

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **CONSOLIDATED**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	223,470	180,511	3,905	0	28,707	0	0	10,347	0	0
2. MEMBER MONTHS.....	674,960	543,737	11,641	0	89,286	0	0	30,296	0	0
3. Direct premium income.....	209,902,818	174,631,308	11,526,473	0	21,233,321	0	XXXXXXXX	2,511,716	XXXXXXXX	0
4. Net premium income.....	209,902,818	174,631,308	11,526,473	0	21,233,321	0	0	2,511,716	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(34,233)	(34,233)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	209,868,585	174,597,075	11,526,473	0	21,233,321	0	0	2,511,716	0	0
11. Hospital and medical.....	180,119,681	148,954,307	8,765,565	0	21,537,893	0	0	861,916	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	180,119,681	148,954,307	8,765,565	0	21,537,893	0	0	861,916	0	0
14. Claims adjustment expenses.....	3,090,565	2,541,173	153,904	0	380,587	0	0	14,901	0	0
15. General administrative expenses.....	19,826,934	17,609,700	846,923	0	1,080,502	0	0	289,809	0	0
16. Increase in reserves for A&H contracts.....	(750,263)	(750,263)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	202,286,917	168,354,917	9,766,392	0	22,998,982	0	0	1,166,626	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	7,581,668	6,242,158	1,760,081	0	(1,765,661)	0	0	1,345,090	0	0
19. Net investment income earned.....	2,490,336	2,070,615	137,205	0	252,432	0	0	30,084	0	0
20. Net realized capital gains/(losses).....	564,054	496,527	21,062	0	46,161	0	0	304	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	3,054,390	2,567,142	158,267	0	298,593	0	0	30,388	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	10,636,058	8,809,300	1,918,348	0	(1,467,068)	0	0	1,375,478	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(1,521,371)	(1,256,812)	(95,011)	0	(148,594)	0	0	(20,954)	0	0
25. NET INCOME (LOSS) (L23 less L24).....	12,157,429	10,066,112	2,013,359	0	(1,318,474)	0	0	1,396,432	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		19,002	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		57,073	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **CONSOLIDATED**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	223,470	180,511	3,905	0	28,707	0	0	10,347	0	0
2. MEMBER MONTHS.....	2,706,514	2,221,904	43,482	0	330,317	0	0	110,811	0	0
3. Direct premium income.....	843,885,883	709,613,031	43,608,313	0	82,340,496	0	XXXXXXXX	8,324,043	XXXXXXXX	0
4. Net premium income.....	843,482,085	709,216,318	43,601,228	0	82,340,496	0	0	8,324,043	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(28,714)	(28,714)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	843,453,371	709,187,604	43,601,228	0	82,340,496	0	0	8,324,043	0	0
11. Hospital and medical.....	691,948,362	586,866,828	30,172,490	0	71,709,550	0	0	3,199,494	0	0
12. Net reins recoveries.....	1,918,700	1,918,700	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	690,029,662	584,948,128	30,172,490	0	71,709,550	0	0	3,199,494	0	0
14. Claims adjustment expenses.....	13,838,967	11,737,337	603,449	0	1,434,191	0	0	63,990	0	0
15. General administrative expenses.....	99,120,561	87,251,081	3,047,782	0	7,723,818	0	0	1,097,880	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	802,989,190	683,936,546	33,823,721	0	80,867,559	0	0	4,361,364	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	40,464,181	25,251,058	9,777,507	0	1,472,937	0	0	3,962,679	0	0
19. Net investment income earned.....	10,410,681	8,753,449	538,166	0	1,016,323	0	0	102,743	0	0
20. Net realized capital gains/(losses).....	(7,005,502)	(5,890,326)	(362,141)	0	(683,898)	0	0	(69,137)	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	3,405,179	2,863,123	176,025	0	332,425	0	0	33,606	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	43,869,360	28,114,181	9,953,532	0	1,805,362	0	0	3,996,285	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(1,435,271)	(1,206,798)	(74,194)	0	(140,115)	0	0	(14,164)	0	0
25. NET INCOME (LOSS) (L23 less L24).....	45,304,631	29,320,979	10,027,726	0	1,945,477	0	0	4,010,449	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		19,002	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		228,181	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Aetna Health Inc.**REPORT FOR DIVISION: **Houston**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	101,244	0	95,031	0	0	0	6,045	168	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	85,044	0	77,146	0	0	0	7,694	204	0	0
6. Current Year Member Months	1,073,916	0	979,135	0	0	0	92,510	2,271	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,541,662	0	1,460,078	0	0	0	77,720	3,864	0	0
8. Non-Physician	176,665	0	161,717	0	0	0	14,792	156	0	0
9. Total	1,718,327	0	1,621,795	0	0	0	92,512	4,020	0	0
10. Hospital Patient Days Incurred	24,912	0	22,131	0	0	0	2,496	285	0	0
11. Number of Inpatient Admissions	5,917	0	5,336	0	0	0	537	44	0	0
12. Health Premiums Written	355,615,780	0	322,425,107	0	0	0	30,858,044	2,332,629	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	355,604,234	0	322,413,561	0	0	0	30,858,044	2,332,629	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	296,035,118	0	262,799,521	0	0	0	31,495,954	1,739,643	0	0
18. Amount Incurred for Provision of Health Care Services	297,870,782	0	261,270,074	0	0	0	34,852,273	1,748,435	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Houston**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	85,044	84,840	204	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	254,536	253,925	611	0	0	0	0	0	0	0
3. Direct premium income.....	85,364,611	84,774,402	590,209	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	85,364,611	84,774,402	590,209	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(18,795)	(18,795)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	85,345,816	84,755,607	590,209	0	0	0	0	0	0	0
11. Hospital and medical.....	73,120,869	72,656,088	464,781	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	73,120,869	72,656,088	464,781	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	1,237,668	1,229,656	8,012	0	0	0	0	0	0	0
15. General administrative expenses.....	8,526,100	8,482,754	43,346	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	82,884,637	82,368,498	516,139	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	2,461,179	2,387,109	74,070	0	0	0	0	0	0	0
19. Net investment income earned.....	1,010,769	1,003,759	7,010	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	274,556	273,114	1,442	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1,285,325	1,276,873	8,452	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	3,746,504	3,663,982	82,522	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(623,174)	(618,388)	(4,786)	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	4,369,678	4,282,370	87,308	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		7,694	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		23,086	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Houston**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	85,044	84,840	204	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,073,916	1,071,645	2,271	0	0	0	0	0	0	0
3. Direct premium income.....	355,615,780	353,283,151	2,332,629	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	355,418,909	353,086,647	2,332,262	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(11,546)	(11,546)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	355,407,363	353,075,101	2,332,262	0	0	0	0	0	0	0
11. Hospital and medical.....	297,870,782	296,122,347	1,748,435	0	0	0	0	0	0	0
12. Net reins recoveries.....	1,351,182	1,351,182	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	296,519,600	294,771,165	1,748,435	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	5,957,416	5,922,447	34,969	0	0	0	0	0	0	0
15. General administrative expenses.....	43,520,119	43,359,781	160,338	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	345,997,135	344,053,393	1,943,742	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	9,410,228	9,021,708	388,520	0	0	0	0	0	0	0
19. Net investment income earned.....	4,386,766	4,357,979	28,787	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	(2,951,920)	(2,932,549)	(19,371)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1,434,846	1,425,430	9,416	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	10,845,074	10,447,138	397,936	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(604,783)	(600,814)	(3,969)	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	11,449,857	11,047,952	401,905	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		7,694	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		92,510	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Aetna Health Inc.**REPORT FOR DIVISION: **San Antonio**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	47,800	0	27,468	0	0	0	5,378	1,214	13,740	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	49,636	0	27,132	0	0	0	4,891	2,042	15,571	0
6. Current Year Member Months	572,707	0	328,200	0	0	0	58,518	22,721	163,268	0
Total Member Ambulatory Encounters for Year:										
7. Physician	524,597	0	303,891	0	0	0	55,121	34,438	131,147	0
8. Non-Physician	98,440	0	28,470	0	0	0	10,200	3,606	56,164	0
9. Total	623,037	0	332,361	0	0	0	65,321	38,044	187,311	0
10. Hospital Patient Days Incurred	9,763	0	5,157	0	0	0	1,507	3,051	48	0
11. Number of Inpatient Admissions	2,386	0	1,418	0	0	0	355	607	6	0
12. Health Premiums Written	158,545,082	0	77,733,775	0	0	0	19,973,710	24,239,735	36,597,862	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	158,540,589	0	77,729,282	0	0	0	19,973,710	24,239,735	36,597,862	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	120,541,606	0	57,981,885	0	0	0	17,789,734	15,525,704	29,244,283	0
18. Amount Incurred for Provision of Health Care Services	120,446,093	0	57,935,923	0	0	0	18,130,745	16,280,474	28,098,951	0

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STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **San Antonio**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	49,636	26,859	2,042	0	15,571	0	0	5,164	0	0
2. MEMBER MONTHS.....	147,721	81,992	6,084	0	44,616	0	0	15,029	0	0
3. Direct premium income.....	40,221,273	23,279,791	6,310,205	0	9,439,538	0	XXXXXXXX	1,191,739	XXXXXXXX	0
4. Net premium income.....	40,221,273	23,279,791	6,310,205	0	9,439,538	0	0	1,191,739	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(529)	(529)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	40,220,744	23,279,262	6,310,205	0	9,439,538	0	0	1,191,739	0	0
11. Hospital and medical.....	31,423,616	18,148,986	4,684,753	0	8,226,125	0	0	363,752	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	31,423,616	18,148,986	4,684,753	0	8,226,125	0	0	363,752	0	0
14. Claims adjustment expenses.....	539,450	306,550	82,099	0	144,650	0	0	6,151	0	0
15. General administrative expenses.....	3,496,636	2,386,547	466,213	0	505,008	0	0	138,868	0	0
16. Increase in reserves for A&H contracts.....	(750,263)	(750,263)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	34,709,439	20,091,820	5,233,065	0	8,875,783	0	0	508,771	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	5,511,305	3,187,442	1,077,140	0	563,755	0	0	682,968	0	0
19. Net investment income earned.....	477,766	276,205	75,055	0	112,223	0	0	14,283	0	0
20. Net realized capital gains/(losses).....	96,569	63,270	12,865	0	20,494	0	0	(60)	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	574,335	339,475	87,920	0	132,717	0	0	14,223	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	6,085,640	3,526,917	1,165,060	0	696,472	0	0	697,191	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(303,643)	(167,802)	(53,829)	0	(72,329)	0	0	(9,683)	0	0
25. NET INCOME (LOSS) (L23 less L24).....	6,389,283	3,694,719	1,218,889	0	768,801	0	0	706,874	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,891	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		14,676	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **San Antonio**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	49,636	26,859	2,042	0	15,571	0	0	5,164	0	0
2. MEMBER MONTHS.....	572,707	332,031	22,721	0	163,268	0	0	54,687	0	0
3. Direct premium income.....	158,545,082	93,814,017	24,239,735	0	36,597,862	0	XXXXXXXX	3,893,468	XXXXXXXX	0
4. Net premium income.....	158,483,723	93,756,363	24,236,030	0	36,597,862	0	0	3,893,468	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(4,493)	(4,493)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	158,479,230	93,751,870	24,236,030	0	36,597,862	0	0	3,893,468	0	0
11. Hospital and medical.....	120,446,093	74,578,329	16,280,474	0	28,098,951	0	0	1,488,339	0	0
12. Net reins recoveries.....	251,793	251,793	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	120,194,300	74,326,536	16,280,474	0	28,098,951	0	0	1,488,339	0	0
14. Claims adjustment expenses.....	2,408,922	1,491,567	325,609	0	561,979	0	0	29,767	0	0
15. General administrative expenses.....	17,320,435	11,594,321	1,703,952	0	3,508,479	0	0	513,683	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	139,923,657	87,412,424	18,310,035	0	32,169,409	0	0	2,031,789	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	18,555,573	6,339,446	5,925,995	0	4,428,453	0	0	1,861,679	0	0
19. Net investment income earned.....	1,956,097	1,157,172	299,143	0	451,725	0	0	48,057	0	0
20. Net realized capital gains/(losses).....	(1,316,287)	(778,679)	(201,298)	0	(303,972)	0	0	(32,338)	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	639,810	378,493	97,845	0	147,753	0	0	15,719	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	19,195,383	6,717,939	6,023,840	0	4,576,206	0	0	1,877,398	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(269,678)	(159,535)	(41,241)	0	(62,277)	0	0	(6,625)	0	0
25. NET INCOME (LOSS) (L23 less L24).....	19,465,061	6,877,474	6,065,081	0	4,638,483	0	0	1,884,023	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,891	(Examples of non-taxable enrollees are State					0 # of Enrollees in C3-Pt D included in C3-Basic		
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		58,518	of Texas enrollees and Federal employees.)					0 # of Member Months in C3-Pt D included in C3-Basic		

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Aetna Health Inc.**REPORT FOR DIVISION: **Austin**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	14,122	0	10,788	0	0	0	3,334	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	11,189	0	8,269	0	0	0	2,886	34	0	0
6. Current Year Member Months	138,793	0	103,781	0	0	0	34,757	255	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	150,017	0	116,433	0	0	0	33,046	538	0	0
8. Non-Physician	20,297	0	13,947	0	0	0	6,343	7	0	0
9. Total	170,314	0	130,380	0	0	0	39,389	545	0	0
10. Hospital Patient Days Incurred	1,928	0	1,382	0	0	0	495	51	0	0
11. Number of Inpatient Admissions	624	0	446	0	0	0	171	7	0	0
12. Health Premiums Written	44,261,951	0	31,464,176	0	0	0	12,617,651	180,124	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	44,256,414	0	31,458,639	0	0	0	12,617,651	180,124	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	33,260,617	0	23,580,758	0	0	0	9,454,549	225,310	0	0
18. Amount Incurred for Provision of Health Care Services	31,911,653	0	22,600,597	0	0	0	9,055,941	255,115	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Austin**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,189	11,155	34	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,836	33,744	92	0	0	0	0	0	0	0
3. Direct premium income.....	10,827,927	10,769,044	58,883	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	10,827,927	10,769,044	58,883	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(4,771)	(4,771)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	10,823,156	10,764,273	58,883	0	0	0	0	0	0	0
11. Hospital and medical.....	8,256,821	8,123,138	133,683	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	8,256,821	8,123,138	133,683	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	141,482	138,930	2,552	0	0	0	0	0	0	0
15. General administrative expenses.....	1,103,328	1,100,815	2,513	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	9,501,631	9,362,883	138,748	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	1,321,525	1,401,390	(79,865)	0	0	0	0	0	0	0
19. Net investment income earned.....	128,313	127,605	708	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	31,762	31,810	(48)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	160,075	159,415	660	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	1,481,600	1,560,805	(79,205)	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(88,021)	(87,741)	(280)	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	1,569,621	1,648,546	(78,925)	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,886	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		8,665	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Austin**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,189	11,155	34	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	138,793	138,538	255	0	0	0	0	0	0	0
3. Direct premium income.....	44,261,951	44,081,827	180,124	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	44,237,705	44,057,602	180,103	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(5,537)	(5,537)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	44,232,168	44,052,065	180,103	0	0	0	0	0	0	0
11. Hospital and medical.....	31,911,653	31,656,538	255,115	0	0	0	0	0	0	0
12. Net reins recoveries.....	68,849	68,849	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	31,842,804	31,587,689	255,115	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	638,233	633,131	5,102	0	0	0	0	0	0	0
15. General administrative expenses.....	5,525,637	5,515,657	9,980	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	38,006,674	37,736,477	270,197	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	6,225,494	6,315,588	(90,094)	0	0	0	0	0	0	0
19. Net investment income earned.....	545,954	543,731	2,223	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	(367,381)	(365,885)	(1,496)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	178,573	177,846	727	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	6,404,067	6,493,434	(89,367)	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(75,268)	(74,962)	(306)	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	6,479,335	6,568,396	(89,061)	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,886	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		34,757	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Aetna Health Inc.**REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	612	0	564	0	0	0	0	48	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	641	0	558	0	0	0	12	71	0	0
6. Current Year Member Months	7,030	0	5,947	0	0	0	112	971	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	7,121	0	6,103	0	0	0	215	803	0	0
8. Non-Physician	820	0	747	0	0	0	9	64	0	0
9. Total	7,941	0	6,850	0	0	0	224	867	0	0
10. Hospital Patient Days Incurred	344	0	166	0	0	0	11	167	0	0
11. Number of Inpatient Admissions	70	0	40	0	0	0	3	27	0	0
12. Health Premiums Written	2,066,236	0	1,688,681	0	0	0	(446,722)	824,277	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	2,066,387	0	1,688,832	0	0	0	(446,722)	824,277	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,837,665	0	1,324,875	0	0	0	65,985	446,805	0	0
18. Amount Incurred for Provision of Health Care Services	1,871,130	0	1,336,692	0	0	0	76,528	457,910	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Corpus Christi**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	641	570	71	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,791	1,580	211	0	0	0	0	0	0	0
3. Direct premium income.....	635,014	444,463	190,551	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	635,014	444,463	190,551	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(37)	(37)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	634,977	444,426	190,551	0	0	0	0	0	0	0
11. Hospital and medical.....	326,553	260,842	65,711	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	326,553	260,842	65,711	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	4,986	4,064	922	0	0	0	0	0	0	0
15. General administrative expenses.....	67,420	51,682	15,738	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	398,959	316,588	82,371	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	236,018	127,838	108,180	0	0	0	0	0	0	0
19. Net investment income earned.....	7,611	5,360	2,251	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	(66)	(790)	724	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	7,545	4,570	2,975	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	243,563	132,408	111,155	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(2,779)	(887)	(1,892)	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	246,342	133,295	113,047	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		36	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Corpus Christi**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	641	570	71	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	7,030	6,059	971	0	0	0	0	0	0	0
3. Direct premium income.....	2,066,236	1,241,959	824,277	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	2,065,009	1,240,940	824,069	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	151	151	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	2,065,160	1,241,091	824,069	0	0	0	0	0	0	0
11. Hospital and medical.....	1,871,130	1,413,220	457,910	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	1,871,130	1,413,220	457,910	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	37,422	28,264	9,158	0	0	0	0	0	0	0
15. General administrative expenses.....	204,819	144,968	59,851	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	2,113,371	1,586,452	526,919	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(48,211)	(345,361)	297,150	0	0	0	0	0	0	0
19. Net investment income earned.....	25,490	15,319	10,171	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	(17,153)	(10,308)	(6,845)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	8,337	5,011	3,326	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(39,874)	(340,350)	300,476	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(3,514)	(2,112)	(1,402)	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(36,360)	(338,238)	301,878	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		112	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Aetna Health Inc.**REPORT FOR DIVISION: **El Paso**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	11,029	0	11,029	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	9,935	0	9,887	0	0	0	34	14	0	0
6. Current Year Member Months	129,093	0	128,628	0	0	0	345	120	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	79,482	0	79,156	0	0	0	220	106	0	0
8. Non-Physician	7,696	0	7,691	0	0	0	3	2	0	0
9. Total	87,178	0	86,847	0	0	0	223	108	0	0
10. Hospital Patient Days Incurred	2,032	0	2,027	0	0	0	3	2	0	0
11. Number of Inpatient Admissions	642	0	639	0	0	0	2	1	0	0
12. Health Premiums Written	30,838,349	0	30,622,320	0	0	0	123,286	92,743	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	30,828,829	0	30,612,800	0	0	0	123,286	92,743	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	22,753,154	0	22,669,878	0	0	0	50,582	32,694	0	0
18. Amount Incurred for Provision of Health Care Services	22,472,231	0	22,378,189	0	0	0	54,769	39,273	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **El Paso**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,935	9,921	14	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,605	30,565	40	0	0	0	0	0	0	0
3. Direct premium income.....	7,350,971	7,319,615	31,356	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	7,350,971	7,319,615	31,356	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(3,206)	(3,206)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	7,347,765	7,316,409	31,356	0	0	0	0	0	0	0
11. Hospital and medical.....	5,405,849	5,384,873	20,976	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	5,405,849	5,384,873	20,976	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	91,051	90,650	401	0	0	0	0	0	0	0
15. General administrative expenses.....	748,209	745,916	2,293	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	6,245,109	6,221,439	23,670	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	1,102,656	1,094,970	7,686	0	0	0	0	0	0	0
19. Net investment income earned.....	86,989	86,611	378	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	24,391	24,428	(37)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	111,380	111,039	341	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	1,214,036	1,206,009	8,027	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(60,060)	(59,803)	(257)	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	1,274,096	1,265,812	8,284	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		34	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		101	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **El Paso**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,935	9,921	14	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	129,093	128,973	120	0	0	0	0	0	0	0
3. Direct premium income.....	30,838,349	30,745,606	92,743	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	30,814,667	30,721,938	92,729	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(9,520)	(9,520)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	30,805,147	30,712,418	92,729	0	0	0	0	0	0	0
11. Hospital and medical.....	22,472,231	22,432,958	39,273	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	22,472,231	22,432,958	39,273	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	449,445	448,660	785	0	0	0	0	0	0	0
15. General administrative expenses.....	3,845,160	3,838,180	6,980	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	26,766,836	26,719,798	47,038	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	4,038,311	3,992,620	45,691	0	0	0	0	0	0	0
19. Net investment income earned.....	380,226	379,081	1,145	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	(255,859)	(255,089)	(770)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	124,367	123,992	375	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	4,162,678	4,116,612	46,066	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(52,420)	(52,262)	(158)	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	4,215,098	4,168,874	46,224	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		34	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		345	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Aetna Health Inc.**REPORT FOR DIVISION: **Dallas**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	67,924	0	50,631	0	0	0	4,255	507	12,531	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	67,025	0	48,864	0	0	0	3,485	1,540	13,136	0
6. Current Year Member Months	784,975	0	558,843	0	0	0	41,939	17,144	167,049	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,273,976	0	1,052,515	0	0	0	43,432	26,049	151,980	0
8. Non-Physician	232,574	0	139,823	0	0	0	9,168	2,681	80,902	0
9. Total	1,506,550	0	1,192,338	0	0	0	52,600	28,730	232,882	0
10. Hospital Patient Days Incurred	13,844	0	10,735	0	0	0	1,148	1,942	19	0
11. Number of Inpatient Admissions	3,423	0	2,790	0	0	0	279	344	10	0
12. Health Premiums Written	252,558,485	0	170,071,750	0	0	0	20,805,296	15,938,805	45,742,634	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	252,560,716	0	170,073,981	0	0	0	20,805,296	15,938,805	45,742,634	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	213,907,374	0	143,716,201	0	0	0	20,180,570	10,184,563	39,826,040	0
18. Amount Incurred for Provision of Health Care Services	217,376,473	0	142,189,044	0	0	0	20,185,547	11,391,283	43,610,599	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Dallas**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	67,025	47,166	1,540	0	13,136	0	0	5,183	0	0
2. MEMBER MONTHS.....	206,471	141,931	4,603	0	44,670	0	0	15,267	0	0
3. Direct premium income.....	65,503,022	48,043,993	4,345,269	0	11,793,783	0	XXXXXXXX	1,319,977	XXXXXXXX	0
4. Net premium income.....	65,503,022	48,043,993	4,345,269	0	11,793,783	0	0	1,319,977	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(6,895)	(6,895)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	65,496,127	48,037,098	4,345,269	0	11,793,783	0	0	1,319,977	0	0
11. Hospital and medical.....	61,585,973	44,380,380	3,395,661	0	13,311,768	0	0	498,164	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	61,585,973	44,380,380	3,395,661	0	13,311,768	0	0	498,164	0	0
14. Claims adjustment expenses.....	1,075,928	771,323	59,918	0	235,937	0	0	8,750	0	0
15. General administrative expenses.....	5,885,241	4,841,986	316,820	0	575,494	0	0	150,941	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	68,547,142	49,993,689	3,772,399	0	14,123,199	0	0	657,855	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(3,051,015)	(1,956,591)	572,870	0	(2,329,416)	0	0	662,122	0	0
19. Net investment income earned.....	778,888	571,075	51,803	0	140,209	0	0	15,801	0	0
20. Net realized capital gains/(losses).....	136,842	104,695	6,116	0	25,667	0	0	364	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	915,730	675,770	57,919	0	165,876	0	0	16,165	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(2,135,285)	(1,280,821)	630,789	0	(2,163,540)	0	0	678,287	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(443,695)	(322,192)	(33,967)	0	(76,265)	0	0	(11,271)	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(1,691,590)	(958,629)	664,756	0	(2,087,275)	0	0	689,558	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,485	(Examples of non-taxable enrollees are State					0 # of Enrollees in C3-Pt D included in C3-Basic		
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		10,509	of Texas enrollees and Federal employees.)					0 # of Member Months in C3-Pt D included in C3-Basic		

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Dallas**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	67,025	47,166	1,540	0	13,136	0	0	5,183	0	0
2. MEMBER MONTHS.....	784,975	544,658	17,144	0	167,049	0	0	56,124	0	0
3. Direct premium income.....	252,558,485	186,446,471	15,938,805	0	45,742,634	0	XXXXXXXX	4,430,575	XXXXXXXX	0
4. Net premium income.....	252,462,072	186,352,828	15,936,035	0	45,742,634	0	0	4,430,575	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	2,231	2,231	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	252,464,303	186,355,059	15,936,035	0	45,742,634	0	0	4,430,575	0	0
11. Hospital and medical.....	217,376,473	160,663,436	11,391,283	0	43,610,599	0	0	1,711,155	0	0
12. Net reins recoveries.....	246,876	246,876	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	217,129,597	160,416,560	11,391,283	0	43,610,599	0	0	1,711,155	0	0
14. Claims adjustment expenses.....	4,347,529	3,213,268	227,826	0	872,212	0	0	34,223	0	0
15. General administrative expenses.....	28,704,391	22,798,174	1,106,681	0	4,215,339	0	0	584,197	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	250,181,517	186,428,002	12,725,790	0	48,698,150	0	0	2,329,575	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	2,282,786	(72,943)	3,210,245	0	(2,955,516)	0	0	2,101,000	0	0
19. Net investment income earned.....	3,116,148	2,300,167	196,697	0	564,598	0	0	54,686	0	0
20. Net realized capital gains/(losses).....	(2,096,902)	(1,547,816)	(132,361)	0	(379,926)	0	0	(36,799)	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1,019,246	752,351	64,336	0	184,672	0	0	17,887	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	3,302,032	679,408	3,274,581	0	(2,770,844)	0	0	2,118,887	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(429,608)	(317,113)	(27,118)	0	(77,838)	0	0	(7,539)	0	0
25. NET INCOME (LOSS) (L23 less L24).....	3,731,640	996,521	3,301,699	0	(2,693,006)	0	0	2,126,426	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,485	(Examples of non-taxable enrollees are State					0 # of Enrollees in C3-Pt D included in C3-Basic		
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		41,939	of Texas enrollees and Federal employees.)					0 # of Member Months in C3-Pt D included in C3-Basic		

* Other (identify products(s); eg PPO): 0