	57,660,382	0	0	3,376,862	0
11. Hospital & Medical Benefits.....	116,321,578	40,746,877	29,865,683	0	0	43,208,791	0	0	2,500,227	0
12. Net Reins Recoveries Incurred.....	900,725	0	512,633	0	0	388,092	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	115,420,853	40,746,877	29,353,050	0	0	42,820,699	0	0	2,500,227	0
14. Claims Adjustment Expenses.....	1,686,862	445,009	524,391	0	0	682,060	0	0	35,402	0
15. General Administrative Expenses.....	23,507,082	16,697,559	2,638,069	0	0	3,947,714	0	0	223,740	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).....	140,614,797	57,889,445	32,515,510	0	0	47,450,473	0	0	2,759,369	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,826,590	(7,682,082)	4,681,270	0	0	10,209,909	0	0	617,493	0
19. Net Investments Gains / (Losses).....	2,175,085	735,680	545,037	0	0	844,887	0	0	49,481	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).....	10,001,675	(6,946,402)	5,226,307	0	0	11,054,796	0	0	666,974	0
22. Federal and foreign income taxes incurred.....	7,039,477	(5,760,890)	3,678,431	0	0	8,652,499	0	0	469,437	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,962,198	(1,185,512)	1,547,876	0	0	2,402,297	0	0	197,537	0
24 Medical Loss Ratio	77.2%	81.3%	78.9%	0.0%	0.0%	72.7%	0.0%	0.0%	74.0%	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 **MARCH 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	26,648	0	20,915	0	0	0	0	5,733	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	80,250	0	63,007	0	0	0	0	17,243	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	46,108	0	13,120	0	0	0	0	32,988	0	0
8. Non-Physician	43,099	0	39,611	0	0	0	0	3,488	0	0
9. Total	89,207	0	52,731	0	0	0	0	36,476	0	0
10. Hospital Patient Days Incurred	3,796	0	1,313	0	0	0	0	2,483	0	0
11. Number of Inpatient Admissions	629	0	301	0	0	0	0	328	0	0
12. Health Premiums Written	43,488,630	0	27,042,415	0	0	0	0	16,446,215	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	43,754,136	0	27,307,921	0	0	0	0	16,446,215	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	34,895,005	0	21,213,865	0	0	0	0	13,681,140	0	0
18. Amount Incurred for Provision of Health Care Services	36,634,154	(36,094)	21,694,413	0	0	0	0	14,975,835	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	26,648	20,915	5,733	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	80,250	63,007	17,243	0	0	0	0	0	0	0
3. Direct Premium Income.....	43,488,630	27,042,415	16,446,215	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	43,331,619	27,042,415	16,289,204	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	265,506	265,506	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).....	43,597,125	27,307,921	16,289,204	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	36,634,154	21,658,319	14,975,835	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	173,464	0	173,464	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	36,460,690	21,658,319	14,802,371	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	471,683	242,042	229,641	0	0	0	0	0	0	0
15. General Administrative Expenses.....	10,237,110	9,081,847	1,155,263	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).....	47,169,483	30,982,208	16,187,275	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,572,358)	(3,674,287)	101,929	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	638,821	400,138	238,683	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,933,537)	(3,274,149)	340,612	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,475,631)	(2,715,364)	239,733	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(457,906)	(558,785)	100,879	0	0	0	0	0	0	0
24 Medical Loss Ratio	84.1%	80.1%	90.9%	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 **MARCH 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.....	26,648	20,915	5,733	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	80,250	63,007	17,243	0	0	0	0	0	0	0
3. Direct Premium Income.....	43,488,630	27,042,415	16,446,215	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	43,331,619	27,042,415	16,289,204	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	265,506	265,506	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).....	43,597,125	27,307,921	16,289,204	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	36,634,154	21,658,319	14,975,835	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	173,464	0	173,464	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	36,460,690	21,658,319	14,802,371	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	471,683	242,042	229,641	0	0	0	0	0	0	0
15. General Administrative Expenses.....	10,237,110	9,081,847	1,155,263	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).....	47,169,483	30,982,208	16,187,275	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,572,358)	(3,674,287)	101,929	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	638,821	400,138	238,683	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,933,537)	(3,274,149)	340,612	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,475,631)	(2,715,364)	239,733	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(457,906)	(558,785)	100,879	0	0	0	0	0	0	0
24 Medical Loss Ratio	84.1%	80.1%	90.9%	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 **MARCH 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	34,415	3,108	2,923	0	0	0	0	2,889	25,495	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	103,659	9,001	9,425	0	0	0	0	8,652	76,581	0
Total Member Ambulatory Encounters for Year:										
7. Physician	84,482	3,985	1,699	0	0	0	0	15,427	63,371	0
8. Non-Physician	19,592	683	5,260	0	0	0	0	1,986	11,663	0
9. Total	104,074	4,668	6,959	0	0	0	0	17,413	75,034	0
10. Hospital Patient Days Incurred	3,982	108	138	0	0	0	0	709	3,027	0
11. Number of Inpatient Admissions	1,071	20	39	0	0	0	0	115	897	0
12. Health Premiums Written	30,494,007	1,195,052	2,627,997	0	0	0	(8,305)	7,557,335	19,121,928	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	29,363,280	1,195,052	2,449,576	0	0	0	(8,305)	7,557,335	18,169,622	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	21,303,519	892,340	2,469,617	0	0	0	(2,555)	4,815,930	13,128,187	0
18. Amount Incurred for Provision of Health Care Services	22,408,106	822,477	2,617,866	0	0	0	3,874	5,292,589	13,671,300	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	34,415	2,923	2,889	0	0	25,495	0	0	3,108	0
2. MEMBER MONTHS.....	103,659	9,425	8,652	0	0	76,581	0	0	9,001	0
3. Direct Premium Income.....	30,494,007	2,619,692	7,557,335	0	0	19,121,928	0	XXXXXXXX	1,195,052	0
4. Net Premium Income.....	30,288,144	2,619,692	7,400,984	0	0	19,073,988	0	0	1,193,480	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,130,727)	(178,421)	0	0	0	(952,306)	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	29,157,417	2,441,271	7,400,984	0	0	18,121,682	0	0	1,193,480	0
11. Hospital & Medical Benefits.....	22,408,106	2,621,737	5,292,589	0	0	13,671,300	0	0	822,480	0
12. Net Reins Recoveries Incurred.....	53,325	0	53,325	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	22,354,781	2,621,737	5,239,264	0	0	13,671,300	0	0	822,480	0
14. Claims Adjustment Expenses.....	352,846	21,637	104,337	0	0	214,360	0	0	12,512	0
15. General Administrative Expenses.....	2,656,567	811,899	524,892	0	0	1,240,700	0	0	79,076	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).....	25,364,194	3,455,273	5,868,493	0	0	15,126,360	0	0	914,068	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,793,223	(1,014,002)	1,532,491	0	0	2,995,322	0	0	279,412	0
19. Net Investments Gains / (Losses).....	427,238	35,772	108,445	0	0	265,533	0	0	17,488	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).....	4,220,461	(978,230)	1,640,936	0	0	3,260,855	0	0	296,900	0
22. Federal and foreign income taxes incurred.....	3,104,871	(811,280)	1,154,939	0	0	2,552,245	0	0	208,967	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,115,590	(166,950)	485,997	0	0	708,610	0	0	87,933	0
24 Medical Loss Ratio	73.8%	100.1%	70.8%	0.0%	0.0%	71.7%	0.0%	0.0%	68.9%	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 **MARCH 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.....	34,415	2,923	2,889	0	0	25,495	0	0	3,108	0
2. MEMBER MONTHS.....	103,659	9,425	8,652	0	0	76,581	0	0	9,001	0
3. Direct Premium Income.....	30,494,007	2,619,692	7,557,335	0	0	19,121,928	0	XXXXXXXX	1,195,052	0
4. Net Premium Income.....	30,288,144	2,619,692	7,400,984	0	0	19,073,988	0	0	1,193,480	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,130,727)	(178,421)	0	0	0	(952,306)	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	29,157,417	2,441,271	7,400,984	0	0	18,121,682	0	0	1,193,480	0
11. Hospital & Medical Benefits.....	22,408,106	2,621,737	5,292,589	0	0	13,671,300	0	0	822,480	0
12. Net Reins Recoveries Incurred.....	53,325	0	53,325	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	22,354,781	2,621,737	5,239,264	0	0	13,671,300	0	0	822,480	0
14. Claims Adjustment Expenses.....	352,846	21,637	104,337	0	0	214,360	0	0	12,512	0
15. General Administrative Expenses.....	2,656,567	811,899	524,892	0	0	1,240,700	0	0	79,076	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).....	25,364,194	3,455,273	5,868,493	0	0	15,126,360	0	0	914,068	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,793,223	(1,014,002)	1,532,491	0	0	2,995,322	0	0	279,412	0
19. Net Investments Gains / (Losses).....	427,238	35,772	108,445	0	0	265,533	0	0	17,488	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).....	4,220,461	(978,230)	1,640,936	0	0	3,260,855	0	0	296,900	0
22. Federal and foreign income taxes incurred.....	3,104,871	(811,280)	1,154,939	0	0	2,552,245	0	0	208,967	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,115,590	(166,950)	485,997	0	0	708,610	0	0	87,933	0
24 Medical Loss Ratio	73.8%	100.1%	70.8%	0.0%	0.0%	71.7%	0.0%	0.0%	68.9%	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 **MARCH 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	5,672	0	5,631	0	0	0	0	41	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	17,197	0	17,071	0	0	0	0	126	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	4,400	0	4,247	0	0	0	0	153	0	0
8. Non-Physician	8,935	0	8,911	0	0	0	0	24	0	0
9. Total	13,335	0	13,158	0	0	0	0	177	0	0
10. Hospital Patient Days Incurred	284	0	281	0	0	0	0	3	0	0
11. Number of Inpatient Admissions	89	0	87	0	0	0	0	2	0	0
12. Health Premiums Written	6,427,815	0	6,316,724	0	0	0	(4,562)	115,653	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	6,427,699	0	6,316,608	0	0	0	(4,562)	115,653	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	5,011,425	0	4,930,133	0	0	0	(1,226)	82,518	0	0
18. Amount Incurred for Provision of Health Care Services	4,534,744	8,018	4,483,971	0	0	0	(899)	43,654	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	5,672	5,631	41	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,197	17,071	126	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,427,815	6,312,162	115,653	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,427,815	6,312,162	115,653	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(116)	(116)	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).....	6,427,699	6,312,046	115,653	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,534,744	4,491,090	43,654	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).....	4,534,744	4,491,090	43,654	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	57,576	55,946	1,630	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,107,413	2,099,210	8,203	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).....	6,699,733	6,646,246	53,487	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(272,034)	(334,200)	62,166	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	94,184	92,490	1,694	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).....	(177,850)	(241,710)	63,860	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(155,511)	(200,458)	44,947	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(22,339)	(41,252)	18,913	0	0	0	0	0	0	0
24 Medical Loss Ratio	70.5%	71.1%	37.7%	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 **MARCH 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.....	5,672	5,631	41	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,197	17,071	126	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,427,815	6,312,162	115,653	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,427,815	6,312,162	115,653	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(116)	(116)	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).....	6,427,699	6,312,046	115,653	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,534,744	4,491,090	43,654	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).....	4,534,744	4,491,090	43,654	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	57,576	55,946	1,630	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,107,413	2,099,210	8,203	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).....	6,699,733	6,646,246	53,487	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(272,034)	(334,200)	62,166	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	94,184	92,490	1,694	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).....	(177,850)	(241,710)	63,860	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(155,511)	(200,458)	44,947	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(22,339)	(41,252)	18,913	0	0	0	0	0	0	0
24 Medical Loss Ratio	70.5%	71.1%	37.7%	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 **MARCH 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	72	0	69	0	0	0	0	3	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	227	0	218	0	0	0	0	9	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	62	0	50	0	0	0	0	12	0	0
8. Non-Physician	83	0	83	0	0	0	0	0	0	0
9. Total	145	0	133	0	0	0	0	12	0	0
10. Hospital Patient Days Incurred	11	0	11	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	60,650	0	52,442	0	0	0	0	8,208	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	60,650	0	52,442	0	0	0	0	8,208	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	92,385	0	87,543	0	0	0	0	4,842	0	0
18. Amount Incurred for Provision of Health Care Services	107,920	0	98,443	0	0	0	0	9,477	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	72	69	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	227	218	9	0	0	0	0	0	0	0
3. Direct Premium Income.....	60,650	52,442	8,208	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	60,650	52,442	8,208	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).....	60,650	52,442	8,208	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	107,920	98,443	9,477	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).....	107,920	98,443	9,477	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	581	465	116	0	0	0	0	0	0	0
15. General Administrative Expenses.....	18,023	17,441	582	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).....	126,524	116,349	10,175	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(65,874)	(63,907)	(1,967)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	889	769	120	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(64,985)	(63,138)	(1,847)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(53,663)	(52,363)	(1,300)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(11,322)	(10,775)	(547)	0	0	0	0	0	0	0
24 Medical Loss Ratio	177.9%	187.7%	115.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2	(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 **MARCH 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.....	72	69	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	227	218	9	0	0	0	0	0	0	0
3. Direct Premium Income.....	60,650	52,442	8,208	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	60,650	52,442	8,208	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).....	60,650	52,442	8,208	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	107,920	98,443	9,477	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).....	107,920	98,443	9,477	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	581	465	116	0	0	0	0	0	0	0
15. General Administrative Expenses.....	18,023	17,441	582	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).....	126,524	116,349	10,175	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(65,874)	(63,907)	(1,967)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	889	769	120	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(64,985)	(63,138)	(1,847)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(53,663)	(52,363)	(1,300)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(11,322)	(10,775)	(547)	0	0	0	0	0	0	0
24 Medical Loss Ratio	177.9%	187.7%	115.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2	(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 **MARCH 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	901	0	897	0	0	0	0	4	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	2,811	0	2,799	0	0	0	0	12	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	89	0	69	0	0	0	0	20	0	0
8. Non-Physician	1,490	0	1,486	0	0	0	0	4	0	0
9. Total	1,579	0	1,555	0	0	0	0	24	0	0
10. Hospital Patient Days Incurred	74	0	74	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	16	0	16	0	0	0	0	0	0	0
12. Health Premiums Written	1,030,410	0	988,510	0	0	0	0	41,900	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	1,030,870	0	988,970	0	0	0	0	41,900	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	1,631,671	0	1,614,564	0	0	0	0	17,107	0	0
18. Amount Incurred for Provision of Health Care Services	1,136,967	0	1,140,983	0	0	0	0	(4,016)	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	901	897	4	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,811	2,799	12	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,030,410	988,510	41,900	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,030,410	988,510	41,900	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	460	460	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).....	1,030,870	988,970	41,900	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,136,967	1,140,983	(4,016)	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).....	1,136,967	1,140,983	(4,016)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	9,357	8,766	591	0	0	0	0	0	0	0
15. General Administrative Expenses.....	331,874	328,903	2,971	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).....	1,478,198	1,478,652	(454)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(447,328)	(489,682)	42,354	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	15,105	14,491	614	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).....	(432,223)	(475,191)	42,968	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(363,850)	(394,092)	30,242	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(68,373)	(81,099)	12,726	0	0	0	0	0	0	0
24 Medical Loss Ratio	110.3%	115.4%	-9.6%	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			* 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 **MARCH 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.....	901	897	4	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,811	2,799	12	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,030,410	988,510	41,900	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,030,410	988,510	41,900	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	460	460	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).....	1,030,870	988,970	41,900	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,136,967	1,140,983	(4,016)	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).....	1,136,967	1,140,983	(4,016)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	9,357	8,766	591	0	0	0	0	0	0	0
15. General Administrative Expenses.....	331,874	328,903	2,971	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).....	1,478,198	1,478,652	(454)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(447,328)	(489,682)	42,354	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	15,105	14,491	614	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).....	(432,223)	(475,191)	42,968	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(363,850)	(394,092)	30,242	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(68,373)	(81,099)	12,726	0	0	0	0	0	0	0
24 Medical Loss Ratio	110.3%	115.4%	-9.6%	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			* 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 **MARCH 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	68,371	5,059	9,865	0	0	0	0	4,408	49,039	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	205,553	14,721	30,220	0	0	0	0	13,665	146,947	0
Total Member Ambulatory Encounters for Year:										
7. Physician	201,608	8,094	8,473	0	0	0	0	26,735	158,306	0
8. Non-Physician	54,572	1,790	17,464	0	0	0	0	3,181	32,137	0
9. Total	256,180	9,884	25,937	0	0	0	0	29,916	190,443	0
10. Hospital Patient Days Incurred	11,706	127	528	0	0	0	0	1,896	9,155	0
11. Number of Inpatient Admissions	3,200	19	133	0	0	0	0	264	2,784	0
12. Health Premiums Written	68,729,290	2,186,465	13,105,202	0	0	0	0	13,538,107	39,899,516	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	68,460,337	2,186,465	13,104,713	0	0	0	0	13,538,107	39,631,052	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	58,880,806	1,577,582	10,490,633	0	0	0	0	13,647,251	33,165,340	0
18. Amount Incurred for Provision of Health Care Services	51,499,687	1,678,146	10,735,906	0	0	0	0	9,548,144	29,537,491	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	68,371	9,865	4,408	0	0	49,039	0	0	5,059	0
2. MEMBER MONTHS.....	205,553	30,220	13,665	0	0	146,947	0	0	14,721	0
3. Direct Premium Income.....	68,729,290	13,105,202	13,538,107	0	0	39,899,516	0	XXXXXXXX	2,186,465	0
4. Net Premium Income.....	68,436,579	13,105,202	13,340,831	0	0	39,807,164	0	0	2,183,382	0
5. Change in unearned premium reserve and reserve for rate credits.....	(268,953)	(489)	0	0	0	(268,464)	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).....	68,167,626	13,104,713	13,340,831	0	0	39,538,700	0	0	2,183,382	0
11. Hospital & Medical Benefits.....	51,499,687	10,736,305	9,548,144	0	0	29,537,491	0	0	1,677,747	0
12. Net Reins Recoveries Incurred.....	673,936	0	285,844	0	0	388,092	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	50,825,751	10,736,305	9,262,300	0	0	29,149,399	0	0	1,677,747	0
14. Claims Adjustment Expenses.....	794,819	116,153	188,076	0	0	467,700	0	0	22,890	0
15. General Administrative Expenses.....	8,156,095	4,358,259	946,158	0	0	2,707,014	0	0	144,664	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).....	59,776,665	15,210,717	10,396,534	0	0	32,324,113	0	0	1,845,301	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,390,961	(2,106,004)	2,944,297	0	0	7,214,587	0	0	338,081	0
19. Net Investments Gains / (Losses).....	998,848	192,020	195,481	0	0	579,354	0	0	31,993	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	9,389,809	(1,913,984)	3,139,778	0	0	7,793,941	0	0	370,074	0
22. Federal and foreign income taxes incurred.....	6,983,261	(1,587,333)	2,209,870	0	0	6,100,254	0	0	260,470	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,406,548	(326,651)	929,908	0	0	1,693,687	0	0	109,604	0
24 Medical Loss Ratio	74.3%	81.9%	69.4%	0.0%	0.0%	73.2%	0.0%	0.0%	76.8%	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 **MARCH 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.....	68,371	9,865	4,408	0	0	49,039	0	0	5,059	0
2. MEMBER MONTHS.....	205,553	30,220	13,665	0	0	146,947	0	0	14,721	0
3. Direct Premium Income.....	68,729,290	13,105,202	13,538,107	0	0	39,899,516	0	XXXXXXXX	2,186,465	0
4. Net Premium Income.....	68,436,579	13,105,202	13,340,831	0	0	39,807,164	0	0	2,183,382	0
5. Change in unearned premium reserve and reserve for rate credits.....	(268,953)	(489)	0	0	0	(268,464)	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).....	68,167,626	13,104,713	13,340,831	0	0	39,538,700	0	0	2,183,382	0
11. Hospital & Medical Benefits.....	51,499,687	10,736,305	9,548,144	0	0	29,537,491	0	0	1,677,747	0
12. Net Reins Recoveries Incurred.....	673,936	0	285,844	0	0	388,092	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	50,825,751	10,736,305	9,262,300	0	0	29,149,399	0	0	1,677,747	0
14. Claims Adjustment Expenses.....	794,819	116,153	188,076	0	0	467,700	0	0	22,890	0
15. General Administrative Expenses.....	8,156,095	4,358,259	946,158	0	0	2,707,014	0	0	144,664	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).....	59,776,665	15,210,717	10,396,534	0	0	32,324,113	0	0	1,845,301	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,390,961	(2,106,004)	2,944,297	0	0	7,214,587	0	0	338,081	0
19. Net Investments Gains / (Losses).....	998,848	192,020	195,481	0	0	579,354	0	0	31,993	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	9,389,809	(1,913,984)	3,139,778	0	0	7,793,941	0	0	370,074	0
22. Federal and foreign income taxes incurred.....	6,983,261	(1,587,333)	2,209,870	0	0	6,100,254	0	0	260,470	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,406,548	(326,651)	929,908	0	0	1,693,687	0	0	109,604	0
24 Medical Loss Ratio	74.3%	81.9%	69.4%	0.0%	0.0%	73.2%	0.0%	0.0%	76.8%	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				