

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	57,014	33,153	23,861	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	169,946	99,581	70,365	0	0	0	0	0	0	0
3. Direct Premium Income.....	106,205,162	41,828,481	64,376,681	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	105,709,143	41,828,481	63,880,662	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,094	2,094	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).....	105,711,237	41,830,575	63,880,662	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	92,449,696	36,421,779	56,027,917	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	497,643	0	497,643	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	91,952,053	36,421,779	55,530,274	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,460,096	459,443	1,000,653	0	0	0	0	0	0	0
15. General Administrative Expenses.....	20,071,018	12,404,729	7,666,289	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).....	113,483,167	49,285,951	64,197,216	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,771,930)	(7,455,376)	(316,554)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,061,118	419,890	641,228	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(6,710,812)	(7,035,486)	324,674	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	153,746	155,073	(1,327)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(6,864,558)	(7,190,559)	326,001	0	0	0	0	0	0	0
24 Medical Loss Ratio	87.0%	87.1%	86.9%	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	57,014	33,153	23,861	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	169,946	99,581	70,365	0	0	0	0	0	0	0
3. Direct Premium Income.....	106,205,162	41,828,481	64,376,681	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	105,709,143	41,828,481	63,880,662	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,094	2,094	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).....	105,711,237	41,830,575	63,880,662	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	92,449,696	36,421,779	56,027,917	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	497,643	0	497,643	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	91,952,053	36,421,779	55,530,274	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,460,096	459,443	1,000,653	0	0	0	0	0	0	0
15. General Administrative Expenses.....	20,071,018	12,404,729	7,666,289	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).....	113,483,167	49,285,951	64,197,216	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,771,930)	(7,455,376)	(316,554)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,061,118	419,890	641,228	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(6,710,812)	(7,035,486)	324,674	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	153,746	155,073	(1,327)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(6,864,558)	(7,190,559)	326,001	0	0	0	0	0	0	0
24 Medical Loss Ratio	87.0%	87.1%	86.9%	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 **MARCH 31, 2016**

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	25,465	0	17,882	0	0	0	0	7,583	0	0
2. First Quarter	26,551	0	15,567	0	0	0	0	10,984	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	79,510	0	47,249	0	0	0	0	32,261	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	65,826	0	24,987	0	0	0	0	40,839	0	0
8. Non-Physician	54,928	0	27,704	0	0	0	0	27,224	0	0
9. Total	120,754	0	52,691	0	0	0	0	68,063	0	0
10. Hospital Patient Days Incurred	2,648	0	492	0	0	0	0	2,156	0	0
11. Number of Inpatient Admissions	380	0	126	0	0	0	0	254	0	0
12. Health Premiums Written	50,573,410	0	20,021,567	0	0	0	0	30,551,843	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	50,573,907	0	20,022,064	0	0	0	0	30,551,843	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	42,129,383	(639)	17,957,759	0	0	0	0	24,172,263	0	0
18. Amount Incurred for Provision of Health Care Services	44,249,159	35,218	16,064,305	0	0	0	6,690	28,142,946	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	26,551	15,567	10,984	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	79,510	47,249	32,261	0	0	0	0	0	0	0
3. Direct Premium Income.....	50,573,409	20,021,566	30,551,843	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	50,441,138	20,021,566	30,419,572	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	498	498	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	50,441,636	20,022,064	30,419,572	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	44,249,159	16,106,213	28,142,946	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	132,499	0	132,499	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	44,116,660	16,106,213	28,010,447	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	696,417	219,913	476,504	0	0	0	0	0	0	0
15. General Administrative Expenses.....	9,588,118	5,937,478	3,650,640	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).....	54,401,195	22,263,604	32,137,591	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,959,559)	(2,241,540)	(1,718,019)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	506,326	200,977	305,349	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,453,233)	(2,040,563)	(1,412,670)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	50,758	44,977	5,781	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,503,991)	(2,085,540)	(1,418,451)	0	0	0	0	0	0	0
24 Medical Loss Ratio	87.5%	80.4%	92.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	26,551	15,567	10,984	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	79,510	47,249	32,261	0	0	0	0	0	0	0
3. Direct Premium Income.....	50,573,409	20,021,566	30,551,843	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	50,441,138	20,021,566	30,419,572	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	498	498	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	50,441,636	20,022,064	30,419,572	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	44,249,159	16,106,213	28,142,946	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	132,499	0	132,499	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	44,116,660	16,106,213	28,010,447	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	696,417	219,913	476,504	0	0	0	0	0	0	0
15. General Administrative Expenses.....	9,588,118	5,937,478	3,650,640	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).....	54,401,195	22,263,604	32,137,591	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,959,559)	(2,241,540)	(1,718,019)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	506,326	200,977	305,349	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,453,233)	(2,040,563)	(1,412,670)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	50,758	44,977	5,781	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,503,991)	(2,085,540)	(1,418,451)	0	0	0	0	0	0	0
24 Medical Loss Ratio	87.5%	80.4%	92.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	6,285	0	2,472	0	0	0	0	3,813	0	0
2. First Quarter	8,187	0	2,713	0	0	0	0	5,474	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	24,335	0	8,112	0	0	0	0	16,223	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	23,258	0	5,000	0	0	0	0	18,258	0	0
8. Non-Physician	14,684	0	4,856	0	0	0	0	9,828	0	0
9. Total	37,942	0	9,856	0	0	0	0	28,086	0	0
10. Hospital Patient Days Incurred	1,116	0	87	0	0	0	0	1,029	0	0
11. Number of Inpatient Admissions	140	0	21	0	0	0	0	119	0	0
12. Health Premiums Written	16,512,304	0	2,795,500	0	0	0	152,850	13,563,954	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	16,512,772	0	2,795,968	0	0	0	152,850	13,563,954	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	7,415,474	0	450,988	0	0	0	(5,535)	6,970,021	0	0
18. Amount Incurred for Provision of Health Care Services	10,633,041	0	2,499,922	0	0	0	(6,363)	8,139,482	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	8,187	2,713	5,474	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	24,335	8,112	16,223	0	0	0	0	0	0	0
3. Direct Premium Income.....	16,512,304	2,948,350	13,563,954	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,330,430	2,948,350	13,382,080	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	468	468	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).....	16,330,898	2,948,818	13,382,080	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,633,041	2,493,559	8,139,482	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	182,612	0	182,612	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,450,429	2,493,559	7,956,870	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	242,011	32,389	209,622	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,480,439	874,462	1,605,977	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	13,172,879	3,400,410	9,772,469	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,158,019	(451,592)	3,609,611	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	163,929	29,599	134,330	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,321,948	(421,993)	3,743,941	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(6,018)	9,301	(15,319)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,327,966	(431,294)	3,759,260	0	0	0	0	0	0	0
24 Medical Loss Ratio	64.0%	84.6%	59.5%	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, 2016**

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.....	8,187	2,713	5,474	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	24,335	8,112	16,223	0	0	0	0	0	0	0
3. Direct Premium Income.....	16,512,304	2,948,350	13,563,954	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,330,430	2,948,350	13,382,080	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	468	468	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).....	16,330,898	2,948,818	13,382,080	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,633,041	2,493,559	8,139,482	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	182,612	0	182,612	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,450,429	2,493,559	7,956,870	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	242,011	32,389	209,622	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,480,439	874,462	1,605,977	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	13,172,879	3,400,410	9,772,469	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,158,019	(451,592)	3,609,611	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	163,929	29,599	134,330	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,321,948	(421,993)	3,743,941	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(6,018)	9,301	(15,319)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,327,966	(431,294)	3,759,260	0	0	0	0	0	0	0
24 Medical Loss Ratio	64.0%	84.6%	59.5%	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, 2016**

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	6,020	0	5,975	0	0	0	0	45	0	0
2. First Quarter	7,005	0	6,186	0	0	0	0	819	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	20,681	0	18,345	0	0	0	0	2,336	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	17,140	0	12,615	0	0	0	0	4,525	0	0
8. Non-Physician	13,202	0	10,611	0	0	0	0	2,591	0	0
9. Total	30,342	0	23,226	0	0	0	0	7,116	0	0
10. Hospital Patient Days Incurred	500	0	180	0	0	0	0	320	0	0
11. Number of Inpatient Admissions	75	0	44	0	0	0	0	31	0	0
12. Health Premiums Written	8,851,121	0	6,937,510	0	0	0	155,345	1,758,266	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	8,851,139	0	6,937,528	0	0	0	155,345	1,758,266	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	7,459,616	0	5,984,956	0	0	0	(1,867)	1,476,527	0	0
18. Amount Incurred for Provision of Health Care Services	8,023,549	0	6,416,458	0	0	0	(2,394)	1,609,485	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	7,005	6,186	819	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	20,681	18,345	2,336	0	0	0	0	0	0	0
3. Direct Premium Income.....	8,851,121	7,092,855	1,758,266	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,851,121	7,092,855	1,758,266	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	18	18	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).....	8,851,139	7,092,873	1,758,266	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,023,549	6,414,064	1,609,485	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).....	8,023,549	6,414,064	1,609,485	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	105,446	77,904	27,542	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,314,379	2,103,370	211,009	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).....	10,443,374	8,595,338	1,848,036	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,592,235)	(1,502,465)	(89,770)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	88,847	71,198	17,649	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).....	(1,503,388)	(1,431,267)	(72,121)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	31,842	31,547	295	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,535,230)	(1,462,814)	(72,416)	0	0	0	0	0	0	0
24 Medical Loss Ratio	90.7%	90.4%	91.5%	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, 2016**

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.....	7,005	6,186	819	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	20,681	18,345	2,336	0	0	0	0	0	0	0
3. Direct Premium Income.....	8,851,121	7,092,855	1,758,266	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,851,121	7,092,855	1,758,266	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	18	18	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).....	8,851,139	7,092,873	1,758,266	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,023,549	6,414,064	1,609,485	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).....	8,023,549	6,414,064	1,609,485	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	105,446	77,904	27,542	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,314,379	2,103,370	211,009	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).....	10,443,374	8,595,338	1,848,036	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,592,235)	(1,502,465)	(89,770)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	88,847	71,198	17,649	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).....	(1,503,388)	(1,431,267)	(72,121)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	31,842	31,547	295	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,535,230)	(1,462,814)	(72,416)	0	0	0	0	0	0	0
24 Medical Loss Ratio	90.7%	90.4%	91.5%	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, 2016**

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	189	0	79	0	0	0	0	110	0	0
2. First Quarter	65	0	62	0	0	0	0	3	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	216	0	207	0	0	0	0	9	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	65	0	52	0	0	0	0	13	0	0
8. Non-Physician	110	0	109	0	0	0	0	1	0	0
9. Total	175	0	161	0	0	0	0	14	0	0
10. Hospital Patient Days Incurred	1	0	1	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1	0	1	0	0	0	0	0	0	0
12. Health Premiums Written	90,053	0	81,214	0	0	0	0	8,839	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	90,053	0	81,214	0	0	0	0	8,839	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	203,908	(52)	106,400	0	0	0	0	97,560	0	0
18. Amount Incurred for Provision of Health Care Services	193,961	0	103,889	0	0	0	0	90,072	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	65	62	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	216	207	9	0	0	0	0	0	0	0
3. Direct Premium Income.....	90,053	81,214	8,839	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	90,053	81,214	8,839	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).....	90,053	81,214	8,839	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	193,961	103,889	90,072	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).....	193,961	103,889	90,072	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,030	892	138	0	0	0	0	0	0	0
15. General Administrative Expenses.....	25,145	24,084	1,061	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).....	220,136	128,865	91,271	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(130,083)	(47,651)	(82,432)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	904	815	89	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).....	(129,179)	(46,836)	(82,343)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,369	1,032	337	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(130,548)	(47,868)	(82,680)	0	0	0	0	0	0	0
24 Medical Loss Ratio	215.4%	127.9%	1019.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	65	62	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	216	207	9	0	0	0	0	0	0	0
3. Direct Premium Income.....	90,053	81,214	8,839	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	90,053	81,214	8,839	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).....	90,053	81,214	8,839	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	193,961	103,889	90,072	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).....	193,961	103,889	90,072	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,030	892	138	0	0	0	0	0	0	0
15. General Administrative Expenses.....	25,145	24,084	1,061	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).....	220,136	128,865	91,271	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(130,083)	(47,651)	(82,432)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	904	815	89	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).....	(129,179)	(46,836)	(82,343)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,369	1,032	337	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(130,548)	(47,868)	(82,680)	0	0	0	0	0	0	0
24 Medical Loss Ratio	215.4%	127.9%	1019.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	702	0	627	0	0	0	0	75	0	0
2. First Quarter	589	0	587	0	0	0	0	2	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,836	0	1,830	0	0	0	0	6	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	286	0	275	0	0	0	0	11	0	0
8. Non-Physician	291	0	286	0	0	0	0	5	0	0
9. Total	577	0	561	0	0	0	0	16	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	653,310	0	623,919	0	0	0	0	29,391	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	654,420	0	625,029	0	0	0	0	29,391	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	669,938	0	623,904	0	0	0	0	46,034	0	0
18. Amount Incurred for Provision of Health Care Services	497,538	0	457,164	0	0	0	0	40,374	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	589	587	2	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,836	1,830	6	0	0	0	0	0	0	0
3. Direct Premium Income.....	653,310	623,919	29,391	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	653,310	623,919	29,391	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,110	1,110	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).....	654,420	625,029	29,391	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	497,538	457,164	40,374	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).....	497,538	457,164	40,374	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,325	6,865	460	0	0	0	0	0	0	0
15. General Administrative Expenses.....	188,879	185,351	3,528	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).....	693,742	649,380	44,362	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(39,322)	(24,351)	(14,971)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,569	6,274	295	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).....	(32,753)	(18,077)	(14,676)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	458	398	60	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(33,211)	(18,475)	(14,736)	0	0	0	0	0	0	0
24 Medical Loss Ratio	76.2%	73.3%	137.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* 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, 2016**

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.....	589	587	2	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,836	1,830	6	0	0	0	0	0	0	0
3. Direct Premium Income.....	653,310	623,919	29,391	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	653,310	623,919	29,391	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,110	1,110	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).....	654,420	625,029	29,391	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	497,538	457,164	40,374	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).....	497,538	457,164	40,374	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,325	6,865	460	0	0	0	0	0	0	0
15. General Administrative Expenses.....	188,879	185,351	3,528	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).....	693,742	649,380	44,362	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(39,322)	(24,351)	(14,971)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,569	6,274	295	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).....	(32,753)	(18,077)	(14,676)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	458	398	60	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(33,211)	(18,475)	(14,736)	0	0	0	0	0	0	0
24 Medical Loss Ratio	76.2%	73.3%	137.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* 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, 2016**

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	13,001	0	8,546	0	0	0	0	4,455	0	0
2. First Quarter	14,617	0	8,038	0	0	0	0	6,579	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	43,368	0	23,838	0	0	0	0	19,530	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	28,615	0	19,452	0	0	0	0	9,163	0	0
8. Non-Physician	23,288	0	18,722	0	0	0	0	4,566	0	0
9. Total	51,903	0	38,174	0	0	0	0	13,729	0	0
10. Hospital Patient Days Incurred	842	0	306	0	0	0	0	536	0	0
11. Number of Inpatient Admissions	124	0	71	0	0	0	0	53	0	0
12. Health Premiums Written	29,524,965	0	11,060,577	0	0	0	0	18,464,388	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	29,524,965	0	11,060,577	0	0	0	0	18,464,388	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	26,792,512	0	12,472,561	0	0	0	(96)	14,320,047	0	0
18. Amount Incurred for Provision of Health Care Services	28,852,449	35,786	10,813,981	0	0	0	(2,876)	18,005,558	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	14,617	8,038	6,579	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	43,368	23,838	19,530	0	0	0	0	0	0	0
3. Direct Premium Income.....	29,524,965	11,060,577	18,464,388	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	29,343,091	11,060,577	18,282,514	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).....	29,343,091	11,060,577	18,282,514	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	28,852,449	10,846,891	18,005,558	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	182,532	0	182,532	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	28,669,917	10,846,891	17,823,026	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	407,867	121,482	286,385	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,474,058	3,279,981	2,194,077	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).....	34,551,842	14,248,354	20,303,488	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,208,751)	(3,187,777)	(2,020,974)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	294,543	111,025	183,518	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).....	(4,914,208)	(3,076,752)	(1,837,456)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	75,335	67,816	7,519	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,989,543)	(3,144,568)	(1,844,975)	0	0	0	0	0	0	0
24 Medical Loss Ratio	97.7%	98.1%	97.5%	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, 2016**

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.....	14,617	8,038	6,579	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	43,368	23,838	19,530	0	0	0	0	0	0	0
3. Direct Premium Income.....	29,524,965	11,060,577	18,464,388	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	29,343,091	11,060,577	18,282,514	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).....	29,343,091	11,060,577	18,282,514	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	28,852,449	10,846,891	18,005,558	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	182,532	0	182,532	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	28,669,917	10,846,891	17,823,026	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	407,867	121,482	286,385	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,474,058	3,279,981	2,194,077	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).....	34,551,842	14,248,354	20,303,488	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,208,751)	(3,187,777)	(2,020,974)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	294,543	111,025	183,518	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).....	(4,914,208)	(3,076,752)	(1,837,456)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	75,335	67,816	7,519	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,989,543)	(3,144,568)	(1,844,975)	0	0	0	0	0	0	0
24 Medical Loss Ratio	97.7%	98.1%	97.5%	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				