

Maine 940 Report

All companies must complete Sections I, II, and III below.

Section I. Company Information

Company Name: AETNA LIFE INSURANCE COMPANY
Maine License Number: 621
NAIC Code: 6054

Section II. Contact Information

First Name: Julia Middle Initial: Last Name: Schneider Suffix:
E-Mail: Schneiderj1@aetna.com Phone Number: 609-524-7376

Section III. Products Offered or Renewed

Provide Information for Calendar Year:

2016

Did this Company Offer or Renew Individual Health Plans subject to Maine Title 24-A §2736-C (Check One)? Yes No
Did this Company Offer Small Group Health Plans subject to Maine Title 24-A §2808-B (Check One)? Yes No

*If you answered NO to both questions, save the spreadsheet NOW and send it to the Maine Bureau of Insurance.

**If you answered YES to either of the two questions directly above, you must complete Section IV and Section V.

To complete Section V, click on the tab labeled "Section V. Covered Lives Data" at the bottom of this spreadsheet.

Section IV. Experience Data

For all types of coverage combined, please provide the following information:

Provide Information for Calendar Year:

2016

Individual Earned Premium: \$	
Individual Incurred Claims: \$	
Small Group Earned Premium: \$	51,217,134
Small Group Incurred Claims: \$	39,050,485

Maine Rule 940 Report

Complete one table below for EACH combination that applies to your company: A. Individual/On Exchange, B. Individual/Off Exchange, C. Small Group/On Exchange, and D. Small Group/Off Exchange

Enter the Number of Covered Persons As Of: **03/31/2017**

A. Individual/ON Exchange									
Number of Covered Persons in Each Plan by Age Category									
Age	Bronze	Silver (Not Including CSR)	Silver CSR 73%	Silver CSR 87%	Silver CSR 94%	Gold	Platinum	Catastrophic	Total
0-20									0
21-24									0
25-29									0
30-39									0
40-49									0
50-59									0
60-64									0
65 and Older									0
Total	0	0	0	0	0	0	0	0	0

B. Individual/OFF Exchange								
Number of Covered Persons in Each Plan by Age Category								
Age	Grandfathered	Transitional	Bronze	Silver	Gold	Platinum	Catastrophic	Total
0-20								0
21-24								0
25-29								0
30-39								0
40-49								0
50-59								0
60-64								0
65 and Older								0
Total	0	0	0	0	0	0	0	0

C. Small Group/ON Exchange					
Number of Covered Persons in Each Plan by Age Category					
Age	Bronze	Silver	Gold	Platinum	Total
0-20					0
21-24					0
25-29					0
30-39					0
40-49					0
50-59					0
60-64					0
65 and Older					0
Total	0	0	0	0	0

D. Small Group/OFF Exchange							
Number of Covered Persons in Each Plan by Age Category							
Age	Grandfathered	Transitional	Bronze	Silver	Gold	Platinum	Total
0-20	61		1354	1030	316		2761
21-24	18		440	324	80		862
25-29	10		512	445	111		1078
30-39	26		1044	890	213		2173
40-49	37		1183	950	248		2418
50-59	46		1581	1112	235		2974
60-64	13		692	391	120		1216
65 and Older	2		75	52	21		150
Total	213	0	6881	5194	1344	0	13632