

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

Ae	tna Bet	ter Hea	th Inc. (a New Jer	sey	y corporation)
NAIC G	·	0001 0001 Current) (Prior)	NAIC Company (Code15611 Em;	ployer's	ID Number 46-3203088
Organized under the Laws of				, State of Domicile or	Port of I	Entry NJ
Country of Domicile			United Sta	tes of America		
Licensed as business type:			Health Mainten	ance Organization		
Is HMO Federally Qualified? Ye	es[]No[)	x]				
Incorporated/Organized		5/01/2013		Commenced Bus	iness	01/01/2015
Statutory Home Office	3 Indepe	endence Way, Suite	e 400			Princeton , NJ, US 08540
	(S	treet and Number)			(City i	or Town, State, Country and Zip Code)
Main Administrative Office				ce Way, Suite 400 nd Number)	8	
Annual 11 11 11 11 11 11 11 11 11 11 11 11 11	Princeton , NJ, US	S 08540 try and Zip Code)		_1	(855-232-3596 (Area Code) (Telephone Number)
						Biue Beli , PA, US
Mail Address		Meeting Road, U23 umber or P.O. Box		11	(City o	or Town, State, Country and Zip Code)
Primary Location of Books and I	Records			ce Way, Suite 400		
	Princeton , NJ, US	S 08540	(Street a	nd Number)		855-232-3596
(City or Ta	own, State, Count	try and Zip Code)			((Area Code) (Telephone Number)
Internet Website Address			www.	aetna.com		
Statutory Statement Contact						215-775-6508 (Area Code) (Telephone Number)
Aetn	a.HMOReporting(1		860-262-7767
	(E-mail Addre	ess)				(FAX Number)
Chief Executive Officer and			OFF	ICERS Principal Financial (Officer	
President Vice President and	Lie	aurie Ann Brubaker	#	and Cor	troller.	Steven Matthew Conte
	F	Robert Mark Kessle	r			
Elaine Rose Cofrancesco, Vic Dawn Marie Schoen, 7				THER Senior Investment Offic	ær	Gregory Stephen Martino, Vice President
Debra Jear	Bacon		DIRECTORS Laurie Ar	OR TRUSTEES		Mary Louise Osborne
above, all of the herein describe this statement, together with reli- of the condition and affairs of th completed in accordance with th that state rules or regulations re respectively. Furthermore, the	d assets were the ated exhibits, schu e said reporting e e NAIC Annual S quire differences scope of this atten ng differences du ent.	e absolute property edules and explana entity as of the rep- tatement Instructio in reporting not rei- station by the desc	r of the said reportin tations therein conta orting period stated ns and Accounting ated to accounting ribed officers also i ing) of the enclosed Robert M	ng entity, free and clear ined, annexed or referror I above, and of its incor Practices and Proceduu practices and procedur includes the related con	from an ed to, is ne and res man es, acco respond	aid reporting entity, and that on the reporting period stated ny liens or claims thereon, except as herein stated, and that a full and true statement of all the assets and liabilities and deductions therefrom for the period ended, and have been have been to be best of their information, knowledge and belief ing electronic filing with the NAIC, when required, that is an ng may be requested by various regulators in lieu of or h MMMM CAA Steven Matthew Conte Principal Financial Officer and Controller
State of Arizona County of Maricopa			e of Arizona nty of Maricopa			State of Pennsylvania County of Montgomery
Subscribed and swom to before 30 day of Aulian MOTARY PUBLIC (Seal) JANEEN	y 2017 Life		aday of ALM	uary 201 olimine	 	Subscribed and swom to before me this
Maric	c, State of Arizi opa County ission Expire ry 08, 2019	s Gra	Notary Pu Mai My Con	ricopa County ricopa County amission Expires uary 08, 2019		NOTARIAL SEAL KIM E. ROTH, Notary Public Whitpain Twp., Montgomery County My Commission Expires April 25, 2017
					b. lf 1. 2,	

	AJ	SEIS	Current Year		
	-			Prior Year	
		1	2	3 Net Admitted Assets	Net Admitted
	Dende (Ochodula D)	Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets
			0		
2.	Stocks (Schedule D):				
	2.1 Preferred stocks	0	0	0	0
		0	0	0	0
3.	Mortgage loans on real estate (Schedule B):		(internet)	*	
	3.1 First liens	0	0	0	0
	3.2 Other than first liens	0	0	0	0
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)	0	0	0	0
	4.2 Properties held for the production of income (less				
	\$	0	0	0	0
	4.3 Properties held for sale (less \$0 encumbrances)	0			0
5	Cash (\$1,884,728 , Schedule E - Part 1), cash equivalents				
э.	(\$43,321,797 , Schedule E - Part 2) and short-term				
	investments (\$790 , Schedule DA)	45 207 315	0	45 207 315	20 634 578
•					20,054,570
_	Contract loans, (including \$		U	0	U
7.	Derivatives (Schedule DB)		0	0	0
8.	Other invested assets (Schedule BA)		0	0	0
9.	Receivables for securities		0	0	0
10.	Securities lending reinvested collateral assets (Schedule DL)		0	0	0
11.	Aggregate write-ins for invested assets		0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)		0	110,917,093	
	Title plants less \$0 charged off (for Title insurers				
	only)				
14.	Investment income due and accrued		0	235,106	<u>57, 509, 509</u>
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection	3,041,539	0	3,041,539	
	15.2 Deferred premiums and agents' balances and installments booked but				
	deferred and not yet due (including \$0				
	earned but unbilled premiums)	0	0	0	0
	15.3 Accrued retrospective premiums (\$				
	contracts subject to redetermination (\$0)0	0	0	0	0
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	0	0	0	0
	16.2 Funds held by or deposited with reinsured companies	0	0	0	0
	16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17.		0	0	0	0
	Current federal and foreign income tax recoverable and interest thereon		0	0	
	Net deferred tax asset		0	1.282.959	
19.	Guaranty funds receivable or on deposit		0		
20.	Electronic data processing equipment and software	0		0	00
		0		0	0
21.	Furniture and equipment, including health care delivery assets	0	_	0	•
00	(\$		0	0	0
	Net adjustment in assets and liabilities due to foreign exchange rates		0		
23.	Receivables from parent, subsidiaries and affiliates		0		
24.	Health care (\$4,085,629) and other amounts receivable			4,085,629	0
25. 26.	Aggregate write-ins for other than invested assets Total assets excluding Separate Accounts, Segregated Accounts and	0	0 200 142	110, 562, 226	60 000 450
27.	Protected Cell Accounts (Lines 12 to 25) From Separate Accounts, Segregated Accounts and Protected Cell	119,961,469		119,562,326	50,036,452
20	Accounts	119,961,469	399,143	119,562,326	50,036,452
28.	Total (Lines 26 and 27)	113,301,409	JUNE 143	113,302,320	50,000,432
	DETAILS OF WRITE-INS		_		
1101.		0	0	0	0
1102.		0	0	0	0
1103.		0	<mark>0</mark>	0	0
1198.	Summary of remaining write-ins for Line 11 from overflow page		0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.		0	0	0	0
2502.		0	0	0	0
2503.		0	0	0	0
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

ASSETS

LIABILITIES, CAPITAL AND SURPLUS

		1	Current Year 2	3	Prior Year 4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)				
2.	Accrued medical incentive pool and bonus amounts				0
3.	Unpaid claims adjustment expenses.				476,670
4.	Aggregate health policy reserves, including the liability of				
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act	31,924,552		31,924,552	0
5.	Aggregate life policy reserves		0	.0	0
6.	Property/casualty unearned premium reserves		0		0
7.	Aggregate health claim reserves		0	0	0
8.	Premiums received in advance		0		0
9.	General expenses due or accrued		0	3,853,617	1,373,785
10.1	Current federal and foreign income tax payable and interest thereon				
	(including \$0 on realized capital gains (losses))		0	1,479,795	0
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				0
12.	Amounts withheld or retained for the account of others				0
13.	Remittances and items not allocated				0
14.	Borrowed money (including \$0 current) and				
	interest thereon \$0 (including				
	\$0 current)	0	0	0	0
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities.	0			0
17.				0	00
19.	Funds held under reinsurance treaties (with \$				
19.	authorized reinsurers, \$0 unauthorized				
		0	0	0	0
00	Reinsurers and \$				0
20.		0	0	0	0
	companies				0
21.	Net adjustments in assets and liabilities due to foreign exchange rates				0
22.		0	0	0	0
23.	Aggregate write-ins for other liabilities (including \$0	0.007		0.007	
	current)				0
24.					
25.	Aggregate write-ins for special surplus funds				1,250,000
26.	Common capital stock	XXX	XXX		0
27.		XXX	XXX	0	0
28.	Gross paid in and contributed surplus	XXX	XXX		
29.	Surplus notes	XXX	XXX	0	0
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31.	Unassigned funds (surplus)	XXX	XXX		(3,959,499)
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26				
	\$	XXX	XXX	0	0
	32.20 shares preferred (value included in Line 27				
	\$0)	XXX		0	0
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)				
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	119,562,326	50,036,452
	DETAILS OF WRITE-INS				
2301.	Escheat Payable		0		0
2302.		0	0	0	0
2303.		0	0	0	0
2398.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399.	Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	3,907	0	3,907	0
	Estimated Health Insurer Fee Accrual	XXX	XXX		1,250,000
2502.		XXX		0	0
2502.		XXX	XXX	0	0
2503. 2598.	Summary of remaining write-ins for Line 25 from overflow page		XXX	0	0 0
		XXX		0	1,250,000
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)		XXX		1,200,000
3001.			XXX	0	0
3002.		XXX		0	0
3003.		XXX		0	0
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX		0	0
3099.	Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE AN	Current Y		Prior Year
		1 Uppequered	2 Total	3 Total
-	Marchae Marchae	Uncovered	Total 355,658	136,592
1.	Member Months	XXX		
2.	Net premium income (including \$0 non-health premium income)	XXX	169 907 625	
3.	Change in unearned premium reserves and reserve for rate credits	040040000	a searce of the second second	
	Fee-for-service (net of \$	and a second		0
4.				_
5.	Risk revenue		14	0
6.	Aggregate write-ins for other health care related revenues			0
7.	Aggregate write-ins for other non-health revenues		0	0
8.	Total revenues (Lines 2 to 7)	XXX	137,983,073	68,389,594
9.	Hospital and Medical:	7 000 047	EC 70E 071	E0 644 600
	Hospital/medical benefits			
10.	Other professional services			
11.	Outside referrals			2,840,018
12.	Emergency room and out-of-area			2,210,259
13.	Prescription drugs			4,663,810
14.	Aggregate write-ins for other hospital and medical			0
15.	Incentive pool, withhold adjustments and bonus amounts			0
16.	Subtotal (Lines 9 to 15)			
	Less:			
17.	Net reinsurance recoveries			0
18.	Total hospital and medical (Lines 16 minus 17)			
19.	Non-health claims (net)	0	0	0
20.	Claims adjustment expenses, including \$4,531,883 cost containment expenses	0		3,733,654
21.	General administrative expenses	0		4,248,288
22.	Increase in reserves for life and accident and health contracts (including \$0			
	increase in reserves for life only)	0		0
23.				72,434,938
24.	Net underwriting gain or (loss) (Lines 8 minus 23)			(4.045.344)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)			
26.	Net realized capital gains (losses) less capital gains tax of \$8,892			
27.	Net investment gains (losses) (Lines 25 plus 26)	0		(78,585)
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			(10,000)
20.	\$0) (amount charged off \$	0	0	0
20		0	(459,999)	0
29.	Aggregate write-ins for other income or expenses		(439,999)	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	xxx	25,789,846	
31.	Federal and foreign income taxes incurred			(1,488,504)
32.	Net income (loss) (Lines 30 minus 31)	XXX	16,081,913	(2,635,425)
	DETAILS OF WRITE-INS	7000	,	(=,,
0601.		XXX		0
0602.				0
0603		XXX	0	0
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.		XXX		0
0702.		XXX		0
0703		xxx		0
0798.	Summary of remaining write-ins for Line 7 from overflow page		0	0
0799.	Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.		0	0	0
1402.		0	0	0
1403.		0	0	0
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.	Regulatory fines	0		0
2902.		0	0	0
2903		0	0	0
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	(459,999)	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	STATEMENT OF REVENUE AND EXPENSES	1	2
		Current Year	Prior Year
	CAPITAL AND SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	12,290,501	
34.	Net income or (loss) from Line 32		<u>(</u> 2,635,425)
35.	Change in valuation basis of aggregate policy and claim reserves	0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0		0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	(321,787)	(77,356)
40	Change in unauthorized and certified reinsurance		0
41.	Change in treasury stock		0
42.	Change in surplus notes	0	0
43.	Cumulative effect of changes in accounting principles	0	0
44.	Capital Changes:		
	44.1 Paid in		0
	44.2 Transferred from surplus (Stock Dividend)	0	0
	44.3 Transferred to surplus	0	0
45.	Surplus adjustments:		
	45.1 Paid in		
	45.2 Transferred to capital (Stock Dividend)	0	0
	45.3 Transferred from capital	0	0
46.	Dividends to stockholders	0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0
48.	Net change in capital and surplus (Lines 34 to 47)		
49.	Capital and surplus end of reporting period (Line 33 plus 48)	35,333,748	12,290,501
	DETAILS OF WRITE-INS		
4701.		0	0
4702.		0	0
4703.		0	0
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0
4799.	Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

		1 1	2
		Current Year	Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance		
2.	Net investment income		
3.	Miscellaneous income	(4,083,220)	(77,356
4.	Total (Lines 1 through 3)	167,024,666	64,962,862
5.	Benefit and loss related payments		
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions		6, 131,651
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)		(1,037,611
10.	Total (Lines 5 through 9)	118,464,760	35,008,388
11.	Net cash from operations (Line 4 minus Line 10)	48,559,906	29,954,474
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	33,497,631	0
	12.2 Slocks		0
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		0.10
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	33,497,587	216
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	
	13.6 Miscellaneous applications	0	(
	13.7 Total investments acquired (Lines 13.1 to 13.6)	73,950,755	24,974,142
14.	Net increase (decrease) in contract loans and premium notes	0	C
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(40,453,168)	(24,973,926
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	0
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		0
			1,289,228
17	16.6 Other cash provided (applied)		1,289,228
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	10,403,999	11,209,220
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	04 570 787	40.000
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	24,572,737	16,269,776
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year		
	19.2 End of year (Line 18 plus Line 19.1)	45,207,315	20,634,578
lote: S	upplemental disclosures of cash flow information for non-cash transactions:		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6 Federal	7	8	9	10	
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision	Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health	
-	A few second and for the second s	169,907,625	(Hospital & Wedical)	Supplement	Uniy	Only	Denenits Flam	Nedicare		Other Health	Non-nealth	
	Net premium income		ע	لا	ע	עע	ر			U	<u>ر</u>	
	Change in unearned premium reserves and reserve for rate credit	<u>(</u> 31,924,552)	0	0	0	0	0	0	<u>(</u> 31,924,552)	0	0	
3.	Fee-for-service (net of \$0											
	medical expenses)	۵	Q	۵	0	0	0	0	۵	۵	XXX	
4.	Risk revenue	0	O	۵	۵	۵	D	0	Ω	0	XXX	
5.	Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0		
6.	Aggregate write-ins for other non-health care related revenues	0	xxx	xxx	xxx	XXX	xxx	xxx	xxx		0	
7.	Total revenues (Lines 1 to 6)	137,983,073	0	0	0	0	0	0	137,983,073	0	0	
8.	Hospital/medical benefits		0	0	0	0	0	0		0	XXX	
9.	Other professional services		0	0	0	0	0	0		0	XXX	
10.	Outside referrals		0	0	0	0	0	0		0	XXX	
11.	Emergency room and out-of-area	13,281,470	0	0	0	0	0	0	13,281,470	0	XXX	
12.	Prescription drugs	13,595,520	0	0	0	0	0	0	13,595,520	0	XXX	
13.	Aggregate write-ins for other hospital and medical	0	0	۵	0	0	0	0	Ο	0	XXX	
14.	Incentive pool, withhold adjustments and bonus amounts		O	۵	0	0	D	0		0	XXX	
15.	Subtotal (Lines 8 to 14)		0	0	0	0	0	0		0	XXX	
16.	Net reinsurance recoveries	0	0	0	0	0	0	0		0	XXX	
17.	Total medical and hospital (Lines 15 minus 16)		0	۵	0	0	0	0		0	XXX	
18.	Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
19.	Claims adjustment expenses including											
	\$		0	0	0	0	0	0		0	0	
20.	General administrative expenses		۵	۵۵	0	0	D	D		۵۵	0	
21.	Increase in reserves for accident and health contracts	0	۵	۵	0	0	D	D	Ο	0	XXX	
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
23.	Total underwriting deductions (Lines 17 to 22)		0	0	0	0	0	0		0	0	
24.	Total underwriting gain or (loss) (Line 7 minus Line 23)	25,410,054	0	0	0	0	0	0	25,410,054	0	0	
	DETAILS OF WRITE-INS	0	0	0	0	0	0	0	0	0	xxx	
0501. 0502.											XXX	
0502.				 م	v	رر	v		v	رر	XXX	
	Summary of remaining write-ins for Line 5 from overflow						0			D	XXX	
0599.	page Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)				v		v					
0601.	Totalo (Enes 0001 tina 0000 pius 0000) (Ene 0 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0602.		 0	XXX	XXX	XXX		xxx	XXX	XXX			
	Summary of remaining write-ins for Line 6 from overflow	v					1					
0000.	page	0	XXX	XXX	XXX	XXX	xxx	XXX	XXX	XXX	0	
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
1301.		0	0	0	0	0		0	0	0	XXX	
1302.		0	0	0	0	0	⁰	0	0	0	XXX	
1303.		0	0	0	0	0	۵۵	0	۵۵	0	XXX	
	Summary of remaining write-ins for Line 13 from overflow page	0		0	0	0	0	0	0	0	xxx	
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX	

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)		0	0	0
2. Medicare Supplement	0	0	0	0
3. Dental only	0	0	0	0
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0
7. Title XIX - Medicaid	1/0, 141, 599	0	233,9/4	
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)		0	233,974	
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	170, 141, 599	0	233,974	169,907,625

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

		1	2	3	4	5	6	7	8	9	10
				0		J J	Federal		v	0	10
				1000 C 1000 C			Employees	Title	Title		
		1111111111	Comprehensive	Medicare	MACONT. 2010	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Health	XVIII	XIX	WARDED DOGEN	Other
0		Total	(Hospital & Medical)	Supplement	Dental Only	Vision Only	Benefits Plan	Medicare	Medicaid	Other Health	Non-Health
1.	Payments during the year:										
	1.1 Direct		0	0	0	0	0	0	94,004,445	0	0
	1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
	1.4 Net		0	0	0	0	0	0	94,004,445	0	0
2.	Paid medical incentive pools and bonuses		0	0	0	0	0	0		0	0
3.	Claim liability December 31, current year from Part 2A:										
	3.1 Direct		0	0	0	0	0	0		0	0
	3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
	3.4 Net		0	0	0	0	0	0		0	0
4.	Claim reserve December 31, current year from Part 2D:										
	4.1 Direct	0	0	0	0	0	0	0	0	0	0
	4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
	4.4 Net	0	0	0	0	0	0	0	0	0	0
5.	Accrued medical incentive pools and bonuses, current										
	year	<u>_</u> 600,000	0	0	0	0	0	0	<u>600,000</u>	0	0
6.	Net healthcare receivables (a)	<u></u>	0	0	0	0	0	0	<u>3</u> 24, 196	0	0
7.	Amounts recoverable from reinsurers December 31,										
	current year	0	0	0	0	0	0	0	0	0	0
8.	Claim liability December 31, prior year from Part 2A:	04 504 440							04 504 440		
	8.1 Direct		0	0	0	0	0	0		0	0
	8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	8.3 Reinsurance ceded		0	0	0	0	0	0		0	0
	8.4 Net		0	0	0	0	0	0		0	0
9.	Claim reserve December 31, prior year from Part 2D:										
	9.1 Direct	0	0	0	0	0	0	0	0	0	0
	9.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	9.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
	9.4 Net	0	0	0	0	0	0	0	0	0	0
	Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11.	Amounts recoverable from reinsurers December 31,	0		0						•	^
10	prior year	0	0	0	0	0	0	0	0	0	0
12.	Incurred Benefits:	00 000 010		0					00 000 010	•	
	12.1 Direct		0	0	0	0	0	0		0	0
	12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
	12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
	12.4 Net	93,206,216	0	0	0	0	0	0	93,206,216	0	0
13.	Incurred medical incentive pools and bonuses	869,507	0	0	0	0	0	0	869,507	0	0

(a) Excludes \$0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	4,761,824	0	0	0	0	0	0	4,761,824	0	0
1.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
1.4 Net	4,761,824		0	0	0	0	0	4,761,824	0	0
2. Incurred but Unreported:										
2.1 Direct		0	0	0	0	0	0		0	0
2.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
2.4 Net	29,285,261	0	0	0	0	0	0	29,285,261	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct		0	0	0	0	0	0		0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	34,047,085	0	0	0	0	0	0	34,047,085	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

	Claims Paid D	ouring the Year	Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1	2	3	4		Estimated Claim Reserve and Claim
	On Claims Incurred	On Claims Incurred	On Claims Unpaid	On Claima Insurred	Claims Incurred	Liability December 31 of
Line of Business	Prior to January 1 of Current Year	During the Year	December 31 of Prior Year	On Claims Incurred During the Year	In Prior Years (Columns 1 + 3)	Prior Year
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	0	0	0	0	0	0
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7 Title XIX - Medicaid	8,766,691		2, 198, 787		10,965,478	
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)			2, 198, 787		10,965,478	
10. Healthcare receivables (a)	0		0	0	0	0
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts		0	0			0
13. Totals (Lines $9 - 10 + 11 + 12$)	9,036,198	<mark>84,913,558</mark>	2, 198, 787	32,448,298	11,234,985	34,521,118

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted) Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

	Cumulative Net Amounts Paid				
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims -	Comprehensive (Hospita	al & Medical)
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	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Per Outstanding at End of Year				
	1 2 3 4				
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX				
5. 2015	XXX				
6. 2016	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adjustment	(Col. 2/2)	Paymonte	(Col. 5/1) Percent		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense /mer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2012										
2. 2013										
3. 2014										
4. 2015										
5. 2016										
0. 2010										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

		Cu	mulative Net Amounts F	Paid	
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX	XXX			
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Medicare Supplement								
	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuse Outstanding at End of Year							
	1	2	3	4	5			
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016			
1. Prior								
2. 2012								
3. 2013	XXX							
4. 2014	XXX	XXX						
5. 2015	XXX	XXX						
6. 2016	XXX	XXX	XXX	XXX				

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Claims			Claim Adjustment	(Col. 2/2)	Paymonte	(Col. 5/1) Percent		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2012										
2. 2013										
3. 2014										
4. 2015										
5. 2016										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Dental Only	1
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	Cumulative Net Amounts Paid				
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior					
2. 2012					
3. 2013	XXX				
4. 2014	XXX				
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Dental Only									
	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year								
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016				
1. Prior									
2. 2012									
3. 2013	XXX								
4. 2014	XXX								
5. 2015	XXX	XXX	XXX						
6. 2016	XXX	XXX	XXX	XXX					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Premiums were Earned and Clair	ms		Claim Adjustment	(Col. 2/2)	Paymonte	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2012										
2. 2013										
3. 2014										
4. 2015										
5. 2016			`							

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Vision Only

	Cumulative Net Amounts Paid						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016		
1. Prior							
2. 2012							
3. 2013	XXX						
4. 2014	XXX						
5. 2015	XXX	XXX	XXX				
6. 2016	XXX	XXX	XXX	XXX			

Section B - Incurred Health Claims - Vision Only									
	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuse Outstanding at End of Year								
	1	2	3	4	5				
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016				
1. Prior									
2. 2012									
3. 2013	XXX								
4. 2014	XXX								
5. 2015	XXX	XXX	XXX						
6. 2016	XXX	XXX	XXX	XXX					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	ears in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	ere Earned and Claims			Claim Adjustment	(Col. 2/2)	Paymonte	(Col. 5/1) Percent		Adjustment	Expense Incurred	(Col. 9/1)
W	ere Incurred	Premiums Earned	Claims Payment	ense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2012											
2. 2013											
3. 2014											
4. 2015											
5. 2016				`							

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

	Cumulative Net Amounts Paid						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016		
1. Prior							
2. 2012							
3. 2013	XXX						
4. 2014	XXX	XXX					
5. 2015	XXX	XXX	XXX				
6. 2016	XXX	XXX	XXX	XXX			

Section B - Incurred Health Claims -	 Federal Employ 	yees Health Benefits Plan Premium
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	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016		
1. Prior							
2. 2012							
3. 2013							
4. 2014	XXX						
5. 2015	XXX						
6. 2016	XXX	XXX	XXX	XXX			

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

	1	2	3	4	5	6	7	8	9	10
			-		Claim and Claim	-		-	Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
Years in which Premiums were Earned and Claims			Claim Adjustment	(Col. 2/2)	Paymonte	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense	Perc		(Col. 5/1) Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2012										
2. 2013										
3. 2014										
4. 2015										
5. 2016										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A	- Paid Heal	th Claims -	Title XVIII
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	Cumulative Net Amounts Paid						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016		
1. Prior							
2. 2012							
3. 2013	XXX						
4. 2014	XXX	XXX					
5. 2015	XXX	XXX	XXX				
6. 2016	XXX	XXX	XXX	XXX			

Section B - Incurred Health Claims - Title XVIII											
	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuse Outstanding at End of Year										
	1	2	3	4	5						
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016						
1. Prior											
2. 2012											
3. 2013	XXX										
4. 2014	XXX										
5. 2015	XXX										
6. 2016	XXX	XXX	XXX	XXX							

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

	1	2	3	4	5	6	7	8	9	10
					Claim and Claim				Total Claims and	
Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	(
Premiums were Earned and Claims			Claim Adjustment	(Col. 2/2)	Paymonte	(Col. 5/1) Percent		Adjustment	Expense Incurred	(Col. 9/1)
were Incurred	Premiums Earned	Claims Payment	ense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1. 2012										()
2. 2013										
3. 2014										
4. 2015										
					·····					
5. 2016										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX

	Cumulative Net Amounts Paid				
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior	0	0	0	0	0
2. 2012	0	0	0	0	0
3. 2013	XXX	0	0	0	0
4. 2014	XXX	XXX	0	0	0
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	84,914

Section B - Incurred Health Claims - Title XIX

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonus Outstanding at End of Year							
	1	2	3	4	5			
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016			
1. Prior	0	0	0	0	0			
2. 2012	0	0	0	0	0			
3. 2013	XXX	0	0	0	0			
4. 2014	XXX	XXX	0	0	0			
5. 2015		XXX	XXX		<u>41, 149</u>			
6. 2016	XXX	XXX	XXX	XXX	117,362			

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2012	0	0	0	0.0	0	0.0	0	0	0	0.0
2.	2013	0	0	0	0.0	0	0.0	0	0	0	0.0
3.	2014	0	0	0	0.0	0	0.0	0	0	0	0.0
4.	2015										
5.	2016	137,983	84,914	6,515	7.7	91,429	66.3	32,448	522	124,399	90.2

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Other

	Cumulative Net Amounts Paid						
	े ा	2	3	4	5		
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016		
1. Prior							
2. 2012							
3. 2013	XXX						
4. 2014	XXX	XXX					
5. 2015	XXX	XXX	XXX				
6. 2016	XXX	XXX	XXX	XXX			

Section B - Incurred Health Claims - Other						
	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year					
	1	2	3	4	5	
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016	
1. Prior						
2. 2012						
3. 2013						
4. 2014						
5. 2015						
6. 2016	XXX	XXX	XXX	XXX		

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 2/2)	Paymonte	(Col. 5/1) Percent		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	ense ymer	Perc		Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2012										L
2.	2013										
3.											
4.	2015										
5.	2016										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

		Cumulative Net Amounts Paid				1995
		1	2	3	4	5
	Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1.	Prior	0	0	0	0	0
2.	2012	0	0	0	0	0
3.	2013	XXX	0	0	0	0
4.	2014	XXX	XXX	0	0	0
5.	2015	XXX	XXX	XXX		
6.	2016	XXX	XXX	XXX	XXX	84,914

Section B - Incurred Health Claims - Grand Total

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bone Outstanding at End of Year				
	1	2	3	4	5
Year in Which Losses Were Incurred	2012	2013	2014	2015	2016
1. Prior	0	0	0	0	0
2. 2012	0	0	0	0	0
3. 2013	XXX	0	0	0	0
4. 2014	XXX	XXX	0	0	0
5. 2015	XXX	XXX	XXX		
6. 2016	XXX	XXX	XXX	XXX	117,362

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

		1	2	3	4	5	6	7	8	9	10
						Claim and Claim				Total Claims and	
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims			Claim Adjustment	(Col. 3/2)	Payments	(Col. 5/1)		Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Premiums Earned	Claims Payment	Expense Payments	Percent	(Col. 2 + 3)	Percent	Claims Unpaid	Expenses	(Col. 5+7+8)	Percent
1.	2012	0	0	0	0.0	0	0.0	0	0	0	<mark>0.0</mark>
2.	2013	0	0	0	0.0	0	0.0	0	0	0	0.0
3.	2014	0	0	0	0.0	0	0.0	0	0	0	0.0
4.	2015										
5.	2016	137,983	84,914	6,515	7.7	91,429	66.3	32,448	522	124,399	90.2

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

		1	2	3	4	5	6	7	8	9
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1.	Unearned premium reserves		0	0	0	0			0	0
2.	Additional policy reserves (a)	0	0	0	0	0	0	0	0	0
3.	Reserve for future contingent benefits		0	0	0	0	0	0	0	0
4.	Reserve for rate credits or experience rating refunds (including									
	\$		0	0	0	0	0	0		0
5.	Aggregate write-ins for other policy reserves	0		0	0	0	0	0	0	0
6.	Totals (gross)		0	0	0	0	0	0		0
7.	Reinsurance ceded	0	0	0	0	0	0	0	0	0
8.	Totals (Net)(Page 3, Line 4)		0	0	0	0	0	0		0
9.	Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10.	Reserve for future contingent benefits		0	0	0	0	0	0	0	0
11.	Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12.	Totals (gross)		0	0	0	0	0	0	0	0
13.	Reinsurance ceded	0	0	0	0	0	0	0	0	0
14.	Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
	DETAILS OF WRITE-INS									
0501.										
0502.										
0503.										
0598.	Summary of remaining write-ins for Line 5 from overflow page		0	0	0	0	0	0	0	0
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.										
1102.										
1103.										
1198.	Summary of remaining write-ins for Line 11 from overflow page		0	0	0	0	0	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ _____0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) UNDERWRITING AND INVESTMENT EXHIBIT

	T	Claim Adjustme	YSIS OF EXPENSE	S 3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$0 for occupancy of	Expended		Experiedo	Expenses	rota.
	own building)			288,812	3,955	
2.	Salary, wages and other benefits	3,418,377	1,817,876			
3.	Commissions (less \$0					
	ceded plus \$0 assumed)		0	0	0	
4.	Legal fees and expenses				540	
5.		0	0	0	0	
6.	Auditing, actuarial and other consulting services	0	205,315		0	
7.	Traveling expenses	0				
8.	Marketing and advertising				0	
9.					2.596	
10.	Printing and office supplies					
11.	Occupancy, depreciation and amortization				0	
12.		0	1.352		57	5.5
13.	Cost or depreciation of EDP equipment and	0	,			· · · · · · · · · · · · · · · · · · ·
14.	software Outsourced services including EDP, claims, and					
	other services					
15.	Boards, bureaus and association fees					
16.	Insurance, except on real estate				0	
17.	Collection and bank service charges					
18.		0			0	
19.	Reimbursements by uninsured plans	0	0	0	0	
20.		0	0	0	0	
21.	Real estate expenses	0				
22.		0	0	0	0	
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes		0	2,307,906	0	2,307,9
	23.2 State premium taxes		0	0	0	
	23.3 Regulatory authority licenses and fees			2,776,249	0	2,776,5
	23.4 Payroll taxes					
	23.5 Other (excluding federal income and real estate taxes)	0	0	1,034, <mark>1</mark> 76	0	1,034,
24.	Investment expenses not included elsewhere	0	0	0	0	
25.	Aggregate write-ins for expenses	7,641	4,063	4,784	170	16,
26.	Total expenses incurred (Lines 1 to 25)	4,531,883	2,871,420			(a)18,607,6
27.	Less expenses unpaid December 31, current year .		213,609		0	4,404,
28.	Add expenses unpaid December 31, prior year			1,373,785	0	1,850,4
29.	Amounts receivable relating to uninsured plans, prior year	0	0	0	0	
30.	Amounts receivable relating to uninsured plans, current year	0	0	0	0	
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	4,478,025	2,851,206	8,614, <mark>1</mark> 61	110,311	16,053,
	DETAILS OF WRITE-INS					
501.	Miscellaneous Expense		4,063			
502.		0	0	0	0	
503.		0	0	0	0	
598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	
2599.						
	above) des management fees of \$	7,641	4,063 0 to nor	4,784	170	16,

14

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) EXHIBIT OF NET INVESTMENT INCOME

		Collec	1 ted During Year	Earned	2 During Year
1.	U.S. government bonds	(a)		Lamou	
1.1	Bonds exempt from U.S. tax		0		
1.2	Other bonds (unaffiliated)		.332,555		
1.3	Bonds of affiliates				
2.1	Preferred stocks (unaffiliated)	(b)	0		0
2.11	Preferred stocks of affiliates	(b)	0		0
2.2	Common stocks (unaffiliated)		0		0
2.21	Common stocks of affiliates		0		0
3.	Mortgage loans	(c)	0		0
4.	Real estate	(d)	0		0
5	Contract Loans		0		0
6	Cash, cash equivalents and short-term investments	(e)			186,399
7	Derivative instruments	(f)	0		0
8.	Other invested assets		0		0
9.	Aggregate write-ins for investment income		0		0
10.	Total gross investment income		867,987		1,045,583
11.	Investment expenses			(g)	
12.	Investment taxes, licenses and fees, excluding federal income taxes			(g)	<u>8,778</u>
13.	Interest expense			(h)	0
14.	Depreciation on real estate and other invested assets				0
15.	Aggregate write-ins for deductions from investment income				
16.	Total deductions (Lines 11 through 15)				
17.	Net investment income (Line 10 minus Line 16)				935,272
	DETAILS OF WRITE-INS				
0901.					
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page		0		0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)		0		0
1501.					
1502.					
1503.					
1598.	Summary of remaining write-ins for Line 15 from overflow page			l	0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)				0

(a)) Includes \$		accrual of discount less \$	
(b)) Includes \$	0	accrual of discount less \$0 amortization of premium and less \$	
(c)	Includes \$	0	accrual of discount less \$0 amortization of premium and less \$	
(d)) Includes \$	0	for company's occupancy of its own buildings; and excludes \$	
(e)) Includes \$		accrual of discount less \$0 amortization of premium and less \$	
(f)	Includes \$	0	accrual of discount less \$ amortization of premium.	
(g)) Includes \$. segregated	and Separate Acco	nvestment expenses and \$	
(h)) Includes \$	0	interest on surplus notes and \$	
(i)	Includes \$	0	depreciation on real estate and \$0 depreciation on other invested assets.	

EXHIBIT OF CAPITAL GAINS (LOSSES)

		4			· ·	-
		1	2	3	4	5
				Total Realized Capital		Change in Unrealized
		Realized Gain (Loss)	Other Realized	Gain (Loss)	Unrealized Capital	Foreign Exchange
		On Sales or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds		(114,513)	(31,410)	0	0
1.1	Bonds exempt from U.S. tax	0	0	0	0	0
1.2	Other bonds (unaffiliated)	(55, 135)	0	(55,135)	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)		0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
	Martine na la ana	0				0
3.	Mortgage loans	0				
4.	Real estate	0	0	0	0	0
5.	Contract loans	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments	(44)	0	(44)	0	0
7.	Derivative instruments	0	0	0	0	0
8.	Other invested assets	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	27,924	(114,513)	(86,589)	0	0
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from		•		•	_
	overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9,	•	0		0	
	above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) EXHIBIT OF NON-ADMITTED ASSETS

EXHIBIT OF NON-ADMITTED ASSETS						
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)		
1.	Bonds (Schedule D)		0	0		
	Stocks (Schedule D):					
48030	2.1 Preferred stocks	0	0	0		
	2.2 Common stocks		0	0		
3.	Mortgage loans on real estate (Schedule B):					
0.	3.1 First liens	0	0	0		
	3.2 Other than first liens	0	0	0		
4.	Real estate (Schedule A):					
	4.1 Properties occupied by the company	0	0	0		
	4.2 Properties held for the production of income			0		
	4.3 Properties held for sale	-	0	0		
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments					
э.	(Schedule DA)	0	0	0		
6.	Contract loans	0	0	0		
7.	Derivatives (Schedule DB)	0	0	0		
8.	Other invested assets (Schedule BA)	0	0	0		
9.	Receivables for securities	0	0	0		
10.	Securities lending reinvested collateral assets (Schedule DL)	0	0	0		
11.	Aggregate write-ins for invested assets		0	0		
12.	Subtotals, cash and invested assets (Lines 1 to 11)		0	0		
13.	Title plants (for Title insurers only)		0	0		
14.	Investment income due and accrued		0	0		
15.	Premiums and considerations:					
	15.1 Uncollected premiums and agents' balances in the course of collection	0	0	0		
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0		
	15.3 Accrued retrospective premiums and contracts subject to redetermination			0		
16.	Reinsurance:					
	16.1 Amounts recoverable from reinsurers	0	0	0		
	16.2 Funds held by or deposited with reinsured companies			0		
	16.3 Other amounts receivable under reinsurance contracts					
17	Amounts receivable relating to uninsured plans		0	0		
	Current federal and foreign income tax recoverable and interest thereon			0		
	Net deferred tax asset	0	0			
19.	Guaranty funds receivable or on deposit		0			
20.	Electronic data processing equipment and software		0	0		
20.	Furniture and equipment, including health care delivery assets		0			
				0		
22.	Net adjustment in assets and liabilities due to foreign exchange rates		0	0		
23.	Receivable from parent, subsidiaries and affiliates		0 77,356	U (201 707)		
24.	Health care and other amounts receivable		-	(321,787)		
25.	Aggregate write-ins for other than invested assets	0	0	0		
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)			(321,787)		
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0		
28.	Total (Lines 26 and 27)	399, 143	77,356	(321,787)		
	DETAILS OF WRITE-INS			(,,		
1101.						
1102.						
1102.						
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	n		
		0	0	0		
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	U		
2501.						
2502.						
2503.				_		
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0		
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0		

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

		Total Members at End of					6
	Source of Enrollment	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations		26,500	29,975	32,453		
2.	Provider Service Organizations	0	0	0	0	0	0
З.	Preferred Provider Organizations	0	0	0	0	0	0
4.	Point of Service	0	0	0	0	0	0
5.	Indemnity Only	0	0	0	0	0	0
6.	Aggregate write-ins for other lines of business	0	0	0	0	0	0
7.	Total	<mark>18,578</mark>	26,500	29,975	32,453	33,335	355,658
	DETAILS OF WRITE-INS						
0601.							
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of significant accounting policies and going concern

A. Accounting practices

The accompanying statutory financial statements of Aetna Better Health Inc. (a New Jersey corporation) (the "Company"), indirectly a wholly-owned subsidiary of Aetna Inc. ("Aetna"), have been prepared in conformity with accounting practices prescribed or permitted by the State of New Jersey Department of Banking and Insurance ("New Jersey Department") ("New Jersey Accounting Practices"). The New Jersey Department recognizes only statutory accounting practices prescribed or permitted by the State of New Jersey Department recognizes only statutory accounting practices prescribed or permitted by the State of New Jersey for determining and reporting the financial condition and results of operations of an insurance company, which include accounting practices and procedures adopted by the National Association of Insurance Commissioners' ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP").

A reconciliation of the Company's net income (loss) and surplus between NAIC SAP and practices prescribed and permitted by the State of New Jersey for the years ending December 31, 2016 and 2015 is as follows:

		SSAP #	F/S Page	F/S Line #	2016	2015
(1)	Net income (loss) The Company's state basis	xxx	xxx	xxx	\$16,081,913	\$(2,635,425)
(2)	New Jersey prescribed practices that increase/ (decrease) NAIC SAP	N/A	N/A	N/A	-	-
(3)	New Jersey permitted practices that increase/ (decrease) NAIC SAP	N/A	N/A	N/A	-	-
(4)	NAIC SAP			-	\$16,081,913	\$(2,635,425)
(5) (6)	Surplus The Company's state basis New Jersey prescribed practices that increase/	XXX	XXX	xxx	\$35,333,748	\$12,290,501
(7)	(decrease) NAIC SAP New Jersey permitted practices that increase/	N/A	N/A	N/A	-	-
	(decrease) NAIC SAP	N/A	N/A	N/A	-	<u>-</u>
(8)	NAIC SAP			-	\$35,333,748	\$12,290,501

B. Use of estimates in the preparation of the financial statements

The preparation of these financial statements in conformity with New Jersey Accounting Practices requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and revenue and expenses. Actual results could differ from those estimates.

C. Accounting policies

The Company applies the following significant accounting policies:

(1) Cash, cash equivalents and short-term investments

Cash, cash equivalents and short-term investments, consisting primarily of money market instruments and other debt issues with an original maturity of up to one year, are carried at amortized cost. Short-term investments consist primarily of investments purchased with an original maturity date of greater than three months but less than one year. Cash equivalents consist of highly liquid instruments, which mature within three months from the date of purchase. The carrying amount of cash, cash equivalents and short-term investments approximates fair value.

(2) Bonds

Bonds, which include special deposits, are carried at amortized cost except for those bonds with an NAIC designation of 3 through 6, which are carried at the lower of amortized cost or fair value. The amount carried at fair value is not material to the financial statements. Bond premiums and discounts are amortized using the scientific interest method. When quoted prices in active markets for identical assets are available, the Company uses these quoted market prices to determine the fair value of bonds. This is used primarily for U.S. government securities. In other cases where a quoted market price for identical assets in an active market is either not available or not observable, the Company estimates fair values using valuation methodologies based on available and observable market information or by using a matrix pricing model. If quoted market prices are not available, the Company determines fair value using broker

quotes or an internal analysis of each investment's financial performance and cash flow projections. The Company had no investments where fair value was determined using broker quotes or an internal analysis of financial performance and cash flow projections at December 31, 2016 and 2015. Bonds include all investments whose maturity is greater than one year when purchased.

The Company periodically reviews its bonds to determine whether a decline in fair value below the carrying value is other-than-temporary. For bonds, other than loan-backed and structured securities, an other-than-temporary impairment ("OTTI") shall be recorded if it is probable that the Company will be unable to collect all amounts due according to the contractual terms in effect at the date of acquisition. Declines deemed to be OTTI in the cost basis are recognized as realized capital losses. Yield-related impairments are deemed other-than-temporary when the Company intends to sell an investment at the reporting date before recovery of the cost of the investment.

For loan-backed and structured securities, the Company records OTTI when the fair value of the loanbacked or structured security is less than the amortized cost basis at the balance sheet date and (1) the Company intends to sell the investment, or (2) the Company does not have the intent and ability to retain the investment for the time sufficient to recover the amortized cost basis, or (3) the Company does not expect to recover the entire amortized cost basis of the security, even if it does not intend to sell the security and has the intent and ability to hold. If it is determined an OTTI has occurred because of (1) or (2), the amount of the OTTI is equal to the difference between the amortized cost and the fair value of the security at the balance sheet date and this difference is recorded as a realized capital loss. If it is determined an OTTI has occurred because of (3), the amount of the OTTI is equal to the difference between the amortized cost and the present value of cash flows expected to be collected, discounted at the loan-backed or structured security's effective interest rate and this difference is also accounted for as a realized capital loss.

The Company analyzes all relevant facts and circumstances for each investment when performing its analysis to determine whether an OTTI exists. Among the factors considered in evaluating whether a decline is other-than-temporary, management considers whether the decline in fair value results from a change in the quality of the investment security itself, whether the decline results from a downward movement in the market as a whole, the prospects for realizing the carrying value of the bond based on the investee's current and short-term prospects for recovery and other factors. The risks inherent in assessing the impairment of an investment include the risk that market factors may differ from our expectations and the risk that facts and circumstances factored into our assessment may change with the passage of time. Unexpected changes to market factors and circumstances that were not present in past reporting periods may result in a current period decision to sell securities that were not other-than-temporarily-impaired in prior reporting periods.

- (3) The Company did not own any common stock at December 31, 2016 or 2015.
- (4) The Company did not own any preferred stock at December 31, 2016 or 2015.
- (5) The Company did not have any mortgage loans at December 31, 2016 or 2015.
- (6) <u>Securities lending</u>

The Company engages in securities lending by lending certain securities from its investment portfolio to other institutions for short periods of time. Borrowers must post cash collateral in the amount of 102% to 105% of the fair value of a loaned security. The fair value of the loaned securities is monitored on a daily basis, with additional collateral obtained or refunded as the fair value of the loaned securities fluctuates. The collateral is retained and invested by a lending agent according to the Company's guidelines to generate additional investment income for the Company. Pursuant to SSAP No. 103 - *Transfers and Servicing of Financial Assets and Extinguishments of Liabilities* ("SSAP No. 103"), collateral required under the Company's securities lending program is carried on the Company's Statutory Statements of Assets and Liabilities, Capital and Surplus as both a receivable and payable. Also pursuant to SSAP No. 103, if the collateral received from a counterparty is less than 100 percent at the reporting date, the difference between the actual collateral and 100 percent is nonadmitted. Collateral value is measured and compared to the loaned securities in aggregate by counterparty. The Company did not have any loaned securities at December 31, 2016 or 2015.

- (7) The Company did not have any investments in any subsidiaries or affiliated companies at December 31, 2016 or 2015.
- (8) The Company did not have any investments in any joint ventures, partnerships and limited liability companies at December 31, 2016 or 2015.
- (9) The Company did not have any derivatives at December 31, 2016 or 2015.

(10) Aggregate health policy reserves and related expenses

Premium deficiency reserves ("PDR") are recognized when it is probable that the expected future hospital and medical costs, including maintenance costs, will exceed anticipated future premiums and reinsurance recoveries on existing contracts. Where allowed, anticipated investment income is considered in the calculation of any PDR. For purposes of calculating a PDR, contracts are grouped in manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. The Company had no PDR at December 31, 2016 or 2015

Unearned premium reserves ("UEP") are recognized for premiums that were collected by the Company that have not been earned as of the statement date. The Company had no UEP at December 31, 2016 or 2015.

The Company is required to make premium rebate payments to the State of New Jersey if specific minimum annual medical loss ratios ("MLR") were not met in the prior year. The Company's results for full year 2016 included an estimate of \$31,924,552 of minimum MLR rebates, which were included in aggregate health policy reserves in the Statutory Statement of Liabilities and Capital and Surplus. The Company did not have any minimum MLR rebates for the full year 2015.

(11) Hospital and medical costs and claims adjustment expenses and related reserves

Hospital and medical costs consist principally of fee-for-service medical claims and capitation costs. Claims unpaid and aggregate health claim reserves include the Company's estimate of payments to be made on claims reported but not yet paid and for health care services rendered to enrollees but not yet reported to the Company as of the Statutory Statements of Assets and Liabilities, Capital and Surplus date. Such estimates are developed using actuarial principles and assumptions, which consider, among other things, historical and projected claim submission and processing payment patterns, medical cost trends, historical utilization of health care services, claim inventory levels, medical inflation, contract requirement changes in membership and product mix, seasonality and other relevant factors. The Company reflects changes in estimates in hospital and medical costs in the Statutory Statements of Revenue and Expenses in the period they are determined. Capitation costs, which are recorded in hospital and medical expenses in the Statutory Statements of Revenue and Expenses, represent contractual monthly fees paid to participating physicians and other medical providers for providing medical care, regardless of the medical services provided to the enrollee.

The Company uses the triangulation method to estimate reserves for claims incurred but not reported. The method of triangulation makes estimates of completion factors that are then applied to the total paid claims (net of coordination of benefits) to date for each incurral month. This provides an estimate of the total projected incurred claims and total amount outstanding or claims incurred but not reported (claims unpaid). For the most current dates of service where there is insufficient paid claim data to rely solely on the triangulation method, the Company examines cost and utilization trends as well as environmental factors, plan changes, provider contracts, changes in membership and/or benefits, and historical seasonal patterns to estimate the reserve required for these months.

Claims adjustment expenses, which include cost containment expenses, represent the costs incurred related to the claim settlement process such as costs to record, process and adjust claims. These expenses are included in the Company's management agreement with an affiliate described in Note 10.

- (12) The Company did not modify its capitalization policy from the prior period.
- (13) Pharmaceutical rebate receivables

The Company estimates pharmaceutical rebate receivables based upon historical payment trends, actual utilization and other variables. Pharmaceutical rebates for a quarter are billed to the vendor within one month of the completion of the quarter with any adjustment to previously recorded amounts reflected at the time of billing. The Company reports pharmaceutical rebate receivables as health care receivables. Pharmacy rebate receivables over 90 days past due are nonadmitted. All rebates are processed and settled with an affiliated entity.

(14) Premiums and amounts due and unpaid

Premium revenue for prepaid health care products is recognized as income in the month in which enrollees are entitled to health care services.

Nonadmitted amounts consist of all premiums due and unpaid greater than 90 days past due, with the exception of amounts due under government insured plans, which may be admitted assets under certain circumstances.

(15) Investment income due and accrued

Accrued investment income consists primarily of interest. Interest is recognized on an accrual basis and dividends are recorded as earned on the ex-dividend date. Due and accrued income is not recorded on: (a) bonds in default; and (b) bonds delinquent more than 90 days or where collection of interest is improbable. At December 31, 2016 and 2015, the Company did not have any nonadmitted investment income due and accrued.

(16) Covered and uncovered expenses and related liabilities

Covered expenses and related liabilities represent costs for health care expenses for which a member is not responsible in the event of the insolvency of the Company. Uncovered expenses and related liabilities represent costs to the Company for health care services that are the obligation of the Company and for which a member may also be liable in the event of the Company's insolvency.

(17) Fees Paid to the Federal Government by Health Insurers

Beginning January 1, 2014, SSAP No. 106 – Affordable Care Act Section 9010 Assessment ("SSAP No. 106") required (1) that the health insurer fee be recognized in full on January 1 of the fee year (the calendar year in which the assessment must be paid to the federal government), in the operating expense category of insurance taxes, licenses and fees, excluding federal income taxes and (2) that in each data year preceding a fee year a reporting entity pro-ratably accrue by reclassifying from unassigned funds (surplus) to aggregate write-ins for special surplus funds an amount equal to its estimated subsequent fee year assessment. This reclassification has no impact on total capital and surplus and is reversed in full on January 1 of the fee year beginning with fee years starting on January 1, 2015 and after. In December 2015, the Consolidated Appropriation Act was enacted which included a one year suspension in 2017 of the health insurer fee. As interpreted in INT 16-01: ACA Section 9010 Assessment 2017 Moratorium, because there is not an ACA Section 9010 fee due in September 2017, there is not an accrual of a liability on January 1, 2017 based on 2016 data year net written premiums. Accrual of a liability on January 1, 2018 for the ACA Section 9010 assessment based on 2017 data year net written premiums and the reclassification from unassigned funds (surplus) to aggregate write-ins for special surplus funds equal to the estimated 2018 fee year assessment accrued in data year 2017 will both continue as prescribed under SSAP No. 106. See Note 22 for disclosure of all amounts related to the health insurer fee for the Company.

(17) <u>Accounting for the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010's (collectively, "Health Care Reform") Reinsurance, Risk Adjustment and Risk Corridor (the "3Rs") pursuant to SSAP No. 107 – Risk-Sharing Provisions of the Affordable Care Act ("SSAP No. 107") and INT 15-01: ACA Risk Corridors Collectibility ("INT 15-01")</u>

Reinsurance

Health Care Reform established a temporary reinsurance program that expired at the end of 2016. Under this program, all issuers of major medical commercial insurance products and self-insured plan sponsors are required to contribute funding in amounts set by the U.S. Department of Health and Human Services ("HHS"). A portion of the funds collected will be utilized to reimburse issuers' high claims costs incurred for qualified individual members. The expense related to this required funding is reflected in insurance, taxes, licenses and fees for all of the Company's insurance products with the exception of products associated with qualified individual members; this expense for qualified individual members is reflected as a reduction of premium revenue. When annual claim costs incurred by the Company's qualified individual members from this program. The Company records amounts recoverable for claims paid and unpaid and ceded claim benefit recoveries to reflect its estimate of these recoveries. At December 31, 2016 and 2015, the Company did not record a payable or a receivable under the temporary three-year reinsurance program.

Risk Adjustment

Health Care Reform established a permanent risk adjustment program to transfer funds from qualified individual and small group insurance plans with below average risk scores to plans with above average risk scores. Based on the risk of the Company's qualified plan members relative to the average risk of members of other qualified plans in comparable markets, the Company estimates its ultimate risk adjustment receivable or payable for the current calendar year and reflects the impact as an adjustment to its premium revenue. At December 31, 2016 and 2015, the Company did not record a payable or a receivable under the risk adjustment program.

Risk Corridor

Health Care Reform established a temporary risk sharing program, which expires at the end of 2016, for qualified individual and small group insurance plans. Under this program the Company makes (or receives) a payment to (or from) HHS based on the ratio of allowable costs to target costs (as defined by Health Care Reform). The Company records a risk corridor receivable or payable as an adjustment to premium revenue based on the Company's estimate of the ultimate risk sharing amount for the current calendar year. In October 2015, HHS announced that 2014 Health Care Reform risk corridor receivables

would be funded at 12.6% to the extent HHS fully collects risk corridor payables. In November 2015, INT 15-01 was issued as guidance to address the accounting for risk corridor receivables. In conjunction with this guidance, the Company recorded a risk corridor receivable at December 31, 2015 that coincided with the portion of the 2014 Health Care Reform risk corridor receivables that were considered collectible. The Company currently has not recorded any risk corridor receivables for the 2016 and 2015 program years or any amount in excess of HHS's announced pro-rated funding amount for the 2014 program year because payments from HHS are uncertain. The Company currently has not recorded any risk corridor receivables for the 2016 and 2015 program years.

The Company expects to perform an annual final reconciliation and settlement with HHS of the 3Rs in each subsequent year.

(19) Federal and state income taxes

The Company is included in the consolidated federal income tax return of its parent company, Aetna and Aetna's other wholly-owned subsidiaries pursuant to the terms of a tax sharing agreement. In accordance with a written tax sharing agreement with an affiliate, the Company's current federal and state income tax provisions are generally computed as if the Company were filing a separate federal and state income tax return; current income tax benefits, including those resulting from net operating losses, are recognized to the extent realized in the consolidated return. Pursuant to this agreement, the Company has the enforceable right to recoup federal and state income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal and state income taxes.

Income taxes are accounted for under the asset and liability method. Deferred income tax assets ("DTAs") and liabilities ("DTLs") represent the expected future tax consequences of temporary differences generated by statutory accounting as defined in SSAP No. 101. DTAs and DTLs are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. DTAs and DTLs are computed by means of identifying temporary differences which are measured using a balance sheet approach whereby statutory and tax basis balance sheets are compared. Current income tax recoverables include all current income taxes, including interest, reasonably expected to be recovered in a subsequent accounting period.

Pursuant to SSAP No. 101, gross DTAs are first reduced by a statutory valuation allowance adjustment to an amount that is more likely than not to be realized ("adjusted gross DTAs"). Adjusted gross DTAs are then admitted in an amount equal to the sum of paragraphs a. b. and c. below:

- a. Federal income taxes paid in prior years that can be recovered through loss carrybacks for existing temporary differences that reverse during a timeframe corresponding with Internal Revenue Service ("IRS") tax loss carryback provisions.
- b. The amount of adjusted gross DTAs, after the application of paragraph a. above, expected to be realized within the applicable period and that is no greater than the applicable percentage as determined using the applicable Realization Threshold Limitation Table. The applicable period refers to the number of years in which the DTA will reverse in the Company's tax return and the applicable percentage refers to the percentage of the Company's statutory capital and surplus as required to be shown on the statutory balance sheet adjusted to exclude any net DTAs, electronic data processing equipment and operating system software and any net positive goodwill ("Stat Cap ExDTA").

The Realization Threshold Limitation Tables allow DTAs to be admitted based upon either realization within 3 years and 15% of Stat Cap ExDTA, 1 year and 10% of Stat Cap ExDTA, or no DTA admitted pursuant to this paragraph b. In general, the Realization Threshold Limitation Tables allow the Company to admit more DTAs if total DTAs as reported by the Company are a smaller percentage of statutory capital and surplus.

c. The amount of gross DTAs, after the application of paragraphs a. and b. above that can be offset against existing gross DTLs. In applying this offset, the Company considers the character (i.e. ordinary versus capital) of the DTAs and DTLs such that offsetting would be permitted in the tax return under existing enacted federal income tax laws and regulations and the reversal patterns of temporary differences.

Changes in DTAs and DTLs are recognized as a separate component of gains and losses in surplus ("Change in net deferred income tax") except to the extent allocated to changes in unrealized gains and losses. Changes in DTAs and DTLs allocated to unrealized gains and losses are netted against the related changes in unrealized gains and losses and are reported as "Change in net unrealized capital gains (losses)", also a separate component of gains and losses in surplus.

State income tax expense is recorded in general administrative expenses in the Statutory Statements of Revenue and Expenses. For the years ended December 31, 2016 and 2015, the Company incurred state income tax expense of \$2,307,906 and \$3,836, respectively. The Company had state income tax payable of \$1,328,906 at December 31, 2016, which was recorded as general expenses due or accrued in the Statutory Statements of Liabilities.

(20) Reinsurance

In the normal course of business, the Company seeks to reduce the loss that may arise from catastrophes or other events that cause unfavorable underwriting results and to help balance its risks and capital by reinsuring certain levels of risk with other insurance enterprises. The reinsurance coverage does not relieve the Company of its primary obligations. Reinsurance premiums and reserves related to reinsured business are accounted for on a basis consistent with those used in accounting for the original policies issued and the terms of the reinsurance contracts. Premiums ceded for medical losses and the related unpaid reserves have been reported as reductions of these items. The reinsurance agreements are more fully discussed in Note 23.

D. Going concern

After evaluation at December 31, 2016, management has no concern over the Company's ability to continue as a going concern at this time. Management will continuously evaluate the Company's ability to continue as a going concern and will take appropriate action and will make appropriate disclosures if there is any change in any condition or events that would raise substantial doubt about the Company's ability to continue as a going concern.

2. Accounting changes and corrections of errors

The Company did not have any accounting changes or corrections of errors in the years ended December 31, 2016 and 2015.

3. Business combinations and goodwill

The Company was not a part of any business combinations that involved the statutory purchase method, a statutory merger, an assumption reinsurance, or an impairment loss in the period ending December 31, 2016 and 2015.

4. Discontinued operations

The Company did not have any discontinued operations in the period ending December 31, 2016.

5. Investments

- A. The Company did not have any mortgage loans, including Mezzanine Real Estate Loans, at December 31, 2016 or 2015.
- B. The Company did not have any debt restructuring in the years ending December 31, 2016 and 2015.
- C. The Company did not have any reverse mortgages at December 31, 2016 or 2015.
- D. Loan-Backed Securities
 - (1) Prepayment assumptions for single class and multi-class mortgage backed/asset backed securities were obtained from industry market sources.
 - (2) The Company had no OTTI losses during 2016 on loan-backed and structured securities in which the Company had the (1) intent to sell, (2) did not have the intent and ability to retain for a period of time sufficient to recover the amortized cost basis or (3) present value of cash flows expected to be collected is less than the amortized cost basis of the securities in accordance with SSAP No. 43R - *Loan-Backed and Structured Securities*.
 - (3) The Company had no recognized OTTI on loan-backed and structured securities currently held, in which the present value of cash flows expected to be collected is less than the amortized cost basis, at December 31, 2016.
 - (4) The Company's unrealized loss position on loan-backed and structured securities held by the Company at December 31, 2016 is as follows:
 - a. The aggregate amount of unrealized losses:

1. Less than 12 months	\$(12,219)
------------------------	------------

- 2. 12 months or longer
- b. The aggregate related fair value of securities with unrealized losses:
 - 1. Less than 12 months
 \$2,487,641

 2. 12 months or longer
 - -

- (5) The Company has reviewed the loan-backed and structured securities in accordance with SSAP No. 43R in the table above and have concluded that these are performing assets generating investment income to support the needs of the business. Furthermore, the Company has no intention to sell the securities at December 31, 2016 before their cost can be recovered and does have the intent and ability to retain the securities for the time sufficient to recover the amortized cost basis; therefore, no OTTI write-down to fair value was determined to have occurred on these securities.
- E. Repurchase Agreements and/or Securities Lending Transactions
 - The Company did not have any repurchase agreements or loaned securities transactions at December 31, 2016.
 - (2) The Company did not pledge any of its assets as collateral, which are classified as securities pledged to creditors as of December 31, 2016.
 - (3) Neither the Company nor its agent has accepted collateral that is permitted by contract or custom to sell or repledge as of December 31, 2016.
 - (4) The Company did not have securities lending transactions administered by an affiliated agent which is "one line" reported at December 31, 2016.
 - (5) The Company did not have any repurchase agreements, loaned securities or dollar repurchase agreements at December 31, 2016.
 - (6) The Company has not accepted collateral that is not permitted by contract or custom to sell or repledge as of December 31, 2016.
 - (7) The Company did not have any collateral for transactions that extend beyond one year from the reporting date.
- F. The Company did not have any real estate at December 31, 2016 or 2015.
- G. The Company did not have any low-income housing tax credits at December 31, 2016.

H. Restricted Assets

(1) Restricted assets (including pledged):

	1	2	3	4	5	6	7
Restricted Asset Category	Total gross (admitted & nonadmitted) restricted from current year	Total gross (admitted & nonadmitted) restricted from prior year	Increase (decrease) (1 minus 2)	Total current year nonadmitted restricted	Total current year admitted restricted (1 minus 4)	Percentage gross (admitted & nonadmitted) restricted to total assets	Percentage admitted restricted to total admitted assets
a. Subject to contractual obligation for which liability is not shown	-	-	-	-	-	-	-
b. Collateral held under security lending agreements	-	-	-	-	_	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	_	-	-	_	_	_	_
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	_	_			_		
i. FHLB capital						_	
stock j. On deposit with states	- \$17,545,935	- \$645,254	- \$16,900,681	-	- \$17,545,935	- 15.016%	- 15.068%
 k. On deposit with other regulatory bodies 	-	-	-	-	-	-	-
I. Pledged as collateral to FHLB (including assets backing funding							
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total restricted assets	\$17,545,935	\$645,254	\$16,900,681	-	\$17,545,935	15.016%	15.068%

- (2) The Company did not have any assets pledged as collateral not captured in other categories at December 31, 2016.
- (3) The Company did not have any other restricted assets at December 31, 2016.
- (4) The Company did not have any collateral received and reflected within its financial statements at December 31, 2016.
- I. The Company did not have any working capital finance investments at December 31, 2016.

- J. The Company did not have any offsetting and netting of financial assets or liabilities at December 31, 2016.
- K. The Company did not have any structured notes at December 31, 2016.
- L The Company did not have any 5* securities at December 31, 2016.
- 6. Joint ventures, partnerships, and limited liability companies
 - A. The Company did not have any joint ventures, partnerships, or limited liability companies that exceeded 10% of its admitted assets at December 31, 2016 or 2015.
 - B. The Company does not have any impaired investments in joint ventures, partnerships, or limited liability companies at December 31, 2016 or 2015.

7. Investment income

- A. There was no investment income due and accrued excluded from surplus at December 31, 2016 or 2015, except in bonds where collection of interest was uncertain.
- B. There was no amount excluded at December 31, 2016 or 2015.

8. Derivative instruments

The Company did not have any derivative instruments at December 31, 2016 or 2015.

9. Income taxes

Α.

 The components of the net DTAs recognized in the Company's Statutory Statements of Assets, Liabilities, Surplus and Other Funds are as follows:

	De	ecember 31, 2016	5
	Ordinary	Capital	Total
(a) Gross DTAs(b) Statutory valuation allowance adjustment	\$1,236,023	\$95,951	\$1,331,974
(c) Adjusted gross DTAs(d) DTAs nonadmitted	1,236,023	95,951 -	1,331,974 -
(e) Subtotal net admitted DTAs(f) DTLs	1,236,023	95,951 (49,015)	1,331,974 (49,015)
(g) Net admitted DTAs/(DTLs)	\$1,236,023	\$46,936	\$1,282,959
	De	ecember 31, 2015	5
	Ordinary	Capital	Total
(a) Gross DTAs(b) Statutory valuation allowance adjustment	\$128,745 (122,113)	\$55,871 (55,871)	\$184,616 (177,984)
(c) Adjusted gross DTAs(d) DTAs nonadmitted	6,632	-	6,632
(e) Subtotal net admitted DTAs(f) DTLs	6,632	- (6,794)	6,632 (6,794)
(g) Net admitted DTAs/(DTLs)	\$6,632	\$(6,794)	\$(162)
		Change	
	Ordinary	Capital	Total
(a) Gross DTAs(b) Statutory valuation allowance adjustment	\$1,107,278 122,113	\$40,080 55,871	\$1,147,358 177,984
(c) Adjusted gross DTAs(d) DTAs nonadmitted	1,229,391	95,951 -	1,325,342
(e) Subtotal net admitted DTAs (f) DTLs	1,229,391	95,951 (42,221)	1,325,342 (42,221)
(f) DTLs(g) Net admitted DTAs/(DTLs)	\$1,229,391	<u>(42,221)</u> \$53,730	\$1,283,121

2. The amount of admitted gross DTAs admitted under each component of SSAP No. 101:

	De	cember 31, 20	016
	Ordinary	Capital	Total
 (a) Federal income taxes paid in prior years recoverable through loss carrybacks (b) Adjusted gross DTAs expected to be realized 	\$1,236,023	\$10,416	\$1,246,439
 (excluding the amount of DTAs) after application of the threshold limitations (the lesser of 2(b)1 and 2(b)2 below) 1. Adjusted gross DTAs expected to realized 	-	74,943	74,943
following the balance sheet date 2. Adjusted gross DTAs allowed per limitation	-	74,943	74,943
threshold	XXX	XXX	5,107,618
 (c) Adjusted gross DTAs (excluding the amount of DTAs from 2(a) and 2(b) above) offset by gross DTLs (d) DTAs advited on the nearth of analisation of 		10,592	10,592
(d) DTAs admitted as the result of application of SSAP No. 101	\$1,236,023	\$95,951	\$1,331,974
	De	cember 31, 20)15
	Ordinary	Capital	Total
 (a) Federal income taxes paid in prior years recoverable through loss carrybacks (b) Adjusted gross DTAs expected to be realized (excluding the amount of DTAs) after application 	-	-	-
of the threshold limitations (the lesser of 2(b)1 and 2(b)2 below)	\$6,632	-	\$6,632
 Adjusted gross DTAs expected to realized following the balance sheet date Adjusted gross DTAs allowed per limitation 	6,632	-	6,632
 Adjusted gross DTAs allowed per limitation threshold 	XXX	XXX	1,843,532
(c) Adjusted gross DTAs (excluding the amount of DTAs from 2(a) and 2(b) above) offset by gross DTLs	-	-	-
(d) DTAs admitted as the result of application of SSAP No. 101	\$6,632	-	\$6,632
		Change	
	Ordinary	Capital	Total
 (a) Federal income taxes paid in prior years recoverable through loss carrybacks (b) Adjusted gross DTAs expected to be realized (excluding the amount of DTAs) after application of the threshold limitations (the longer of 2(b)) 	\$1,236,023	\$10,416	\$1,246,439
of the threshold limitations (the lesser of 2(b)1 and 2(b)2 below) 1. Adjusted gross DTAs expected to realized	(6,632)	74,943	68,311
following the balance sheet date 2. Adjusted gross DTAs allowed per limitation	(6,632)	74,943	<mark>68,31</mark> 1
threshold	XXX	XXX	3,264,086
(c) Adjusted gross DTAs (excluding the amount of DTAs from 2(a) and 2(b) above) offset by gross DTLs	-	10,592	10,592
(d) DTAs admitted as the result of application of SSAP No. 101	\$1,229,391	\$95,951	\$1,325,342
	2016		2015
-	2010		2010
 (a) Ratio percentage used to determine recovery period and threshold limitation amount (b) Amount of adjusted capital and surplus used to 	757%		336%
determine recovery period threshold limitation	\$34,050,789		12,290,663

3.

4. The impact of tax planning strategies is as follows:

	D	ecember 31, 20	16
	Ordinary	Capital	Total
 (a) Determination of adjusted gross DTAs and net admitted DTAs, by tax character as a percentage 1. Adjusted gross DTAs amount from Note 9A1(c) 	\$1,236,023	\$95,951	\$1,331,974
 Percentage of adjusted DTAs by tax character attributable to the impact of tax planning strategies Net admitted adjusted gross DTAs amount from Note 9A1(e) Percentage of net admitted adjusted DTAs by tax character admitted because of the impact of tax 	0% \$1,236,023	6% \$95,951	6% \$1,331,974
planning strategies	0%	6%	6%
	D	ecember 31, 20	15
	Ordinary	Capital	Total
 (a) Determination of adjusted gross DTAs and net admitted DTAs, by tax character as a percentage 1. Adjusted gross DTAs amount from Note 9A1(c) 	\$6,632	-	\$6,632
 Percentage of adjusted DTAs by tax character attributable to the impact of tax planning strategies Net admitted adjusted gross DTAs amount from Note 9A1(e) 	100% \$6,632	0%	100% \$6,632
 4. Percentage of net admitted adjusted DTAs by tax character admitted because of the impact of tax planning strategies 	100%	0%	100%
	Ordinary	Change	Total
 (a) Determination of adjusted gross DTAs and net admitted DTAs, by tax character as a percentage 1. Adjusted gross DTAs amount from Note 9A1(c) 2. Percentage of adjusted DTAs by tax character attributable to the impact of tax planning strategies 3. Net admitted adjusted gross DTAs amount from Note 9A1(e) 4. Percentage of net admitted adjusted DTAs by tax character admitted because of the impact of tax planning strategies 	Ordinary \$1,229,391 (100)% \$1,229,391 (100)%	Capital \$95,951 6% \$95,951 6%	\$1,325,342 (94)% \$1,325,342 (94)%
(b) Does the Company's tax-planning strategies i	nclude the use of r	einsurance? Ye	s No <u>_X_</u>

There are no DTLs that were not recognized at December 31, 2016 or 2015.

C. Current income taxes incurred consist of the following major components:

Β.

	December 31,				
	2016	2015	Change		
. Current income tax					
a) Federal	\$9,707,933	\$(1,488,504)	\$11,196,437		
) Foreign	-	-	-		
) Subtotal	9,707,933	(1,488,504)	11,196,437		
) Federal income tax on net capital gains	8,892	586	8,306		
) Other	-	-	-		
) Federal and foreign income taxes incurred	\$9,716,825	\$(1,487,918)	\$11,204,743		
	Decem	ber 31,	1100000000		
--	------------------------	-------------------------	----------------------------	--	--
	2016	2015	Change		
2. DTAs:(a) Ordinary					
Claims unpaid Premium taxes - nonadmitted	\$1,096,323 139,700	\$101,670 27,075	\$994,653 112,625		
Total ordinary DTAs (b) Statutory valuation allowance adjustment	1,236,023	128,745 (122,113)	1,107,278 122,113		
(c) Nonadmitted ordinary DTAs		-	-		
(d) Admitted ordinary DTAs	1,236,023	6,632	1,229,391		
(e) Capital Investments - impairment Total capital DTAs	<u> </u>	<u>55,871</u> 55,871	<u>40,080</u> 40,080		
(f) Statutory valuation allowance adjustment	-	(55,871)	55,871		
(g) Nonadmitted capital DTAs			-		
(h) Admitted capital DTAs	95,951	-	95,951		
(i) Admitted DTAs	1,331,974	6,632	1,325,342		
3. DTLs: (a) Ordinary		0.704	(0.704)		
Investments Ordinary DTLs		6,794 6,794	(6,794) (6,794)		
(b) Capital Investments	49,015	-	49,015		
Capital DTLs	49,015	6,794	49,015		
(c) Total DTLs	49,015	6,794	42,221		
4. Net admitted DTAs	\$1,282,959	\$(162)	\$1,283, <mark>1</mark> 21		

The change in net deferred income taxes is comprised of the following:

Decem	nber 31,	
2016	2015	Change
\$1,331,974 (49,015)	\$6,632 (6,794)	\$1,325,342 (42,221)
1,282,959	(162)	1,283,121
	2016 \$1,331,974 (49,015)	\$1,331,974 \$6,632 (49,015) (6,794)

The valuation allowance adjustment to gross DTAs was \$0 and \$177,984 at December 31, 2015 and December 31, 2015, respectively.

D. The (benefit) provision for federal income taxes is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The items causing this difference were as follows:

	December 31, 2016	Effective tax rate	December 31, 2015	Effective tax rate
(Benefit) provision computed at				
statutory rate	\$9,029,558	35.0%	\$(1,443,169)	35.0%
Health Insurer Fee	361,962	1.4%	-	0.0%
Transfer pricing adjustment	(786,382)	(3.0)%	(196,425)	4.7%
Tax-exempt interest	(31,467)	(0.1)%	-	0.0%
Change in nonadmitted assets	(112,625)	(0.4)%	(27,075)	0.7%
Prior year true-up	(10,358)	0.0%	754	0.0%
Change in valuation allowance	(177,984)	(0.7)%	177,984	(4.3)%
Other permanent items	161,000	0.6%	175	0.0%
Total	\$8,433,704)	32.7%	\$(1,487,756)	36.1%
Federal and foreign income				
tax (benefit) expense incurred Change in net deferred	\$9,715,825	37.7%	\$(1,487,918)	36.1%
income taxes	(1,283,121)	(5.0)%	162	0.0%
Total statutory income taxes	\$8,433,704	32.7%	\$(1,487,756)	36.1%

The transfer pricing adjustment allows taxpayers to apply different methods to price current period intercompany services at arm's length prices as compared to what would be charged to an unrelated entity, which results in a permanent deduction for tax reporting purposes.

E.

- 1. At December 31, 2016 and 2015, the Company had no net capital loss or net operating loss carryforwards for tax purposes.
- 2. The amount of federal income taxes incurred that is available for recoupment in the event of future net losses is \$8,655,483 for the year ended December 31, 2016. There are no federal income taxes incurred that are available for recoupment in the event of future net losses for the year ended December 31, 2015.
- The Company did not report any deposits as admitted assets under Internal Revenue Code Section 6603 at December 31, 2016 and 2015.

F.

1. At December 31, 2016, the Company's Federal Income Tax Return was consolidated with the following entities:

Aetna Inc. @ Credentials Inc. Active Health Management Inc. Adminco, Inc. Administrative Enterprises, Inc. AE Fourteen Incorporated Aetna ACO Holdings, Inc. Aetna Better Health Inc. (Connecticut) Aetna Better Health Inc. (Georgia) Aetna Better Health Inc. (Illinois) Aetna Better Health Inc. (New Jersey) Aetna Better Health Inc. (New York) Aetna Better Health Inc. (Ohio) Aetna Better Health Inc. (Pennsylvania) Aetna Better Health Inc. (Tennessee) Aetna Better Health of California Inc. Aetna Better Health of Iowa Inc. Aetna Better Health of Kansas Inc. Aetna Better Health of Kentucky Insurance Company Aetna Better Health of Michigan Inc. Aetna Better Health of Missouri LLC Aetna Better Health of Nevada Inc. Aetna Better Health of Oklahoma Inc. Aetna Better Health of Texas Inc. Aetna Better Health, Inc. (Louisiana) Aetna Dental Inc. (New Jersey) Aetna Dental Inc. (Texas) Aetna Dental of California Inc.

Broadspire National Services, Inc. bswift, LLC Carefree Insurance Services, Inc. Claims Administration Corporation Cofinity, Inc. Corporate Benefit Strategies, Inc. Coventry Consumer Advantage, Inc. Coventry Health and Life Insurance Company Coventry Health Care National Accounts, Inc. Coventry Health Care National Network, Inc. Coventry Health Care of Delaware, Inc. Coventry Health Care of Florida, Inc. Coventry Health Care of Illinois, Inc. Coventry Health Care of Kansas, Inc. Coventry Health Care of Missouri, Inc. Coventry Health Care of Nebraska, Inc. Coventry Health Care of the Carolinas, Inc. Coventry Health Care of Virginia, Inc. Coventry Health Care of West Virginia, Inc. Coventry Health Care Workers' Compensation, Inc. Coventry Health Plan of Florida, Inc. Coventry HealthCare Management Corporation Coventry Prescription Management Services, Inc. Coventry Rehabilitation Services, Inc. Coventry Transplant Network, Inc. Delaware Physicians Care, Incorporated Echo Merger Sub, Inc. First Health Group Corp. First Health Life and Health Insurance Company

Aetna Florida Inc. (fka Aetna Better Health Inc. (Florida)) Aetna Health and Life Insurance Company Aetna Health Inc. (Connecticut) Aetna Health Inc. (Florida) Aetna Health Inc. (Georgia) Aetna Health Inc. (Louisiana) Aetna Health Inc. (Maine) Aetna Health Inc. (Michigan) Aetna Health Inc. (New Jersey) Aetna Health Inc. (New York) Aetna Health Inc. (Pennsylvania) Aetna Health Inc. (Texas) Aetna Health Insurance Company Aetna Health Insurance Company of New York Aetna Health of California, Inc. Aetna Health of Iowa Inc. (fka Aetna Health Inc. (lowa)) Aetna Health of Utah. Inc. Aetna HealthAssurance Pennsylvania, Inc. Aetna Insurance Company of Connecticut Aetna Integrated Informatics, Inc. Aetna International Inc. Aetna Ireland Inc. Aetna Life & Casualty (Bermuda) Ltd. Aetna Life Assignment Company Aetna Life Insurance Company Aetna Risk Assurance Company of Connecticut, Inc. Aetna Student Health Agency Inc. AHP Holdings, Inc. Allviant Corporation American Health Holding, Inc. AUSHC Holdings, Inc.

First Script Network Services, Inc. Florida Health Plan Administrators, LLC FOCUS Healthcare Management, Inc. Futrix Inc. Group Dental Service of Maryland, Inc. Group Dental Service, Inc. Health and Human Resource Center, Inc. Health Data & Management Solutions, Inc. Health Re, Incorporated HealthAmerica Pennsylvania, Inc. HealthAssurance Pennsylvania, Inc. Managed Care Coordinators, Inc. Medicity Inc. Mental Health Associates, Inc. Mental Health Network of New York IPA, Inc. Meritain Health, Inc. MetraComp, Inc. MHNet Life and Health Insurance Company MHNet of Florida, Inc. Niagara Re, Inc. PayFlex Holdings, Inc. PayFlex Systems USA, Inc. Performax, Inc. Precision Benefit Services, Inc. Prime Net, Inc. Prodigy Health Group, Inc. Professional Risk Management, Inc. Resources for Living, LLC Schaller Anderson Medical Administrators, Incorporated Strategic Resource Company The Vasquez Group Inc. U.S. Health Care Properties, Inc. Work and Family Benefits, Inc.

- 2. As explained in Note 1, the Company participates in a tax sharing agreement with its parent and affiliates.
- G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.
- 10. Information concerning Parent, subsidiaries, affiliates, and other related parties

A., B. and C.

The Company did not pay any dividends in 2016 and 2015. The Company received a capital contribution in the amount of \$6,000,000 from its parent on May 13, 2016. The New Jersey Department approved this transaction on May 13, 2016. The Company received a capital contribution in the amount of \$10,000,000 from its parent on March 27, 2015.

D. Amounts due to and due from affiliates shown in the accompanying Statutory Statements of Assets, Liabilities, Capital and Surplus include the Company's net receipts and disbursements processed by affiliates and transactions related to its administrative services agreement with Aetna Medicaid Administrators LLC ("AMA"), indirectly a wholly-owned subsidiary of Aetna.

At December 31, 2016 and 2015, the Company reported \$1,460,707 and \$1,352,196, respectively, as amounts due to AMA related to this agreement. The Company also reported \$9,320,439 due to Aetna at December 31, 2016.

- E. At December 31, 2016 and 2015, the Company did not have any guarantees or undertakings with its affiliates or parent company.
- F. As of and for the years ended December 31, 2016 and 2015, the Company had the following significant transactions with affiliates:

The Company and AMA are parties to an administrative services agreement, under which AMA provides certain administrative services, including accounting and processing of premiums and claims. Under this agreement, the Company will remit a percentage of its earned premium revenue, as applicable, to AMA as a fee. For these services, the Company was charged \$12,417,803 and \$6,164,081 for the years ended December 31, 2016 and 2015, respectively. The agreement also provides for interest on all intercompany balances. There was no interest earned (incurred) on amounts due from (to) affiliates for the years ended December 31, 2016 and 2015.

The Company has an insolvency agreement with Aetna Health Insurance Company ("AHIC"), a whollyowned subsidiary of Aetna. This agreement provides that in the event that the Company ceases operations or becomes insolvent, AHIC will continue to pay benefits for any members confined as inpatients on the date of insolvency until their discharge. This agreement also provides that AHIC will continue benefits for any member until the end of the contract period for which premium has been paid, but for no longer than thirty-one days. AHIC will also make available to members, for a period of thirtyone days, replacement insurance policies.

As explained in Note 1, the Company participates in a tax sharing agreement with Aetna and Aetna's other subsidiaries. All federal income tax receivables/payables are due from/due to Aetna.

- G. All outstanding shares of the Company are owned by Aetna Health Holdings, LLC, whose ultimate parent is Aetna.
- H. At December 31, 2016, the Company did not own shares of any upstream intermediate of Aetna.
- I. At December 31, 2016, the Company did not hold any investments in any subsidiary, controlled or affiliated ("SCA") entity that exceeded 10% of the Company's admitted assets.
- J. At December 31, 2016, the Company did not hold any investments in any impaired SCA entity.
- K. At December 31, 2016, the Company did not hold any investments in any foreign insurance subsidiaries.
- L. At December 31, 2016, the Company did not hold any investments in a downstream noninsurance holding company.

M and N.

At December 31, 2016, the Company did not have any SCA investments.

11. Debt

- A. The Company did not have any items related to debt, including capital notes at December 31, 2016.
- B. The Company did not have any Federal Home Loan Bank agreements at December 31, 2016.
- 12. <u>Retirement plans, deferred compensation, postemployment benefits and compensated absences and other</u> <u>postretirement benefit plans</u>

The Company did not have a retirement plan, deferred compensation plan, or other postretirement benefit plan at December 31, 2016 or 2015.

- 13. Capital and surplus, shareholders' dividend restrictions and quasi-reorganizations
 - (1) The Company had 10,000 shares of common stock with no par value authorized, with 100 shares issued and outstanding at December 31, 2016 and 2015.
 - (2) The Company did not have any preferred stock authorized or outstanding at December 31, 2016 and 2015.
 - (3) Dividend restrictions

Under the laws of the State of New Jersey, the Company shall not pay out dividends without the prior written approval of the New Jersey Department. The New Jersey Department may disapprove the dividend request for a period of 30 days after the receipt of notification.

Pursuant to New Jersey statute, no domestic insurer shall pay an extraordinary distribution to its shareholders until: (a) thirty days after the New Jersey Department has received notice of the declaration thereof and has not within such period disapproved such payment, or (b) the New Jersey Department approves such payment within the 30-day period. An extraordinary dividend or distribution is any dividend or distribution of cash or other property, whose fair market value together with that of other dividends or distributions made within the preceding twelve months exceeds the greater of: (a) 10% of the Company's surplus as regards to policyholders as of the 31st day of December next preceding, or (b) the net income, not including realized gains, for the 12 month period ending the 31st day of December next preceding, but shall not include pro rata distributions of any class of the Company's own securities.

- (4) The Company did not pay any dividends in 2016 or 2015.
- (5) At December 31, 2016 and 2015, there was no portion of the Company's profits that may be paid as ordinary dividends to stockholders.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus was being held at December 31, 2016 or 2015, except as noted in Note 21.

- (7) Not applicable to the Company.
- (8) The Company did not hold any stock for any special purposes at December 31, 2016 or 2015.
- (9) Changes in the balances of special surplus funds from the prior year are due to the accrual of estimated ACA health insurer fees reclassified from unassigned funds or surplus to aggregate write-ins for special surplus funds as discussed more fully in Note 1.C and Note 22.
- (10) At December 31, 2016 and 2015, there was no portion of unassigned funds or surplus that was represented or reduced by unrealized gains and losses.
- (11) The Company has not issued any surplus notes or debentures or similar obligations at December 31, 2016 or 2015.
- (12) The Company did not participate in any quasi-reorganizations during the statement year.
- (13) The Company did not participate in any quasi-reorganizations in the past 10 years.

14. Contingencies

- A. The Company did not have any contingent commitments at December 31, 2016 or 2015.
- B. The Company did not have any contingent assessments at December 31, 2016 or 2015.
- C. The Company did not have any gain contingencies at December 31, 2016 or 2015.
- D. The Company did not have any claims related extra contractual obligation and bad faith losses stemming from lawsuits at December 31, 2016 or 2015.
- E. The Company did not have any joint and several liability arrangements at December 31, 2016 or 2015.
- F. Various liabilities arise in the normal course of the Company's business and have been recorded. In the opinion of management, any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position. The Company, to the best of its knowledge, has no assets that it considers impaired that are not already recorded in the Company's books. The Company has coverage for certain litigation exposures (\$10,000,000 per claim and in the aggregate including defense costs) through an unaffiliated insurance company.

15. <u>Leases</u>

The Company did not have any material lease obligations at December 31, 2016 or 2015.

16. Information about financial instruments with off-balance sheet risk and financial instruments with concentrations of credit risk

The Company did not have any financial instruments with off-balance sheet risk or financial instruments with concentrations of credit risk at December 31, 2016 or 2015.

- 17. Sale, transfer and servicing of financial assets and extinguishments of liabilities
 - A. <u>Transfers of receivables reported as sales</u>
 - (1) The Company did not have any transfers of receivables as sales for the years ending December 31, 2016 and 2015.

B. Transfer and servicing of financial assets

(1) The Company's policy for requiring collateral or other security for security lending transactions as required in SSAP No. 103 is discussed in Note 1. The Company did not have any loaned securities at December 31, 2016 or 2015.

(2) and (3)

The Company did not have any servicing assets or liabilities at December 31, 2016 or 2015.

- (4) The Company did not have any securitized financial assets at December 31, 2016 or 2015.
- (5) The Company did not have any transfers of financial assets at December 31, 2016 or 2015.
- (6) The Company did not have any transfers of receivables with recourse at December 31, 2016 or 2015.
- (7) The Company did not have any repurchase or reverse repurchase agreements at December 31, 2016 or 2015.

C. Wash sales

- (1) The Company did not have any wash sales for the years ending December 31, 2016 or 2015.
- 18. Gain or loss to the HMO from uninsured plans and the uninsured portion of partially insured plans
 - A. The Company did not serve as an Administrative Services Only for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2016.
 - B. The Company did not serve as an Administrative Services Contract plan administrator for uninsured accident and health plans or the uninsured portion of partially insured plans for the period ended December 31, 2016.
 - C. The Company did not have any Medicare or other similarly structured cost based reimbursement contracts for the period ended December 31, 2016.

19. Direct premium written/produced by managing general agents/third party administrators

The Company did not have any material direct premiums written through/produced by managing general agents or third party administrators for the years ended December 31, 2016 and 2015.

20. Fair value measurements

A. and B.

The Company had no material assets or liabilities measured and reported at fair value at December 31, 2016 or 2015.

- C. Certain of the Company's financial instruments are measured at fair value in the financial statements. The fair values of these instruments are based on valuations that include inputs that can be classified within one of three levels of a hierarchy established by U.S. generally accepted accounting principles. The following are the levels of the hierarchy and a brief description of the type of valuation information ("inputs") that qualifies a financial asset or liability for each level:
 - Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets.
 - Level 2 Inputs other than Level 1 that are based on observable market data. These include: quoted
 prices for similar assets in active markets, quoted prices for identical assets in inactive markets, inputs
 that are observable that are not prices (such as interest rates and credit risks) and inputs that are
 derived from or corroborated by observable markets.
 - Level 3 Developed from unobservable data, reflecting our own assumptions.

Financial assets and liabilities are classified based upon the lowest level of input that is significant to the valuation. When quoted prices in active markets for identical assets and liabilities are available, we use these quoted market prices to determine the fair value of financial assets and liabilities and classify these assets and liabilities as Level 1. In other cases where a quoted market price for identical assets and liabilities in an active market is either not available or not observable, we estimate fair value using valuation methodologies based on available and observable market information or by using a matrix pricing model. These financial assets and liabilities would then be classified as Level 2. If quoted market prices are not available, we determine fair value using broker quotes or an internal analysis of each investment's financial performance and cash flow projections. Thus, financial assets and liabilities may be classified in Level 3 even though there may be some significant inputs that may be observable.

The carrying values and estimated fair values of the Company's financial instruments at December 31, 2016 and 2015 were as follows:

. .

December 31, 2016

	Aggregate fair value	Admitted assets	Level 1	Level 2	Level 3	Not practicable (carrying value)
Bonds, short-term investments and cash		\$400.000.00F	\$07.070.077	\$04 745 400		
equivalents	\$109,115,545	\$109,032,365	\$27,370,077	\$81,745,468	3 3 3	()
Total	\$109,115,545	\$109,032,365	\$27,370,077	\$81,745,468	-	-

December 31, 2015

	Aggregate fair value	Admitted assets	Level 1	Level 2	Level 3	Not practicable (carrying value)
Bonds, short-term investments and cash						
equivalents	\$44,734,335	\$44,747,625	\$24,442,698	\$20,291,637	-	-
Total	\$44,734,335	\$44,747,625	\$24,442,698	\$20,291,637	-	-

The valuation methods and assumptions used by the Company in estimating the fair value of debt securities are discussed in Note 1.

There were no material realized and unrealized capital gains, purchases, sales, settlements, or transfers into or out of the Company's Level 3 financial assets during 2016 or 2015. There were no transfers between the Company's Level 1 or 2 financial assets during 2016 or 2015.

In evaluating the Company's management of interest rate and liquidity risk and currency exposures, the fair values of all assets and liabilities should be taken into consideration, not only those presented above.

D. The Company did not have any financial instruments where it was not practicable to estimate the fair value.

21. Other items

A. Extraordinary items

The Company did not have any extraordinary items for the years ended December 31, 2016 and 2015.

B. Troubled debt restructuring: debtors

The Company did not have any troubled debt restructuring in the years ended December 31, 2016 and 2015.

- C. Other disclosures and unusual items
 - (1) Minimum capital and surplus

Under the laws of the State of New Jersey, the Company is required to maintain a minimum capital and surplus equal to the greater of (1) \$1,000,000 adjusted annually by the Consumer Price Index; (2) 2% of the annual premium revenues as reported by the Company on its most recent annual financial statement filed with the Commissioner of Health and Commissioner of Banking and Insurance for the first \$150,000,000 of premium reported and 1% of the annual premium in excess of the first \$150,000,000 of premium reported; (3) an amount equal to the sum of three months of uncovered health care expenditures; or (4) an amount equal to the sum of 8% of the annual health care expenditures (not including those expenditures paid on a capitated basis and those made on a managed hospital payment basis) plus 4% of the annual hospital expenditures paid on a managed hospital payment basis. At December 31, 2016 and 2015, the Company's capital and surplus exceeded all such requirements.

The NAIC and the State of New Jersey adopted risk-based capital ("RBC") standards for health organizations, including HMOs, that are designed to identify weakly capitalized companies by comparing each company's adjusted capital and surplus to its required capital and surplus (the "RBC Ratio"). The RBC Ratio is designed to reflect the risk profile of the company. Within certain ratio ranges, regulators have increasing authority to take action as the RBC Ratio decreases. There are four levels of regulatory action, ranging from requiring insurers to submit a comprehensive plan to the state insurance commissioner to requiring the state insurance commissioner to place the insurer under regulatory control. At December 31, 2016 and 2015, the Company had capital and surplus that exceeded the highest threshold specified by the RBC rules.

(2) Health Care Reform

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (as amended, collectively, "Health Care Reform" or "ACA"), has made broad-based changes to the U.S. health care system. On January 20, 2017, the President signed an executive order that gives the regulatory agencies that enforce the ACA the authority to interpret regulations issued under the ACA in a way that limits fiscal burdens on states and financial or regulatory burdens on individuals, providers, health insurers and others. The practical implications of that order are unclear, and the future of the ACA is uncertain. While we anticipate efforts in 2017 and beyond to substantially modify, repeal or replace the ACA, the Company expects aspects of the ACA to continue to significantly impact the Company's business operations and operating results, including the Company's pricing, medical benefit ratios and the geographies in which the Company's products are available. Health Care Reform has presented the

Company with business opportunities, but also with financial and regulatory challenges. Most of the ACA's key components were phased in during or prior to 2014, including Public Exchanges, required minimum MLRs in commercial and Medicare products, the individual coverage mandate, guaranteed issue, rating limits in individual and small group products, significant new industry-wide fees, assessments and taxes, enhanced premium rate review and disclosure processes, reduced Medicare Advantage payment rates to insurers, and linking Medicare Advantage payments to a plan's Centers for Medicare and Medicaid Services ("CMS") quality performance ratings or "star ratings." The effects of these changes are reflected in the Company's operating results. If the ACA is not amended, repealed or replaced, certain of its components will continue to be phased in until 2020.

The Company has dedicated and expects to continue to be required to dedicate significant resources and incur significant expenses during 2017 to implement and comply with Health Care Reform and changes in Health Care Reform as well as state level health care reform. While most of the significant aspects of Health Care Reform became effective during or prior to 2014, significant parts of Health Care Reform, including aspects of nondiscrimination requirements, continue to evolve through the promulgation of executive orders, regulations and guidance. Additional changes to Health Care Reform and those regulations and guidance at the federal and/or state level are likely, and those changes are likely to be significant. Growing state and federal budgetary pressures make it more likely that any changes, including changes at the state level in response to changes to, or repeal or replacement of, Health Care Reform and/or changes in the funding levels and/or payment mechanisms of federally supported benefit programs, will be adverse to us. Given the inherent difficulty of foreseeing the nature and scope of future changes to Health Care Reform and how states, businesses and individuals will respond to those changes, the Company cannot predict the impact to the Company of future changes to Health Care Reform. It is reasonably possible that repeal or replacement of or other changes to Health Care Reform and/or states' responses to such changes, in the aggregate, could have a significant adverse effect on the Company's business operations and financial results.

Potential repeal of Health Care Reform, ongoing legislative and regulatory changes to Health Care Reform, other pending efforts in the U.S. Congress to amend or restrict funding for various aspects of Health Care Reform (including risk corridors and Health Care Reform's Cost Sharing Subsidy program), the results of the 2016 presidential, congressional and state level elections, pending litigation challenging aspects of the law and federal budget negotiations continue to create uncertainty about the ultimate impact of Health Care Reform. Examples of recent legislative and regulatory changes include: the January 20, 2017 executive order relating to Health Care Reform; the November 2016 HHS announcement that risk corridor collections for the 2015 program year will be applied first to amounts owed to plans for the 2014 program year; the May 2016 final regulations relating to Health Care Reform's non-discrimination requirements; the December 2015 suspension of the health insurer fee for 2017 and two year delay of the "Cadillac" tax on high-cost employer-sponsored health coverage; the October 2015 PACE, which leaves groups with 51 to 100 employees within the large group category for each state unless the state exercises its option to include these groups within the small group category; and the October 2015 HHS announcement that Health Care Reform's risk corridor receivables for the 2014 program year would only be funded at 12.6%. With respect to pending litigation, in May 2016, the U.S. District Court for the District of Columbia ruled that the U.S. Department of Health and Human Services does not have the authority to make payments under Health Care Reform's Cost Sharing Subsidy program. Implementation of this decision has been stayed pending appeal. A final ruling that adversely impacts the Cost Sharing Subsidy program could cause significant adverse selection in individual Public Exchange products and instability in the individual Public Exchange marketplace and could have a material adverse effect on the Company's business, cash flows, financial condition and operating results as well as hinder the Company's ability to offer Public Exchange products.

As described above, the availability of funding for the ACA's temporary risk corridor program is an example of this uncertainty. The Company continues to believe that receipt of any risk corridor payment from HHS for the 2016 or 2015 program year and receipt of such payments in excess of the announced prorated amount for the 2014 program year are uncertain. At December 31, 2016, the Company had no receivable for the remaining 2014 program year prorated amount that had not been collected from HHS and had no receivable for either of the 2015 or 2016 program years. In addition, these limited risk corridor payments created additional instability in the marketplace for individual commercial products in 2016 and going forward by contributing to decisions by health plans to change or stop offering their Public Exchange products. 2016 was the last program year for Health Care Reform's risk corridor program. Ongoing uncertainty regarding the funding of Health Care Reform-related programs and subsidies can be expected to create additional instability in the marketplace.

In addition to efforts to amend, repeal or replace Health Care Reform and the related regulations, the federal and state governments also continue to enact and seriously consider many other broad-based legislative and regulatory proposals that have had a material impact on or could materially impact various aspects of the health care and related benefits system and the Company's business. The Company cannot predict whether pending or future federal or state legislation or court proceedings, including future U.S. Congressional appropriations, will change various aspects of the health care and related benefits system or Health Care Reform or the impact those changes will have on the Company's business operations or operating results, but the effects could be materially adverse.

In addition, Health Care Reform ties a portion of each Medicare Advantage plans' reimbursement to the achievement of favorable CMS quality performance measures ("star ratings"). Since 2015, only Medicare Advantage plans with an overall star rating of four or more stars (out of five stars) are eligible for a quality bonus in their basic premium rates. As a result, the Company's Medicare Advantage plans' operating results in 2017 and going forward will be significantly affected by their star ratings.

(3) Medicaid

Medicaid and dual eligible products also are heavily regulated by CMS and state Medicaid agencies, which have the right to audit the Company's performance to determine compliance with CMS contracts and regulations. The Company's Medicaid products, dual eligible products and Children's Health Insurance Program ("CHIP") contracts also are subject to complex federal and state regulations and oversight by state Medicaid agencies regarding the services the Company provides to Medicaid enrollees, payment for those services, network requirements (including mandatory inclusion of specified high-cost providers), and other aspects of these programs, and by external review organizations which audit Medicaid plans on behalf of the state Medicaid agencies. The laws, regulations and contractual requirements applicable to the Company and other participants in Medicaid and dual eligible programs, including requirements that the Company submit encounter data to the applicable state agency, are extensive, complex and subject to change. The Company has invested significant resources to comply with these standards, and the Company's Medicaid and dual eligible program compliance efforts will continue to require significant resources. CMS and/or state Medicaid agencies may fine the Company, withhold payments to the Company, seek premium and other refunds, terminate the Company's existing contracts, elect not to award the Company new contracts or renew existing contracts, prohibit the Company from continuing to market and/or enroll members in or refuse to automatically assign members to one or more of the Company's Medicaid or dual eligible products, exclude the Company from participating in one or more Medicaid or dual eligible programs and/or institute other sanctions against the Company if it fails to comply with CMS or state regulations or the Company's contractual requirements. The Company cannot predict whether pending or future federal or state legislation or court proceedings will change various aspects of the Medicaid program, nor can it predict the impact those changes will have on its business operations or financial results, but the effects could be materially adverse.

- D. The Company did not have any business interruption insurance recoveries for the years ending December 31, 2016 or 2015.
- E. The Company did not have any transferable and non-transferable state tax credits for the years ending December 31, 2016 or 2015.
- F. The Company did not have any subprime mortgage related risk exposures at December 31, 2016 or 2015.
- G. The Company did not have any retained assets at December 31, 2016 or 2015.
- H. The Company did not have any insurance-linked securities ("ILS") contracts at December 31, 2016 or 2015.

22. Events subsequent

A. Type I - Recognized subsequent events

Subsequent events have been considered through February 24, 2017 for the statutory statement issued on March 1, 2017.

The Company had no known reportable recognized subsequent events.

B. Type II - Nonrecognized subsequent events

Subsequent events have been considered through February 24, 2017 for the statutory statement issued on March 1, 2017.

As discussed in Note 1, in December 2015, the Consolidated Appropriation Act was enacted which included a one year suspension in 2017 of the health insurer fee. As a result, there is no annual health insurance industry fee payable on September 30, 2017 and there are no amounts reflected in the Company's aggregate write-ins for special surplus funds related to this payable at December 31, 2016 as a result. There is also no resulting impact to the Company's RBC to assess as of December 31, 2016 as a result of this suspension.

		Current year	Prior year
Α.	Did the reporting entity write accident and health		
	insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	No	
В.	ACA fee assessment payable for upcoming year	-	\$1,250,000
C.	ACA fee assessment paid	\$1,034,176	-
D.	Premium written subject to ACA 9010 assessment		\$68,489,786
E.	Total Adjusted Capital before surplus adjustment		
	(Five-Year Historical Line 14)		
F.	Total Adjusted Capital after surplus adjustment		
_	(Five-Year Historical Line 14 minus 22B above)	-	
G.	Authorized Control Level after surplus adjustment		
	(Five-Year Historical Line 15)	-	
Η.	Would reporting the ACA assessment as of		
	December 31, 2016, have triggered an RBC	Na	
	action level (YES/NO)?	No	

23. Reinsurance

The Company and Berkley Life and Health Insurance Company ("Berkley") entered into an excess loss reinsurance agreement for Medicaid only dual eligible members. Under this agreement, Berkley is liable for 90% of covered expenses in excess of the specific deductible of \$350,000 per covered member, with a maximum reimbursement of \$2,000,000 per member per agreement year. The Company paid reinsurance premiums of \$233,974 and \$100,192 in 2016 and 2015, respectively.

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
 Yes () No (X)
 If yes, give full details.
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes () No (X) If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

- Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than nonpayment of premium or other similar credit? Yes () No (X)
 - a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate.
 \$ N/A
 - b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement?
 \$ N/A .
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes () No (X) If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the insurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.
 \$ 0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes () No (X) If yes, what is the amount of reinsurance credit, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ N/A.
- B. The Company did not have uncollectible reinsurance at December 31, 2016 or 2015.
- C. The Company did not have any commutation of ceded reinsurance at December 31, 2016 or 2015.
- D. The Company's certified reinsurer's rating has not been downgraded or its status subject to revocation at December 31, 2016 or 2015.

24. Retrospectively rated contracts and contracts subject to redetermination

A. and B.

The Company did not have any retrospectively rated contracts in 2016 or 2015.

C. Contracts subject to redetermination

The Company did not have any contracts subject to redetermination in 2016 or 2015.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

The Company did not have any medical loss ratios required pursuant to the Public Health Service Act in 2016 or 2015.

E. <u>Risk Sharing Provisions of the Affordable Care Act</u>

The Company did have any accident and health insurance premium that is subject to the ACA risk sharing provisions at December 31, 2016 or 2015.

25. Change in incurred claims and claims adjustment expense

The following table shows the components of the change in claims unpaid, unpaid claims adjustment expense and aggregate health claim reserves for the years ended December 31, 2016 and 2015.

	2016	2015
Balance, January 1 Health care receivable	\$34,997,788	-
Balance, January 1, net of health care receivable	34,997,788	-
Incurred related to:		
Current year	125,504,368	\$68,186,650
Prior years	(23,025,342)	-
Total incurred	101,479,026	68, <mark>1</mark> 86,650
Paid related to:		
Current year	91,864,475	33,188,862
Prior years	9,738,708	-
Total paid	101,603,183	33,188,862
Balance, December 31, net of health care receivable	34,873,631	34,997,788
Health care receivable	324,196	-
Balance, December 31	\$35,197,827	\$34,997,788

In 2016, reserves for incurred claims and claim adjustment expenses attributable to insured events of prior years decreased by \$23,025,342 from \$34,997,788 in 2015 to \$11,972,446 in 2016. The lower than anticipated health care cost trend rates observed in 2016 for claims incurred in 2015 were generally due to the result of ongoing analysis of recent loss development trends. The Company considers historical trend rates together with knowledge of recent events that may impact current trends when developing estimates of current trend rates. Original estimates are increased or decreased as additional information becomes known regarding individual claims. Historical health care cost trend rates are not necessarily representative of current trends.

Net coordination of benefits are implicit in the claims incurred but not reported calculation and could not be specifically identified.

26. Intercompany pooling arrangements

The Company did not have any intercompany pooling arrangements at December 31, 2016 or 2015.

27. Structured settlements

Not applicable to health entities.

28. Health care receivables

A. <u>Pharmaceutical rebate receivables</u>

The Company had admitted pharmaceutical rebates receivables of \$324,916 at December 31, 2016. The Company did not have any admitted pharmaceutical rebates receivables at December 31, 2015.

B. Risk sharing receivables

The Company did not have any admitted risk sharing receivables at December 31, 2016 or 2015.

29. Participating policies

The Company did not have any participating policies at December 31, 2016 or 2015.

30. Premium deficiency reserves

		December 31, 2016
1.	Liability carried for premium deficiency reserves	\$0
2.	Date of the most recent evaluation of this liability	12/31/2016
3.	Was anticipated investment income utilized in the calculation?	No

31. Anticipated salvage and subrogation

See discussion of hospital and medical costs and claims adjustment expenses and related reserves in Note 1.

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Is the reporting entity a member of an Insurance Holding Company System is an insurer?	consisting of two or more affiliated persons, one or more of w	vhich	Voc [Y] No []
	If yes, complete Schedule Y, Parts 1, 1A and 2			109 [1	
1.2	If yes, did the reporting entity register and file with its domiciliary State Insur- such regulatory official of the state of domicile of the principal insurer in the providing disclosure substantially similar to the standards adopted by the N its Model Insurance Holding Company System Regulatory Act and model r subject to standards and disclosure requirements substantially similar to the	e Holding Company System, a registration statement National Association of Insurance Commissioners (NAIC) in regulations pertaining thereto, or is the reporting entity	Yes [X] No [] N/A []
1.3	State Regulating?			New Je	ersey
2.1	Has any change been made during the year of this statement in the charter,	, by-laws, articles of incorporation, or deed of settlement of th	е		
	reporting entity?			Yes [] No [X]
2.2	If yes, date of change:				
3.1	State as of what date the latest financial examination of the reporting entity	was made or is being made		12/31/	2015
3.2	State the as of date that the latest financial examination report became avai entity. This date should be the date of the examined balance sheet and no				
3.3	State as of what date the latest financial examination report became availab domicile or the reporting entity. This is the release date or completion date examination (balance sheet date).	of the examination report and not the date of the			
3.4	By what department or departments? New Jersey Department of Banking and Insurance				
3.5	Have all financial statement adjustments within the latest financial examinat statement filed with Departments?	tion report been accounted for in a subsequent financial	Yes [] No [] N/A [X]
3.6	Have all of the recommendations within the latest financial examination repo	ort been complied with?	Yes [] No [] N/A [X]
4.1	During the period covered by this statement, did any agent, broker, sales re combination thereof under common control (other than salaried employees control a substantial part (more than 20 percent of any major line of busine 4.11 sales of r	s of the reporting entity), receive credit or commissions for or		Yes [] No [X]
4.2	4.12 renewals During the period covered by this statement, did any sales/service organizat receive credit or commissions for or control a substantial part (more than 2	?		Yes [] No [X]
	premiums) of: 4.21 sales of r	new business?		Yes [] No [X]
		?		-] No [X]
5.1	Has the reporting entity been a party to a merger or consolidation during the	e period covered by this statement?		Yes [] No [X]
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of do ceased to exist as a result of the merger or consolidation.	omicile (use two letter state abbreviation) for any entity that he	as		
	1 Name of Entity	2 3 NAIC Company Code State of Domicile			
6.1	Has the reporting entity had any Certificates of Authority, licenses or registra revoked by any governmental entity during the reporting period?	ations (including corporate registration, if applicable) suspend	led or	Yes [] No [X]
6.2	If yes, give full information: N/A				
7.1	Does any foreign (non-United States) person or entity directly or indirectly or	ontrol 10% or more of the reporting entity?		Yes [] No [X]
7.2	If yes, 7.21 State the percentage of foreign central:				
	 7.21 State the percentage of foreign control; 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entitiattorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation) 	ty is a mutual or reciprocal, the nationality of its manager or		(0.0 %
	1 Nationality	2 Type of Entity			

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) GENERAL INTERROGATORIES

8.1 8.2]	No	x] o]
8.3						1	N	xla	1
8.4		ice) of any affiliates re-	ulated by e Federal	a federa	d				
	1 2				5 6				
	Affiliate Name Location (City, S	State)	FRB O	CC FI	DIC SEC	;			
9.	What is the name and address of the independent certified public accountant or accounting firm retai	ined to conduct the an	nual audit'	?					
10.1	requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model law or regulation?	Audit Rule), or substa	ntially simi	lar state]	N	5 [X]
10.2	2 If the response to 10.1 is yes, provide information related to this exemption: N/A								
	3 Has the insurer been granted any exemptions related to the other requirements of the Annual Finance allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?	cial Reporting Model R	egulation a	IS]	No	5 [X]
10.4	If the response to 10.3 is yes, provide information related to this exemption: N/A								
10.5						[] [V/A []
10.6					-				
11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consulta firm) of the individual providing the statement of actuarial opinion/certification? William R. Jones, FSA, MAAA; 151 Farmington Avenue, RE2R; Hartford, CT 06156								
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real e	estate indirectly?			Yes []	No) [X]
	12.11 Name of real estate holding company N/A	A							
	12.12 Number of parcels involved								
	12.13 Total book/adjusted carrying value				\$				0
12.2	2 If, yes provide explanation: N/A				-				
13.									
13.1		rustees of the reporting							
13.2		Branch on risks where	ver locate	d?	Yes []	No]
13.3									1
13.4	· · · · · · · · · · · · · · · · · · ·				[] No	[] [V/A [X]
14.1	similar functions) of the reporting entity subject to a code of ethics, which includes the following star (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest	ndards?			Yes [X]	No) []
	relationships; (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be file	ed by the reporting enti	y;						
	(c) Compliance with applicable governmental laws, rules and regulations;								
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the co	ode; and							
14 11	(e) Accountability for adherence to the code.1 If the response to 14.1 is No, please explain:								
	N/A								
14.2	2 Has the code of ethics for senior managers been amended?					хı	No	1	1
	1 If the response to 14.2 is yes, provide information related to amendment(s). See Attachment A.					~ 1			1
14.3					Yes [1	N	x 1 d	1
	1 If the response to 14.3 is yes, provide the nature of any waiver(s).				100 [1
	N/A								

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) GENERAL INTERROGATORIES

	SVO Bank List?	unrelated to reinsurance where the issuing or confirming bank is not on the ssociation (ABA) Routing Number and the name of the issuing or confirming	Yes] No	[X]
	bank of the Letter of Credit and describe the circumstances in	which the Letter of Credit is triggered.	, 		
	1 2 American Bankers Association	3		4	
	(ABA) Routing Number Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	An	nount	
16.	Is the purchase or sale of all investments of the reporting entity	BOARD OF DIRECTORS passed upon either by the board of directors or a subordinate committee	Yes []	(] No	1
17.	Does the reporting entity keep a complete permanent record of	the proceedings of its board of directors and all subordinate committees		(] No	
18.	Has the reporting entity an established procedure for disclosure	to its board of directors or trustees of any material interest or affiliation on t ployees that is in conflict with the official duties of such person?	he	(] No	
		FINANCIAL			
	Accounting Principles)?	other than Statutory Accounting Principles (e.g., Generally Accepted	Yes [] No	[X]
20.1	Total amount loaned during the year (inclusive of Separate Acco	ounts, exclusive of policy loans): 20.11 To directors or other officers			
		20.12 To stockholders not officers 20.13 Trustees, supreme or grand (Fraternal Only)			
20.2	Total amount of loans outstanding at the end of year (inclusive or policy loans):	of Separate Accounts, exclusive of 20.21 To directors or other officers	\$		0
	policy loans).	20.22 To stockholders not officers			
		20.23 Trustees, supreme or grand			
21.1	Were any apparts reported in this statement subject to a contract	(Fraternal Only)	\$		0
21.1	obligation being reported in the statement?		Yes [] No	[X]
21.2	If yes, state the amount thereof at December 31 of the current y				
		21.22 Borrowed from others	\$		0
		21.23 Leased from others 21.24 Other			
22.1	Does this statement include payments for assessments as deso guaranty association assessments?	cribed in the Annual Statement Instructions other than guaranty fund or			
22.2	If answer is yes:	22.21 Amount paid as losses or risk adjustr			
		22.22 Amount paid as expenses	\$		00
23.1	Does the reporting entity report any amounts due from parent, s	subsidiaries or affiliates on Page 2 of this statement?			
23.2		the Page 2 amount:			
		INVESTMENT			
24.01		per 31 of current year, over which the reporting entity has exclusive control, i ner than securities lending programs addressed in 24.03)		X]No	[]
24.02	If no, give full and complete information relating thereto N/A				
24.03	whether collateral is carried on or off-balance sheet. (an altern	ram including value for collateral and amount of loaned securities, and ative is to reference Note 17 where this information is also provided)			
24.04	Does the Company's security lending program meet the require Instructions?	ements for a conforming program as outlined in the Risk-Based Capital	∺s[]No[] N/	'A [X]
24.05	If answer to 24.04 is yes, report amount of collateral for conform	ning programs	\$		0
24.06	If answer to 24.04 is no, report amount of collateral for other pro-	ograms	\$		0
24.07	Does your securities lending program require 102% (domestic s outset of the contract?	securities) and 105% (foreign securities) from the counterparty at the	es [] No [] N/	Ά[Χ]
24.08	Does the reporting entity non-admit when the collateral received	d from the counterparty falls below 100%?	s[]No[] N/	A [X]
24.09	Does the reporting entity or the reporting entity 's securities lend conduct securities lending?	ding agent utilize the Master Securities lending Agreement (MSLA) to	∺s[]No[] N/	Ά[Χ]

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

 24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$0 \$0
24.103 Total payable for securities lending reported on the liability page. 1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under 1 control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is current force? (Exclude securities subject to Interrogatory 21.1 and 24.03). 2 If yes, state the amount thereof at December 31 of the current year: 25.21 Subject to repurchase agreements	
24.103 Total payable for securities lending reported on the liability page. 1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under 1 control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is current force? (Exclude securities subject to Interrogatory 21.1 and 24.03). 2 If yes, state the amount thereof at December 31 of the current year: 25.21 Subject to repurchase agreements	
 control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is current force? (Exclude securities subject to Interrogatory 21.1 and 24.03). If yes, state the amount thereof at December 31 of the current year: 25.21 Subject to repurchase agreements	10. m ²
25.22 Subject to reverse repurchase agreements 25.23 Subject to dollar repurchase agreements 25.24 Subject to reverse dollar repurchase agree 25.25 Placed under option agreements 25.26 Letter stock or securities restricted as to sa excluding FHLB Capital Stock 25.27 FHLB Capital Stock	y in
25.23 Subject to dollar repurchase agreements 25.24 Subject to reverse dollar repurchase agree 25.25 Placed under option agreements 25.26 Letter stock or securities restricted as to sa excluding FHLB Capital Stock 25.27 FHLB Capital Stock	
25.23 Subject to dollar repurchase agreements 25.24 Subject to reverse dollar repurchase agree 25.25 Placed under option agreements 25.26 Letter stock or securities restricted as to sa excluding FHLB Capital Stock 25.27 FHLB Capital Stock	
25.24 Subject to reverse dollar repurchase agree 25.25 Placed under option agreements 25.26 Letter stock or securities restricted as to sa excluding FHLB Capital Stock 25.27 FHLB Capital Stock	
25.25 Placed under option agreements 25.26 Letter stock or securities restricted as to sa excluding FHLB Capital Stock 25.27 FHLB Capital Stock	
25.26 Letter stock or securities restricted as to sa excluding FHLB Capital Stock 25.27 FHLB Capital Stock	
25.27 FHLB Capital Stock	le -
20.20 UTI DEDUSIL WITH STATES	\$
25.29 On deposit with other regulatory bodies	
25.30 Pledged as collateral - excluding collateral an FHLB	
25.31 Pledged as collateral to FHLB - including a backing funding agreements	

backing funding agreements ... 25.32 Other

0

25.3 For category (25.26) provide the following:

25.1

25.2

	1 2 Nature of Restriction Description		Ame	3 ount
26.1	Does the reporting entity have any hedging transactions reported on Sc	hedule DB?	Yes [] No [X]
26.2	If yes, has a comprehensive description of the hedging program been m If no, attach a description with this statement.	hade available to the domiciliary state? Yes [] No [] N/A []
27.1	Were any preferred stocks or bonds owned as of December 31 of the cr issuer, convertible into equity?		Yes [] No [X]
27.2	If yes, state the amount thereof at December 31 of the current year		\$	
28.	Excluding items in Schedule E - Part 3 - Special Deposits, real estate, r offices, vaults or safety deposit boxes, were all stocks, bonds and othe custodial agreement with a qualified bank or trust company in accorda Outsourcing of Critical Functions, Custodial or Safekeeping Agreement	r securities, owned throughout the current year held pursuant to a	Yes [)	(] No [

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian's Address
State Street Bank and Trust Company	State Street Financial Center, One Lincoln Street, Boston, MA 02111-2900

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [] No [X] ----28.04 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

GENERAL INTERROGATORIES

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1	2
Name of Firm or Individual	Affiliation
Kevin J. Casey as Senior Investment Officer	A

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. Yes [] No [X] designated with a "U") manage more than 10% of the reporting entity's assets?...

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the					
total assets under management aggregate to more than 50% of the reporting entity's assets?	Yes []	No	[X]]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
				Investment
				Management
Central Registration				Agreement
Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	(IMA) Filed
N/A	Kevin J. Casey	N/A	Not registered	NO

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?

29.2 If yes, complete the following schedule:

1	2	3
	T.	Book/Adjusted
CUSIP #	Name of Mutual Fund	Carrying Value
29.2999 - Total		0

Yes [] No [X]

29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
		Amount of Mutual	
		Fund's Book/Adjusted	
		Carrying Value	
	Name of Significant Holding of the	Attributable to the	Date of
Name of Mutual Fund (from above table)	Mutual Fund	Holding	Valuation

Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value. 30.

	1	2	3
			Excess of Statement
			over Fair Value (-), or
	Statement (Admitted)		Fair Value over
	Value	Fair Value	Statement (+)
30.1 Bonds	109,032,365		
30.2 Preferred stocks	0	0	0
30.3 Totals	109,032,365	109, 115, 545	83, 1 80

30.4 Describe the sources or methods utilized in determining the fair values:

See Attachment A.

31.1	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?	Yes [X]	No []
31.2	If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?	Yes [X]	No []
31.3	If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D: N/A			
	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? If no, list exceptions: N/A	Yes [X]	No []

GENERAL INTERROGATORIES

OTHER

33.1	Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?	\$	0
33.2	List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments service organizations and statistical or rating bureaus during the period covered by this statement.	o trade associations,	
	1 2 Name Amount F	'aid	
34.1	Amount of payments for legal expenses, if any?	\$	
34.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal during the period covered by this statement.	expenses	
	1 2 Name Amount F		
35.1	Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of govern		0
35.2	List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditu	res in	

connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1	2
Name	Amount Paid

Attachment A

December 31, 2016 General Interrogatories Responses

Question 14.21:

The key substantive changes include:

- Updated message from the Chairman
- Updated and expanded examples of conflicts of interest by increasing the threshold of stock ownership and adding running for, or holding, a public office
- Increased the business gift limit from \$25.00 to \$50.00
- Updated gift, reward, incentive and promotional program restrictions for members of government plans
- Added a section on employees' responsibility for their licensure and certification renewals
- · Clarified the definition of 'social media' and expanded the rules for its use
- Updated guidance on protecting Aetna's intellectual property
- Expanded guidance regarding personal political contributions
- Clarified reporting requirements for government contract lobbying or procurement activities
- Introduced the requirement to report a felony conviction or plea to Investigative Services
- Added a section that specifically addresses Fraud, Waste and Abuse
- Added a section on proper supplier engagement process

There are also numerous non-substantive clarifying and conforming changes and updates to the factual information contained in the Code of Conduct, such as the level of giving by the Aetna Foundation since 1980, the inclusion of 'bullying' as a form of harassment, and the addition of anti-human trafficking, bribery and kickback laws relating to our government business.

Question 30.4:

Fair value of long term bonds and preferred stocks are determined based on quoted market prices when available, fair values using valuation methodologies based on available and observable market information or by using matrix pricing. If quoted market prices are not available, we determine fair value using broker quoted or an internal analysis of each investment's financial performance and cash flow projections. Short Term investments are carried at amortized cost which approximates fair value. The carrying value of cash equivalents which approximates fair value.

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

			?	
1.2	If ve	es, indicate premium earned on U.S. business only.		
1.3		at portion of Item (1.2) is not reported on the Medicare Supplement Insurance E		
1.0		1 Reason for excluding		Ψ
	1.51	r Reason for excluding		
1.4	India	cate amount of earned premium attributable to Canadian and/or Other Alien no	t included in Item (1.2) above	\$
1.5	India	cate total incurred claims on all Medicare Supplement Insurance.		\$
1.6		vidual policies:	Most current three years:	
1.0	incari	vidual policico.	1.61 Total premium earned	•
			1.62 Total incurred claims	
			1.63 Number of covered lives	
			All years prior to most current three years:	
			1.64 Total premium earned	.\$
			1.65 Total incurred claims	
			1.66 Number of covered lives	
			1.66 Number of covered lives	
1.7	Gro	up policies:	Most current three years:	
			1.71 Total premium earned	.\$
			1.72 Total incurred claims	\$
			1.73 Number of covered lives	
			All years prior to most current three years:	
			1.74 Total premium earned	
			1.75 Total incurred claims	
			1.76 Number of covered lives	
2.	Hea	alth Test:		
175	. 104		1 2	
			Current Year Prior Year	
	2.1	Premium Numerator	169 907 625 68 980 504	
	2.2		08,389,394	
	2.3	Premium Ratio (2.1/2.2)	1.0001.000	
	2.4	Reserve Numerator		
	2.5	Reserve Denominator	66.571.637 34.538.648	
	2.6	Reserve Ratio (2.4/2.5)	1,000 1,000	
	2.0	Reserve Ralio (2.4/2.5)		
	Hee	the reporting entity received any endowment or gift from contracting hospitals		
3.1			physicians, dentists, or others that is agreed will be	
3.1		turned when, as and if the earnings of the reporting entity permits?		Yes [] No [X]
3.1				Yes [] No [X]
	ret	turned when, as and if the earnings of the reporting entity permits?		Yes [] No [X]
3.1 3.2	ret			Yes [] No [X]
	ret	turned when, as and if the earnings of the reporting entity permits?		Yes [] No [X]
	reti If ye	turned when, as and if the earnings of the reporting entity permits?		Yes [] No [X]
	retr If ye Hav	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and	
3.2	retr If ye Hav	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and	
3.2	retr If ye Hav	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and	
3.2	retr If ye Hav dep	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency?	ns', and dentists' care offered to subscribers and	Yes [X] No []
3.2 4.1	retr If ye Hav dep	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and	
3.2 4.1 4.2	reti If ye Hav dep If no	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered?	Yes [X] No [] Yes [X] No []
3.2 4.1	reti If ye Hav dep If no	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered?	Yes [X] No [] Yes [X] No []
3.24.14.25.1	reti If ye Hav dep If no	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency? ot previously filed, furnish herewith a copy(ies) of such agreement(s). Do these es the reporting entity have stop-loss reinsurance?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered?	Yes [X] No [] Yes [X] No []
3.2 4.1 4.2	reti If ye Hav dep If no	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered?	Yes [X] No [] Yes [X] No []
3.24.14.25.1	reti If ye Hav dep If no	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency? ot previously filed, furnish herewith a copy(ies) of such agreement(s). Do these es the reporting entity have stop-loss reinsurance?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered?	Yes [X] No [] Yes [X] No []
3.24.14.25.1	reti If ye Hav dep If no	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency? ot previously filed, furnish herewith a copy(ies) of such agreement(s). Do these es the reporting entity have stop-loss reinsurance?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered?	Yes [X] No [] Yes [X] No []
3.24.14.25.15.2	reti If ye Hav dej If no Doe	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency? ot previously filed, furnish herewith a copy(ies) of such agreement(s). Do these es the reporting entity have stop-loss reinsurance?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered?	Yes [X] No [] Yes [X] No [] Yes [X] No []
3.24.14.25.1	reti If ye Hav dej If no Doe	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency? ot previously filed, furnish herewith a copy(ies) of such agreement(s). Do these es the reporting entity have stop-loss reinsurance?	agreements include additional benefits offered?	Yes [X] No [] Yes [X] No [] Yes [X] No []
3.24.14.25.15.2	reti If ye Hav dej If no Doe	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency? ot previously filed, furnish herewith a copy(ies) of such agreement(s). Do these es the reporting entity have stop-loss reinsurance?	agreements include additional benefits offered?	Yes [X] No [] Yes [X] No [] Yes [X] No [] .\$
3.24.14.25.15.2	reti If ye Hav dej If no Doe	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency? ot previously filed, furnish herewith a copy(ies) of such agreement(s). Do these es the reporting entity have stop-loss reinsurance?	agreements include additional benefits offered?	Yes [X] No [] Yes [X] No [] Yes [X] No [] .\$
3.24.14.25.15.2	reti If ye Hav dej If no Doe	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency? ot previously filed, furnish herewith a copy(ies) of such agreement(s). Do these es the reporting entity have stop-loss reinsurance?	agreements include additional benefits offered?	Yes [X] No [] Yes [X] No [] Yes [X] No [] .\$
3.24.14.25.15.2	reti If ye Hav dej If no Doe	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency? ot previously filed, furnish herewith a copy(ies) of such agreement(s). Do these es the reporting entity have stop-loss reinsurance?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] .\$
3.24.14.25.15.2	reti If ye Hav dej If no Doe	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency? ot previously filed, furnish herewith a copy(ies) of such agreement(s). Do these es the reporting entity have stop-loss reinsurance?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] Yes [X] No []
3.24.14.25.15.2	reti If ye Hav dej If no Doe	turned when, as and if the earnings of the reporting entity permits? es, give particulars: ve copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency? ot previously filed, furnish herewith a copy(ies) of such agreement(s). Do these es the reporting entity have stop-loss reinsurance?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] Yes [X] No []
 3.2 4.1 4.2 5.1 5.2 5.3 	retu If ye Hav dep If no Doe If no Max	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] Yes [X] No []
3.24.14.25.15.2	retu If ye Hav dep If no Doe If no Max Des	turned when, as and if the earnings of the reporting entity permits? es, give particulars: we copies of all agreements stating the period and nature of hospitals', physiciar pendents been filed with the appropriate regulatory agency?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] Yes [X] No []
 3.2 4.1 4.2 5.1 5.2 5.3 	retu If ye Hav dep If no Doe If no Max Des	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] Yes [X] No []
 3.2 4.1 4.2 5.1 5.2 5.3 	retu If ye Hav dey If no Doe If no Max Max	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] Yes [X] No []
 3.2 4.1 4.2 5.1 5.2 5.3 	retu If ye Hav dey If no Doe If no Max Max Des bol agr	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered?	Yes [X] No [] Yes [X] No [] Yes [X] No [] Yes [X] No []
 3.2 4.1 4.2 5.1 5.2 5.3 	retu If ye Hav dep If no Doe If no Doe If no Doe If no Doe If no Doe Cor	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] Yes [X] No []
 3.2 4.1 4.2 5.1 5.2 5.3 	returned for the second	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] Yes [X] No []
 3.2 4.1 4.2 5.1 5.2 5.3 	returned for the second	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] Yes [X] No []
 3.2 4.1 4.2 5.1 5.2 5.3 	returned for the second	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 	returned for the second	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 	returned for the second	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 7.1 	retu If ye Hav dep If no Doe If no Max Max Des hol agu The cor Jer Doe	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 	returned for the second	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 7.1 	retu If ye Hav dep If no Doe If no Max Max Des hol agu The cor Jer Doe	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 7.1 7.2 	returned for the second	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 7.1 	returned for the second	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other s.36 Other went. Terms are included in the Company's provider bligations Following Termination, as well as in the exhibit d LTSS managed care contract with the State of New 8.1 Number of providers at start of reporting year	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 7.1 7.2 	returned for the second	turned when, as and if the earnings of the reporting entity permits?	5.31 Comprehensive Medical	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 7.1 7.2 	retu If ye Hav dep If no Doe If no Max Des hol agu The cor inc Jer Doe If no N/A Prov	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other s.36 Other went. Terms are included in the Company's provider bligations Following Termination, as well as in the exhibit d LTSS managed care contract with the State of New 8.1 Number of providers at start of reporting year 8.2 Number of providers at end of reporting year	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 7.1 7.2 	retu If ye Hav dep If no Doe If no Max Des hol agu The cor inc Jer Doe If no N/A Prov	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other s.36 Other went. Terms are included in the Company's provider bligations Following Termination, as well as in the exhibit d LTSS managed care contract with the State of New 8.1 Number of providers at start of reporting year 8.2 Number of providers at end of reporting year	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 7.1 7.2 8. 	retu If ye Hav dep If no Doe If no Max Des hol agu The cor inc Jer Doe If no N/A Prov	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other s.36 Other went. Terms are included in the Company's provider bligations Following Termination, as well as in the exhibit d LTSS managed care contract with the State of New 8.1 Number of providers at start of reporting year 8.2 Number of providers at end of reporting year	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 7.1 7.2 8. 9.1 9.1 	retu If ye Hav dep If no Doe If no Max Des hol agu The cor inc Jer Doe If no N/A Prov Doe	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other and their dependents against the risk of insolvency including ith providers to continue rendering services, and any other vent. Terms are included in the Company's provider bligations Following Termination, as well as in the exhibit d LTSS managed care contract with the State of New date basis? 8.1 Number of providers at start of reporting year 8.2 Number of providers at end of reporting year	Yes [X] No [] Yes [X] No [] Yes [X] No [] .\$.\$
 3.2 4.1 4.2 5.1 5.2 5.3 6. 7.1 7.2 8. 	retu If ye Hav dep If no Doe If no Max Des hol agu The cor inc Jer Doe If no N/A Prov Doe	turned when, as and if the earnings of the reporting entity permits?	ns', and dentists' care offered to subscribers and agreements include additional benefits offered? 5.31 Comprehensive Medical 5.32 Medical Only 5.33 Medicare Supplement 5.34 Dental & Vision 5.35 Other Limited Benefit Plan 5.36 Other s.36 Other went. Terms are included in the Company's provider bligations Following Termination, as well as in the exhibit d LTSS managed care contract with the State of New 8.1 Number of providers at start of reporting year 8.2 Number of providers at end of reporting year	Yes [X] No [] Yes [X] No [] Yes [X] No [] \$.\$.\$.\$.\$.\$.\$.\$.\$

GENERAL INTERROGATORIES

10.1	Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangeme	ents in its provider contracts?	Yes []	No [X]
10.2	If yes:	10.21 Maximum amount payable bonuses	\$			0
		10.22 Amount actually paid for year bonuses				
		10.23 Maximum amount payable withholds	\$			0
		10.24 Amount actually paid for year withholds				
11.1	Is the reporting entity organized as:					
		11.12 A Medical Group/Staff Model,	Yes []	No	[X]
		11.13 An Individual Practice Association (IPA), or, .	Yes [1	No	[X]
		11.14 A Mixed Model (combination of above)?	Yes []	No	[X]
11.2	Is the reporting entity subject to Statutory Minimum Capital and Surplus Req	uirements?	Yes [X	(]	No [1
11.3	If yes, show the name of the state requiring such minimum capital and surplu				New	Jersey
11.4	If yes, show the amount required.		\$		9,0	038,188
11.5	Is this amount included as part of a contingency reserve in stockholder's equ		Yes []	No [X]
11.6	If the amount is calculated, show the calculation					
12.	List service areas in which reporting entity is licensed to operate:					
12.	List service areas in which reporting entity is incensed to operate.					
		1				

			1							
Name of Service Area										
		Burlington, Passaic, So		-	Gloucester,	Hudson,	Mercer			

13.1	Do you act as a custodian for health savings accounts?	Yes []	No	[X]	
13.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$.0
13.3	Do you act as an administrator for health savings accounts?	Yes []	No	[X]	
13.4	If yes, please provide the balance of funds administered as of the reporting date.	\$				0
	Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?] No	[X] N	/A []

1	2	3	4	Assets Supporting Reserve Credit		
	NAIC			5	6	7
	Company	Domiciliary	Reserve	Letters of	Trust	
Company Name	Code	Jurisdiction	Credit	Credit	Agreements	Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written	\$ 0
15.2 Total Incurred Claims	\$ 0
15.3 Number of Covered Lives	 0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) FIVE-YEAR HISTORICAL DATA

		1 2016	2 2015	3 2014	4 2013	5 2012
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	119,562,326	50,036,452	5,004,332	0	
2.	A 65					
3.	Statutory minimum capital and surplus requirement				0	
4.	Total capital and surplus (Page 3, Line 33)					
	Income Statement (Page 4)					
5.	Total revenues (Line 8)	137 983 073	68 389 594	0	0	
6.	Total medical and hospital expenses (Line 18)				0	
7.	Claims adjustment expenses (Line 20)					
8.	Total administrative expenses (Line 21)					
9.	Net underwriting gain (loss) (Line 24)				0	
	Net investment gain (loss) (Line 24)				0	
0.	Total other income (Lines 28 plus 29)					
1.	Net income or (loss) (Line 32)					
2.					0	
	Cash Flow (Page 6)	10 550 000	00.054.474			
3.	Net cash from operations (Line 11)			0	0	
	Risk-Based Capital Analysis					
4.	Total adjusted capital				0	
5.	Authorized control level risk-based capital	4,519,094	3,660,583	0	0	
	Enrollment (Exhibit 1)					
6.	Total members at end of period (Column 5, Line 7)				0	
7.	Total members months (Column 6, Line 7)			0	0	
	Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
8.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)		100.0	100.0		1
9.	Total hospital and medical plus other non-health (Lines 18 plus Line 19)		94.2		0.0	
0.	Cost containment expenses				0.0	
1.	Other claims adjustment expenses					
2.	Total underwriting deductions (Line 23)					
2. 3.	Total underwriting gain (loss) (Line 23)					
J.	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
4.	Total claims incurred for prior years (Line 13, Col. 5)		0	0	0	
5.	Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]		0	0	0	
	Investments In Parent, Subsidiaries and Affiliates					
6.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	
7.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	
8.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	
9.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	
0.	Affiliated mortgage loans on real estate			0	0	
1.	All other affiliated		0		0	
2.	Total of above Lines 26 to 31				0	
3.	Total investment in parent included in Lines 26 to	0	0		0	
	31 above. If a party to a merger, have the two most recent years of two most years of two most recent years of two most recent years	•	<u> </u>	U	-	

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1			otates and T		iness Only			
			2	3	4	5	6	7	8	9
						Federal				
						Employees				
						Health	Life & Annuity			
			Accident &			Benefits	Premiums &	Property/	Total	
		Active	Health	Medicare	Medicaid	Plan	Other	Casualty	Columns 2	Deposit-Type
	States, etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	Through 7	Contracts
1.	Alabama AL	N	0	0	0	0	0	0	0	0
2.	Alaska AK	N	0	0	0	0	0	0	0	0
3.	Arizona AZ	N	0	0	0	Q	0	0	0	
					·					
4.	Arkansas AR	N		0	0	0	0	0	0	0
5.	California CA	N	0	0	0	0	0	0	Q	0
6.	Colorado CO	N	0	0	0	0	0	0	0	0
7.	Connecticut CT	N	0	0	0	0	0	0	0	0
8.	Delaware DE	N	0	0	0	0	0	0	0	0
9.	District of Columbia DC	N	0	0	0	0	0	0	0	0
10.	Florida FL	N	0	0	0	0	0	0	0	0
		NNN		0	0		0	0	0	
11.	Georgia GA		0			<u>ل</u> ا		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		U
12.	Hawaii HI	N	0	0	0	0	0	0	0	0
13.	Idaho ID	N	0	0	0	0	0	0	0	0
14.	Illinois IL	N	0	0	0	0	0	0	0	0
15.	Indiana IN	N	0	0	0	0	0	0	0	0
16.	lowa IA	N	0	0	0	0	0	0	0	0
17.	Kansas KS	NN	0	0	0	<u>م</u>	0	0	0	Q
		N.				لا				<u></u>
18.	Kentucky KY	N.	0	0	0	0	0	0	0	<u></u>
19.	Louisiana LA	N	0	0	0	۵	0	0	0	۵
20.	Maine ME	N.	0	0	0	۵	۵	0	0	۵
21.	Maryland MD	N	0	0	0	0	0	0	0	0
22.	Massachusetts MA	N	0	0	0	0	0	0	0	
23.	Michigan MI	N	0	0	0	0	0		0	0
24.	Minnesota MN	N	<u>ر.</u>	0	0	0	0	0	0	v
		NNNNN	لا	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0	U0				<u>ر</u>
25.	Mississippi MS	N.	0	0		<u>م</u> ـــــ		0	0	0
26.	Missouri MO	N	0	0	0	0	0	0	0	0
27.	Montana MT	N	۵	0	0	0	0	0	0	0
28.	Nebraska NE	N	0	0	0	0	0	0	0	0
29.	Nevada NV	N	0	0	0	0	0	0	0	0
	New Hampshire NH	N	0	0	0	0	0	0	0	0
	New Jersey NJ	1	0	0	170,141,599	0	0	0	170, 141, 599	0
		N	0 0				0			
32.	New Mexico NM			0	0	.		0	0	
33.	New York NY	N	0	0	0	0	0	0	0	۵
34.	North Carolina NC	N	۵	0	0	0	0	0	0	0
35.	North Dakota ND	N	0	0	0	0	0	0	0	0
36.	Ohio OH	N	0	0	0	0	0	0	0	0
37.	Oklahoma OK	N	0	0	0	0	0	0	0	0
	Oregon OR	N	0	0	0	0	0	0	0	0
	Pennsylvania PA	N	0	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	0		0	0	0	
39.	-	N	U	0		0				U
		N	U	0	0	0	0	0	0	0
41.	South Carolina SC	N	0	0	0	0	0	0	0	0
42.	South Dakota SD	N	۵	0	0	0	0	0	0	0
43.	Tennessee TN	N	0	0	0	0	0	0	0	0
44.	Texas TX	N	0	0	0	0	0	0	0	0
	Utah UT	N	0	0	0	0	0	0	0	0
	Vermont VT	N	0	0	0	0		0	0	ر م
										<u></u>
	Virginia VA	N	0	0	0	0	0	0	0	J
	Washington WA	N	0	0	0	0	0	0	0	0
	West Virginia WV	N	0	0	0	۵	0	0	0	0
50.	Wisconsin WI	N	0	0	0	0	0	0	0	0
	Wyoming WY	N	0	0	0	0	0	0	0	0
52.	American Samoa AS	N	0	0	0	0	0	0	0	0
53.	Guam	N	0	0	0	0	0	0	0	
	Puerto Rico PR	N	0	0		0	0	0	0	<u>ر</u>
										ļQ
55.	U.S. Virgin Islands VI	N	۵	0	0	0	0	0	0	۵ ـــــ
56.	Northern Mariana					~		_	_	
	Islands MP	N	0	0	0	0	0	0	0	0
	Canada CAN	N	0	0	0	0	0	0	0	0
58.	Aggregate other									
_	alien OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	0	0	170,141,599	0	0	0	170,141,599	0
60.	Reporting entity									
1	contributions for Employee									
1	Benefit Plans	XXX	0	0	0	۵	۵	0	0	0
61.	Total (Direct Business)	(a) 1	0	0	170,141,599	0	0	0	170, 141, 599	0
	DETAILS OF WRITE-INS				,,	,			,,	
58001.		XXX								
58002.		XXX					[T	[
									1	t
58003.	0	XXX								+
58998.	Summary of remaining									
1	write-ins for Line 58 from	10.04		~	~					
	overflow page	XXX	0	0	0	0	0	0	0	·0
58999.	Totals (Lines 58001 through									
1	58003 plus 58998)(Line 58									
L	above)	XXX	0	0	0	0	0	0	0	0
							-	-		

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state. Explanation of basis of allocation by states, premiums by state, etc.

All Premiums are written within the State of New Jersey (a) Insert the number of L responses except for Canada and Other Alien.



(1) Insurers/HMO's

Percentages are rounded to the nearest whole percent and based on ownership of voting rights. Double borders indicate entity has subsidiaries shown on the same page. Bold borders indicate entity has subsidiaries shown on a separate page.

*55% is owned by AUSHC Holdings, Inc. and 45% is owned by third parties.



*Aetna Global Benefits (Bermuda) Limited owns 80% and 20% is owned by Suhatsyah Rivai, Aetna's Nominee. ** Aetna Global Benefits (Bermuda) Limited owns 49% and 51% is owned by Euro Gulf LLC, Aetna's Nominee. *** Aetna Global Benefits (Asia Pacific) Limited owns 0.019857% of Indian Health Organization Private Limited and Aetna Global Benefits (Singapore) Pte. Ltd. owns 99.980143%.









*100% owned through Aetna's nominees



PART 1 - ORGANIZATIONAL CHART



* Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares); and Aetna Health Holdings, LLC (1 share). ** Innovation Health Holdings, LLC is 50% owned by Aetna ACO Holdings, Inc. and 50% owned by Inova Health System Foundation, an unaffiliated company.

Texas Health + Aetna Health Insurance Holding Company LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Texas Health Resources, an unaffiliated company. *Texas Health + Aetna Health Plan Inc. will become a direct subsidiary of Texas Health + Aetna Health Insurance Company in February 2017.



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

* Aetna Life Insurance Company owns the Class C participating shares of Aetna Partners Diversified Fund (Cayman), Limited. ** Aetna Life Insurance Company and Aetna Health and Life Insurance Company own substantially all of the non-managing member interests of Aetna Partners Diversified Fund, LLC.



* Aetna ACO Holdings Inc. is owned by Aetna Life Insurance Company (302 shares); Aetna Health Inc. (PA) (198 shares);, and Aetna Health Holdings, LLC (1 share). ** Innovation Health Holdings, LLC is 50% owned by Aetna ACO Holdings, Inc. and 50% owned by Inova Health System Foundation, an unaffiliated company.

- ***Texas Health + Aetna Health Insurance Holding Company LLC is 50% owned by Aetna ACO Holdings Inc. and 50% owned by Texas Health Resources, an unaffiliated company. ****Texas Health + Aetna Health Plan Inc. will become a direct subsidiary of Texas Health + Aetna Health Insurance Company in February 2017.



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) OVERFLOW PAGE FOR WRITE-INS

		Current Year		Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1104.	0	0	0	
1105.		0	0	
1197. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	

Additional Write-ins for Assets Line 25

		Current Year		Prior Year	
	1	1 2 3			
			Net Admitted Assets	Net Admitted	
	Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets	
2504.	0	0	0	0	
2505.	0	0	0	0	
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0		

Additional Write-ins for Liabilities Line 23

			Current Year					
		1	4					
		Covered	Uncovered	Total	Total			
2304.		0	0	0	0			
2305.		0	0	0	0			
2397.	Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0			

Additional Write-ins for Liabilities Line 25

			Current Year		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
2504.			XXX	0	0
2505.			XXX	0	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0

Additional Write-ins for Liabilities Line 30

			Current Year					
		1	4					
	(Covered	Uncovered	Total	Total			
3004.		XXX	XXX	0	0			
3005.		.xxx	XXX	0	.0			
3097. Summary of remaining write-ins for Li		XXX	XXX	0	0			

Additional Write-ins for Statement of Revenue and Expenses Line 6 **Current Year** Prior Year 3 Total 1 2 Uncovered Total 0604. 0__ 0 XXX 0605. 0 0 XXX 0697. Summary of remaining write-ins for Line 6 from overflow page 0 0 XXX

Addition	al Write-ins for Statement of Revenue and Expenses Line 7			
		Currer	nt Year	Prior Year
		1	2	3
		Uncovered	Total	Total
0704.		XXX	0	0
0705.			0	0
0797.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0

Additional Write-ins for Statement of Revenue and Expenses Line 14

		Curren	t Year	Prior Year
		1	2	3
		Uncovered	Total	Total
1404.		 0	0	0
1405.		0	0	0
1497.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0

Additional Write-ins for Statement of Revenue and Expenses Line 29

		1	2	3
		Uncovered	Total	Total
2904.		0	0	0
2905.		0	0	0
2997.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0

Т

Current Year

Т

Prior Year

٦

Additional Write-ins for Statement of Revenue and Expenses Line 47

		1	2
		Current Year	Prior Year
4704.		0	0
4705.		0	0
4797.	Summary of remaining write-ins for Line 47 from overflow page	0	0

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustr	nent Expenses	3	4	5
	1	2			
	Cost Other Claim		General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504.	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustme	ent Expenses	3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2505.		0		0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Analysis of Operations Line 5

ridditional finte ine for rinarjoie of operatione Ente e		100 E	100 D D D D D D D D D D D D D D D D D D	2.110		NG		M	NA 12 12	
	1	2	3	4	5	6	7	8	9	10
						Federal Employees		142.54		100000
						Employees	Title	Title		
		Comprehensive	Medicare	Dental	Vision	Health	XVIII	XIX		Other
	Total	(Hospital & Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Other Health	Non-Health
0504.	0		0	0	.0		.0	.0	0	XXX
0505.	0	0	0	0	0	0	0	0	0	XXX
0597. Summary of remaining write-ins for Line 5 from overflow										
page	0	0	0	0	0	0	0	0	0	XXX

Additional Write-ins for Analysis of Operations Line 6

		1	2	3	4	5	6	7	8	9	10
							Federal				
							Employees	Title	Title		
			Comprehensive	Medicare	Dental	Vision	Health	XVIII	XIX		Other
		Total	(Hospital & Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Other Health	Non-Health
0604.		0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0605.		0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0697.	Summary of remaining write-ins for Line 6 from overflow										
	page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Additional Write-ins for Analysis of Operations Line 13

		1	2	3	4	5	6	7	8	9	10
							Federal				
							Employees	Title	Title		
			Comprehensive	Medicare	Dental	Vision	Health	XVIII	XIX		Other
		Total	(Hospital & Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Other Health	Non-Health
1304.		0	0	0	0	0	0	0	0	0	XXX
1305.		0	0	0	0	0	0	0	0	0	XXX
1397.	Summary of remaining write-ins for Line 13 from										
	overflow page	0	0	0	0	0	0	0	0	0	XXX

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	
Exhibit 1 - Enrollment By Product Type for Health Business Only	
Exhibit 2 - Accident and Health Premiums Due and Unpaid	
Exhibit 3 - Health Care Receivables	
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	
Exhibit 7 - Part 1 - Summary of Transactions With Providers	
Exhibit 7 - Part 2 - Summary of Transactions with Intermedianes	
Exhibit of Capital Gains (Losses)	
Exhibit of Net Investment Income	
Exhibit of Nonadmitted Assets	
Exhibit of Premiums, Enrollment and Utilization (State Page)	
Five-Year Historical Data	
General Interrogatories	
Jurat Page	
Liabilities, Capital and Surplus	
Notes To Financial Statements	
Overflow Page For Write-ins	
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	
Schedule B - Part 3	
Schedule B - Verification Between Years	
Schedule BA - Part 1	
Schedule BA - Part 2	
Schedule BA - Part 3	
Schedule BA - Verification Between Years	
Schedule D - Part 1 Schedule D - Part 1A - Section 1	
Schedule D - Part 1A - Section 1	
Schedule D - Part 2 - Section 1	
Schedule D - Part 2 - Section 2	
Schedule D - Part 3	
Schedule D - Part 4	
Schedule D - Part 5	
Schedule D - Part 6 - Section 1	
Schedule D - Part 6 - Section 2	
Schedule D - Summary By Country	
Schedule D - Verification Between Years	
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	
Schedule DB - Part A - Verification Between Years	
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	
Schedule DB - Part B - Verification Between Years	
Schedule DB - Part C - Section 1	
Schedule DB - Part C - Section 2	
Schedule DB - Part D - Section 1	
Schedule DB - Part D - Section 2	
Schedule DB - Verification	
Schedule DL - Part 1	
Schedule DL - Part 2	
Schedule E - Part 1 - Cash	
Schedule E - Part 2 - Cash Equivalents	
Schedule E - Part 3 - Special Deposits	
Schedule E - Verification Between Years	
ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	
Schedule S - Part 4	
Schedule S - Part 5	
Schedule S - Part 6	
Schedule S - Part 7	
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	
Schedule Y - Part 1A - Detail of Insurance Holding Company System	
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

Ae	tna Bet	ter Hea	th Inc. (a New Jer	sey	y corporation)
NAIC G	·	0001 0001 Current) (Prior)	NAIC Company (Code15611 Em;	ployer's	ID Number 46-3203088
Organized under the Laws of				, State of Domicile or	Port of I	Entry NJ
Country of Domicile			United Sta	tes of America		
Licensed as business type:			Health Mainten	ance Organization		
Is HMO Federally Qualified? Ye	es[]No[)	x]				
Incorporated/Organized		5/01/2013		Commenced Bus	iness	01/01/2015
Statutory Home Office	3 Indepe	endence Way, Suite	e 400			Princeton , NJ, US 08540
	(S	treet and Number)			(City i	or Town, State, Country and Zip Code)
Main Administrative Office				ce Way, Suite 400 nd Number)	8	
Annual 11 11 11 11 11 11 11 11 11 11 11 11 11	Princeton , NJ, US	S 08540 try and Zip Code)		_1	(855-232-3596 (Area Code) (Telephone Number)
						Biue Beli , PA, US
Mail Address		Meeting Road, U23 umber or P.O. Box		11	(City o	or Town, State, Country and Zip Code)
Primary Location of Books and I	Records			ce Way, Suite 400		
	Princeton , NJ, US	S 08540	(Street a	nd Number)		855-232-3596
(City or Ta	own, State, Count	try and Zip Code)			((Area Code) (Telephone Number)
Internet Website Address			www.	aetna.com		
Statutory Statement Contact						215-775-6508 (Area Code) (Telephone Number)
Aetn	a.HMOReporting(1		860-262-7767
	(E-mail Addre	ess)				(FAX Number)
Chief Executive Officer and			OFF	ICERS Principal Financial (Officer	
President Vice President and	Lie	aurie Ann Brubaker	#	and Cor	troller.	Steven Matthew Conte
	F	Robert Mark Kessle	r			
Elaine Rose Cofrancesco, Vic Dawn Marie Schoen, /				THER Senior Investment Offic	ær	Gregory Stephen Martino, Vice President
Debra Jear	Bacon		DIRECTORS Laurie Ar	OR TRUSTEES		Mary Louise Osborne
above, all of the herein describe this statement, together with reli- of the condition and affairs of th completed in accordance with th that state rules or regulations re respectively. Furthermore, the	d assets were the ated exhibits, schu e said reporting e e NAIC Annual S quire differences scope of this atten ng differences du ent.	e absolute property edules and explana entity as of the rep- tatement Instructio in reporting not rei- station by the desc	r of the said reportin tations therein conta orting period stated ns and Accounting ated to accounting ribed officers also i ing) of the enclosed Robert M	ng entity, free and clear ined, annexed or referror I above, and of its incor Practices and Proceduu practices and procedur includes the related con	from an ed to, is ne and res man es, acco respond	aid reporting entity, and that on the reporting period stated ny liens or claims thereon, except as herein stated, and that a full and true statement of all the assets and liabilities and deductions therefrom for the period ended, and have been have been to be best of their information, knowledge and belief ing electronic filing with the NAIC, when required, that is an ng may be requested by various regulators in lieu of or hi MMMM CAA Steven Matthew Conte Principal Financial Officer and Controller
State of Arizona County of Maricopa			e of Arizona nty of Maricopa			State of Pennsylvania County of Montgomery
Subscribed and swom to before 30 day of Aulian MOTARY PUBLIC (Seal) JANEEN	y 2017 Life		aday of ALM	uary 201 olimine	 	Subscribed and swom to before me this
Maric	c, State of Arizi opa County ission Expire ry 08, 2019	s Gra	Notary Pu Mai My Con	ricopa County ricopa County amission Expires uary 08, 2019		NOTARIAL SEAL KIM E. ROTH, Notary Public Whitpain Twp., Montgomery County My Commission Expires April 25, 2017
					b. lf 1. 2,	

		Gross Investm	ent Holdings		Admitted Asset in the Annua		
		1	2	3	4 Securities Lending Reinvested Collateral	5 Total (Col. 3 + 4)	6
1.	Investment Categories Bonds:	Amount	Percentage	Amount	Amount	Amount	Percentage
4.	1.1 U.S. treasury securities	27,306,856	24.619	27,306,856	0	27,306,856	24.61
	1.2 U.S. government agency obligations (excluding mortgage-backed		21.010		P	L1,000,000	
	securities):					-	
	1.21 Issued by U.S. government agencies	the state of the state of the state of the state	0.000	0	0	0	
	1.22 Issued by U.S. government sponsored agencies	4,929,425	<mark>4.444</mark>	4,929,425	0	4,929,425	4.44
	 Non-U.S. government (including Canada, excluding mortgaged-backed securities) 		1.800	1,996,925	0	1,996,925	1.80
	1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S. :						
	1.41 States, territories and possessions general obligations	0	0.000	0	0	0	
	1.42 Political subdivisions of states, territories and possessions and		0 100	0 061 057		0.061.057	0.1
	political subdivisions general obligations		8.169 0.000	9,061,257 0	۵ 0	,,	8.1 0.0
	1.43 Revenue and assessment obligations		0.000	0	0		0.0
	1.44 Industrial development and similar obligations 1.5 Mortgage-backed securities (includes residential and commercial		0.000		v		
	MBS):						
	1.51 Pass-through securities:						
	1.511 Issued or guaranteed by GNMA		0.000	0	0	0	0.0
	1.512 Issued or guaranteed by FNMA and FHLMC		0.000	0	0		0.0
	1.513 All other	1,040,908	0.938	1,040,908	0	1,040,908	0.93
	1.52 CMOs and REMICs:						
	1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	0	0.000	0	0	0	0.0
	1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by						
	agencies shown in Line 1.521	0	0.000	0	0	0	0.0
	1.523 All other		2.254	2,499,860	0	2,499,860	
2.	Other debt and other fixed income securities (excluding short-term):						
	2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	14.376.580	12.962	14 376 580	0		12.9
	2.2 Unaffiliated non-U.S. securities (including Canada)	, ,				4,497,967	
	2.3 Affiliated securities	0	0.000			0	
3.	Equity interests:						
	3.1 Investments in mutual funds	0	0.000	0	0	0	
	3.2 Preferred stocks:						
	3.21 Affiliated	0	0.000	0	0	0	
	3.22 Unaffiliated	0	0.000	0	0	0	
	3.3 Publicly traded equity securities (excluding preferred stocks):						
	3.31 Affiliated	0	0.000	۵	0	0	0.0
	3.32 Unaffiliated	0	0.000	۵	0	۵	0.0
	3.4 Other equity securities:						
	3.41 Affiliated	0	0.000	0	0	0	0.0
	3.42 Unaffiliated	0	0.000	0	0	0	0.0
	3.5 Other equity interests including tangible personal property under lease:	0	0.000	0		0	0.0
	3.51 Affiliated	0	0.0000.0000.000	0	0 0	0	0.0 0.0
4.	S.52 Onaminated		0.000		v		0.0
4.	4.1 Construction and land development	0		0	0	0	.0.0
	4.2 Agricultural	0	0.000	0	0	0	0.0
	4.3 Single family residential properties	0	0.000	0	0	0	0.0
	4.4 Multifamily residential properties	0		0	0	0	.0.0
	4.5 Commercial loans	0	0.000	0	0	0	
	4.6 Mezzanine real estate loans	0	0.000	0	0	0	
5.	Real estate investments:						
	5.1 Property occupied by company	0	0.000	۵	0	٥	
	5.2 Property held for production of income (including						
	\$0 of property acquired in satisfaction of						
	debt)	0	0.000	0	0	0	<mark>0.0</mark>
	5.3 Property held for sale (including \$0						
	property acquired in satisfaction of debt)	0	0.000	0	0	0	0.0
6.	Contract loans	0	0.000	0	0	0	0.0
7.	Derivatives	0	0.000	0	0	0	0.0
8.	Receivables for securities		0.000	0	0		0.0
9.	Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10.	Cash, cash equivalents and short-term investments	43,207,315	40.758	45,207,315	0	45,207,315	
11.	Other invested assets	0	0.000	0	0	0	0.00

Schedule A - Verification - Real Estate

ΝΟΝΕ

Schedule B - Verification - Mortgage Loans

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year
2.	Cost of acquired:
	2.1 Actual cost at time of acquisition (Part 2, Column 8)
	2.2 Additional investment made after acquisition (Part 2, Column 9)
З.	Capitalized deferred interest and other:
	3.1 Totals, Part 1, Column 16
	3.2 Totals, Part 3, Column 12
4.	Accrual of discount
5.	Unrealized valuation increase (decrease):
	5.1 Totals, Part 1, Column 13 5.2 Totals, Part 3, Column 9
	5.2 Totals, Part 3, Column 9
6.	Total gain (loss) on disposals, Part 3, Column 19
7.	Deduct amounts received on disposals, Part 3, Cordmn 16
8.	Deduct amortization of premium and depreciation
9.	Total foreign exchange change in book/adjusted carrying value:
	9.1 Totals, Part 1, Column 17
	9.2 Totals, Part 3, Column 14
10.	Deduct current year's other than temporary impairment recognized:
	10.1 Totals, Part 1, Column 15
	10.2 Totals, Part 3, Column 11
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)
12.	Deduct total nonadmitted amounts
13.	Statement value at end of current period (Line 11 minus Line 12)

SCHEDULE D - VERIFICATION BETWEEN YEARS

Bonds and Stocks

25,469,047 73,950,755 134,346
134,346
0
0
114,513
0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) SCHEDULE D - SUMMARY BY COUNTRY

D	escripti	on	1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1.	United States	32,236,281			32,500,000
Governments	2.	Canada			0	0
(Including all obligations guaranteed	3.	Other Countries	1,996,925	1,963,182	1,996,600	2,000,000
by governments)	4.	Totals	34,233,206	34,263,499	34, 148, 230	34,500,000
U.S. States, Territories and Possessions						
(Direct and guaranteed)	5.	Totals	0	0	0	0
U.S. Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	6.	Totals	9,061,257	9,122,413	9,074,002	7,655,000
U.S. Special Revenue and Special Assessment Obligations and all Non- Guaranteed Obligations of Agencies and Authorities of Governments and						
their Political Subdivisions	7.	Totals	0	0	0	0
Industrial and Miscellaneous, SVO	8.	United States				
Identified Funds and Hybrid	9.	Canada		0	0	0
Securities (unaffiliated)	10.	Other Countries	4,497,967	4,428,923	4,497,795	4,500,000
	11.	Totals	22,415,315	22,407,046	22,377,891	22,750,000
Parent, Subsidiaries and Affiliates	12.	Totals	0	0	0	0
	13.	Total Bonds	65,709,778	65,792,958	65,600,123	64,905,000
PREFERRED STOCKS	14.	United States	0	0	0	
Industrial and Miscellaneous	15.	Canada		0	0	
(unaffiliated)	16.	Other Countries	0	0	0	
	17.	Totals	0	0	0	
Parent, Subsidiaries and Affiliates	18.	Totals	0	0	0	
	19.	Total Preferred Stocks	0	0	0	
COMMON STOCKS	20.	United States		0	0	
Industrial and Miscellaneous	21.	Canada	0	0	0	
(unaffiliated)	22.	Other Countries	0	0	0	
	23.	Totals	0	0	0	
Parent, Subsidiaries and Affiliates	24.	Totals	0	0	0	
	25.	Total Common Stocks	0	0	0	
	26.	Total Stocks	0	0	0	
	27.	Total Bonds and Stocks	65,709,778	65,792,958	65,600,123	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	Quality and	Maturity Distributi		whed December 3	5	6	es by Major Types	or issues and INA	AIC Designations	10	44	10
NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	o Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	11 Total Publicly Traded	12 Total Privately Placed (a)
1. U.S. Governments			and the second second second	and and the second second				and a second second		and the second second	12/10/22	
1.1 NAIC 1		32,236,281	0	0	0	XXX	32,237,071	29.6	24,425,712		32,237,071	0
1.2 NAIC 2	0	0	0	0	0	XXX.	0	0.0	0	0.0	0	0
1.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.5 NAIC 5	0	0	0	0	0		0	0.0	0	0.0	0	0
1.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.7 Totals	790	32,236,281	0	0	0	XXX	32,237,071	29.6	24,425,712	54.6	32,237,071	C
2. All Other Governments												
2.1 NAIC 1	0	1,996,925	0	0	0	XXX	1,996,925	1.8	0	0.0	1,996,925	0
2.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	
2.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	
2.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	
2.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	
2.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	C
2.7 Totals	0	1,996,925	0	0	0	XXX	1,996,925	1.8	0	0.0	1,996,925	C
3. U.S. States, Territories and Possessions etc., Guaranteed												
3.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	
3.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	
3.3 NAIC 3	0	0	0	0	0	XXX	0	.0.0	0		0	
3.4 NAIC 4	0	0	0	0	0	XXX	0		0		0	
3.5 NAIC 5	0	0	0	0	0	XXX	0		0		0	
3.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	
3.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	
4. U.S. Political Subdivisions of States, Territories and	0	0	v	U	0	~~~	U	0.0	U	0.0	V	
Possessions, Guaranteed												
4.1 NAIC 1	0	0		0	0	XXX	9,061,257	8.3	0	0.0		0
4.2 NAIC 2	0	0		0	0	XXX	0,001,201	0.0	0	0.0		
4.3 NAIC 3	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	C
4.7 Totals	0	0	9,061,257	0	0	XXX	9,061,257	8.3	0	0.0	9,061,257	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed												
5.1 NAIC 1	0	0	0	0	0	XXX	0		0		0	0
5.2 NAIC 2	0	0	0	0	0	XXX	0		0	0.0	0	0
5.3 NAIC 3	0	0	0	0	0	XXX	0		0		0	
5.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	
5.5 NAIC 5	0	0	0	0	0	XXX	0		0		0	
5.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	
5.7 Totals	0	0	0	0	0		0	0.0	0	0.0	0	(

SCHEDULE D - PART 1A - SECTION 1 (Continued) Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11	12
NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)									in the second states		· · · · · · · · · · · · · · · · · · ·	
6.1 NAIC 1	44,017,141	10,801,920	4,818,675	0	0	XXX	59,637,736		20,321,913		20,978,350	38,659,386
6.2 NAIC 2	0	4,975,988	1, 123, 388	0	0	XXX	6,099,376		0	0.0	5,100,547	
6.3 NAIC 3	0	0	0	0	0	XXX	0	<u>0.0</u>	0	<mark>0.0</mark>	0	0
6.4 NAIC 4	0	0	0	0	0	XXX	0	<u>0.0</u>	0	<mark>0.0</mark>	0	0
6.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	<mark>0.0</mark>	0	0
6.6 NAIC 6	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6.7 Totals	44,017,141	15,777,908	5,942,063	0	0	XXX	65,737,112	60.3	20,321,913	45.4	26,078,897	39,658,215
7. Hybrid Securities												
7.1 NAIC 1	0	0	0	0	0	XXX	0		0	<mark>0.0</mark>	0	0
7.2 NAIC 2	0	0	0	0	0	XXX	0		0	<mark>0.0</mark>	0	0
7.3 NAIC 3	0	0	0	0	0		0	0.0	0	0.0	0	0
7.4 NAIC 4	0	0	0	0	0	XXX	0		0	<mark>0.0</mark>	0	0
7.5 NAIC 5	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.6 NAIC 6		0	0	0	0	XXX	0	0.0	0	0.0	0	0
7.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates												
8.1 NAIC 1	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.2 NAIC 2	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.3 NAIC 3	0	0	0	0	0	XXX	0		0	<mark>0.0</mark>	0	0
8.4 NAIC 4	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.5 NAIC 5	0	0	0	0	0	XXX	0		0	<mark>0.0</mark>	0	0
8.6 NAIC 6		0	0	0	0	XXX	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
9. SVO Identified Funds												
9.1 NAIC 1		XXX		XXX	XXX	0	0	0.0	XXX	XXX	0	0
9.2 NAIC 2	XXX		XXX	XXX		0	0		XXX	XXX	0	0
9.3 NAIC 3	XXX	XXX	XXX	XXX		0	0		XXX	XXX	0	0
9.4 NAIC 4	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
9.5 NAIC 5	XXX	XXX	XXX	XXX	XXX	0	0	.0.0	XXX	XXX	0	0
9.6 NAIC 6	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
9.7 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0		XXX	0	0

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	es by Major Types	8	9	10	11	12
NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	No Maturity Date	Total Current Year	Col. 7 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
0. Total Bonds Current Year												
10.1 NAIC 1	(d)	45,035,126	13,879,932	0		0	102,932,989	94.4	XXX	XXX	64,273,603	
10.2 NAIC 2	(d)0	4,975,988	1,123,388	0		0	6,099,376	5.6	XXX	XXX	5,100,547	
10.3 NAIC 3	(d)0	0	0	0	0	0	0	0.0	XXX	XXX	0	
10.4 NAIC 4	(d)0	0	0	0	0	0	0	0.0	XXX	XXX	0	
10.5 NAIC 5	(d)0	0	0	0	0	0	(c)0	0.0		XXX	0	
10.6 NAIC 6	(d) 0	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	
10.7 Totals			15,003,320	0	0	0	(b)109,032,365		XXX	XXX		
10.8 Line 10.7 as a % of Col. 7	40.4	45.9	13.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	63.6	36
1. Total Bonds Prior Year												
11.1 NAIC 1	19,923,832	23,778,556	1.045.237	0	0	XXX	XXX	XXX	44.747.625			
11.2 NAIC 2	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	
11.3 NAIC 3		0	0	0	0	XXX	XXX	XXX	.0.	0.0	0	
11.4 NAIC 4	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	
11.5 NAIC 5	0	0	0	0	0	XXX	XXX	XXX	(c)0	<mark>0.0</mark>	0	
11.6 NAIC 6	0	0	0	0	0	XXX	XXX	XXX	(c) 0	0.0	0	
11.7 Totals	19,923,832		1,045,237	0	0	XXX	XXX	XXX	(b)44,747,625			19,276,6
11.8 Line 11.7 as a % of Col. 9	44.5	53.1	2.3	0.0	0.0	XXX	XXX	XXX	100.0	XXX	56.9	43
2. Total Publicly Traded Bonds												
12.1 NAIC 1				0	0	0						XXX
12.2 NAIC 2	0		1, 123, 388	0	0	0	5, 100, 547	4.7	0	<mark>0.0</mark>	5, 100, 547	XXX
12.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.4 NAIC 4	0	0	0	0	0	0	0	0.0	0	<mark>0.0</mark>	0	XXX
12.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	<mark>0.0</mark>	0	XXX
12.6 NAIC 6	. 0	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals				0	0	0						XXX
12.8 Line 12.7 as a % of Col. 7				0.0	0.0	<mark>0.0</mark>		XXX	XXX	XXX		XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 7,												
Section 10	7.2	42.7	13.8	0.0	0.0	0.0	63.6	XXX	XXX	XXX	63.6	XXX
3. Total Privately Placed Bonds						_						
13.1 NAIC 1	<u>36, 159, 920.</u>	2,499,466	0	0	0	0					XXX	
13.2 NAIC 2	0		0	0	0	0	<u>998,829</u>	0.9	0	0.0	XXX	
13.3 NAIC 3	0	0	0	0	0	0	0	0.0	0	0.0	XXX	
13.4 NAIC 4	0	0	0	0	0	0	0	0.0	0		XXX	
13.5 NAIC 5	0	0	0	0	0	0	0	0.0	0	0.0	XXX	
13.6 NAIC 6	0	0	0	0	0	0	0	0.0	0	0.0	XXX	
13.7 Totals			0	0	0	0					XXX	
13.8 Line 13.7 as a % of Col. 7		8.8		<u>0.0</u>	0.0	0.0		XXX	XXX	XXX	XXX	100
13.9 Line 13.7 as a % of Line 10.7, Col. 7, Section 10	33.2	3.2 44 or qualified for res	0.0		0.0	0.0	36.4	xxx	xxx	xxx	xxx	36

(c) Includes \$ _____0 current year, \$ _____0 prior year of bonds with 5* designations and \$ ______0, current year \$ _____0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

			All Bonds Owne	d December 31, a			by Major Type and					
	1	2	3	4	5	6	7	8	9	10	11	12
		Over 1 Year	Over 5 Years	Over 10 Years		No Maturity		Col. 7 as a % of	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Date	Total Current Year	Line 10.6	Prior Year	Prior Year	Traded	Placed
1. U.S. Governments	-											
1.1 Issuer Obligations			0	0	0	XXX						0
1.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
1.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0		0.0	0	0
1.5 Totals	790	32,236,281	0	0	0	XXX	32,237,071	29.6	24,425,712	54.6	32,237,071	0
2. All Other Governments												
2.1 Issuer Obligations	0	1,996,925	0	0	0	XXX	1,996,925	1.8	0	<u>0.0</u>	1,996,925	0
2.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0		<u>0.0</u>	0	0
2.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0		<u>0.0</u>	0	0
2.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
2.5 Totals	0	1,996,925	0	0	0	XXX	1,996,925	1.8	0	0.0	1,996,925	0
3. U.S. States, Territories and Possessions, Guaranteed												
3.1 Issuer Obligations	0	0	0	0	0		0	0.0	0	0.0	0	0
3.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	۵.0	0	0.0		0
3.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
3.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and												
Possessions, Guaranteed												
4.1 Issuer Obligations	0	0		0	0	XXX	9,061,257	8.3	0	0.0		0
4.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.3 Commercial Mortgage-Backed Securities	.0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
4.5 Totals	0	0	9,061,257	0	0	XXX	9,061,257	8.3	0	0.0	9,061,257	0
5. U.S. Special Revenue & Special Assessment Obligations												
etc., Non-Guaranteed												
5.1 Issuer Obligations	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	<u>0.0</u>	0	0
5.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	<u>0.0</u>	0	0
5.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
5.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0
6. Industrial and Miscellaneous												
6.1 Issuer Obligations				0	0	XXX						
6.2 Residential Mortgage-Backed Securities				0	0	XXX	0					
6.3 Commercial Mortgage-Backed Securities	0	0	1,040,908	0	0	XXX	1,040,908		1,045,237		1,040,908	0
6.4 Other Loan-Backed and Structured Securities	695,344	1,804,516	0	0	0	XXX	2,499,860	2.3	0	0.0	2,499,860	0
6.5 Totals	44,017,141	15,777,908	5,942,063	0	0	XXX	65,737,112	60.3	20, 321, 913	45.4	26,078,897	39,658,215
7. Hybrid Securities					_							
7.1 Issuer Obligations	0	0	n	0	0	XXX	n .	0.0	0		0	0
7.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0			0.0	0	0
7.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0				0	0
7.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	0	0.0		0.0	0	
7.5 Totals	0	0	0	0	0	XXX	0	0.0	-		0	0
8. Parent, Subsidiaries and Affiliates	0	0	0	, , , , , , , , , , , , , , , , , , ,	0	/////		0.0	· · · · ·	0.0	· · · · ·	
8.1 Issuer Obligations	•		•		0	XXX			•	0.0		
8.2 Residential Mortgage-Backed Securities	0	0	0	0	0		0					
8.3 Commercial Mortgage-Backed Securities	0	0	0	0	0		0					U
8.4 Other Loan-Backed and Structured Securities	0	0	0	0	0		0		0		0	
		•	°	v	•	XXX	•				•	0
8.5 Totals	0	0	0	0	0	XXX	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (Continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	Iviatu	ity Distribution of	All Burlus Owner	December 31, a	t Book/Adjusted	Jarrying values L	y wajor Type and	Subtype of issu	65			
	1	2	3	4	5	6	7	8	9	10	11	12
		Over 1 Year	Over 5 Years	Over 10 Years		No Maturity		Col. 7 as a % of	Total from Col. 6	% From Col. 7	Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Date	Total Current Year	Line 10.6	Prior Year	Prior Year	Traded	Placed
9. SVO Identified Funds												
9.1 Exchange Traded Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX	0	0		XXX	XXX	0	0
9.2 Bond Mutual Funds Identified by the SVO	XXX	XXX	XXX	XXX	XXX	0	0	0.0		XXX	0	0
9.3 Totals	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10. Total Bonds Current Year												
10.1 Issuer Obligations				0	0	XXX			XXX	XXX		
10.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	 0.0	XXX	XXX	0	0
10.3 Commercial Mortgage-Backed Securities	0	0	1,040,908	0	0	XXX	1.040.908		XXX	XXX		0
10.4 Other Loan-Backed and Structured Securities				0	0	XXX	2,499,860		XXX	XXX		0
10.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	0
10.6 Totals				0	0	0			XXX	XXX		
10.7 Line 10.6 as a % of Col. 7	40.4	45.9	13.8	0.0	0.0	0.0	100.0	XXX	XXX	XXX	63.6	36.4
11. Total Bonds Prior Year												
11.1 Issuer Obligations	19,923,832	23.778.556	0	0	0	XXX	XXX	XXX	43,702,388	97.7	24,425,712	19.276.676
11.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
11.3 Commercial Mortgage-Backed Securities	0	0	1.045.237	0	0	XXX	XXX	XXX	1.045.237	2.3	1.045,237	0
11.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	XXX	XXX	0	0.0	0	0
11.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11.6 Totals	19,923,832	23,778,556	1,045,237	0	0	XXX	XXX		44.747.625	100.0	25,470,949	19,276,676
11.7 Line 11.6 as a % of Col. 9	44.5	53.1	2.3	0.0	0.0	XXX	XXX	XXX	100.0	XXX	56.9	43.1
12. Total Publicly Traded Bonds						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12.1 Issuer Obligations	7,162,667	44,708,303	13,962,412	0	0	XXX	65,833,382	60.4	24,425,712	54.6	65,833,382	XXX
12.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	0	XXX
12.3 Commercial Mortgage-Backed Securities	0	0	1.040.908	0	0	XXX	1.040,908	1.0	1.045,237	2.3	1,040,908	XXX
12.4 Commercial Mortgage-Backed Securities	695,344	1,804,516	0	0	0	XXX	2,499,860	2.3	0	0.0	2,499,860	XXX
12.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX	0	0	0.0	XXX	XXX	0	XXX
12.6 Totals	7.858.011	46,512,819	15,003,320	0	0	0	69, 374, 150	63.6		56.9		XXX
12.7 Line 12.6 as a % of Col. 7	11.3		21.6	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.8 Line 12.6 as a % of Line 10.6, Col. 7, Section 10	7.2	42.7	13.8	0.0	0.0	0.0	63.6	XXX	XXX	XXX	63.6	XXX
13. Total Privately Placed Bonds	7.2	.2.1			010			7000	7000	7000		7000
13.1 Issuer Obligations	36, 159, 920	3,498,295	0	0	0	XXX	39,658,215	36.4	19,276,676	43.1		39,658,215
13.2 Residential Mortgage-Backed Securities			0	0	0	XXX	0,000,210	0.0		0.0	XXX	
13.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.4 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	0	0.0	0	0.0	XXX	0
13.5 SVO Identified Funds	XXX	XXX	XXX	XXX	XXX		0	0.0	XXX	XXX	XXX	0
13.6 Totals	36,159,920	3,498,295	0	0	0	0	39,658,215	36.4		43.1	XXX	39,658,215
13.7 Line 13.6 as a % of Col. 7			0.0	0.0	0.0	0.0					XXX	
13.8 Line 13.6 as a % of Line 10.6, Col. 7, Section 10	33.2	3.2	0.0	0.0	0.0	0.0			XXX		XXX	
10.0 Life 10.0 as a % of Life 10.0, OUL 7, Section 10	33.2	3.2	0.0	0.0	0.0	0.0	30.4	777	~~~	777	~~~	30.4

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4 Other Short-term	5 Investments in Parent,
	Total	Bonds	Mortgage Loans	Investment Assets (a)	Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year			0	0	0
2. Cost of short-term investments acquired			0	0	0
3. Accrual of discount	0	0	0	0	0
4. Unrealized valuation increase (decrease)	0	0	0	0	0
5. Total gain (loss) on disposals	0	0	0	0	0
6. Deduct consideration received on disposals			0	0	0
7. Deduct amortization of premium	0	0	0	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0	0	0	0
9. Deduct current year's other than temporary impairment recognized	0	0	0	0	0
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	790		0	0	0
11. Deduct total nonadmitted amounts	0	0	0	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	790	790	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards **NONE**

Schedule DB - Part B - Verification - Futures Contracts

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open **NONE**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open **NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) SCHEDULE E - VERIFICATION BETWEEN YEARS

	(Cash Equivalent	1	2	3
		Total	Bonds	Other (a)
1.	Book/adjusted carrying value, December 31 of prior year			
2.	Cost of cash equivalents acquired			
3.	Accrual of discount			
4.	Unrealized valuation increase (decrease)	0	0	
5.	Total gain (loss) on disposals	(44)	(44)	
6.	Deduct consideration received on disposals	604,814,635	604,814,635	
7.	Deduct amortization of premium	0	0	
8.	Total foreign exchange change in book/adjusted carrying value	0	0	
9.	Deduct current year's other than temporary impairment recognized	0	0	
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)			
11.	Deduct total nonadmitted amounts	0	0	
12.	Statement value at end of current period (Line 10 minus Line 11)	43,321,797	43,321,797	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule A - Part 1 - Real Estate Owned

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Schedule A - Part 2 - Real Estate Acquired and Additions Made **NONE**

Schedule A - Part 3 - Real Estate Disposed

Schedule B - Part 1 - Mortgage Loans Owned **NONE**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made **NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid **NONE**

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned **NONE**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made **NONE**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid **NONE**

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

					-	-		Ig-Term BUND		-										
1	2		des	6	1		air Value	10	11		in Book/Adj						nterest		Da	
		3 4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
						1.1							Total							
												a mentionenses	Foreign							
		F										Current	Exchange							
		0										Year's	Change							
		r				Rate					Current	Other-	in							
		Ce				Used to			Book/	Unrealized	Year's	Than-	Book/				Admitted			Stated
						Obtain			Adjusted	Valuation	(Amor-				Effective		Amount	Amount		Contractual
OLIGID			Dand	NIAIO	Actual		Fair	Der				Temporary	Adjusted	Dete		Mhan				
CUSIP		d g	Bond	NAIC	Actual	Fair	Fair	Par	Carrying	Increase/	tization)	Impairment	Carrying	Rate	Rate	When	Due and	Received		Maturity
Identification	Description	e n	Char	Des.	Cost	Value	Value	Value	Value	(Decrease)	Accretion	Recognized	Value	of	of	Paid	Accrued	During Year	Acquired	Date
3134G9-KW-6	FED HOME LN NTGE CORP UNSECURED		2		4,929,360		4,930,240	5,000,000	4,929,425	0	65		0	1.350	1.350	MN				11/26/2019
912828-28-5	US TREASURY NOTE/BOND			·						0			0	0.750	0.884	FA				
912828-K2-5 912828-L4-0	US TREASURY NOTE/BOND US TREASURY NOTE/BOND	SD	···	·	4,948,440		4,984,120	<u>5,000,000</u> 10,000,000	4,970,866 9,950,791	0		·0		0.750	1.105				04/30/2015 09/09/2015	04/15/2018
912828-L4-0 912828-L8-1	US TREASURY NOTE/BOND			·			9,977,280 							1.000	1.200				10/29/2015	09/15/2018 10/15/2018
912828-XA-3	US TREASURY NOTE/BOND			1										1.000	1.185					
	US TREASURY NOTE/BOND			1	1,342,829			1,350,000	1,345,833	0	2,996		0	1.000		MN	1,753	13,500	06/08/2015	
	ototal - Bonds - U.S. Governments - Issu	or Obligati	one	· · · · · · · · · · · · · · · · · · ·	32, 151, 630	XXX	32,300,317	32,500,000	32,236,281	0	85,910	114,513	0	XXX	XXX	XXX	70,070	252,500	XXX	XXX
		iei Obligati	0115			XXX				•			· ·	XXX	XXX	XXX			XXX	XXX
	al - U.S. Government Bonds			1FF	32,151,630	98 1590	32,300,317	32,500,000	32,236,281	0	85,910	114,513	0	1 375		777	70,070 8 326	252,500	09/06/2016	09/12/2019
	KORFA DEV BANK SR UNSFOLRED	laguer Obl	lineticas	_ ⊪+	1,996,600		1,963,182		1,996,925	0	325							0		
	ototal - Bonds - All Other Governments -	issuer Ob	ligations		1,996,600	XXX	1,963,182	2,000,000	1,996,925	0	325	0	0	XXX	XXX	XXX	8,326	0	XXX	XXX
	al - All Other Government Bonds				1,996,600	XXX	1,963,182	2,000,000	1,996,925	0	325		0	XXX	XXX	XXX	8,326	0	XXX	XXX
1799999. Tot	al - U.S. States, Territories and Possess	ions Bond	S		0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
283734-WB-3	EL PASO TEX REF SER A			1FE	1,373,294	. 116.3980	1,390,956	1,195,000	1,371,633	0	(1,661)	0	0	5.000	2.830	FA		0	11/29/2016	08/15/2025
	FLORIDA ST BRD OF EDUCATION REF CAPITAL OUTLAY SE	R									-									
34153Q-DQ-6	C			1FE	7,700,708	119. 6820	7,731,457			0	(11,083)	۵	۵	5.000	2.480	JD		0	11/28/2016	06/01/2025
1899999. Sul	ototal - Bonds - U.S. Political Subdivision	ns - Issuer	Obligation	าร	9,074,002	XXX	9, 122, 413	7,655,000	9,061,257	0	(12,744)	0	0	XXX	XXX	XXX	49,489	0	XXX	XXX
2499999 Tot	al - U.S. Political Subdivisions Bonds				9.074.002	XXX	9,122,413	7,655,000	9,061,257	0	(12,744)	0	0	XXX	XXX	XXX	49,489	0	XXX	XXX
	al - U.S. Special Revenues Bonds				0,011,002	XXX	0,122,110	1,000,000	0,001,201	0	0		0	XXX	XXX	XXX	0	0	XXX	XXX
00507V-AG-4	ACTIVISION BLIZZARD SR UNSECURED		2	2FF		97.4930	974,927	1,000,000	998,828	ő	49		0	2.300	2.326	MS	6,517	0	09/14/2016	09/15/2021
035242-AJ-5	ANHEUSER-BUSCH INBEV FIN SR UNSECURED		2		1.000.690	100,4590		1,000,000		0		0	0			FA				
14042R-BS-9	CAPITAL ONE NA SR UNSECURED		2	2FE				1,000,000	.999.963	Õ	(7)	õ		1.850	1.851	MS				
20826F-AD-8	CONOCOPHILLIPS COMPANY SR UNSECURED		2	1FE	1,759,240		1,985,994	2,000,000	1,779,270	0	20,030	0	0	3.350	5.067		8,561		02/04/2016	11/15/2024
24422E-TJ-8	DEERE JOHN CAP CORP SR UNSECURED			1FE	1,496,970		1,472,564	1,500,000	1,497,262	0		0	0	1.250	1.317	AO		0		10/09/2019
26875P-AL-5	EOG RESOURCES INC SR UNSECURED		2	2FE		100.0860	1,000,858	1,000,000		0	5,586	0	0	2.450	3.144	AO			01/29/2016	04/01/2020
31677Q-BG-3	FIFTH THIRD BANCORP SR UNSECURED		2	1FE				1,000,000		0	73	۵	D	2.250		JD		11,250		06/14/2021
38145G-AG-5	GOLDMAN SACHS GROUP INC SR UNSECURED		2		1,502,670		1,455,921	1,500,000	1,502,481	0	(189)	0	0	2.350	2.304			0	09/22/2016	11/15/2021
637071-AJ-0	NATIONAL OILWELL INC SR UNSECURED		2	2FE	1,106,963		1, 157,085	1,250,000	1,123,388	0		0	0	2.600	4.573				02/03/2016	12/01/2022
68389X-BK-0	ORACLE CORP SR UNSECURED		2	1FE				1,000,000		0	151	0	0	1.900	1.935			0		09/15/2021
91159H-HL-7	US BANCORP SR UNSECURED					100.1480				<u>0</u>		<u>0</u>	<u>0</u>	2.350	2.353				01/26/2016	01/29/2021
91159H-HM-5 00913R-AA-4	US BANCORP SUBORDINATED	n	···· 🖌		1,998,460 1,500,705		1,944,276 1,474,548	2,000,000	1,998,497 1,500,637	0			0	3. 100 1. 375	3.109			31, 172	04/21/2016 	04/27/2026 09/27/2019
82481L-AA-7	SHIRE ACQ INV IRELAND DA SR UNSECURED				1,500,705		1,474,548		1,998,501					1.3/5	1.928					
8248 IL-AA-7 82620K-AH-6	Shire add, inv. Theland da sh unsecured Siemens financieringsmat sr unsecured												U	1.300	1.928			0		
	ototal - Bonds - Industrial and Miscellane	oue /Line#	filiated)									·					020, د	0		
	ligations	ous (Undi	mateu) - I	33001	18,832,088	xxx	18,878,056	19,250,000	18,874,547	0	42,460			xxx	xxx	xxx	101,326	185,989	xxx	XXX
00		_		-	18,832,088	~~~	18,8/8,000	19,200,000	18,8/4,94/	U	42,400	U	U	~~~	~~~	~~~	101,320	189,989	~~~	~~~
12635F-AT-1	CSAIL COMMERCIAL MORTGAGE TR SERIES 2015-C3 CLASS	11	4	1FM		. 104. 1350					(4.330)		0	3,718		MON			10/28/2015	
	atotal Panda Industrial and Missellana		filiatod)	(FML		104. 1000			1,040,908	U	(4,000)	·	u		ð. 10ð	mA11	00, 100.		10/ 20/ 2010	
	ototal - Bonds - Industrial and Miscellane	ous (onan	mateu) -			VAV				_		-		VVV	VVV	VVV			VIA	N/N/
	mmercial Mortgage-Backed Securities				1,045,938		1,041,350	1,000,000	1,040,908	0	(4,330)	0	0	XXX	XXX	XXX	3,100	37, 181	XXX	XXX
	CITIBANK CREDIT CARD ISS TR SER 2016-A1 CLASS A1 .			1FE	2,499,866		2,487,641	2,500,000		0	(6)	0	0	1.750	1.753	MN	2,795	0	11/29/2016	11/19/2021
	ototal - Bonds - Industrial and Miscellane	eous (Unaff	tiliated) - (Other																
	an-Backed and Structured Securities				2,499,866	XXX	2,487,641	2,500,000	2,499,860	0	(6)	0	0	XXX	XXX	XXX	2,795	0	XXX	XXX
3899999. Tot	al - Industrial and Miscellaneous (Unaffil	iated) Bon	ds		22,377,892	XXX	22,407,047	22,750,000	22,415,315	0	38, 124	0	0	XXX	XXX	XXX	107,221	223,170	XXX	XXX
	al - Hybrid Securities	1 - 200			0	XXX	0	0	0	0	0		0	XXX	XXX	XXX	0	0	XXX	XXX
	al - Parent, Subsidiaries and Affiliates Bo	onds			0	XXX	0	0	0	0	0	-	0	XXX	XXX	XXX	0	0	XXX	XXX
		onua			0	XXX	0	0	0	0	0	-	0	XXX	XXX	XXX	0	0	XXX	XXX
	ototal - SVO Identified Funds				0			0	0	0	-	-	•					0		
	al - Issuer Obligations				62,054,320	XXX	62,263,968	61,405,000	62, 169,010	0	115,951	114,513	0	XXX	XXX	XXX	229,211	438,489	XXX	XXX
	al - Residential Mortgage-Backed Securi				0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
7999999. Tot	al - Commercial Mortgage-Backed Secu	irities			1,045,938	XXX	1,041,350	1,000,000	1,040,908	0	(4,330)	0	0	XXX	XXX	XXX	3,100	37, 181	XXX	XXX
	al - Other Loan-Backed and Structured S				2,499,866	XXX	2,487,641	2,500,000	2,499,860	0	(6)	0	0	XXX	XXX	XXX	2,795	0	XXX	XXX
50000001100					2, 100,000		2, 101, 011	2,000,000	21.00,000		(0)						2,100			

SCHEDULE D - PART 1

Showing All Long-Term BONDS Owned December 31 of Current Year

1	2		Code	es	6	7	F	air Value	10	11	Change	in Book/Adj	usted Carryin	g Value			l	nterest		Da	tes
		3	4	5	2 3303-		8	9		1000	12	13	14	15	16	17	18	19	20	21	22
			255					100100				0.000	1000.0	Total	11-122011	102525	0.04.045	14010	19972222	1200-0040	10200-000-
			0.2											Foreign							
			F										Current	Exchange							
			0				-						Year's	Change							
		_	r				Rate					Current	Other-	in							
		С	e				Used to			Book/	Unrealized	Year's	_ Than-	Book/				Admitted			Stated
		0	i				Obtain		-	Adjusted	Valuation		Temporary	Adjusted		Effective		Amount	Amount		Contractual
CUSIP		d	g	Bond	NAIC	Actual	Fair	Fair	Par	Carrying	Increase/		Impairment	Carrying	Rate	Rate	When	Due and	Received		Maturity
Identification	Description	e	n	Char	Des.	Cost	Value	Value	Value	Value	(Decrease)	Accretion	Recognized	Value	of	to	Paid	Accrued	During Year	Acquired	Date
	al - SVO Identified Funds					0	XXX	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0	XXX	XXX
8399999 - To	tal Bonds					65,600,124	XXX	65,792,959	64,905,000	65,709,778	0	111,615	114,513	0	XXX	XXX	XXX	235,106	475,670	XXX	XXX

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned NONE

Schedule D - Part 2 - Section 2 - Common Stocks Owned NONE

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1	2	3	4	5	6	7	8	9 Paid for Accrued
CUSIP			Date		Number of Shares			Interest and
Identification	Description	Foreign	Acquired	Name of Vendor	of Stock	Actual Cost	Par Value	Dividends
3134G9-KW-6	FED HOME LN MTGE CORP UNSECURED 1.350% 11/26/19			JEFFRIES		5,000,000	5,000,000	.0
912828-28-5	US TREASURY NOTE/BOND 0.750% 08/15/19			Evercore Group LLC	to do a con (general on other to project (general activity) a			
0599999. Subt	otal - Bonds - U.S. Governments					8,486,328	8,500,000	1,213
	KOREA DEV BANK SR UNSECURED 1.375% 09/12/19	D		CHASE SECURITIES				0
1099999. Subt	otal - Bonds - All Other Governments					1,996,600	2,000,000	0
	EL PASO TEX REF SER A 5.000% 08/15/25		11/29/2016	CHASE SECURITIES			1, 195,000	
	FLORIDA ST BRD OF EDUCATION REF CAPITAL OUTLAY SER C 5.000% 06/01/25		11/28/2016	MERRILL LYNCH-MUNI				0
2499999. Subt	otal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					9,074,002	7,655,000	17,759
	ACTIVISION BLIZZARD SR UNSECURED 2.300% 09/15/21			BANC AMERICA			1,000,000	
035242-AJ-5	ANHEUSER-BUSCH INBEV FIN SR UNSECURED 2.650% 02/01/21		01/27/2016	CITIGROUP			1,000,000	
14042R-BS-9	CAPITAL ONE NA SR UNSECURED 1.850% 09/13/19		09/08/2016	CHASE SECURITIES			1,000,000	0
	CITIBANK CREDIT CARD ISS TR SER 2016-A1 CLASS A1 1.750% 11/19/21			CITIGROUP			2,500,000	0
	CONOCOPHILLIPS COMPANY SR UNSECURED 3.350% 11/15/24		02/04/2016	CHASE SECRITIES				
	DEERE JOHN CAP CORP SR UNSECURED 1.250% 10/09/19		09/06/2016	DEUTSCHE BANK			1,500,000	0 8,303
	EOG RESOURCES INC SR UNSECURED 2.450% 04/01/20 FIFTH THIRD BANCORP SR UNSECURED 2.250% 06/14/21		01/29/2016 	WACHOVIA				
	GOLDMAN SACHS GROUP INC SR UNSECURED 2.250% 05/14/21			DEDISCHE BANK				0
	GULLMAN SACHS GHOUP INC SH UNSECURED 2.300% 11/15/21			DEUTSCHE BANK		1, 106, 963		6.049
	ORACLE CORP SR UNSECURED 1.900% 09/15/21		06/29/2016	CHASE SECRITIES		998,260	1,000,000	
	US BANCORP SR UNSECURED 2.350% 01/29/21		01/26/2016	LIS BANXORP		499 930	500,000	
	US BANCORP SUBORDINATED 3, 100% 04/27/26			US BANCORP		1.998.460	.2,000,000	0
	AIR LIQUIDE FINANCE SR UNSECURED 1.375% 09/27/19	D	09/23/2016	HSBC SEC INC		1,500,705	1,500,000	57
	SHIRE ACQ. INV. IRELAND DA SR. UNSECURED 1.900% 09/23/19	D		BARCLAY INVESTMENTS		1,998,380	2,000,000	0
	SIEMENS FINANCIERINGSMAT SR UNSECUPED 1.300% 09/13/19	D		GOLDMAN SACHS & CO			1,000,000	
3899999. Subt	otal - Bonds - Industrial and Miscellaneous (Unaffiliated)			•		21,331,953	21,750,000	30,484
8399997, Tota	- Bonds - Part 3					40,888,883	39,905,000	49,456
8399998, Tota	- Bonds - Part 5					33.061.872	32, 110,000	24,573
8399999. Tota	- Bonds					73,950,755	72,015,000	74,029
8999997. Tota	- Preferred Stocks - Part 3					0	XXX	0
8999998. Tota	- Preferred Stocks - Part 5					0	XXX	0
	- Preferred Stocks					0	XXX	0
	- Common Stocks - Part 3					0	XXX	0
9799998. Tota	- Common Stocks - Part 5					0	XXX	0
9799999. Tota	- Common Stocks					0	XXX	0
9899999. Tota	- Preferred and Common Stocks					0	XXX	0
9999999 - Tota	ls					73,950,755	XXX	74,029

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

					Crietning / ur L		ondo una ore						ing ourient							
1	2	3	4	5	6	7	8	9	10		Change In Bo		Carrying Value		16	17	18	19	20	21
										11	12	13	14	15						
										121701		Percent of	02:03	Total						
												Current	Total	Foreign					Bond	
												Year's	Change in	Exchange	Book/				Interest/	
									Prior Year		Current	Other-		Change in	Adjusted	Foreign			Stock	Stated
									Book/	Unrealized	Year's	Than-	Adjusted	Book/	Carrying	Exchange			Dividends	Con-
CUSIP					Number of				Adjusted	Valuation	(Amor-	Temporary	Carrying	Adjusted	Value at	Gain	Realized	Total Gain	Received	tractual
Identi-		For-	Disposal	Name	Shares of	Con-			Carrying	Increase/	tization)/	Impairment	Value	Carrying	Disposal		Gain (Loss)	(Loss) on	During	Maturity
fication		eign		of Purchaser	Stock	sideration	Par Value	Actual Cost	Value	Decrease		Recognized		Value	Date	Disposal	on Disposal	Disposal	Year	Date
	US TREASURY NOTE/BOND 0.500% 08/31/16		08/31/2016		otoon		650,000	636,289		0	4.746	0	4.746	0	650,000	0	0	0		
	Subtotal - Bonds - U.S. Governments					650,000	650,000	636,289	645,254	0	4,746	0	4,746	0	650,000	0	0	0	3,250	
	otal - Bonds - Part 4					650,000	650,000	636,289	645,254		4,746	0	4,746	0	650,000	0	0	0	3,250	
	otal - Bonds - Part 5					32,847,631	32,110,000	33,061,872	0.0,201	0	(242,209)	0	(242,209)	0	32,819,663	0	27,968	27,968	402,544	
	otal - Bonds					33,497,631	32,760,000	33,698,161	645,254	0	(237,463)		(237,463)	0	33,469,663	0	27,968		405,794	XXX
	otal - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
	otal - Preferred Stocks - Part 5					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
8999999. T	otal - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799997. T	otal - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799998. T	otal - Common Stocks - Part 5					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9799999. T	otal - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
9899999. T	otal - Preferred and Common Stock	S				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX
										†		t	†		†		t	l		1
													1		1		1	1		1
											[_	_		_		I			
										.		+				·	+			
																	+			
9999999 -	Totals				•••••••••••••••••••••••••••••••••••••••	33,497,631	XXX	33,698,161	645.254	0	(237,463)	0	(237,463)	0	33,469,663	0	27.968	27.968	405,794	XXX

SCHEDULE D - PART 5

Showing All Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

				0	noming / in	Long-Term Bonds	and otoons				-									
1	2	3	4	5	6	7	8	9	10	11		hange in Bo	ok/Adjusted C	Carrying Value	e	17	18	19	20	21
		1000							110%		12	13	14	15	16	- 1111		0201202		
											-16036	1.22.2011	659522	19712144	Total					
													Current	Total	Foreign					
							Par Value						Year's	Change in					Interest	
							(Bonds)			Book/		Current	Other-		Change in	Foreign			and	Paid for
							(Burius)				Unrealized		Than-				Dealized		Dividends	Accrued
							or			Adjusted	Unrealized	Year's		Adjusted	Book/	Exchange	Realized	T		
CUSIP		_	_				Number of			Carrying	Valuation	(Amort-	Temporary	Carrying	Adjusted	Gain	Gain	Total Gain	Received	Interest
Identi-		For-	Date		Disposal	Name of	Shares		Consid-	Value at	Increase/	ization)/	Impairment	Valu (12 +	Carrying	(Loss) on	(Loss) on	(Loss) on	During	and
fication			Acquired	Name of Vendor	Date	Purchaser	(Stock)	Actual Cost	eration	Disposal	(Decrease)	Accretion	Recognized	13 - 14)	Value	Disposal	Disposal	Disposal	Year	Dividends
	US TREASURY NOTE/BOND 1.625% 02/15/26																			
912828-P4-6			04/26/2016	Evercore Group LLC	05/11/2016	JEFFRIES	<u>5,000,000</u>		<u>4,954,688</u>	4,871,585	0	<u>491</u>	0	491	0	0				<u>1</u> 6,071
0599999. S	ubtotal - Bonds - U.S. Governme	nts		-			5,000,000	4,871,094	4,954,688	4,871,585	0	491	0	491	0	0	83,103	83,103	19,420	16,071
	ILLINOIS STATE GENERAL OBLIGATION UNLTD										_									-
	5.000% 06/01/17			MERRILL LYNCH-MUNI	11/03/2016	Various		22,739,420	, ,		0	(230,388)	0	(230,388)	0	0				0
	Subtotal - Bonds - U.S. States, Ter	rritorie	es and Poss	essions			22,000,000	22,739,420	22,466,690	22,509,032	0	(230, 388)	0	(230,388)	0	0	(42,342)	(42,342)	316,944	0
	JPMBB COMMERCIAL MORTGAGE SERIES-2014-																			
	C26 CLASS A4 3.494% 01/15/48		06/15/2016	CHASE SECURITIES	10/17/2016	CHASE SECURITIES	4,610,000	4,951,428	4,916,853	4,939,119	0	(12,309)	0	(12,309)	0	0	(22,266)	(22,266)		8,502
	US BANCORP SR UNSECURED 2.350%		01/00/0010	10.00000	05 (05 (0010		500,000	400,000	500 400	100,007		(0)		(0)			0.470	0.470	0.000	
91159H-HL-7			01/26/2016			BARCLAY INVESTMENTS						(3)	y	(3)						
	Subtotal - Bonds - Industrial and M	liscella	aneous (Un	affiliated)			5,110,000	5,451,358	5,426,253	5,139,046	0	(12,312)		(12,312)	0	0	(12,793)		66,180	8,502
	otal - Bonds						32,110,000	33,061,872	32,847,631	32,819,663	0	(242,209)	0	(242,209)	0	0	27,968	27,968	402,544	24,573
	otal - Preferred Stocks							0	0	0	0	0	0	0	0	0	0	0	0	0
9799998. T	otal - Common Stocks							0	0	0	0	0	0	0	0	0	0	0	0	0
9899999. T	otal - Preferred and Common Sto	ocks						0	0	0	0	0	0	0	0	0	0	0	0	0
																 	+			
								+									+			
					<u> </u>			ŧ			†				<u> </u>	†	+			
					·			t			<u>†</u>	 			l	t	t			
								t			t	.			t	t	†			
					[[1			1	l	l		1	1	1			
								1								1	1			
9999999 -	Totals							33,061,872	32,847,631	32,819,663	0	(242,209)	0	(242,209)	0	0	27,968	27.968	402,544	24,573
0000000								00,001,012	32,047,001	32,010,000		(242,200)		(242,200)	•		21,000	21,000	102,011	24,010

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

ΝΟΝΕ

Schedule D - Part 6 - Section 2 NONE

SCHEDULE DA - PART 1

Showing All SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	2	Co	des	5	6	7	8		in Book/Adj	usted Carryin		13	14			Inter	est			21
		3	4		8	100	100	9	10	11	12		16 Au	15	16	17	18	19	20	~~
		220652						211241	1.000		Total			1000		527-52%	1.000		1.10.2763-2	,)
										Current	Foreign			Amount Due						,)
										Year's	Exchange			and Accrued						, J
									Current	Other-	Change in			Dec. 31 of						,)
							Book/	Unrealized	Year's	Than-	Book/			Current	Non-				Amount	1 1
CUSIP			_				Adjusted	Valuation	(Amor-	Temporary	Adjusted			Year on	Admitted	_	Effective		Received	Paid for
Identi-			For-	Date		Maturity	Carrying	Increase/	tization)/	Impairment	Carrying	D 1/1		Bonds not	Due and	Rate	Rate	When	During	Accrued
fication	Description	Code	eign	Acquired	Name of Vendor	Date	Value	(Decrease)	Accretion	Recognized	Value	Par Value	Actual Cost	in Default	Accrued	of	of	Paid	Year	Interest
	otal - U.S. Government Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - All Other Government Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - U.S. States, Territories and Po		ns Bonds				0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - U.S. Political Subdivisions Bon	ds					0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - U.S. Special Revenues Bonds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - Industrial and Miscellaneous (U	Inaffiliate	ed) Bond	s			0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - Hybrid Securities						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - Parent, Subsidiaries and Affilia	tes Bond	ds				0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	Subtotal - SVO Identified Funds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - Issuer Obligations						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - Residential Mortgage-Backed S						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - Commercial Mortgage-Backed						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - Other Loan-Backed and Struct	ured Sec	curities				0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - SVO Identified Funds						0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
8399999. T							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
	otal - Parent, Subsidiaries and Affilia	tes					0	0	0	0	0	XXX	0	0	0	XXX	XXX	XXX	0	0
	FEDERATED INVESTORS INC TREASURY OBLIGATION					xxx														
				12/29/2016		XXX		0	0	0	0			0	0	0.000	0.226			
8899999. 5	ubtotal - Exempt Money Market Mutu	ai Funds	s - as ide	entified by th			790	0	0	0	0	XXX	790	0	0	XXX	XXX	XXX	5	0
			· [†		†			t			t	t			
								_		1			_				1			
9199999 -	Totals						790	0	0	0	0	XXX	790	0	0	XXX	XXX	XXX	5	0

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open **NONE**

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated **NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made **NONE**

Schedule DB - Part B - Section 2 - Futures Contracts Terminated **NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By **NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To **NONE**

> Schedule DL - Part 1 - Reinvested Collateral Assets Owned NONE

> Schedule DL - Part 2 - Reinvested Collateral Assets Owned **NONE**

1	2	3	4	5	6	7
	10.76		Amount of Interest	Amount of Interest		
		Rate of		Accrued December 31		
Depository	Code	Interest	Year	of Current Year	Balance	*
ank of America New York, NY		0.000	0	0		XXX
0199998 Deposits in 0 depositories which do not exceed the allowable limit in any one depository (See instructions) - open depositories	XXX	xxx	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	1,884,728	XXX
0299998 Deposits in 0 depositories which do not exceed the allowable limit in any one depository (See instructions) - suspended depositories	xxx	xxx	0	0	0	xxx
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	1,884,728	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	XXX
						+
				<u>+</u>		t
0599999 Total - Cash	XXX	XXX	0	0	1,884,728	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1.	January	(1,893,431)	4.	ApriL	(1,495,807)	7.	July		10.	October	(1,109,744)
2.	February	(1,844,896)	5.	May	(1,556,634)	8.	August	1,798,356	11.	November	
3.	March	(973,979)	6.	June	(584,390)	9.	September	16,503,377	12.	December	1,884,728

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
0599999. Total - U.S. Government Bonds	0000	Date Hogenou		Maturity Date	ourrying value	0	0
109999. Total - All Other Government Bonds					0	0	0
1799999. Total - U.S. States, Territories and Possessions Bonds					0	0	0
249999. Total - U.S. Political Subdivisions Bonds					0	0	0
319999, Total - U.S. Soecial Revenues Bonds					0	0	0
AG CAPITAL OPP OF 4(2) 144		12/09/2016	1.030	01/11/2017	1,999,427	0	
MEELCAN WATEL CAP CODE OF 4(2) 144A		12/07/2016			2,297,483	0	
ARIZONA PUBLIC SERVICE CP 3 (a) 3			0.820		1,599,927	õ	
BENIS CO CP 4(2) 144A		12/30/2016	0.950	01/06/2017	2,499,670	٥	132
CBS CORPORATION CP 4 (2) 144A			1.000	01/24/2017		0	
CONSOL IDATED EDISON INC CP 4(2) 1444			0.930	01/17/2017		٥	
CONSULERS EVERGY CO CP 4(2) 144A			1.110	01/04/2017		<u>0</u>	
DTE EHERGY COMPANY OP 4(2) 144A			0.800 0.950	01/13/2017 01/03/2017	1,999,467 	0	
DOLLAR GENERAL CORP OP 4(2) 144A						U	
udini vil resources inc vr ++2							
HASBRO INC (P 4(2) 144A		12/30/2016	0.850	01/03/2017	2,500,882	0	118
HP ENTERPRISE CORP OP 4(2) 144A		12/21/2016	1, 150	01/20/2017	2,499,482	0	878
ITT INC 0° 4(2) 1444				01/11/2017		۵	
NETAPP INC OP 4(2) 1444			1.050	01/12/2017		۵	1,108
NETAPP INC OP 4(2) 144A		12/14/2016	1.070	01/12/2017		0	
NISOLAGE FINANCE CORP OP 4(2) 1444		11/17/2016	1.000	01/04/2017		0	
NORTHERN STATES PR (P 4(2) 144A			0.920	01/06/2017 01/12/2017		0	
		12/29/2016	0.950	01/12/2017			
PACIFICOPP OP 3(a)3		12/13/2016	1 100	01/17/2017		U	
VALSPAR CORP OP 4(2)		12/14/2016					
TXOLINT HOLDING SAFL OF 4(2) 144A		12/30/2016			1,999,900		
3299999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					43.321.797	0	12,350
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds					43.321.797	0	12,350
4899999. Total - Hybrid Securities					0	0	0
5599999. Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
6099999. Subtotal - SVO Identified Funds					0	0	0
7799999. Total - Issuer Obligations					0 001 707	0	12.350
					43,321,797	0	12,350
7899999. Total - Residential Mortgage-Backed Securities					0	0	0
7999999. Total - Commercial Mortgage-Backed Securities					0	0	0
8099999. Total - Other Loan-Backed and Structured Securities					0	0	0
8199999. Total - SVO Identified Funds					0	0	0
8399999. Total Bonds					43,321,797	0	12,350
8699999 - Total Cash Equivalents					43,321,797	0	12,350

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) SCHEDULE E - PART 3 - SPECIAL DEPOSITS

		1	2		s For the	All Other Spe	cial Deposits
	States, Etc.	Type of Deposit	Purpose of Deposit	3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1.	AlabamaAL		·	0	0	0	0
2.	Alaska			0	0	0	0
3.	ArizonaAZ			0	0	0	0
4.	ArkansasAR			0	0	0	0
5.	CaliforniaCA			0	0	0	00
6.	ColoradoCO			0	0	0	0
7.	ConnecticutCT			0	0	0	0
8.	DelawareDE			0	0	0	0
9.	District of ColumbiaDC			0	0	0	0
10.	Florida			0	0	0	0
11.	GeorgiaGA			0	0	0	0
12.	HawaiiHI			0 0	0 0	0	0
13.	IdahoID			0 0	0	0	0
14.	IllinoisJL Indiana IN			0	0	0 0	0
15.				0	0	0	0
16. 17	lowaIA KansasKS			0 0	0	0 0	0
17. 18.	KansasKS KentuckyKY			0	0	0	0
18. 19.	LouisianaLA			0	0	0	U
19. 20.	MaineME			0	0	0	0 0
20.	MarylandMD			0	0	0	0
21.	MassachusettsMA			0	0	0	0
22.	MichiganMI			0	0	0	0
24.	MinnesotaMN			0	0	0	0
25.	MississippiMS			0	0	0	0
26.	Missouri			0	0	0	0
27.	MontanaMT			0	0	0	0
28.	NebraskaNE			0	0	0	0
29.	NevadaNV			0	0	<u>0</u>	0
30.	New HampshireNH			0	0	0	0
31.	New JerseyNJ	В	RSD by INS CODE NJAC 11:24-11.4			0	0
32.	New MexicoNM			0	0	0	0
33.	New YorkNY			0	0	0	0
34.	North CarolinaNC			0	0	0	0
35.	North DakotaND			0	0	0	0
36.	OhioOH			0	0	0	0
37.	OklahomaOK			0	0	0	0
38.	OregonOR			0	0	0	0
39.	PennsylvaniaPA			0	0	0	0
40.	Rhode IslandRI			0	0	0	0
41.	South CarolinaSC			0	0	<u>0</u>	0
42.	South DakotaSD			0	0	0	0
43.	TennesseeTN			0	0	0	0
44.	TexasTX			0	0	0	0
45.	UtahUT			0	0	0	0
46.	VermontVT			0	0	0	0
47.	VirginiaVA			0	0	0	0
48.	WashingtonWA			0	0	0	0
49.	West VirginiaWV WisconsinWI			0	0 0	0	0
50.				0	0	0 0	0
51.				0 0	0	0	0
52.				0 0	0	0 0	
53. 54.	GuamGU Puerto RicoPR			0	0	0	0
54. 55.	U.S. Virgin IslandsVI	[0	0	0	
56.	Northern Mariana IslandsMP			0	0	0	0
57.	CanadaCAN				0		0
58.	Aggregate Alien and OtherOT	XXX	XXX	0	0	0	0
	Subtotal	XXX	XXX	17,545,935	17,591,824	0	0
	DETAILS OF WRITE-INS					, j	Ū
5801.							
5802.		Γ					
5803.		[
	Summary of remaining write-ins for	İ					
	Line 58 from overflow page	XXX	XXX	0	0	0	0
5899.	Totals (Lines 5801 thru 5803 plus			_	~		~
	5898)(Line 58 above)	XXX	XXX	0	0	0	0

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	
Exhibit 1 - Enrollment By Product Type for Health Business Only	
Exhibit 2 - Accident and Health Premiums Due and Unpaid	
Exhibit 3 - Health Care Receivables	
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates Exhibit 7 - Part 1 - Summary of Transactions With Providers	
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	
Exhibit 8 - Furniture, Equipment and Supplies Owned	
Exhibit of Capital Gains (Losses)	
Exhibit of Net Investment Income	
Exhibit of Nonadmitted Assets	
Exhibit of Premiums, Enrollment and Utilization (State Page)	
Five-Year Historical Data	
General Interrogatories	
Jurat Page	1
Liabilities, Capital and Surplus	
Notes To Financial Statements	
Overflow Page For Write-ins	
Schedule A - Part 1	
Schedule A - Part 2	
Schedule A - Part 3	
Schedule A - Verification Between Years	
Schedule B - Part 1	
Schedule B - Part 2	
Schedule B - Verification Between Years	
Schedule BA - Part 1	
Schedule BA - Part 2	
Schedule BA - Part 3	
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	
Schedule D - Part 2 - Section 1	
Schedule D - Part 2 - Section 2	
Schedule D - Part 3	
Schedule D - Part 4	
Schedule D - Part 5	
Schedule D - Part 6 - Section 1 Schedule D - Part 6 - Section 2	
Schedule D - Fait 0 - Section 2	
Schedule D - Verification Between Years	
Schedule DA - Part 1	
Schedule DA - Verification Between Years	
Schedule DB - Part A - Section 1	
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	
Schedule DB - Part B - Verification Between Years	
Schedule DB - Part C - Section 1	
Schedule DB - Part C - Section 2	
Schedule DB - Part D - Section 1	
Schedule DB - Part D - Section 2	
Schedule DB - Verification	
Schedule DL - Part 1	
Schedule DL - Part 2	
Schedule E - Part 2 - Cash Equivalents	
Schedule E - Part 2 - Cash Equivalents	
Schedule E - Verification Between Years	

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	
Schedule S - Part 4	
Schedule S - Part 5	35
Schedule S - Part 6	
Schedule S - Part 7	
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	
Underwriting and Investment Exhibit - Part 2	
Underwriting and Investment Exhibit - Part 2A	
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	
Underwriting and Investment Exhibit - Part 3	14



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

Ae	tna Be	tter Hea	ith Inc. (a New Jer	sey	corporation)
NAIC G	roup Code	0001 0001 (Current) (Prior)	NAIC Company (Code <u>15611</u> Emp	oloyer's l	D Number46-3203088
Organized under the Laws of				_, State of Domicile or F	Port of E	intryNJ
Country of Domicile			United Sta	tes of America		
Licensed as business type:			Health Mainten	ance Organization		
Is HMO Federally Qualified? Y	es[]No[X]				
Incorporated/Organized		05/01/2013		Commenced Busi	iness _	01/01/2015
Statutory Home Office	3 Inde	pendence Way, Su	ite 400			Princeton , NJ, US 08540
	(Street and Number)		(City o	r Town, State, Country and Zip Code)
Main Administrative Office				ce Way, Suite 400 Ind Number)		
	Princeton , NJ, U	JS 08540 ntry and Zip Code)			(4	855-232-3596 Area Code) (Telephone Number)
					v	Blue Beli , PA, US
Mail Address		Meeting Road, U2 Number or P.O. Bo		······································	(City o	r Town, State, Country and Zip Code)
Primary Location of Books and	Records			ce Way, Suite 400		
	Princeton , NJ, U	JS 08540	(Street a	nd Number)		855-232-3596
(City or T	own, State, Cou	ntry and Zip Code)			(/	Area Code) (Telephone Number)
Internet Website Address			www.	aetna.com		
Statutory Statement Contact						215-775-6508 (Area Code) (Telephone Number)
Aetr	a.HMOReporting		e)	1		860-262-7767
	(E-mail Add	ress)				(FAX Number)
Chief Executive Officer and			OFF	FICERS Principal Financial C	Officer	
President		Laurie Ann Brubaki	er#	and Con	troiler	Steven Matthew Conte
		Robert Mark Kess	ler			
Elaine Rose Cofrancesco, Vi Dawn Marie Schoen,				THER Senior Investment Offic	ær	Gregory Stephen Martino, Vice President
Debra Jea	Bacon		DIRECTORS Laurie A	OR TRUSTEES		Mary Louise Osborne
above, all of the herein describe this statement, together with rel of the condition and affairs of th completed in accordance with that that state rules or regulations re respectively. Furthermore, the	ed assets were t ated exhibits, sc ne said reporting en NAIC Annual equire difference scope of this att ng differences c ent.	he absolute proper hedules and explar entity as of the re Statement Instructi s in reporting not re testation by the des	ty of the said reportinations therein conta porting period stated ons and Accounting scribed officers also ing) of the enclosed officers also fing) of the enclosed Robert M	ng entity, free and clear inned, annexed or referre d above, and of its incon Practices and Procedur practices and procedure includes the related corr	from any ed to, is ne and d res manu es, accor respondi	id reporting entity, and that on the reporting period stated y liens or claims thereon, except as herein stated, and tha a full and true statement of all the assets and liabilities and ideductions therefrom for the period ended, and have beer tal except to the extent that: (1) state law may differ; or, (2 rding to the best of their information, knowledge and belief ng electronic filing with the NAIC, when required, that is an g may be requested by various regulators in lieu of or in Steven Matthew Conte Principal Financial Officer and Controller
State of Arizona County of Maricopa			te of Arizona unty of Maricopa			State of Pennsylvania County of Montgomery
Subscribed and sworn to before 30 day of Auluan Augusta NOTARY PUBLIC (Seal) JANEE	y 20 F	? <u>3</u> ∂	day of TARY PUBLIC (Sea	vary 201 olienvel	7	Subscribed and sworn to before me this
Maric	c,State of Ari opa County tission Expir ary 08, 201	es GR	Notary Pu Ma My Cor	blic.State of Arizona ricopa County nmission Expires uary 08, 2019		NOTARIAL SEAL KIM E. ROTH, Notary Public Whitpain Twp., Montgomery County My Commission Expires April 25, 2017
					1. 2,	State the amendment number Date filed Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	0	0	0	0	0	0
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	0	0	0	0	0	0
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities	0	0	0	0	0	0
0499999. Premiums due and unpaid from Medicaid entities	714,618	607,010	660,641	1,059,270	0	3,041,539
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	714,618	607,010	660,641	1,059,270	0	3,041,539

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days 49, 195	31 - 60 Days (47,445)	61 - 90 Days 30.000	Over 90 Days 292,446	Nonadmitted 234, 196	Admitted 90,000
		(47,443)			204, 190	
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	0	0	0	0	0	0
0199999. Total Pharmaceutical Rebate Receivables	49, 195	(47,445)	30,000	292,446	234, 196	90,000
Various Providers	284,061		3,672,365			3,995,629
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	0	0	0	0	0	0
0299999. Total Claim Overpayment Receivables	284,061	39,202	3,672,365	164,948	164,947	3,995,629
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
	333,256	(8,243)	3,702,365	457,394	399,143	4,085,629
0799999 Gross health care receivables	JJJ,200	(0,243)	3,702,300	407,394	Jay, 143	4,000,029

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected Health Care Receivables Accrued During the Year as of December 31 of Current Year		5	6		
	1 On Amounts Accrued	2	3 On Amounts Accrued	4	Health Care Receivables in	Estimated Health Care Receivables Accrued
Type of Health Care Receivable		On Amounts Accrued During the Year		On Amounts Accrued During the Year		as of December 31 of Prior Year
1. Pharmaceutical rebate receivables			5,404			0
2. Claim overpayment receivables		3,359,223	0	4, 160, 576	67,637	
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	256,086	3,419,806	5,404	4,479,368	261,490	77,356

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims								
	2	3	4	5	6	7		
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total		
Claims Unpaid (Reported)								
Aging estimated based on claims in process of adjudication as of 12/31/16	0	0	0	0	0	0		
0199999. Individually listed claims unpaid	0	0	0	0	0	0		
0299999. Aggregate accounts not individually listed- uncovered	571,164	82,060	27,390	305,5 1 5	9,173	995,302		
0399999. Aggregate accounts not individually listed-covered	2,607,424	138,201	5,238	962,267	53,392	3,766,522		
0499999. Subtotals	3,178,588	220,261	32,628	1,267,782	62,565	4,761,824		
0599999. Unreported claims and other claim reserves						29,285,261		
0699999. Total amounts withheld						0		
0799999. Total claims unpaid						34,047,085		
0899999 Accrued medical incentive pool and bonus amounts	•	•				600,000		
· · ·								

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
		·····					
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Aetna Inc.	See Notes to the Financial Statements	9,320,437	9,320,437	0
Aetna Medicaid Administrators, LLC	See Notes to the Financial Statements	1,460,707	1,460,707	0
Aetna Life Insurance Company	See Notes to the Financial Statements		976,281	0
0199999. Individually listed payables	·	11,757,425	11,757,425	0
0299999. Payables not individually listed		0	0	0
				,
0399999 Total gross payables		11,757,425	11,757,425	0
EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:	<i>2</i>					
1. Medical groups		4.0	0	0.0	0	
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	0	0.0			0	0
4. Total capitation payments		4.0			0	
Other Payments:						
5. Fee-for-service			XXX	XXX	0	
6. Contractual fee payments			XXX	XXX	0	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments		0.3	XXX	XXX	0	
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	93,498,590	96.0	XXX	XXX	0	93,498,590
13. TOTAL (Line 4 plus Line 12)	97,389,844	100%	XXX	XXX	0	97,389,844

22

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
			Average Monthly Capitation		Intermediary's Authorized Control Level RBC
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
000000 Tetala			XXX	XXX	XXX
9999999 Totals			~~~	~~~	***

Exhibit 8 - Furniture and Equipment Owned

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Aetna Be	etter Health Inc. (a New Jerse	y corporation)			2.	Princeton, NJ				
								(LOCATIC		
NAIC Group Code 0001 BL	ISINESS IN THE STATE OF	New Jersey Comprehensive (Hos	anital & Madical)	4	5	DURING THE YE	AR 2016	NAIC Co 8	mpany Code	15611 10
		2	3	4	5	0	<i>'</i>	0	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		0	0	0		00	0	0		
2. First Quarter			0	0		00	0	0		
3. Second Quarter		0	0	0		0	0	0		
4. Third Quarter		0	0	0		00	0	0		
5. Current Year	33,335	0	0	0		0 0	0	0	33,335	
6. Current Year Member Months	355,658	0	0	0		0 0	0	0	355,658	
Total Member Ambulatory Encounters for Year:										
7 Physician		0	0	0		00	0	0		
8. Non-Physician		0	0	0		00	0	0		
9. Total	297,578	0	0	0		0 0	0	0	297,578	
10. Hospital Patient Days Incurred	162,035	0	0	0		0 0	0	0	162,035	
11. Number of Inpatient Admissions	7,861	0	0	0		0 0	0	0	7,861	
12. Health Premiums Written (b)		0	0	0		00	0	0	<u>170, 1</u> 41,599	
13. Life Premiums Direct	0	0	0	0		0 0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0		00	0	0	0	
15. Health Premiums Earned		0	0	0		00	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0		0 0	0	0	0	
17. Amount Paid for Provision of Health Care Service	es97,389,844	0	0	0		00	0	0	97, 389, 844	
18 Amount Incurred for Provision of Health Care Ser	vices 94,075,723	0	0	0		0 0	0	0	94,075,723	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION	Aetna Better Health Inc	c. (a New Jerso	ey corporation)			2.	Princeton, NJ				
									(LOCATIC	DN)	
NAIC Group Code 0001	BUSINESS IN TH	HE STATE OF	Grand Total				DURING THE YE	AR 2016	NAIC Co	mpany Code	15611
		1	Comprehensive (H	lospital & Medical) 3	4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
		Total	Individual	Circup	Supplement	Only	Only	Treattr Denent Flam	Wedicare	Wedicald	Other
Total Members at end of:											
1. Prior Year		18,578	0	0	0		0	0	0	18,578	
2. First Quarter			0	0	0		0	0	0		
3. Second Quarter		29,975	0	0	0	(0	0	0		
4. Third Quarter			0	0	0		0	0	0		
			0		0			0	0		
5. Current Year		33,335	0	0	0	(0	0	0	33,335	<u> </u>
6. Current Year Member Months		355,658	0	0	0	(0	0	0	355,658	
Total Member Ambulatory Encounters for Ye	ar:										
7 Physician			0	0	0		0	0	0		
8. Non-Physician			0	0	0		0	0	0		
9. Total		297,578	0	0	0	(0	0	0	297,578	
10. Hospital Patient Days Incurred		162,035	0	0	0	(0	0	0	162,035	
11. Number of Inpatient Admissions		7,861	0	0	0		0	0	0	7,861	
12. Health Premiums Written (b)		170, 141, 599	0	0	0		0	0	0		
13. Life Premiums Direct		0	0	0	0		0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0		0	0	0	0	
15. Health Premiums Earned		138,217,047	0	0	0	(0	0	0		
16. Property/Casualty Premiums Earned		0	0	0	0	(0	0	0	0	
17. Amount Paid for Provision of Health Car	e Services	97,389,844	0	0	0	(0	0	0		
18 Amount Incurred for Provision of Health	Care Services	94,075,723	0	0	0	(0	0	0	94,075,723	

Schedule S - Part 1 - Section 2 NONE

> Schedule S - Part 2 NONE

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

	0	0					sted by Heinsunnig C	ompany as of Decel			Della/	10	
1	2	3	4	5 Domi-	6	1	8	9	10 Reserve Credit	Outstanding S	12	13	14
NAIC				ciliary	Turne of	Type of		Uncorned	Taken Other		12	Modified	Funds Withheld
Company	ID	Effective		Juris-	Type of Reinsurance	Business		Unearned Premiums	than for Unearned			Coinsurance	Under
Code	Number	Date	Name of Company	diction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
			thorized U.S. Affiliates	ulction	Ceded	Ceded	Fremiums	(Estimated)	C C C C C C C C C C C C C C C C C C C	Ourrent real	Childrean 0		Consulance
			thorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			thorized Affiliates				0	0	0	0	0	0	0
			BERKLEY LIFE & HLTH INS CO	IA	SSL/L/I	NC .	233.974	0	0	0	0	0	0
			ed U.S. Non-Affiliates	11			233.974	0	0	0	0	0	(
			Ithorized Non-Affiliates				233,974	0	0	0	0	0	0
	Total General						233,974	0	0	0	0	0	0
			nauthorized U.S. Affiliates				0	0	ů 0	0	0	0	0
			nauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			nauthorized Affiliates				0	0	0	0	0	0	0
			nauthorized Non-Affiliates				0	ů.	Ŭ.	0	0	0	0
	Total General						0	0	0	0	0	0	0
			ertified U.S. Affiliates				0	0	0	0	0	0	0
			ertified Non-U.S. Affiliates				0	0	0	0	0	0	0
			ertified Affiliates				Ő	Ő	Ő	Ő	Ő	Ő	0
			artified Non-Affiliates				0	0	0	0	0	0	0
3399999. T	Fotal General	Account Cer	tified				0	0	0	0	0	0	C
3499999. T	Fotal General	Account Aut	horized, Unauthorized and Certified				233,974	0	0	0	0	0	0
3799999. T	Fotal Separate	e Accounts -	Authorized U.S. Affiliates				0	0	0	0	0	0	0
4099999. T	Fotal Separate	e Accounts -	Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
4199999. T	Fotal Separate	e Accounts -	Authorized Affiliates				0	0	0	0	0	0	0
4499999. T	Fotal Separate	e Accounts -	Authorized Non-Affiliates				0	0	0	0	0	0	0
	Fotal Separate						0	0	0	0	0	0	0
			Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
5199999. T	Fotal Separate	e Accounts -	Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
			Unauthorized Affiliates				0	0	0	0	0	0	0
			Unauthorized Non-Affiliates				0	0	0	0	0	0	0
	Fotal Separate						0	0	0	0	0	0	0
			Certified U.S. Affiliates				0	0	0	0	0	0	0
			Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
			Certified Affiliates				0	0	0	0	0	0	0
			Certified Non-Affiliates				0	0	0	0	0	0	C
	Fotal Separate						0	0	0	0	0	0	C
			uthorized, Unauthorized and Certified				0	0	0	0	0	0	0
	Fotal U.S. (Su 6499999)	im of 039999	9, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 42	99999, 489	99999, 5399999,	5999999 and	233,974	0	0	0	0	0	C
	Total Non-U.S and 6599999		99999, 0999999, 1799999, 2099999, 2899999, 3199999, 409999	9, 4399999	, 5199999, 5499	999, 6299999	0	0	0	0	0	0	C
9999999 - 1							233.974	Ŭ	0	0	Ő	0	i î

Schedule S - Part 4

Schedule S - Part 4 - Bank Footnote

Schedule S - Part 5

Schedule S - Part 5 - Bank Footnote

SCHEDULE S - PART 6 Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		1	2	3	4	5
		2016	2015	2014	2013	2012
	A. OPERATIONS ITEMS		~			
	Premiums		0	0	0	0
2.	Title XVIII - Medicare	0	0	0	0	0
3.	Title XIX - Medicaid			0	0	0
4.	Commissions and reinsurance expense allowance	0	0	0	0	0
5.	Total hospital and medical expenses	0	0	0	0	0
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable	0	0	0	0	0
7.	Claims payable	0	0	0	0	0
8.	Reinsurance recoverable on paid losses	0	0	0	0	0
	Experience rating refunds due or unpaid		0	0	0	0
	Commissions and reinsurance expense allowances					
	due		0	0	0	0
11.	Unauthorized reinsurance offset	0	0	0	0	0
12.	Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust	0	0	0	0	0
18.	Funds deposited by and withheld from (F)	0	0	0	0	0
	Letters of credit (L)		0	0	0	0
	Trust agreements (T)		0	0	0	0
	Other (O)	0	0	0	0	0

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sheet to Identify Net Credit Fo	1 As Reported	2 Restatement	3 Restated
		(net of ceded)	Adjustments	(gross of ceded)
	ASSETS (Page 2, Col. 3)	and Providence		
1.	Cash and invested assets (Line 12)	110,917,093	0	110,917,093
2.	Accident and health premiums due and unpaid (Line 15)		0	
3.	Amounts recoverable from reinsurers (Line 16.1)		0	0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	5,603,694	0	5,603,694
6.	Total assets (Line 28)	119,562,326	0	119,562,326
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)		0	
8.	Accrued medical incentive pool and bonus payments (Line 2)		0	
9.	Premiums received in advance (Line 8)	0	0	0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14.	All other liabilities (Balance)	49,581,493	0	49,581,493
15.	Total liabilities (Line 24)		0	
16.	Total capital and surplus (Line 33)	35,333,748	XXX	35,333,748
17.	Total liabilities, capital and surplus (Line 34)	119,562,326	0	119,562,326
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

				States and Term	Direct Bus	iness Only		
			1	2	3	4	5	6
			Life	Annuities	Disability Income	Long-Term Care		
			(Group and	(Group and	(Group and	(Group and	Deposit-Type	
	States, Etc.		Individual)	Individual)	Individual)	Individual)	Contracts	Totals
1.	Alabama	AL						
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas							
5.		CA						
6.		co						
7.	Connecticut							
8.	Delaware I	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	н						
13.	ldaho	ID						
14.	Illinois							
15.	Indiana							
16.	lowa							
17.		KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	•	MA						
23.	Michigan							
	•							
24.	Minnesota							
25.	Mississippi							
26.	Missouri I	мо						
27.	Montana	МТ						
28.	Nebraska							
29.	Nevada	N.						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York							
34.	North Carolina							
35.	North Dakota I							
36.	Ohio	он						
37.	Oklahoma	ок						
38.	Oregon	OR						
39.	Pennsylvania I	PA						
40.	Rhode Island	RI						
41.	South Carolina	sc						
42.	South Dakota							
43.	Tennessee							
44.	Texas							
45.	Utah							
46.	Vermont							
47.	Virginia							
48.	Washington	WA						
49.	West Virginia	wv						
50.	Wisconsin	wi						
51.	Wyoming	WY						
52.	American Samoa							
53.	Guam							
54.	Puerto Rico							
55.	ů –	VI						
56.	Northern Mariana Islands I	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	от						
59.	Total							

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1.1		1,1510		260		100	27.06			40.40	Туре	lf		Process of	
											of Control	Control		71	
											(Ownership,	is		ls an	
						Name of Securities		. .	Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
0		NAIC	ID	Endered		if Publicly Traded	Names of	ciliary	to	Diss atta O saturalla d has	Attorney-in-Fact,	Provide	Littine etc. O controlline e	Re-	
Grou		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence, Other)	Percen-	Ultimate Controlling	quired?	
Cod	Group Name	Code 00000	Number 23-2229683	RSSD 3060706	CIK 1122304	International)	Or Affiliates	tion PA	Entity	(Name of Entity/Person) Aetna Inc.	Other)	tage	Entity(ies)/Person(s)	(Y/N)	0
0001	AETNA INC.		30-0123754	0	0	N	Aetna Health Holdings, LLC	PA		Aetna Inc.	Ownership	100.000	Aetna Inc.	N.	0
0001	AETNA INC.		95-3402799	0	0		Aetna Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		23-2442048	0	0		Aetna Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC		59-2411584	0	0		Aetna Health Inc	FL	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc	N	0
0001	AETNA INC.		58-1649568	0	0		Aetna Health Inc.	GA	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC		01-0504252 23-2861565	0	0		Aetna Health Inc Aetna Health Inc.	ME	IA	Aetna Health Holdings, LLC Aetna Health Holdings, LLC	Ownership Ownership	100.000 100.000	Aetna Inc Aetna Inc.	N	0
0001	AETNA INC.		52-1270921	0	0		Aetna Health Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		22-2663623	0	0		Aetna Health Inc.	NY	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
_0001	AETNA INC.		45-2634734	0	0		Aetna Better Health Inc.	NY	ΙΑ	Aetna Health Inc. (NY)	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		76-0189680	0	0		Aetna Health Inc.	<u>TX</u>	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		74-1844335	0	0		Aetna Better Health of Texas Inc	TX	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	
0001	Aetna inc. Aetna inc.		20-2207534 06-1160812	0	0		Aetna Better Health Inc Aetna Dental of California Inc	GA CA	IA IA	Aetna Health Holdings, LLC Aetna Health Holdings, LLC	Ownership Ownership	100.000 100.000	Aetna Inc. Aetna Inc.	N	0
0001	AETNA INC.		22-2990909	0	0		Aetna Dental Inc.	NJ	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc	N	0
0001	AETNA INC.		06-1177531	0	0		Aetna Dental Inc.	ΤΧ	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
_0001	AETNA INC.		30-0123760	0	0		Aetna Rx Home Delivery, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	_100.000	Aetna Inc.	N	0
0001	AETNA INC.		13-3670795	0	0		Aetna Health Management, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		22-3187443	0	0		Aetna Ireland Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	
0001 0001	AETNA INC		57-1209768 20-1274723	0	0		Aetna Specialty Pharmacy, LLC	DE	NIA NIA	Aetna Health Holdings, LLC	Ownership Ownership	100.000 100.000	Aetna Inc Aetna Inc.	N N	
0001	AETNA INC.		23-2671370	0	0		Cofinity, Inc @Credentials Inc	DE	NIA	Aetna Health Holdings, LLC Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		57-0640344	0	0		Strategic Resource Company	SC	NIA	Aetna Health Holdings, LLC	Ownership	L100.000	Aetna Inc.	N	0
0001	AETNA INC.		27-0563973	0	0		Aetna Better Health Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership	L100.000	Aetna Inc.	N	0
0001	AETNA INC.		26-2867560	0	0		Aetna Better Health Inc.	CT	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		47-5178095	0	0		Aetna Better Health of California Inc.	CA	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc	N	0
0001	AETNA INC.		27-2512072	0	0		Aetna Better Health Inc.	IL	IA	Aetna Health Holdings, LLC	Ownership	_100.000	Aetna Inc.	N	
0001 0001	AETNA INC		47-3850677 80-0629718	0	0		Aetna Better Health of Iowa Inc Aetna Better Health, Inc.	IA LA	IA	Aetna Health Holdings, LLC Aetna Health Holdings, LLC	Ownership Ownership	100.000 100.000	Aetna Inc Aetna Inc.	N	0 0
0001	AETNA INC.		80-0671703	0	0		Aetna Florida Inc.	CA FL	NIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		25-2764938	0	0		Aetna Better Health Inc.	0H	ΙΑ	Aetna Health Holdings, LLC	Ownership.	L100.000	Aetna Inc.	N	0
0001	AETNA INC		46-3203088	0	0		Aetna Better Health Inc.	NJ	RE	Aetna Health Holdings, LLC	Ownership	_100.000	Aetna Inc.	N	0
0001	AETNA INC		81-1143850	0	0		Aetna Better Health of Oklahoma Inc	OK	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC.		04-2708160	0	0		Aetna Student Health Agency Inc.	MA	NIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC	00000	73-1702453	U	U		Delaware Physicians Care, Incorporated Schaller Anderson Medical Administrators.	DE	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc	N	0
0001	AETNA INC.	00000	01-0826783	0	0		Incorporated	DE	NIA	Aetna Health Holdings, LLC	Ownership	100,000	Aetna Inc.	N	0
0001	AETNA INC.		86-0842559	0	0		Aetna Medicaid Adminstrators LLC	AZ	NIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.	00000	45-2944270	0	0		iTriage, LLC	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		16-1471176	0	0		Prodigy Health Group, Inc	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		45-4901541	0	0		Aetna ACO Holdings, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership Ownership	0.200	Aetna Inc.	N	
0001	AETNA INC		45-5527797 46-0674828	0	0		Innovation Health Holdings, LLC	DE	NIA	Aetna ACO Holdings, Inc.	Ownership	50.000 100.000	Aetna Inc Aetna Inc	N	· · · · · · · · · · · · · · · · · · ·
0001	AETNA INC.		46-06/4828	0	0		Innovation Health Insurance Company Innovation Health Plan, Inc	VA VA	IA	Innovation Health Holdings, LLC Innovation Health Insurance Company	Ownership	_100.000	Aetna Inc.	N	0 0
			TO UUL 101	v	•		Texas Health + Aetna Health Insurance Holding			ninovacion noartir mouranoe ounpany	onio sup		THE THE THE		······ ····
0001	AETNA INC.		81-3789357	0	0		Company LLC	ХТ	NIA	Aetna ACO Holdings, Inc.	Ownership		Aetna Inc.	N	
							Texas Health + Aetna Health Insurance Company								
0001	AETNA INC.	00000	81-4749336	0	0			TX	IA	Aetna ACO Holdings, Inc	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.	00000	47-5548221	0	0		Texas Health + Aetna Health Plan Inc	ΤХ	14	Texas Health + Aetna Health Insurance Holding Company LLC	Ownership	100.000	Aetna Inc.	N	12
0001	AETNA INC.		47-0048221 23-2169745	0	0		Aetna Health Inc	PA	IA IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC.		45-4901541	0	0		Aetna ACO Holdings, Inc	PA	NIA	Aetna Health Inc. (PA)	Ownership	39.500	Aetna Inc.	N.	4
0001	AETNA INC.		20-0438576	0	0		Niagara Re, Inc.	NY	NIA	Prodigy Health Group, Inc.	Ownership	_100.000	Aetna Inc.	N	0
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Group	- ···	Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	·
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
	AETNA INC.		52-2200070	0	0		Performax, Inc.	DE	NIA	Prodigy Health Group, Inc.	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC.		87-0632355	0	0		Scrip World, LLC	UT	NIA	Prodigy Health Group, Inc	Ownership	100.000	Aetna Inc.	<u>N</u>	0
0001	AETNA INC.		27-1760756	0	0		Precision Benefit Services, Inc.	DE	NIA	Prodigy Health Group, Inc	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		31-1368946	0	0		American Health Holding, Inc	0H	NIA	Prodigy Health Group, Inc	Ownership	100.000	Aetna Inc	N	0
0001	AETNA INC.		16-1264154	0	0		Meritain Health, Inc	NY	NIA	Prodigy Health Group, Inc	Ownership	100.000	_ Aetna Inc	N	0
0001	AETNA INC.		86-0537707	0	0		ADMINCO, Inc.	AZ AZ	NIA NIA	Meritain Health, Inc.	Ownership Ownership	100.000 100.000	Aetna Inc.	N N	
	AETNA INC		86-0527428 16-1684061	0	0		Administrative Enterprises, Inc.	AZ OH	NIA NIA	Meritain Health, Inc.	Ownership		Aetna Inc Aetna Inc.		0
0001	AETNA INC.		16-1684061 34-1670299	0	0		U.S. Healthcare Holdings, LLC Prime Net. Inc.	0H	NIA	Meritain Health, Inc.	Ownership			N	0
0001	AETNA INC.		34-16/0299	0	0		Professional Risk Management, Inc.	0H	NIA	Meritain Health, Inc. Meritain Health, Inc.	Ownership	100.000	Aetna Inc. Aetna Inc.	N	0
	a∟ina INV.		JH- 1JHOUJZ	·	·		Continental Life Insurance Company of	vi		morrialii noarii, nic.	United SITP	100.000	notinal IIIG.	·	·······
0001	AETNA INC.	68500	62-1181209	0	0		Brentwood, Tennessee	TN	IA	Aetna Inc.	Ownership.	100.000	Aetna Inc.	N	0
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0001	AETNA INC.	12321	20-2901054	0	0		American Continental Insurance Company	TN	IA	Brentwood, Tennessee	Ownership	100,000	Aetna Inc.	N	0
	AETNA INC.		06-6033492	0	0		Aetna Life Insurance Company	CT	IA	Aetna Inc.	Ownership	100.000			0
	AETNA INC.		45-4901541	0	0		Aetna ACO Holdings, Inc.	DE	NIA	Aetna Life Insurance Company	Ownership.	60.300	Aetna Inc.	N	4
0001	AETNA INC.		06-1270755	0	0		AHP Holdings, Inc.	CT	NIA	Aetna Life Insurance Company	Ownership.	100.000	Aetna Inc.	N	0
	AETNA INC.		06-1286276	0	0		Aetna Insurance Company of Connecticut	CT	IA	AHP Holdings, Inc.	Ownership	100.000	Aetna Inc.	N	Ő
0001	AETNA INC.		06-1028469	0	0		AE Fourteen, Incorporated	CT	NIA	AHP Holdings, Inc.	Ownership	100,000	Aetna Inc.	Ň	Ő
0001	AETNA INC.		06-1373153	0	0		Aetna Life Assignment Company	CT	NIA	AHP Holdings, Inc.	Ownership	100,000	Aetna Inc.	N	0
	AETNA INC.		20-3678339	0	0		PE Holdings, LLC	CT	NIA	Aetna Life Insurance Company	Ownership.	100.000	Aetna Inc.	N	0
.0001	AETNA INC.		06-1423207	0	0		Aetna Resources L.L.C.	DE	NIA	Aetna Life Insurance Company	Ownership	100.000		N	0
0001	AETNA INC.			0	0		Canal Place, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		20-3180700	0	0		Aetna Ventures, LLC	DE	NIA	Aetna Life Insurance Company	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		59-2108747	0	0		Broadspire National Services, Inc.	FL	NIA	Aetna Life Insurance Company	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.			0	0		Aetna Multi-Strategy 1099 Fund	DE	NIA	Aetna Life Insurance Company	Ownership	73.000	Aetna Inc.	N	
_0001	AETNA INC.		41-2035961	0	0		Aetna Financial Holdings, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC.		26-2030792	0	0		Aetna Asset Advisors, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	Aetna Inc	N	0
0001	AETNA INC.		23-2354500	0	0		U.S. Healthcare Properties, Inc	PA	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		38-3704481	0	0		Aetna Capital Management, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC.	00000	11-3667142	0	1314522		Aetna Partners Diversified Fund, LLC	DE	NIA	Aetna Capital Management, LLC	Ownership	100.000	Aetna Inc.	N	
							Aetna Partners Diversified Fund (Cayman),								
0001	AETNA INC.	00000		0	1460020		Limited	CYM	NIA	Aetna Capital Management, LLC	Ownership	100.000	Aetna Inc		2
0001	AETNA INC.		20-0446676	0	0		Aetna Workers' Comp Access, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		20-0446713	0	0		Aetna Behavioral Health, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC.		23-2670015	0	0		Managed Care Coordinators, Inc.	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	Aetna Inc	N	0
	AETNA INC.		59-3269144	0	0		Horizon Behavioral Services, LLC	DE	NIA	Aetna Financial Holdings, LLC	Ownership	100.000	Aetna Inc		0
0001	AETNA INC.		61-1193498	0	0		Employee Assistance Services, LLC	<u>KY</u>	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC.		33-0052273	U	U		Health and Human Resource Center, Inc.	CA	IA	Horizon Behavioral Services, LLC	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC.		75-2420973	U	0		Resources for Living, LLC	TX	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC		36-3681261	0	0		The Vasquez Group Inc.	IL	NIA	Horizon Behavioral Services, LLC	Ownership	100.000	Aetna Inc	N	0
0001			22-3178125	0	o		Work and Family Benefits, Inc.	NJ	NIA	Horizon Behavioral Services, LLC	Ownership	100.000		N	
0001	AETNA INC		27-1773021	·	·		Aetna Card Solutions, LLC	CT	NIA	Aetna Financial Holdings, LLC	Ownership		Aetna Inc Aetna Inc	N	
0001	AETNA INC.		20-5216478 91-1774434	0	0		PayFlex Holdings, Inc.	DE	NIA NIA	Aetna Financial Holdings, LLC	Ownership Ownership		Aetna Inc. Aetna Inc.	N	0
0001	AETNA INC.		91-1/74434 06-0876836	0	0		PayFlex Systems USA, Inc Aetna Health and Life Insurance Company	CT	NIA IA	PayFlex Holdings, Inc Aetna Inc.	Ownership	100.000	Aetna Inc	N	0 0
_0001	AETNA INC.		23-2710210	0	0		Aetna Health Insurance Company	PA	IA	Aetna Inc	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		23-27 10210 57-0805126	0	0		Aetna Health Insurance Company of New York		IA	Aetha Inc.	Ownership	100.000	Aetna Inc.	N	
0001	AETNA INC.		06-1571642	0	0		Aetna Health Insurance Company of New York Aetna International Inc		NIA	Aetha Inc.	Ownership	100.000	Aetna Inc. Aetna Inc.	N	0
0001	AETNA INC.		98-0211470	0	0		Aetna Life & Casualty (Bermuda) Ltd.	BMU	NIA	Aetna International Inc.	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.	00000	00 VZ 114/ V	ő	ő		Aetna Insurance (Signapore) Pte. Ltd	SGP	IA	Aetna International Inc.	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.			0	0		Aetna Global Benefits (Bermuda) Limited	BMU	NIA	Aetna International Inc.	Ownership	L 100.000	Aetna Inc.	N	
0001	AETNA INC.			0	0		Goodhealth Worldwide (Global) Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	L 100.000	Aetna Inc.	N	0
0001	AETNA INC.	00000		0	0		Aetna Global Benefits (Europe) Limited	GBR	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	Aetna Inc.	N	1 0
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Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	1
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
	AETNA INC.	.00000	Hambol	0	0	international)	Goodhealth Worldwide (Asia) Limited	HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership		Aetna Inc.	N.	0
	AETNA INC.	00000		0	0		Aetna Global Benefits Limited	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	Aetna Inc.	N	0
	AETNA INC.	00000		0	0		PT. Aetna Global Benefits Indonesia	IDN	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	80,000	Aetna Inc.	N	5
	AETNA INC.	00000		0	0		Aetna Global Benefits (Middle East) LLC	ARE	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	49.000	Aetna Inc.	N	6
							Aetna Global Benefits (Asia Pacific) Limited					Γ			1
	AETNA INC.	00000		0	0			HKG	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	Aetna Inc.	N	0
.0001	AETNA INC.			0	0		Spinnaker Topco Limited	BMU	NIA	Aetna Global Benefits (Bermuda) Limited	Ownership	100.000	Aetna Inc.	N	0
	AETNA INC.			0	0		Spinnaker Bidco Limited	GBR	NIA	Spinnaker Topco Limited	Ownership	100.000	Aetna Inc.	<u>N</u>	0
	AETNA INC	00000		0	0		Aetna Holdco (UK) Limited	GBR	NIA	Spinnaker Bidco Limited	Ownership	_100.000	Aetna Inc.	<u>N</u>	0
	AETNA INC.			0	0		InterGlobal Japan Corporation Limited	JPN	NIA	Aetna Holdco (UK) Limited	Ownership	_100.000	Aetna Inc.	N	0
	AETNA INC			0	0		Aetna Global Benefits (UK) Limited	GBR	NIA	Aetna Holdco (UK) Limited	Ownership	_100.000	Aetna Inc	N	0
0001	AETNA INC	00000		0	0		Aetna Insurance Company Limited	GBR	IA	Aetna Holdco (UK) Limited	Ownership	100.000	Aetna Inc	N	0
										Aetna Global Benefits (Asia Pacific)					
0001	AETNA INC.			0	0		Indian Health Organisation Private Limited	IND	NIA	Limited	Ownership	0.020	Aetna Inc.	N	
							Aetna Health Insurance Company of Europe								
	AETNA INC			0	0		Limited	JRL	IA	Aetna International Inc.	Ownership	100.000	Aetna Inc	<mark>N</mark>	0
							Aetna (Shanghai) Enterprise Services Co. Ltd.								
0001	AETNA INC			0	0			CHN	NIA	Aetna International Inc.	Ownership	100.000	Aetna Inc	N	0
							Aetna (Beijing) Enterprise Management			Aetna (Shanghai) Enterprise Services Co.					
	AETNA INC.			0	0		Services Co., Ltd.	CHN	NIA	Ltd	Ownership	_100.000	Aetna Inc	<u>N</u>	
	AETNA INC	00000		0	0		Aetna Global Benefits (Singapore) PTE. LTD	<u>S</u> GP	NIA	Aetna International Inc.	Ownership	100.000	Aetna Inc	N	0
0004		00000		0	0		In the Unit the One of the Definition I in the L	IND		Aetna Global Benefits (Singapore) PTE, LTD.	0	99,980	A day day		
	AETNA INC.		00.0570005	0	0		Indian Health Organisation Private Limited		NIA		Ownership		Aetna Inc Aetna Inc	N	\$
	AETNA INC AETNA INC	00000	22-2578985	0	0		AUSHC Holdings, Inc Aetna Global Holdings Limited	CT GBR	NIA NIA	Aetna Inc.	Ownership Ownership	100.000 100.000	Aetna Inc.	N	0
	AETNA INC.			0	0		Aetna Global Holdings Limited Aetna Korea Ltd	KOR	NIA	Aetna International Inc Aetna Global Holdings Limited	Ownership	100.000	Aetna Inc	N	0 0
	AETNA INC.	00000		0	0		Healthagen International Limited	GBR	NIA	Aetna Global Holdings Limited	Ownership	100.000	Aetna Inc.	N N	0
	AETNA INC.			0	0		Futrix Limited	00n	NIA	Healthagen International Limited	Ownership	100.000	Aetna Inc.	N	0
	AETNA INC.		06-1182176	0	0		PHPSNE Parent Corporation	DE	NIA	AUSHC Holdings. Inc.	Ownership	55.000	Aetna Inc.	N	8
	AETNA INC.		52-2182411	0	0		Active Health Management, Inc.	DE	NIA	Aetna Inc.	Ownership	100 000	Aetna Inc.	N	0
	AETNA INC.		47-0970432	0	0		Health Data & Management Solutions, Inc	DE	NIA	Active Health Management, Inc.	Ownership	100.000	Aetna Inc.	N	0
	AETNA INC.		23-2604867	0	0		Aetna Integrated Informatics, Inc.	PA	NIA	Active Health Management, Inc.	Ownership	L100.000	Aetna Inc.	N	0
	AETNA INC.		27-2192415	0	0		Health Re. Inc.	VT	IA	Aetna Inc.	Ownership.	L 100.000	Aetna Inc.	N	0
	AETNA INC.		81-0579372	0	0		Phoenix Data Solutions LLC	DE	NIA	Aetna Inc.	Ownership	100.000	Aetna Inc.	N	0
	AETNA INC.		46-2469464	0	0		Heal thagen LLC	CT	NIA	Aetna Inc.	Ownership	100.000	Aetna Inc.	N	0
	AETNA INC.		51-0029326	0	0		ASI Wings, L.L.C.	DE	NIA	Aetna Inc.	Ownership	L100.000	Aetna Inc.	N	0
	AETNA INC.		33-0807547	0	0		Medicity, Inc.	DE	NIA	Aetna Inc.	Ownership	100.000	Aetna Inc.	N	
	AETNA INC.			0	0		Echo Merger Sub, Inc.	DE	NIA	Aetna Inc.	Ownership	_100.000	Aetna Inc.	<u>N</u>	0
	AETNA INC.			0	0		Echo Merger Sub, LLC	DE	NIA	Aetna Inc.	Ownership	100.000	Aetna Inc.	N	
	AETNA INC		27-0259978	0	0		Novo Innovations, LLC	DE	NIA	Medicity Inc	Ownership	_100.000	Aetna Inc.	N	0
	AETNA INC		27-1170966	0	0		Allviant Corporation	DE	NIA	Medicity Inc	Ownership	_100.000	Aetna Inc.	<u>N</u>	0
0001	AETNA INC.	81973	75-1296086	0	0		Coventry Health and Life Insurance Company	<u>MO</u>	IA	Aetna Héalth Holdings, LLC	Ownership	_100.000	Aetna Inc.	N	
							Aetna Better Health of Kentucky Insurance			Coventry Health and Life Insurance Company		1		1	1
	AETNA INC.		47-3279217	0	0		Company	KY	IA		Ownership	100.000	Aetna Inc	N	0
	AETNA INC		52-1801446	0	0		Group Dental Service, Inc	MD	NIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc	<u>N</u>	0
	AETNA INC.		52-2056201	0	0		Group Dental Service of Maryland, Inc.	MD	IA	Aetna Health Holdings, LLC	Ownership	_100.000	Aetna Inc	<u>N</u>	0
	AETNA INC.		81-4345344	0	0		Aetna Network Services LLC	CT	NIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
	AETNA INC		42-1244752	0	0		Aetna Health of Iowa Inc	IA	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc	<u>N</u>	0
0001	AETNA INC	95925	42-1308659	0	0		Coventry Health Care of Nebraska, Inc	NE	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc	N	0
0004	1579.11.11.10	00000	17 00 10 117				Aetna Risk Assurance Company of Connecticut		l			100.000		I	
	AETNA INC.		47-2049117	U	U		Inc	CT	IIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	
	AETNA INC.	95173	74-2381406	0	0		Aetna Health Inc.	LA	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc	N	0
0001	AETNA INC	11102	23-2366731	0	0		HealthAssurance Pennsylvania, Inc	PA	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc	N	<u>0</u>

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						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Y/N)	*
0000	Group Hame	0000	Number	HOOD	UIX	international)		uon	Entry	(Name of Entry/Ferson/	Other	tago	Entry (103)/1 01301(3)		
							Coventry Prescription Management Services,				a			1 /	
0001	AETNA INC.		47-0854096	0	0		Inc	N.	NIA	Aetna Health Holdings, LLC	Ownership		Aetna Inc.	N	9
0001	AETNA INC.		81-3564875	0	0		Aetna Better Health of Nevada Inc.	N	IA	Aetna Health Holdings, LLC	Ownership		Aetna Inc.	N	0
0001	AETNA INC.		54-1576305	0	0		Coventry Health Care of Virginia, Inc.	VA	IA	Aetna Health Holdings, LLC	Ownership		Aetna Inc.	N	0
.0001	AETNA INC.		01-0646056	0	0		Coventry Transplant Network, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.	96377	43-1372307	0	0		Coventry Health Care of Missouri, Inc.	MO	IA	Aetna Health Holdings, LLC	Ownership	100 000	Aetna Inc.	N	0
0001	AETNA INC.	95318	43-1702094	0	0		Aetna Better Health of Missouri LLC	MO	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	
				o	o										0
0001	AETNA INC.		55-0712129	U	U		Coventry Health Care of West Virginia, Inc	<u>WV</u>	IA	Aetna Health Holdings, LLC	Ownership		Aetna Inc	N	0
0001	AETNA INC	00000	62-1411933	0	0		Coventry HealthCare Management Corporation	DE	NIA	Aetna Health Holdings, LLC	Ownership		Aetna Inc	N	0
0001	AETNA INC.		47-4352768	0	0		Aetna HealthAssurance Pennsylvania, Inc.	PA	IA	Aetna Health Holdings, LLC	Ownership		Aetna Inc.	N	0
0001	AETNA INC.	95489	48-0840330	0	0		Coventry Health Care of Kansas, Inc.	KS	IA	Aetna Health Holdings, LLC	Ownership	_100.000	Aetna Inc.	N	0
	AETNA INC.		81-3370401	0	0		Aetna Better Health of Kansas Inc.	KS	IA	Aetna Health Holdings. LLC	Ownership	100 000	Aetna Inc.	N	0
0001	AETNA INC.		20-1052897	0	0		Aetna Better Health of Michigan Inc.	MI	IA	Aetna Health Holdings, LLC	Ownership		Aetna Inc.	N	0
0001	AETNA INC.	95407	87-0345631	0	0		Aetna Health of Utah Inc.	UT	IA	Aetna Health Holdings, LLC	Ownership		Aetna Inc.	N	Ő
0001		00000	20-4416606	0	0		Aetna Better Health Inc.	01 TN	NIA		Ownership		Aetna Inc.		
				U	0					Aetna Health Holdings, LLC			Aetha Inc.	N	0
0001	AETNA INC	74160	37-1241037	0	0		Coventry Health Care of Illinois, Inc	IL	IA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc	N	0
							Coventry Health Care National Accounts, Inc.							1 /	
_0001	AETNA INC.	00000	20-8070994	0	0			DE	NIA	Aetna Health Holdings, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.	00000	20-5185442	0	0		Coventry Health Care National Network, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership	100 000	Aetna Inc.	N	0
	AETNA INC.		26-1293772	0	0		Coventry Consumer Advantage, Inc.	DE	NIA	Aetna Health Holdings, LLC	Ownership		Aetna Inc.		0
	ALINA INV		20 1200112	v	•		Coventry Health Care Workers' Compensation,	····U		Netha hearth hordings, LLC	owner simp				
0004		00000	00.0070054	0	0			DE		Astes the life to the second second	Ownership	100,000	Andrea Jack		
0001	AETNA INC		20-8376354	0	0		Inc	UC	NIA	Aetna Health Holdings, LLC	Ownersnip	100.000	Aetna Inc	N	0
										Coventry Health Care Workers' Compensation,				1 /	
0001	AETNA INC.	00000	20-4096903	0	0		First Script Network Service, Inc	N	NIA	Inc	Ownership	100.000	Aetna Inc	N	0
										Coventry Health Care Workers' Compensation,				1 /	
0001	AETNA INC.	00000	06-1095987	0	0		MetraComp, Inc.	СТ	NIA	Inc.	Ownership	100.000	Aetna Inc.	N	0
				-	-					Coventry Health Care Workers' Compensation,					
0001	AETNA INC.	00000	74-2879984	0	0		Medical Examinations of New York, P.C.	NY	NIA	Inc.	Ownership.	100,000	Aetna Inc.	N	
	AEINA INC.		14-2019904	V	U		Medical Examinations of New York, P.C.	!\\1	NIA		Owner srip		Aetha Inc.		IV
				-						Coventry Health Care Workers' Compensation,	- ···			1 . /	
0001	AETNA INC		62-1266888	0	0		FOCUS Healthcare Management, Inc	TN	NIA	Inc	Ownership	100.000	Aetna Inc.	N	0
										Coventry Health Care Workers' Compensation,				1 /	
0001	AETNA INC.	00000	87-0443226	0	0		Coventry Rehabilitation Services, Inc.	DE	NIA	Inc	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.	00000	20-1736437	0	0		First Health Group Corp.	DF	NIA	Aetna Health Holdings, LLC	Ownership	100 000	Aetna Inc.	N	0
1							First Health Life & Health Insurance Company					1			
0001	AETNA INC.	90328	38-2242132	0	0			ΤХ	IA	First Health Group Corp.	Ownership	100,000	Aetna Inc.	N	0
0001				o	0			MD			Ownership		Aetna Inc.	N	
	AETNA INC.		52-1320522	U	U		Claims Administration Corp		NIA	First Health Group Corp					0
0001	AETNA INC.	00000	20-1130063	U	U		Florida Health Plan Administrators, LLC	<mark>FL</mark>	NIA	Aetna Health Holdings, LLC	Ownership		Aetna Inc	N	0
0001	AETNA INC.		65-0986441	0	0		Coventry Health Care of Florida, Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership	100.000	Aetna Inc.	N	0
0001	AETNA INC.		65-0453436	0	0		Coventry Health Plan of Florida, Inc.	FL	IA	Florida Health Plan Administrators, LLC	Ownership			N	0
0001	AETNA INC.		59-3750548	0	0		Carefree Insurance Services, Inc.	FL	NIA	Florida Health Plan Administrators, LLC	Ownership		Aetna Inc.	N	0
0001	AETNA INC.	00000	36-4391310	0	0		bswift LLC	DF	NIA	Aetna Health Holdings, LLC	Ownership		Aetna Inc.		0
0001	AETNA INC.	00000	38-3348145	0	0		Corporate Benefit Strategies, Inc.	DE	NIA	bswift LLC	Ownership		Aetna Inc.		0
0001		00000	26-1582982	ő	0		MHNet Specialty Services, LLC	MD	NIA	Aetna Health Holdings, LLC	Ownership		Aetna Inc.	N	0
				o	o			NY							
0001	AETNA INC.		37-1448790	U	U		Mental Health Network of New York IPA, Inc		NIA	MHNet Specialty Services, LLC	Ownership		Aetna Inc.	N	0
0001	AETNA INC		20-2516317	0	0		MHNet Life and Health Insurance Company	TX	IA	MHNet Specialty Services, LLC	Ownership	100.000	Aetna Inc		0
0001	AETNA INC.	00000	72-1106596	0	0		Mental Health Associates, Inc.	LA	NIA	MHNet Specialty Services, LLC	Ownership	100.000	Aetna Inc	N	0
0001	AETNA INC.		20-4276336	0	0		MHNet of Florida, Inc.	FL	NIA	MHNet Specialty Services, LLC	Ownership	100.000	Aetna Inc.	N	0
										•	•				

Asterisk	Explanation
1	Aetna Life Insurance Company and Aetna Health and Life Insurance Company own substantially all of the non-managing membership interests.

Asterisk	Explanation
	Aetna Life Insurance Company owns the Class C participating shares.
	Aetna Global Benefits (Asia Pacific) Limited owns 0.019857% of Indian Health Organization Private Limited and Aetna Global Benefits (Singapore) Pte. Ltd. owns 99.980143%.
	Aetna ACO Holdings, Inc. is owned by Aetna Life Insurance Company (60.3%), Aetna Health Inc. (PA) (39.5%) and Aetna Health Holdings, LLC (0.2%).
	Aetna Global Benefits (Bermuda) Limited owns 80% and 20% is owned by Subatsyah Rivai, Aetna's Nominee.
6	Aetna Global Benefits (Bermuda) Limited owns 49% and 51% is owned by Euro Gulf LLC, Aetna's Nominee.
7	Actna ACO Holdings Inc. owns 50% and 50% is owned by Innovation Health System Foundation, an unaffiliated company.
	55% is owned by AUSHC Holdings, Inc. The remaining 45% is owned by thirteen different hospitals (non-affiliates) which are shareholders with varying degrees of ownership.
9	73% is invested and owned by Aetna Life Insurance Company and 25% is invested and owned by external accredited investors.
10	100% owned through Aetna's nominees.
11	Texas Health + Aetna Health Insurance Holding Company LLC is 50% owned by Aetna Acc Holdings Inc. and 50% by Texas Health Resources, an unaffiliated company.
12	Texas Health + Aetna Health Plan Inc. will become a direct subsidiary of Texas Health + Aetna Health Insurance Company in February 2017.
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SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	2	0		5	0	7	0	0	10	11	12	13
	2	3	4	5	0	Income/	0	9	10	11	12	13
					Burlins Orlin	(Disbursements)						
					Purchases, Sales	Incurred in		1				Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC	10	No		0	Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	-	Business	Totals	Taken/(Liability)
		Active Health Management, Inc	0	0	0	0	111,316,492	0		0	111,316,492	0
		Aetna Behavioral Health, LLC	0	0	0	0	(368,053)	0		0	(368,053)	0
14408	45-2634734	Aetna Better Health Inc. (a New York										
		corporation)		0	0	0	(23, 184, 357)	0		0	(23, 184, 357)	0
14229	45-2764938	Aetna Better Health Inc. (an Ohio										
		corporation)	0	0	0	0	(73,755,972)	0		0	(73,755,972)	0
	80-0671703	Aetna Better Health Inc. (FL)	0	0	0	0	(6,121)	0		0		0
		Aetna Better Health Inc. (GA)	0	0	0	0	(1,100)	0		0	(1, 100)	0
		Actna Better Health Inc. (UA) Actna Better Health Inc. (IL)	0		0			0			(47,203,207)	
14040		Aetna Better Health Inc. (TL)	0		0	0	(102,203,207)	0		0	(47,203,207)	
15005					0		0	0		0		0
		Aetna Better Health of Iowa Inc	0		0	0	0	0		·0	100,000	0
15761		Aetna Better Health of Kentucky Insurance										
1		Company	0		0	0	(85,745,505)	0		0	11,014,495	0
	20-1052897	Aetna Better Health of Michigan Inc	0	0	0	0	(45,783,214)			0	(45,696,929)	0
	43-1702094	Aetna Better Health of Missouri LLC	0	0	0	0	(71,541,383)			0	(62,750,758)	0
.95040	74-1844335	Aetna Better Health of Texas Inc	0	0	0	0	(29,845,213)	0		0	(29,845,213)	0
		Aetna Better Health, Inc (LA)	0		0	0	(3,230,480)	0		0		0
		Aetna Better Health, Inc (NJ)	0	.6,000,000	0	0	(23, 168, 804)	0		0	(17, 168, 804)	0
		Aetna Better Health, Inc (PA)	(28,100,000)	0	0	0		0		0	(149,927,047)	0
		Aetna Better Health, Inc. (a Connecticut										
101/4			0	0	0	0	(44, 710)	0		0	(44.710)	0
1		Corporation)		0	0	0	(44,710)	0		0	(44,710)	0
	38-3704481	Aetna Capital Management, LLC	0	0	0	0	2,392,209	0		0	2,392,209	0
		Aetna Dental Inc. (NJ)	0	0	0	0	(1,785,218)	0		0	(1,785,218)	0
		Aetna Dental Inc. (TX)	(5,400,000)	0	0	0	(7, 168, 985)	(48,810)		0	(12,617,795)	0
		Aetna Dental of California Inc	(6,000,000)	0	0	0	(7, 187, 468)	0		0	(13, 187, 468)	0
78700	06-0876836	Aetna Health and Life Insurance Company	(29,514,236)	0	(3,667,914)	0	(5,251,622)			0		
	30-0123754	Aetna Health Holdings, LLC		(165,100,000)	0	0	0	0			458,245,107	0
95935	23-2442048	Aetna Health Inc. (CT)	0	0	0	0	(25,274,982)	0		0	(25,274,982)	0
		Aetna Health Inc. (FL)	0	0	0	0	(229, 429, 372)	0		0	(229,429,372)	0
		Aetna Health Inc. (GA)	0	0	0	0	(95,205,636)	0		0	(95,205,636)	0
		Aetna Health Inc. (lowa)	0	0	0	0	(76,259,269)	0		0	(76,259,269)	0
		Aetna Health Inc. (LA)	0	0	0	0	(2,976,682)	0 ^		۰. ۱	(2,976,682)	
		Aetna Health Inc. (LA)	0	0	0		(7,818,198)	0			(7,818,198)	
			0	0	0			0		0		0
		Aetna Health Inc. (MI)		0	0	0	(2,305)			·0		0
		Aetna Health Inc. (NJ)	0	0	0	0	(107,699,515)	(5,765,829)		0	(113,465,344)	0
		Aetna Health Inc. (NY)	0	0	0	0		0		0		0
		Aetna Health Inc. (PA)	(305,400,000)	0	0	0	(551,613,250)	(230,911)		0		
		Aetna Health Inc. (TX)	(12,100,000)	0	0	0	(32,336,574)	0		0	(44,436,574)	0
72052	23-2710210	Aetna Health Insurance Company	0	0	0	0	(464,632)	0		0	(464,632)	0
	75-3270039	Aetna Health Insurance Company of Europe					,					
		Limited	0	0	0	0	(863,255)	0	l	0	(863,255)	0
.84450		Aetna Health Insurance Company of New					(000,200)				(000,200)	
		York	0	٥	0	0		٥		0		0
		Aetna Health Management, LLC		0		0	1,823,991,437				1,823,991,437	
	10.0010190	ne tha near th management, LLC		0	0	0	1,020,991,40/				1,020,991,40/	0

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	0	3	4 1	E	0	7	8	9	10	14	10	10
1	2	3	4	5	6	Income/	8	а	10	11	12	13
					STREET TO STREET	(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC	ID	Newson of Jacomers and Depart	Observebalden	Oracital	Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	ID Number	Names of Insurers and Parent,	Shareholder	Capital Contributions	Mortgage Loans or	the Benefit of any Affiliate(s)	Agreements and	Reinsurance	•	the Insurer's Business	Totala	Reserve Credit Taken/(Liability)
Code	95-3402799	Subsidiaries or Affiliates Aetna Health of California Inc.	Dividends	Contributions	Other Investments	Anniate(s)	Service Contracts (230,222,155)	Agreements		Business	Totals (249,222,155)	Taken/(Liability)
	95-3402799 87-0345631	Aetna Health of Utah, Inc		0	0	0		0		0		
		Aetna Health of Otan, Inc Aetna HealthAssurance Pennsylvania Inc	0	0	0	0		0		0		
19827	47-4352768 23-2229683			0	0	0		0		0		
	23-2229683	Aetna Inc	1,668,400,000	0	0	0	1,131,473,744	0		0	2,799,873,744	
	00 4000070	Aetna Insurance (Singapore) Pte. Ltd	0	0	0	0	(1, 147, 421)	0		0	(1, 147, 421)	
36153		Aetna Insurance Company of Connecticut	0	0	0	0		0		0	(54,279)	(
	06-1571642	Aetna International, Inc	0	0	0	0	1,356,044	0		0	1,356,044	(
		Aetna Life & Casualty Bermuda Limited				0	(5,718,968)			0	(5,718,968)	
60054	06-6033492 86-0842559	Actna Life Insurance Company	(1,478,394,979)	(3,084,917)	(27,539,117)	0	(451,236,238)	(337,943,086)		0	(2,298,198,337)	
	80-0842559	Aetna Medicaid Administrators, LLC		0		0		0		0		
		Aetna Multi Strategy 1099 Fund	(1,590,582)	0	2,547,508	0	0	0		0		(
		Aetna Partners Diversified Fund (Cayman),	(5, 507, 00, 0)								107.150	
		Limited	(5,597,291)	0	6,004,444	0	0	0		0		(
	81-0579372	Aetna Partners Diversified Fund, LLC	(16,040,119)	0		0	0	0		0	(899,267)	(
	47-2049117	Aetna Risk Assurance Company of										
		Connecticut	0	0	0	0	0	0		0	0	
	30-0123760	Aetna RX Home Delivery, LLC		0	0	0		0		0		(
		Aetna Shanghai Enterprises Services Co.										
		Ltd	0	0	0	0	2,570	0		0	2,570	
		Aetna Specialty Pharmacy, LLC	0	0	0	0		0		0		
		Aetna Student Health Agency, Inc	0	0	0	0		0		0		(
	20-3180700	Aetna Ventures, LLC		3,084,917	0	0	0	0		0		
12321	20-2901054	American Continental Insurance Company	0	0	0	0	(111,392,953)	0		0	(111,392,953)	(
		American Health Holding, Inc	0	0	0	0		0		0		(
		Azalea Mall, LLC	0	0	0	0	0	0		0	0	
	36-4391310	bswift, LLC		0	0	0	(8,900,000)	0		0	(8,900,000)	(
68500	62-1181209	Continental Life Insurance Company of										
		Brentwood Tennessee	0	0	0	0		0		0		(
81973	75-1296086	Coventry Health & Life Insurance Company	0		0	0	(571,290,040)	(12,980,134)		<u>0</u>		
96460		Coventry Health Care of Delaware, Inc	0	0	0	0		0		0 -	0	
95114		Coventry Health Care of Florida, Inc	0	0	0	0	(354,061,775)	0		0	(354,061,775)	
74160		Coventry Health Care of Illinois, Inc		40,000,000	0	0	(101,290,168)	0		0		
95489	48-0840330	Coventry Health Care of Kansas, Inc	(45,000,000)	0	0	0	(104,446,742)	0		0	(149,446,742)	
	43-1372307	Coventry Health Care of Missouri, Inc	0	0	0	0		0		·0		
95925	42-1308659	Coventry Health Care of Nebraska, Inc	0		0	0	(111,179,845)	3,850,689		·0		(
95321	20-0229117	Coventry Health Care of the Carolinas,	_	_	_	_		_		_	_	-
		Inc	0	0	0	0	0	0		0	0	
	54-1576305	Coventry Health Care of Virginia, Inc	(15,000,000)	0	0	0				·0	(104,882,022)	(
95408	55-0712129	Coventry Health Care of West Virginia,										
		Inc	(15,000,000)	0	0	0	(42,414,806)	0		0	(57,414,806)	
95266	65-0453436	Coventry Health Plan of Florida, Inc		0	0	0	(151,542)	0		0	(72, 151, 542)	
	62-1411933	Coventry HealthCare Management										
		Corporation	(8,000,000)	0	0	0	0	0		0	(8,000,000)	
	47-0854096	Coventry Prescription Mgmt Services, Inc	(14,000,000)	0	0	0		0		0		

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	-	3	4	5	6	7	8	9	10	11	12	13
	10.01					Income/					144	
					Purchases, Sales	(Disbursements) Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC					Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's	Table	Reserve Credit
Code	Number 38-2242132	Subsidiaries or Affiliates First Health Life & Health Ins Co.	Dividends (50,000,000)	Contributions	Other Investments	Affiliate(s)	Service Contracts (173,906,484)	Agreements	-	Business (19,345,107)	Totals (243,251,591)	Taken/(Liability)
				0	0	0		0		(19,340,107)		0
		Group Dental Services of Maryland, Inc	(3,000,000)	0	0	0	(1,125,215)	0		0	(4, 125, 215)	0
	52-1801446 33-0052273	Group Dental Services, Inc.	(2,000,000) (3,000,000)	0	0	0	1,125,215	0			(874,785)	0
		Health and Human Resources Center, Inc		0	0	0	(2,334,073)					
		Health Re, Inc	(135,000,000).	0	0	0				0		(1,226,217,064)
	46-2469464 25-1264318	Healthagen LLC HealthAmerica Pennsylvania Inc	0	0	0	0	0	0			0	0
		HealthAmerica Pennsylvania Inc HealthAssurance Pennsylvania, Inc	(25,000,000)	0	0	0		0				0
11102 2		HealthAssurance Pennsylvania, Inc Horizon Bchavioral Scrvices LLC		0	0		(192,130,193)	0				0
		Innovation Health Holdings, LLC			0	0	1,908,962	0				0
		Innovation Health Insurance Company	0	4,600,000	0	0					(43,677,617)	
	46-0682197	Innovation Health Plan, Inc			0	0	<u>(</u> 19,494,874)	0,000,900			(43,694,875)	
		iTriage, LLC	0.		0	0		0				(20,720)
'		Medicity, Inc.		0	0	0	200,000	0		0		0
		Mental Health Associates, Inc		0	0	0	1,775,816	0			1,775,816	0
		MHNet Life and Health Insurance Company		0	0	0	(459,737)	0		0	(459,737)	0
		MHNet of Florida, Inc.	0	0	0	0	(1,735)	0		0	(1,735)	0
		MHNet Specialty Services, LLC	0	0	0	0		0		0		0
·	20 1002002	PayFlex Sytems USA, Inc.	0	0	0	0		0		0		0
		Coventry Health Care Workers'		0				0				
		Compensation, Inc.		0	0	0	0	0		0		0
		First Health Group Corp		0	0	0	0	0		0		0
		Florida Health Plan Administrators, LLC	(3,000,000)	(5,000,000)	0	0	0	0		0	(8,000,000)	0
		First Script Network Services, Inc.			0	0	0	0	[0	(6,000,000)	0
		Aetna Better Health Inc. (KS)			0	0	0	0		0	2,000,000	0
		Aetna Better Health Inc. (0K)	0	2,000,000	0	0	0	0		0	2,000,000	0
		Canal Place, LLC	0	_,000,000	7,514,227	0	0	0	[0	7.514.227	0
		Aetna Health Insurance Co of Pennsylvania									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			0	0	0	0	0			0		0
		Coventry Health Care Mgmt Corp	.0	.0	.0					0	(611,594)	
		Aetna Health Inc. (Louisiana)		0	0	0	(63,408,991)	0		0	(63,408,991)	0
		Aetna Health Insurance Company (PA)	.0		0	0	(3,908,429)	0			(3,908,429)	0
			.0	0	.0	.0		0				0
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	following the interrogatory questions.		Deenenaaa
	MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile b	by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?		YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March	1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile	e, if required, by March 1?	YES
	APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?		YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
	JUNE FILING		
8.	Will an audited financial report be filed by June 1?		YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and e	electronically with the NAIC by June 1?	YES
10.	AUGUST FILING Will the regulator-only (non-public) Communication of Internal Control Related M electronically with the NAIC (as a regulator-only non-public document) by Augu	Matters Noted in Audit be filed with the state of domicile and	YES
	The following supplemental reports are required to be filed as part of your annu business for which the special report must be filed, your response of NO to the be printed below. If the supplement is required of your company but is not being the interrogatory questions.	e specific interrogatory will be accepted in lieu of filing a "NONE" register of filed for whatever reason enter SEE EXPLANATION and provide	eport and a bar code will
	MARCH FILING	•	NO
11. 12.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the stat Will the Supplemental Life data due March 1 be filed with the state of domicile a		NO NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state		NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of	of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as requir be filed with the state of domicile and electronically with the NAIC by March 1?	red in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogato	bry 3 to Exhibit 5 to Life Supplement be filed with the state of	
17.	domicile and electronically with the NAIC by March 1? Will the Medicare Part D Coverage Supplement be filed with the state of domicil		NO NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the		NU
	electronically with the NAIC by March 1?		NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the electronically with the NAIC by March 1?	he one-year cooling off period for independent CPA be filed	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the	he Requirements for Audit Committees be filed electronically	
	with the NAIC by March 1?		NO
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domic	tile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and		NO
23. 24.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the sta		NO
24. 25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense		NO
		e Allocation Report be filed with the state of domicile and the	
	NAIC by April 1?		NO
26.	AUGUST FILING	3	
26.		3	NO NO
11.	AUGUST FILING Will Management's Report of Internal Control Over Financial Reporting be filed Explanations: The data for this supplement is not required to be filed.	3	
11. 12.	AUGUST FILING Will Management's Report of Internal Control Over Financial Reporting be filed Explanations: The data for this supplement is not required to be filed. The data for this supplement is not required to be filed.	3	
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11. 12. 13. 14. 15. 16. 17. 19. 20. 21. 22. 23. 24. 25. 11. 12. 13. 14. 15. 16. 17.	Will Management's Report of Internal Control Over Financial Reporting be filed to Explanations: The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. NOT APPLICABLE Not at for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. The data for this supplement is not required to be filed. Bar Codes: Medicare Supplement [Document Identifier 205] Property/Casualty Supplement [Document Identifier 371]	With the state of domicile by August 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Aetna Better Health Inc. (a New Jersey corporation) SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES Relief from the one-year cooling off period for independent CPA [Document Identifier 225] 19. 20. Relief from the Requirements for Audit Committees [Document Identifier 226] Long-Term Care Experience Reporting Forms [Document Identifier 306] 21. Life Supplement [Document Identifier 211] 22. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213] 23. 24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216] Supplemental Health Care Exhibit's Expense Allocation Report 25.

[Document Identifier 217]

26.

Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	
Exhibit 1 - Enrollment By Product Type for Health Business Only	
Exhibit 2 - Accident and Health Premiums Due and Unpaid	
Exhibit 3 - Health Care Receivables	
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates Exhibit 7 - Part 1 - Summary of Transactions With Providers	
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	
Exhibit 8 - Furniture, Equipment and Supplies Owned	
Exhibit of Capital Gains (Losses)	
Exhibit of Net Investment Income	
Exhibit of Nonadmitted Assets	
Exhibit of Premiums, Enrollment and Utilization (State Page)	
Five-Year Historical Data	
General Interrogatories	
Jurat Page	1
Liabilities, Capital and Surplus	
Notes To Financial Statements	
Overflow Page For Write-ins	
Schedule A - Part 1	
Schedule A - Part 2	
Schedule A - Part 3	
Schedule A - Verification Between Years	
Schedule B - Part 1	
Schedule B - Part 2	
Schedule B - Verification Between Years	
Schedule BA - Part 1	
Schedule BA - Part 2	
Schedule BA - Part 3	
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	
Schedule D - Part 2 - Section 1	
Schedule D - Part 2 - Section 2	
Schedule D - Part 3	
Schedule D - Part 4	
Schedule D - Part 5	
Schedule D - Part 6 - Section 1 Schedule D - Part 6 - Section 2	
Schedule D - Fait 0 - Section 2	
Schedule D - Verification Between Years	
Schedule DA - Part 1	
Schedule DA - Verification Between Years	
Schedule DB - Part A - Section 1	
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	
Schedule DB - Part B - Verification Between Years	
Schedule DB - Part C - Section 1	
Schedule DB - Part C - Section 2	
Schedule DB - Part D - Section 1	
Schedule DB - Part D - Section 2	
Schedule DB - Verification	
Schedule DL - Part 1	
Schedule DL - Part 2	
Schedule E - Part 2 - Cash Equivalents	
Schedule E - Part 2 - Cash Equivalents	
Schedule E - Verification Between Years	

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	
Schedule S - Part 4	
Schedule S - Part 5	
Schedule S - Part 6	
Schedule S - Part 7	
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	
Schedule Y - Part 1A - Detail of Insurance Holding Company System	
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	

AETNA BETTER HEALTH INC. (A NEW JERSEY CORPORATION)

STATEMENT OF ACTUARIAL OPINION

TABLE OF KEY INDICATORS

This Opinion is: $\sqrt{Unqualifie}$	d Qualified	Adverse	Inconclusive	
IDENTIFICATION SECTION $\sqrt{Prescribed Wording Only}$	V Prescribed Wording	g with Additiona	al Wording	Revised Wording
SCOPE SECTION $\sqrt{Prescribed Wording Only}$	Prescribed Wordin	g with Additiona	al Wording	Revised Wording
RELIANCE SECTION $\sqrt{Prescribed Wording Only}$	Prescribed Wording	g with Additiona	al Wording	Revised Wording
OPINION SECTION Prescribed Wording Only	Prescribed Wording	g with Additiona	al Wording $$	Revised Wording

RELEVANT COMMENTS

Revised Wording – item "C" in the Opinion section – I used: "required by the state in which this statement is filed", as opposed to the prescribed wording: "required by any state".

The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice.

IDENTIFICATION SECTION

I, William R. Jones, Vice President and Valuation Actuary, am an employee of Aetna acting in my capacity as the opining actuary for Aetna Better Health Inc. (a New Jersey corporation) and a member of the American Academy of Actuaries. I was appointed on 05/01/2014 in accordance with the requirements of the statement instructions. I meet the Academy qualification standards for rendering this opinion.

SCOPE

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization, as prepared for filing with state regulatory officials, as of December 31, 2016.

A. Claims Unpaid (Page 3, Line 1)	\$34,047,085
B. Accrued Medical Incentive Pool and Bonus Payments (Page 3, Line 2)	\$600,000
C. Unpaid Claims Adjustment Expenses (Page 3, Line 3)	\$550,742
D. Aggregate Health Policy Reserves (Page 3, Line 4)	\$31,924,552
E. Aggregate life policy reserves (Page 3, Line 5)	\$0
F. Property/casualty unearned premium reserves (Pg3, Line6)	\$0
G. Aggregate Health Claim Reserves (Pg 3, Line 7)	\$0
H. Any other loss reserves, actuarial liabilities or related items presented as	
liabilities in the annual statement	Not Applicable
I. Specified actuarial items presented as assets in the annual statement	Not Applicable

RELIANCE SECTION

In forming my opinion on all reserve amounts listed above, I relied upon Steven M. Conte, Principal Financial Officer and Controller of Aetna Dental Inc. (a New Jersey corporation) as certified in the attached statement. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit - Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

OPINION

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles;
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared;
- C. Meet the requirements of the laws of the state of New Jersey, and are at least as great as the minimum aggregate amounts required by the state in which this statement is filed;
- D. Make good and sufficient provision in the aggregate for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements;
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end;
- F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standard of Practice.

The Analysis Of Health Care Receivables Collected and Accrued – Exhibit 3A was reviewed for reasonableness and consistency with the applicable Actuarial Standard of Practice.

Actuarial methods, considerations and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

William R. Jones, F.S.A., M.A.A.A. 151 Farmington Avenue Hartford, CT 06156 (860) 273-6254 February 24, 2017

RELIANCE STATEMENT

I, Steven M. Conte, Principal Financial Officer and Controller of Aetna Dental Inc. (a New Jersey corporation), hereby affirm that the listings and summaries, and analyses relating to data prepared for and submitted to William R. Jones in support of his actuarial opinion for Aetna Dental Inc. (a New Jersey corporation) as of December 31, 2016, were prepared under my direction and, to the best of my knowledge, information and belief, are substantially accurate and complete and the same as, or derived from, the records and other data which form the basis of the annual statement for the year ended December 31, 2016.

Sten M. Cart

Steven M. Conte 1425 Union Meeting Road, U23S Blue Bell, PA 19422 (215) 775-6508 February 10, 2017

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2016 (To be filed by March 1) PART 1 - INTERROGATORIES

PART 1 – INTERROGATORIES

.

	1.	The reporting insurer is a member of a group of insurers or other holding company system?	Yes [X]	No []
		If yes, do the amounts below represent		
		1) total gross compensation paid to each individual by or on behalf of all companies which are part of the group; or	Yes [X]	No []
		2) allocation to each insurer?	Yes []	No [X]
1	2.	Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement	any	
		commission on the business transactions of the reporting entity?	Yes []	No [X]
:	3.	Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contract	ts	
		with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly	y or	
		indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement?	Yes [X]	No []

F	<u>PART 2</u>		RS AND EMP	PLOYEES C	OMPENS/	ATION (A	.)		
1 Name and Principal	2	3	4	5 Stock	6 Option	7 Sign-on	8 Severance	5 All Other	6
Position	Year	Salary (B)	Bonus (C)	Awards (D)	Awards (E)	Awards	Payments	Comp. (F)	Totals (G)
1. Mark T. Bertolini Principal Executive Officer -	2016 2015	\$1,141,762 1,034,483	\$ 1,656,000 1,840,000	\$ 6,510,109 5,970,103	\$8,693,798 8,144,312	\$ 0 0	5 0 0	\$660,637 273,981	\$18,662,30 17,262,87
Chairman, Chief Executive Officer and President	2014	996,169	1,680,000	5,070,050	6,908,918	0	0	412,185	15,067,32
2. Shawn M. Guertin Principal Financial Officer -	2016 2015	\$ 796,935 773,946	\$ 979,000 1,437,503	\$ 1,230,021 1,230,040	\$2,851,587 2,945,460	\$ 0 0	\$ 0 0	5 28,124 27,080	\$5,885,667 6,414,029
Executive Vice President, Chief Financial Officer and Chief Enterprise Risk Officer	2014	697,318	913,920	810,035	1,865,430	0	C	165,804	4,452,507
3. Thomas J. Sabatino, Jr. Executive Vice President and	2016 2015	\$ 502,874 D	\$ 822,000 0	\$ 4,550,128	\$3,765,090 0	\$600,000 0	\$ 0 0	\$ 748,413	\$10,988,50
General Counsel	2014	ō	ŏ	ō	ō	ō	ō	ŏ	
4. Karen S. Lynch Executive Vice President, National,	2016 2015	\$ 919,483 919,828	\$1,229,000 1,728,000	\$ 1,530,026 1,500,063	\$3,547,079 3,541,015	\$0 0	\$ 0 0	\$101,938 69,882	\$7,327,526
Local and Regional Businesses, Government and Specialty Businesses	2014	672,414	776,250	825,065	1,899 972	ō	0	68,924	4,242,625
5. Gary W. Loveman, Ph.D.* Executive Vice President,	2016 2015	\$ 796,935 137,990	\$1,057,000 319,550	\$ 1,200,020 4,200,104	\$2,782,035 3,324,828	\$ 0 0	\$ 0 0	\$ 568,411 23,242	\$6,404,401 8,005,714
Consumer Health and Services	2014	0	0	0	0	ŏ	ō	0	0
6. Francis S. Soistman, Jr.* Executive Vice President,	2016 2015	\$ 697,893 675,287	\$ 774,769 1,500,000	\$ 1,005,017 900,078	\$2,329,943 2,124,628	\$ 0 0	\$ 0 0	\$ 25,999 19.838	\$4,833,621 5,219,831
Government Services	2014	597,701	845,940	2,140,136	1,243,612	ō	ō	32,750	4,860,139
7. Margaret M. McCarthy Executive Vice President,	2016	\$ 649,526 652,112	\$ 668,000 851,007	\$ 840,014 810,030	\$1,947,438 1,912,153	\$ 0 0	\$ 0 0	\$ 46,568 61,646	\$4,151,546 4,286,948
Operations & Technology	2014	627,960	737,880	840,023	1,934,513	õ	ŏ	124,189	4,264,565
8. Steven B. Kelmar Executive Vice President,	2016 2015	\$ 541,188 512,452	\$ 660,000 750,000	\$ 600,010 525,012	\$1,391,017 1,239.350	\$ 0 0	S 0	S 19,216 17,386	\$3,211,431 3,044,200
Corporate Affairs	2014	423,372	750,000	420,047	967,257	Ő	0	22,870	2,583,546
9. Sheryl A. Burke Vice President, Specialty	2016 2015	\$ 457,839 447,356	\$ 625,000 775,000	\$ 343.868 255.069	\$ 797,074 601,988	\$ 0 0	\$ 0 0	\$222,768 (2,489)	\$2,446,549 2,076,924
Businesses	2014	413,793	489,375	701,854	0	ő	ŏ	293,681	1,898,703
10. Jean C. LaTorre Vice President and Chief	2016 2015	\$ 425,896 432,788	\$ 590,100 722,197	\$ 219,004 225,020	\$ 507,741 531,173	\$ 0 0	\$ 0 0	\$172,867 7,647	\$1,915,608 1,918,825
Investment Officer	2015	408,745	711,833	751,983	0	0	0	245,675	2,118,236

* Mr. Loveman joined Aetna in October 2015. Mr. Sabatino joined Aetna in April 2016.

PART 3 - DIRECTOR COMPENSATION (H)

ART 3 - BIRECTOR COMPENSATION (II)						
	Paid or Deferred for Services as Director				6	7
1 Name and Principal Position or Occupation	2 Direct	3 Stock	4 Option	5 Other	All Other Compensation Paid or Deferred (K)	
and Company (if Outside Director)	Compensation (i)	Awards (J)	Awards			Totals
F. Aguirre, Former President and Chief Executive Officer of Chiquita Brands International, Inc.	\$110,000	\$170,054	\$0	\$0	\$15,776	\$295,830
F.M. Clark, Former Non-executive Chairman of BMO Financial Corporation	\$107,500	\$170,054	\$0	\$0	\$54,315	\$331,869
B.Z. Cohen, Former CEO of The Bancorp, Inc.	\$110,250	\$170,054	\$0	\$0	\$54,315	\$334,619
M.J. Coye, M.D., Social Entrepreneur in Residence, Network for Excellence in Healthcare Innovation		\$170,054	\$0	\$0	\$52,893	\$338,947
R.N. Farah, Co-Chief Executive Officer of Tory Burch LLC	\$128,000	\$170,054	\$0	\$0	\$51,795	\$349,849
B.H. Franklin, President and CEO of Barbara Franklin Enterprises*	\$44,791	\$ 0	\$0	\$0	\$52,152	\$96,943
J.E. Garten, Professor in the Practice of Int'l Trade Finance and Business at Yale University	\$106,500	\$170,054	\$0	\$0	\$49,315	\$325,869
E.M. Hancock, Former President of Jazz Technologies, Inc. and Former Chairman and CEO of Exodus Communications, Inc.	\$124,000	\$170,054	\$0	\$0	\$54,315	\$348,369
R.J. Harrington, Chairman of The Cue Ball Group	\$132,000	\$170,054	\$0	\$0	\$17,288	\$319,342
E.J. Ludwig, Former Chairman of Becton, Dickinson and Company	\$159,500	\$170,054	\$0	\$0	\$52,893	\$382,447
J.P. Newhouse, Professor of Health Policy and Management at Harvard University	\$109,000	\$170,054	\$0	\$0	\$54,315	\$333,369
O.J. Snowe, Chairman and CEO of Olympia Snowe, LLC, Former U.S. Senator	\$109,000	\$170,054	\$0	\$0	\$17,288	\$296,342

*Barbara Hackman Franklin retired from Aetna's Board of Directors on May 20, 2016.

PART 4 - NARRATIVE DESCRIPTION OF MATERIAL FACTORS Provide a narrative description of any material factors necessary to gain an understanding of the information disclosed in the tables.

A. Disclosure is made for persons who served as officers of Aetna Life Insurance Company and/or will be included in Aetna Inc.'s 2017 Proxy Statement, and/or one or more of its subsidiaries (collectively, the "Company") at December 31, 2016. Includes:

1. All individuals serving as the principal executive officer ("PEO") or acting in a similar capacity during the last completed fiscal year, regardless of compensation level;

2. All individuals serving as the principal financial officer ("PFO") or acting in a similar capacity during the last completed fiscal year, regardless of compensation level;

3. The reporting entity's three most highly compensated executive officers, other than the PEO and PFO, who were serving as executive officers at the end of the last completed fiscal year; and

4. The next five most highly compensated employees whose individual total compensation exceeds \$100,000, based on 2016 W-2 information.

B. Amount includes salary deferred under the Company's deferral programs.

C. Amounts shown in this column represent cash bonus awards for the relevant calendar year under the ABP. For 2016, bonus pool funding under the ABP depended upon Aetna's performance against certain measures discussed under "Annual Performance-based Bonuses" beginning on page 33 of Aetna Inc.'s 2017 Proxy Statement. Mr. Bertolini's 2016 ABP award was paid 40% (\$1,656,000) in cash and 60% (\$2,484,000) in RSUs with a grant date of February 17, 2017, that vest over three years (one-third per year). These RSUs will be included in the 2017 Grants of Plan-Based Awards Table in Aetna's 2018 Proxy Statement.

D. The amounts reported in this column represent the aggregate grant date fair value of the stock awards granted in the relevant year computed in accordance with FASB ASC Topic 718, excluding forfeiture estimates. Refer to pages 130-133 of Aetna's 2016 Annual Report on Form 10-K for all relevant valuation assumptions used to determine the grant date fair value of the stock awards included in this column. Amounts shown in this column for 2016 include the grant date fair value of PSUs and RSUs granted to the NEOs in 2016. The PSU grant date fair values are based upon the probable outcome of the performance conditions associated with these PSUs as of the grant date. Each vested PSU represents one share of Common Stock and will be paid in shares of Common Stock, net of taxes.

The grant date fair value of the PSUs granted to the NEOs on February 19, 2016 assuming the highest level of performance conditions associated with these PSUs occurs is as follows: Mr. Bertolini \$7,500,125; Mr. Guertin \$2,460,041; Mr. Loveman \$2,400,040; and Ms. Lynch \$3,060,051. The PSUs granted on February 19, 2016 will vest, if at all, based on achievement of the three-year Compound Annual Growth Rate of adjusted operating earnings per share target set by the Compensation Committee at the time of the grant. The Compensation Committee will determine the Company's achievement of this performance goal following December 31, 2018. Vesting of the PSUs granted to these NEOs on February 19, 2016 will occur, if at all, on February 19, 2019, and is subject to continued employment of the applicable NEO on February 19, 2019.

Includes \$2,760,046 grant date fair value of RSUs granted to Mr. Bertolini in February 2016 as part of his 2016 ABP award.

Includes sign-on PSUs, PSUs and RSUs granted to Mr. Sabatino on May 10, 2016. The grant date fair value of the sign-on PSUs and PSUs granted to Mr. Sabatino on May 10, 2016 assuming the highest level of performance conditions associated with these PSUs occurs is \$2,000,074 and \$2,200,112, respectively. The sign-on PSUs and PSUs granted on May 10, 2016 will vest, if at all, based on achievement of the three-year Compound Annual Growth Rate of adjusted operating earnings per share target set by the Compensation Committee at the time of the grant. The Compensation Committee will determine the Company's achievement of this performance goal following December 31, 2018. Vesting of the sign-on PSUs granted in May 2016 will occur, if at all, on May 10, 2019, and under certain circumstances is not subject to continued employment of Mr. Sabatino on May 10, 2019. Vesting of the PSUs granted on May 10, 2019, and is subject to continued employment of Mr. Sabatino on May 10, 2016 will occur, if at all, on May 10, 2019. The grant date fair value of the RSUs granted to Mr. Sabatino on May 10, 2016 is \$2,500,035.

E. Grant date fair value of the SARs granted to these NEOs on February 19, 2016. These SARs have an exercise price of \$103.45 (the closing price of the Common Stock on February 19, 2016) and will vest in three substantially equal annual installments beginning on February 19, 2017. The SAR values are calculated using a modified Black-Scholes Model for pricing options. Refer to page 130 of Aetna's 2016 Annual Report on Form 10-K for all relevant valuation assumptions used to determine the grant date fair value of these SARs.

Grant date fair value of the SARs granted to Mr. Sabatino on May 10, 2016. These SARs have an exercise price of \$114.46 (the closing price of the Common Stock on May 10, 2016) and will vest in three equal annual installments beginning on May 10, 2017. The SAR value is calculated using a modified Black-Scholes Model for pricing options. The assumptions used to determine the grant date fair value of these SARs were:

Expected term (in years):	7.37
Volatility:	30.7%
Risk-free interest rate:	1.56%
Dividend yield:	0.90%
Initial price:	\$114.46

F. All Other Compensation for 2016

2016	Mark T. Bertolini	Shawn M. Guertin	Thomas J. Sabatino, Jr.	Karen S. Lynch	Gary W. Loveman, Ph.D.	Francis S. Soistman, Jr.	Margaret M. McCarthy	Steven B. Kelmar	Sheryl A. Burke	Jean C. LaTorre
Personal Use of Corporate Aircraft ^{(a}	\$602,781	\$0	\$4,261	\$55,453	\$537,626	\$0	\$21,769	\$0	\$0	\$0
Personal Use of Corporate Vehicles ^{(b}	18,206	0	0	21,111	0	0	28	0	0	0
Professional Association/Club Dues ^(c)	3,671	1,220	700	0	750	99	7,500	0	0	325
Business Entertainment Event ^(d)	1,004	1,004	1,004	1,004	0	0	1,004	1,004	0	0
Relocation Expenses ⁽⁺⁾	0	0	726,548	0	0	0	0	0	0	0
Financial Planning	10,000	10,000	0	8,470	14,135	10,000	0	2,100	10,560	0
Company Matching Contributions Under Aetna 401(k) Plan ^(f)	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900	15,900
Change in Pension ⁽⁹⁾	9,075	0	0	0	0	0	367	212	196,308	156,642
TOTAL	\$660,637	\$28,124	\$748,413	\$101,938	\$568,411	\$25,999	\$46,568	\$19,216	\$222,768	\$172,867

The calculation of incremental cost for personal use of Company aircraft includes only those variable costs incurred as a result of personal (a) use, such as fuel and allocated maintenance costs, and excludes non-variable costs which the Company would have incurred regardless of whether there was any personal use of the aircraft.

Represents the aggregate incremental cost to the Company of personal use of a Company driver and vehicle. Represents annual membership dues to professional organizations and clubs. (b)

(c)

(d) Represents costs associated with attendance at offsite event with a guest.

(0) Represents reimbursement of certain of Mr. Sabatino's relocation expenses, including \$313,750 of broker commissions, \$232,012 for carrying costs, \$130,305 of moving costs, as well as temporary living expenses, tax assistance, closing costs on sale of a home, executive support, miscellaneous expenses and allowances, and interest.

Represents actual match received under the 401(k) Plan attributable to the 2016 plan year.

(g) Amounts in this column only reflect pension values and do not include earnings on deferred compensation amounts because such earnings are neither above-market nor preferential. Refer to the 2016 Nonqualified Deferred Compensation table and "Deferred Compensation Narrative" beginning on page 47 of the Aetna Inc. 2017 Proxy Statement for a discussion of deferred compensation. The table on page 41 of the Aetna Inc. 2017 Proxy Statement presents the change in present value of accumulated benefits under the Pension Plan and Supplemental Pension Plan from December 31, 2015 through December 31, 2016. See "Pension Plan Narrative" on page 46 of the Aetna Inc. 2017 Proxy Statement for a discussion of pension benefits and the economic assumptions behind the figures in this table. Messrs. Guertin, Loveman, Sabatino and Soistman and Ms. Rohan are not eligible to participate in the Pension Plan because they joined the Company after the Pension Plan was frozen on December 31, 2010. Messrs. Guertin, Loveman, Sabatino and Soistman and Ms. Rohan are not eligible to participate in the Supplemental Pension Plan.

G. For details on 2015 Named Executive Officer compensation, please see pages 41 – 43 of the Aetna Inc. 2016 Proxy Statement. For details on 2014 Named Executive Officer compensation, please see pages 39 - 40 of the Aetna Inc. 2015 **Proxy Statement.**

H.: Disclosure is made for persons who served Aetna Inc. as Directors in 2016.

I. The amounts shown in this column include any cash compensation that was deferred by Directors during 2016 under the Aetna Inc. Non-Employee Director Compensation Plan (the "Director Plan"). See "Additional Director Compensation Information" beginning on page 22 of the Aetna Inc. 2017 Proxy Statement for a discussion of Director compensation deferrals. Amounts in this column consist of one or more of the following:

Activity	2016 Fees Earned or Paid in Cash
Annual Retainer Fee	\$95,000
Lead Director	35,000
Chair of the Audit Committee	25,000
Membership on the Audit Committee	10,000
Chair of the Compensation Committee	25,000
Membership on the Compensation Committee	7,500
Chair of the Nominating Committee	15,000
Membership on the Nominating Committee	5,000
Chair of the Investment and Finance Committee	13,000
Chair of the Medical Affairs Committee	13,000
Committee Membership (except as set forth above) (other than the Chairs)	4,000

Amounts shown in this column represent the full grant date fair value for RSUs granted in 2016 computed in J. accordance with FASB ASC Topic 718, excluding forfeiture estimates. Refer to pages 130-133 of Aetna's 2016 Annual Report on Form 10-K for all relevant valuation assumptions used to determine the grant date fair value of the stock awards included in this column. On May 20, 2016, Aetna granted each nonmanagement Director then in office 1,537 RSUs. The full grant date fair value is calculated by multiplying the number of units granted times the closing price of Aetna's Common Stock on the grant date. See "Additional Director Compensation Information" beginning on page 22 of the Aetna Inc. 2017 Proxy Statement for a discussion of RSU awards and related deferrals.

At December 31, 2016, the number of outstanding RSU awards held by each Director was 1,537. Refer to the Beneficial Ownership Table and related footnotes beginning on page 25 of the Aetna Inc. 2017 Proxy Statement for more information on Director holdings of Common Stock.

K. 2016 All Other Compensation consists of the items in the following table. See "Additional Director Compensation Information" beginning on page 22 of the Aetna Inc. 2017 Proxy Statement for a discussion of certain components of All Other Compensation.

	Group Life Insurance and Business Travel Accident Insurance Premiums	Charitable Award Program ^{ia}	Matching Charitable Contributions ^e	Tota
Fernando Aguirre	\$ 776	\$ 0	\$15,000	\$15,776
Frank M. Clark	3,710	35,605	15,000	54,315
Betsy Z. Cohen	3,710	35,605	15,000	54,315
Molly J. Coye, M.D.	2,288	35,605	15,000	52,893
Roger N. Farah	1,190	35,605	15,000	51,795
Barbara Hackman Franklin	1,547	35,605	15,000	52,152
Jeffrey E. Garten	3,710	35,605	10,000	49,315
Ellen M. Hancock	3,710	35,605	15,000	54,315
Richard J. Harrington	2,288	0	15,000	17,288
Edward J. Ludwig	2,288	35,605	15,000	52,893
Joseph P. Newhouse	3,710	35,605	15,000	54,315
Olympia J. Snowe	2,288	0	15,000	17,288

(a) Refer to "Director Charitable Award Program" on page 23 of the Aetna Inc. 2016 Proxy Statement for information about the Charitable Award Program, which was discontinued for any new Director joining the Board after January 25, 2008. Amounts shown are pre-tax and do not reflect the anticipated tax benefit to the Company from the charitable contributions under the Charitable Award Program. Directors derive no personal financial or tax benefit from this program.

(b) These amounts represent matching contributions made by Aetna Foundation, Inc. pursuant to Aetna's charitable giving programs, which encourage contributions by eligible persons to charitable organizations. Through the 2015 Aetna Foundation Matching Grants Program for Directors, up to \$15,000 in eligible contributions per Director per program year are matched at 100% by Aetna Foundation, Inc. Amounts shown are pre-tax. Directors derive no personal financial or tax benefit from this program.

The reported amount does not include income from any exercise of stock appreciation rights or any vesting of restricted stock units during the year or any imputed income.