

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	10,347	0	0	
2. MEMBER MONTHS.....	674,960	543,737	11,641	0	89,286	0	30,296	0	0	
3. Direct premium income.....	310.99	321.17	990.16	0.00	237.81	0.00	XXXXXXXX	XXXXXXXX	0.00	
4. Net premium income.....	310.99	321.17	990.16	0.00	237.81	0.00	XXXXXXXX	XXXXXXXX	0.00	
5. Change in unearned premium reserve & reserve for rate credits..	(0.05)	(0.06)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	0.00	
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10. TOTAL REVENUE (L4 to L9).....	310.93	321.11	990.16	0.00	237.81	0.00	82.91	0.00	0.00	
11. Hospital and medical.....	266.86	273.95	752.99	0.00	241.22	0.00	28.45	0.00	0.00	
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	266.86	273.95	752.99	0.00	241.22	0.00	28.45	0.00	0.00	
14. Claims adjustment expenses.....	4.58	4.67	13.22	0.00	4.26	0.00	0.49	0.00	0.00	
15. General administrative expenses.....	29.37	32.39	72.75	0.00	12.10	0.00	9.57	0.00	0.00	
16. Increase in reserves for A&H contracts.....	(1.11)	(1.38)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	299.70	309.63	838.97	0.00	257.59	0.00	38.51	0.00	0.00	
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	11.23	11.48	151.20	0.00	(19.78)	0.00	44.40	0.00	0.00	
19. Net investment income earned.....	3.69	3.81	11.79	0.00	2.83	0.00	0.99	0.00	0.00	
20. Net realized capital gains/(losses).....	0.84	0.91	1.81	0.00	0.52	0.00	0.01	0.00	0.00	
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	4.53	4.72	13.60	0.00	3.34	0.00	1.00	0.00	0.00	
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	15.76	16.20	164.79	0.00	(16.43)	0.00	45.40	0.00	0.00	
24. Extraordinary items & federal and foreign income taxes incurred..	(2.25)	(2.31)	(8.16)	0.00	(1.66)	0.00	(0.69)	0.00	0.00	
25. NET INCOME (LOSS) (L23 less L24).....	18.01	18.51	172.95	0.00	(14.77)	0.00	46.09	0.00	0.00	
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.....	311.80	319.37	1,002.90	0.00	249.28	0.00	XXXXXXXX	75.12	XXXXXXXX	0.00
4. Net premium income.....	311.65	319.19	1,002.74	0.00	249.28	0.00	0.00	75.12	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	(0.01)	(0.01)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	311.64	319.18	1,002.74	0.00	249.28	0.00	0.00	75.12	0.00	0.00
11. Hospital and medical.....	255.66	264.13	693.91	0.00	217.09	0.00	0.00	28.87	0.00	0.00
12. Net reins recoveries.....	0.71	0.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	254.95	263.26	693.91	0.00	217.09	0.00	0.00	28.87	0.00	0.00
14. Claims adjustment expenses.....	5.11	5.28	13.88	0.00	4.34	0.00	0.00	0.58	0.00	0.00
15. General administrative expenses.....	36.62	39.27	70.09	0.00	23.38	0.00	0.00	9.91	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	296.69	307.82	777.88	0.00	244.82	0.00	0.00	39.36	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	14.95	11.36	224.86	0.00	4.46	0.00	0.00	35.76	0.00	0.00
19. Net investment income earned.....	3.85	3.94	12.38	0.00	3.08	0.00	0.00	0.93	0.00	0.00
20. Net realized capital gains/(losses).....	(2.59)	(2.65)	(8.33)	0.00	(2.07)	0.00	0.00	(0.62)	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.26	1.29	4.05	0.00	1.01	0.00	0.00	0.30	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	16.21	12.65	228.91	0.00	5.47	0.00	0.00	36.06	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(0.53)	(0.54)	(1.71)	0.00	(0.42)	0.00	0.00	(0.13)	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	16.74	13.20	230.62	0.00	5.89	0.00	0.00	36.19	0.00	0.00
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

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.....	335.37	333.86	965.97	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	335.37	333.86	965.97	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	(0.07)	(0.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	335.30	333.78	965.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	287.27	286.13	760.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	287.27	286.13	760.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.86	4.84	13.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	33.50	33.41	70.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	325.63	324.38	844.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	9.67	9.40	121.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.97	3.95	11.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	1.08	1.08	2.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	5.05	5.03	13.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	14.72	14.43	135.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(2.45)	(2.44)	(7.83)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	17.17	16.86	142.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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.....	331.14	329.66	1,027.14	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	330.96	329.48	1,026.98	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	(0.01)	(0.01)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	330.95	329.47	1,026.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	277.37	276.33	769.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	1.26	1.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	276.11	275.06	769.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	5.55	5.53	15.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	40.52	40.46	70.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	322.18	321.05	855.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	8.76	8.42	171.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	4.08	4.07	12.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	(2.75)	(2.74)	(8.53)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.34	1.33	4.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	10.10	9.75	175.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(0.56)	(0.56)	(1.75)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	10.66	10.31	176.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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

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: 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.....	272.28	283.93	1,037.18	0.00	211.57	0.00	XXXXXXXX	79.30	XXXXXXXX	0.00
4. Net premium income.....	272.28	283.93	1,037.18	0.00	211.57	0.00	0.00	79.30	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	(0.00)	(0.01)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	272.28	283.92	1,037.18	0.00	211.57	0.00	0.00	79.30	0.00	0.00
11. Hospital and medical.....	212.72	221.35	770.01	0.00	184.38	0.00	0.00	24.20	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	212.72	221.35	770.01	0.00	184.38	0.00	0.00	24.20	0.00	0.00
14. Claims adjustment expenses.....	3.65	3.74	13.49	0.00	3.24	0.00	0.00	0.41	0.00	0.00
15. General administrative expenses.....	23.67	29.11	76.63	0.00	11.32	0.00	0.00	9.24	0.00	0.00
16. Increase in reserves for A&H contracts.....	(5.08)	(9.15)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	234.97	245.05	860.14	0.00	198.94	0.00	0.00	33.85	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	37.31	38.88	177.04	0.00	12.64	0.00	0.00	45.44	0.00	0.00
19. Net investment income earned.....	3.23	3.37	12.34	0.00	2.52	0.00	0.00	0.95	0.00	0.00
20. Net realized capital gains/(losses).....	0.65	0.77	2.11	0.00	0.46	0.00	0.00	(0.00)	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	3.89	4.14	14.45	0.00	2.97	0.00	0.00	0.95	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	41.20	43.02	191.50	0.00	15.61	0.00	0.00	46.39	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(2.06)	(2.05)	(8.85)	0.00	(1.62)	0.00	0.00	(0.64)	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	43.25	45.06	200.34	0.00	17.23	0.00	0.00	47.03	0.00	0.00
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.....	276.83	282.55	1,066.84	0.00	224.16	0.00	XXXXXXXX	71.20	XXXXXXXX	0.00
4. Net premium income.....	276.73	282.37	1,066.68	0.00	224.16	0.00	0.00	71.20	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	(0.01)	(0.01)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	276.72	282.36	1,066.68	0.00	224.16	0.00	0.00	71.20	0.00	0.00
11. Hospital and medical.....	210.31	224.61	716.54	0.00	172.10	0.00	0.00	27.22	0.00	0.00
12. Net reins recoveries.....	0.44	0.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	209.87	223.85	716.54	0.00	172.10	0.00	0.00	27.22	0.00	0.00
14. Claims adjustment expenses.....	4.21	4.49	14.33	0.00	3.44	0.00	0.00	0.54	0.00	0.00
15. General administrative expenses.....	30.24	34.92	74.99	0.00	21.49	0.00	0.00	9.39	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	244.32	263.27	805.86	0.00	197.03	0.00	0.00	37.15	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	32.40	19.09	260.82	0.00	27.12	0.00	0.00	34.04	0.00	0.00
19. Net investment income earned.....	3.42	3.49	13.17	0.00	2.77	0.00	0.00	0.88	0.00	0.00
20. Net realized capital gains/(losses).....	(2.30)	(2.35)	(8.86)	0.00	(1.86)	0.00	0.00	(0.59)	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.12	1.14	4.31	0.00	0.90	0.00	0.00	0.29	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	33.52	20.23	265.12	0.00	28.03	0.00	0.00	34.33	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(0.47)	(0.48)	(1.82)	0.00	(0.38)	0.00	0.00	(0.12)	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	33.99	20.71	266.94	0.00	28.41	0.00	0.00	34.45	0.00	0.00
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

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.....	320.01	319.14	640.03	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	320.01	319.14	640.03	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	(0.14)	(0.14)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	319.87	319.00	640.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	244.02	240.73	1,453.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	244.02	240.73	1,453.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.18	4.12	27.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	32.61	32.62	27.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	280.81	277.47	1,508.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	39.06	41.53	(868.10)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.79	3.78	7.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.94	0.94	(0.52)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	4.73	4.72	7.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	43.79	46.25	(860.92)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(2.60)	(2.60)	(3.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	46.39	48.85	(857.88)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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.....	318.91	318.19	706.37	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	318.73	318.02	706.29	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	(0.04)	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	318.69	317.98	706.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	229.92	228.50	1,000.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.50	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	229.43	228.01	1,000.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.60	4.57	20.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	39.81	39.81	39.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	273.84	272.39	1,059.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	44.85	45.59	(353.31)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.93	3.92	8.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	(2.65)	(2.64)	(5.87)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.29	1.28	2.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	46.14	46.87	(350.46)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(0.54)	(0.54)	(1.20)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	46.68	47.41	(349.26)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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

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.....	354.56	281.31	903.09	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	354.56	281.31	903.09	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	(0.02)	(0.02)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	354.54	281.28	903.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	182.33	165.09	311.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	182.33	165.09	311.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	2.78	2.57	4.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	37.64	32.71	74.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	222.76	200.37	390.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	131.78	80.91	512.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	4.25	3.39	10.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	(0.04)	(0.50)	3.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	4.21	2.89	14.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	135.99	83.80	526.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(1.55)	(0.56)	(8.97)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	137.54	84.36	535.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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.....	293.92	204.98	848.89	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	293.74	204.81	848.68	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	293.76	204.83	848.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	266.16	233.24	471.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	266.16	233.24	471.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	5.32	4.66	9.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	29.13	23.93	61.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	300.62	261.83	542.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(6.86)	(57.00)	306.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.63	2.53	10.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	(2.44)	(1.70)	(7.05)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.19	0.83	3.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	(5.67)	(56.17)	309.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(0.50)	(0.35)	(1.44)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	(5.17)	(55.82)	310.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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

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.....	240.19	239.48	783.90	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	240.19	239.48	783.90	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	(0.10)	(0.10)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	240.08	239.37	783.90	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	176.63	176.18	524.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	176.63	176.18	524.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	2.98	2.97	10.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	24.45	24.40	57.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	204.06	203.55	591.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	36.03	35.82	192.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	2.84	2.83	9.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.80	0.80	(0.93)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	3.64	3.63	8.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	39.67	39.46	200.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(1.96)	(1.96)	(6.43)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	41.63	41.41	207.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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.....	238.88	238.39	772.86	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	238.70	238.20	772.74	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	(0.07)	(0.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	238.63	238.13	772.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	174.08	173.94	327.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	174.08	173.94	327.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	3.48	3.48	6.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	29.79	29.76	58.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	207.35	207.17	391.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	31.28	30.96	380.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	2.95	2.94	9.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	(1.98)	(1.98)	(6.42)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	0.96	0.96	3.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	32.25	31.92	383.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(0.41)	(0.41)	(1.32)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	32.65	32.32	385.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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

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.....	317.25	338.50	944.01	0.00	264.02	0.00	XXXXXXXX	86.46	XXXXXXXX	0.00
4. Net premium income.....	317.25	338.50	944.01	0.00	264.02	0.00	0.00	86.46	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	(0.03)	(0.05)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	317.22	338.45	944.01	0.00	264.02	0.00	0.00	86.46	0.00	0.00
11. Hospital and medical.....	298.28	312.69	737.71	0.00	298.00	0.00	0.00	32.63	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	298.28	312.69	737.71	0.00	298.00	0.00	0.00	32.63	0.00	0.00
14. Claims adjustment expenses.....	5.21	5.43	13.02	0.00	5.28	0.00	0.00	0.57	0.00	0.00
15. General administrative expenses.....	28.50	34.12	68.83	0.00	12.88	0.00	0.00	9.89	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	331.99	352.24	819.55	0.00	316.17	0.00	0.00	43.09	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(14.78)	(13.79)	124.46	0.00	(52.15)	0.00	0.00	43.37	0.00	0.00
19. Net investment income earned.....	3.77	4.02	11.25	0.00	3.14	0.00	0.00	1.03	0.00	0.00
20. Net realized capital gains/(losses).....	0.66	0.74	1.33	0.00	0.57	0.00	0.00	0.02	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	4.44	4.76	12.58	0.00	3.71	0.00	0.00	1.06	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	(10.34)	(9.02)	137.04	0.00	(48.43)	0.00	0.00	44.43	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(2.15)	(2.27)	(7.38)	0.00	(1.71)	0.00	0.00	(0.74)	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	(8.19)	(6.75)	144.42	0.00	(46.73)	0.00	0.00	45.17	0.00	0.00
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	5,183	0	0	
2. MEMBER MONTHS.....	784,975	544,658	17,144	0	167,049	0	56,124	0	0	
3. Direct premium income.....	321.74	342.32	929.70	0.00	273.83	0.00	XXXXXXX	78.94	XXXXXXX	0.00
4. Net premium income.....	321.62	342.15	929.54	0.00	273.83	0.00	0.00	78.94	XXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXX	0.00	0.00	0.00	XXXXXXX	XXXXXXX	XXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXX	0.00	0.00	XXXXXXX	XXXXXXX	0.00	XXXXXXX	XXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	321.62	342.15	929.54	0.00	273.83	0.00	0.00	78.94	0.00	0.00
11. Hospital and medical.....	276.92	294.98	664.45	0.00	261.06	0.00	0.00	30.49	0.00	0.00
12. Net reins recoveries.....	0.31	0.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	276.61	294.53	664.45	0.00	261.06	0.00	0.00	30.49	0.00	0.00
14. Claims adjustment expenses.....	5.54	5.90	13.29	0.00	5.22	0.00	0.00	0.61	0.00	0.00
15. General administrative expenses.....	36.57	41.86	64.55	0.00	25.23	0.00	0.00	10.41	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	318.71	342.28	742.29	0.00	291.52	0.00	0.00	41.51	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	2.91	(0.13)	187.25	0.00	(17.69)	0.00	0.00	37.43	0.00	0.00
19. Net investment income earned.....	3.97	4.22	11.47	0.00	3.38	0.00	0.00	0.97	0.00	0.00
20. Net realized capital gains/(losses).....	(2.67)	(2.84)	(7.72)	0.00	(2.27)	0.00	0.00	(0.66)	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.30	1.38	3.75	0.00	1.11	0.00	0.00	0.32	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	4.21	1.25	191.00	0.00	(16.59)	0.00	0.00	37.75	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(0.55)	(0.58)	(1.58)	0.00	(0.47)	0.00	0.00	(0.13)	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	4.75	1.83	192.59	0.00	(16.12)	0.00	0.00	37.89	0.00	0.00
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