

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	210,003	155,428	4,795	0	0	38,687	0	0	11,093	0
2. MEMBER MONTHS.....	627,792	467,415	14,350	0	0	112,336	0	0	33,691	0
3. Direct premium income.....	206,940,013	156,424,825	13,810,500	0	0	34,190,541	0	XXXXXXXX	2,514,147	0
4. Net premium income.....	206,940,013	156,424,825	13,810,500	0	0	34,190,541	0	0	2,514,147	0
5. Change in unearned premium reserves & reserve for rate credits.....	(7,443)	(7,443)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	206,932,570	156,417,382	13,810,500	0	0	34,190,541	0	0	2,514,147	0
11. Hospital and medical benefits.....	168,260,995	127,213,304	10,418,947	0	0	29,071,690	0	0	1,557,054	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	168,260,995	127,213,304	10,418,947	0	0	29,071,690	0	0	1,557,054	0
14. Claims adjustment expenses.....	3,365,220	2,544,269	208,378	0	0	581,433	0	0	31,140	0
15. General administrative expenses.....	22,626,337	18,335,997	819,193	0	0	3,167,505	0	0	303,642	0
16. Increase in reserves for A&H contracts.....	(1,293,951)	(1,293,951)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	192,958,601	146,799,619	11,446,518	0	0	32,820,628	0	0	1,891,836	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	13,973,969	9,617,763	2,363,982	0	0	1,369,913	0	0	622,311	0
19. Net Investments Gains (Losses).....	1,828,912	1,385,248	123,257	0	0	298,363	0	0	22,044	0
20. Aggregate write-ins for other income or expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	15,802,881	11,003,011	2,487,239	0	0	1,668,276	0	0	644,355	0
22. Federal and foreign income taxes incurred.....	4,780,858	2,198,847	1,481,098	0	0	726,998	0	0	373,915	0
23. NET INCOME / (LOSS) (L21 less L22).....	11,022,023	8,804,164	1,006,141	0	0	941,278	0	0	270,440	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,123	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		36,302	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	210,003	155,428	4,795	0	0	38,687	0	0	11,093	0
2. MEMBER MONTHS.....	2,526,569	1,921,287	56,705	0	0	414,017	0	0	134,560	0
3. Direct premium income.....	849,783,241	635,435,378	54,170,514	0	0	149,418,942	0	XXXXXXXX	10,758,407	0
4. Net premium income.....	849,783,241	635,435,378	54,170,514	0	0	149,418,942	0	0	10,758,407	0
5. Change in unearned premium reserves & reserve for rate credits.....	68,784	68,784	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	128,675	0	0	0	0	128,675	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	849,980,700	635,504,162	54,170,514	0	0	149,547,617	0	0	10,758,407	0
11. Hospital and medical benefits.....	724,023,162	546,108,003	40,651,238	0	0	130,333,398	0	0	6,930,523	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	724,023,162	546,108,003	40,651,238	0	0	130,333,398	0	0	6,930,523	0
14. Claims adjustment expenses.....	14,480,463	10,922,160	813,025	0	0	2,606,668	0	0	138,610	0
15. General administrative expenses.....	95,468,465	76,892,614	3,493,201	0	0	13,734,650	0	0	1,348,000	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).....	833,972,090	633,922,777	44,957,464	0	0	146,674,716	0	0	8,417,133	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	16,008,610	1,581,385	9,213,050	0	0	2,872,901	0	0	2,341,274	0
19. Net Investments Gains (Losses).....	8,682,815	6,491,871	553,369	0	0	1,527,675	0	0	109,900	0
20. Aggregate write-ins for other income or expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	24,691,425	8,073,256	9,766,419	0	0	4,400,576	0	0	2,451,174	0
22. Federal and foreign income taxes incurred.....	5,749,018	1,879,733	2,273,961	0	0	1,024,606	0	0	570,718	0
23. NET INCOME / (LOSS) (L21 less L22).....	18,942,407	6,193,523	7,492,458	0	0	3,375,970	0	0	1,880,456	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,123	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		146,820	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Aetna Health Inc.**

(Name of Company)

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	85,044	55	77,091	0	0	0	7,694	204	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	73,262	44	66,879	0	0	0	5,817	522	0	0
6. Current Year Member Months	903,681	581	826,969	0	0	0	70,537	5,594	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,403,351	906	1,326,665	0	0	0	65,739	10,041	0	0
8. Non-Physician	168,001	108	155,222	0	0	0	11,554	1,117	0	0
9. Total	1,571,352	1,014	1,481,887	0	0	0	77,293	11,158	0	0
10. Hospital Patient Days Incurred	21,747	29	19,050	0	0	0	2,090	578	0	0
11. Number of Inpatient Admissions	5,002	5	4,434	0	0	0	454	109	0	0
12. Health Premiums Written	314,642,589	551,051	280,079,520	0	0	0	28,720,704	5,291,314	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	314,686,243	551,051	280,123,174	0	0	0	28,720,704	5,291,314	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	273,666,828	654,934	239,976,206	0	0	0	29,120,411	3,915,277	0	0
18. Amount Incurred for Provision of Health Care Services	273,249,256	660,251	241,211,140	0	0	0	27,067,337	4,310,528	0	0

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	73,262	72,740	522	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	220,373	218,840	1,533	0	0	0	0	0	0	0
3. Direct premium income.....	77,247,384	75,786,040	1,461,344	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	77,247,384	75,786,040	1,461,344	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	(6,029)	(6,029)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	77,241,355	75,780,011	1,461,344	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	59,930,567	58,676,782	1,253,785	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).....	59,930,567	58,676,782	1,253,785	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	1,198,611	1,173,535	25,076	0	0	0	0	0	0	0
15. General administrative expenses.....	9,024,502	8,940,079	84,423	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).....	70,153,680	68,790,396	1,363,284	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	7,087,675	6,989,615	98,060	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	683,314	670,092	13,222	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	7,770,989	7,659,707	111,282	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,029,625	941,395	88,230	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	6,741,364	6,718,312	23,052	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		5,817	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):		0		
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		17,407	of Texas enrollees and Federal employees.)			Identify Assumptions:				

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	73,262	72,740	522	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	903,681	898,087	5,594	0	0	0	0	0	0	0
3. Direct premium income.....	314,642,589	309,351,275	5,291,314	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	314,642,589	309,351,275	5,291,314	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	43,654	43,654	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	314,686,243	309,394,929	5,291,314	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	273,249,256	268,938,728	4,310,528	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).....	273,249,256	268,938,728	4,310,528	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	5,464,985	5,378,774	86,211	0	0	0	0	0	0	0
15. General administrative expenses.....	37,708,227	37,373,811	334,416	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).....	316,422,468	311,691,313	4,731,155	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	(1,736,225)	(2,296,384)	560,159	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	3,214,617	3,160,565	54,052	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	1,478,392	864,181	614,211	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	344,221	201,211	143,010	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	1,134,171	662,970	471,201	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		5,817	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		70,537	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Aetna Health Inc.**

(Name of Company)

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	49,636	11	27,121	0	0	0	4,891	2,042	15,571	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	50,836	10	24,309	0	0	0	4,169	2,378	19,970	0
6. Current Year Member Months	601,361	121	306,206	0	0	0	50,374	27,861	216,799	0
Total Member Ambulatory Encounters for Year:										
7. Physician	415,466	110	265,319	0	0	0	53,706	49,947	46,384	0
8. Non-Physician	51,227	14	27,725	0	0	0	10,070	6,444	6,974	0
9. Total	466,693	124	293,044	0	0	0	63,776	56,391	53,358	0
10. Hospital Patient Days Incurred	28,525	0	4,954	0	0	0	1,303	3,853	18,415	0
11. Number of Inpatient Admissions	7,712	0	1,263	0	0	0	297	759	5,393	0
12. Health Premiums Written	193,652,463	76,207	71,099,422	0	0	0	21,097,294	28,997,196	72,382,344	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	193,655,511	76,207	71,102,470	0	0	0	21,097,294	28,997,196	72,382,344	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	150,313,962	17,647	54,683,929	0	0	0	18,169,230	21,705,391	55,737,765	0
18. Amount Incurred for Provision of Health Care Services	158,084,218	17,790	55,938,358	0	0	0	18,726,821	22,033,772	61,367,477	0

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	50,836	22,872	2,378	0	0	19,970	0	0	5,616	0
2. MEMBER MONTHS.....	151,986	69,312	7,131	0	0	58,380	0	0	17,163	0
3. Direct premium income.....	46,811,550	21,198,575	7,315,645	0	0	17,074,898	0	XXXXXXXX	1,222,432	0
4. Net premium income.....	46,811,550	21,198,575	7,315,645	0	0	17,074,898	0	0	1,222,432	0
5. Change in unearned premium reserve & reserve for rate credits.....	641	641	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	46,812,191	21,199,216	7,315,645	0	0	17,074,898	0	0	1,222,432	0
11. Hospital and medical benefits.....	38,375,228	17,787,135	5,511,928	0	0	14,317,249	0	0	758,916	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	38,375,228	17,787,135	5,511,928	0	0	14,317,249	0	0	758,916	0
14. Claims adjustment expenses.....	767,504	355,743	110,238	0	0	286,345	0	0	15,178	0
15. General administrative expenses.....	4,639,551	2,472,660	433,557	0	0	1,585,640	0	0	147,694	0
16. Increase in reserves for A&H contracts.....	(1,293,951)	(1,293,951)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	42,488,332	19,321,587	6,055,723	0	0	16,189,234	0	0	921,788	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	4,323,859	1,877,629	1,259,922	0	0	885,664	0	0	300,644	0
19. Net Investments Gains (Losses).....	413,471	187,518	65,178	0	0	150,027	0	0	10,748	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	4,737,330	2,065,147	1,325,100	0	0	1,035,691	0	0	311,392	0
22. Federal and foreign income taxes incurred.....	2,330,357	778,485	758,262	0	0	596,427	0	0	197,183	0
23. NET INCOME (LOSS) (L21 less L22).....	2,406,973	1,286,662	566,838	0	0	439,264	0	0	114,209	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,169	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		12,499	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	50,836	22,872	2,378	0	0	19,970	0	0	5,616	0
2. MEMBER MONTHS.....	601,357	288,871	27,861	0	0	216,799	0	0	67,826	0
3. Direct premium income.....	193,652,463	87,103,171	28,997,196	0	0	72,382,344	0	XXXXXXXX	5,169,752	0
4. Net premium income.....	193,652,463	87,103,171	28,997,196	0	0	72,382,344	0	0	5,169,752	0
5. Change in unearned premium reserve & reserve for rate credits.....	3,048	3,048	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	64,338	0	0	0	0	64,338	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	193,719,849	87,106,219	28,997,196	0	0	72,446,682	0	0	5,169,752	0
11. Hospital and medical benefits.....	158,084,218	71,492,362	22,033,772	0	0	61,367,477	0	0	3,190,607	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	158,084,218	71,492,362	22,033,772	0	0	61,367,477	0	0	3,190,607	0
14. Claims adjustment expenses.....	3,161,684	1,429,847	440,675	0	0	1,227,350	0	0	63,812	0
15. General administrative expenses.....	19,810,598	10,606,601	1,864,426	0	0	6,689,020	0	0	650,551	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).....	181,056,500	83,528,810	24,338,873	0	0	69,283,847	0	0	3,904,970	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	12,663,349	3,577,409	4,658,323	0	0	3,162,835	0	0	1,264,782	0
19. Net Investments Gains (Losses).....	1,978,908	889,817	296,215	0	0	740,065	0	0	52,811	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	14,642,257	4,467,226	4,954,538	0	0	3,902,900	0	0	1,317,593	0
22. Federal and foreign income taxes incurred.....	3,409,224	1,040,125	1,153,588	0	0	908,730	0	0	306,781	0
23. NET INCOME (LOSS) (L21 less L22).....	11,233,033	3,427,101	3,800,950	0	0	2,994,170	0	0	1,010,812	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,169	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		50,374	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Aetna Health Inc.**

(Name of Company)

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	11,189	16	8,253	0	0	0	2,886	34	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	12,279	11	10,081	0	0	0	2,137	50	0	0
6. Current Year Member Months	138,030	149	111,353	0	0	0	25,909	619	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	158,350	170	129,508	0	0	0	27,245	1,427	0	0
8. Non-Physician	24,601	26	19,187	0	0	0	5,161	227	0	0
9. Total	182,951	196	148,695	0	0	0	32,406	1,654	0	0
10. Hospital Patient Days Incurred	2,258	3	1,735	0	0	0	447	73	0	0
11. Number of Inpatient Admissions	663	1	498	0	0	0	146	18	0	0
12. Health Premiums Written	47,269,948	119,233	35,777,410	0	0	0	10,908,406	464,899	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	47,268,309	119,233	35,775,771	0	0	0	10,908,406	464,899	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	39,762,622	37,119	29,409,736	0	0	0	9,941,092	374,675	0	0
18. Amount Incurred for Provision of Health Care Services	40,910,190	37,420	30,455,555	0	0	0	10,029,903	387,312	0	0

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	12,279	12,229	50	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	36,342	36,186	156	0	0	0	0	0	0	0
3. Direct premium income.....	12,493,047	12,375,224	117,823	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	12,493,047	12,375,224	117,823	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	(1,730)	(1,730)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	12,491,317	12,373,494	117,823	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	11,025,216	10,891,417	133,799	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).....	11,025,216	10,891,417	133,799	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	220,505	217,829	2,676	0	0	0	0	0	0	0
15. General administrative expenses.....	1,445,315	1,439,229	6,086	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).....	12,691,036	12,548,475	142,561	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	(199,719)	(174,981)	(24,738)	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	112,117	111,068	1,049	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	(87,602)	(63,913)	(23,689)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	32,176	29,133	3,043	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	(119,778)	(93,046)	(26,732)	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,137	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		6,396	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	12,279	12,229	50	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	138,030	137,411	619	0	0	0	0	0	0	0
3. Direct premium income.....	47,269,948	46,805,049	464,899	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	47,269,948	46,805,049	464,899	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	(1,639)	(1,639)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	47,268,309	46,803,410	464,899	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	40,910,190	40,522,878	387,312	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).....	40,910,190	40,522,878	387,312	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	818,204	810,458	7,746	0	0	0	0	0	0	0
15. General administrative expenses.....	5,686,108	5,656,897	29,211	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).....	47,414,502	46,990,233	424,269	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	(146,193)	(186,823)	40,630	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	482,860	478,111	4,749	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	336,667	291,288	45,379	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	78,388	67,822	10,566	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	258,279	223,466	34,813	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,137	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):		0		
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		25,909	of Texas enrollees and Federal employees.)			Identify Assumptions:				

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Aetna Health Inc.**

(Name of Company)

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	641	0	558	0	0	0	12	71	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	492	0	433	0	0	0	0	59	0	0
6. Current Year Member Months	6,859	0	6,022	0	0	0	0	837	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	6,498	0	5,586	0	0	0	0	912	0	0
8. Non-Physician	908	0	816	0	0	0	0	92	0	0
9. Total	7,406	0	6,402	0	0	0	0	1,004	0	0
10. Hospital Patient Days Incurred	335	0	150	0	0	0	0	185	0	0
11. Number of Inpatient Admissions	58	0	31	0	0	0	0	27	0	0
12. Health Premiums Written	2,384,813	0	1,698,250	0	0	0	709	685,854	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	2,385,178	0	1,698,615	0	0	0	709	685,854	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	1,584,831	0	1,052,105	0	0	0	90,008	442,718	0	0
18. Amount Incurred for Provision of Health Care Services	1,594,697	0	1,046,607	0	0	0	78,761	469,329	0	0

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	492	433	59	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,609	1,424	185	0	0	0	0	0	0	0
3. Direct premium income.....	584,313	418,626	165,687	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	584,313	418,626	165,687	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	(104)	(104)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	584,209	418,522	165,687	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	270,894	119,303	151,591	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).....	270,894	119,303	151,591	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	5,418	2,386	3,032	0	0	0	0	0	0	0
15. General administrative expenses.....	62,718	53,485	9,233	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).....	339,030	175,174	163,856	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	245,179	243,348	1,831	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	5,167	3,705	1,462	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	250,346	247,053	3,293	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	92,385	71,083	21,302	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	157,961	175,970	(18,009)	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	492	433	59	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,859	6,022	837	0	0	0	0	0	0	0
3. Direct premium income.....	2,384,813	1,698,959	685,854	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	2,384,813	1,698,959	685,854	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	365	365	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	2,385,178	1,699,324	685,854	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	1,594,697	1,125,368	469,329	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).....	1,594,697	1,125,368	469,329	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	31,894	22,507	9,387	0	0	0	0	0	0	0
15. General administrative expenses.....	257,442	212,308	45,134	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).....	1,884,033	1,360,183	523,850	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	501,145	339,141	162,004	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	24,366	17,359	7,007	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	525,511	356,500	169,011	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	122,357	83,005	39,352	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	403,154	273,495	129,659	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR DIVISION: **EI Paso**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	9,935	2	9,885	0	0	0	34	14	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	8,807	2	8,774	0	0	0	0	31	0	0
6. Current Year Member Months	108,716	24	108,275	0	0	0	0	417	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	71,551	16	70,814	0	0	0	0	721	0	0
8. Non-Physician	6,845	1	6,808	0	0	0	0	36	0	0
9. Total	78,396	17	77,622	0	0	0	0	757	0	0
10. Hospital Patient Days Incurred	1,971	8	1,876	0	0	0	0	87	0	0
11. Number of Inpatient Admissions	589	2	573	0	0	0	0	14	0	0
12. Health Premiums Written	28,700,105	10,717	28,392,983	0	0	0	1,788	294,617	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	28,704,001	10,717	28,396,879	0	0	0	1,788	294,617	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	22,667,878	12,063	22,282,316	0	0	0	7,617	365,882	0	0
18. Amount Incurred for Provision of Health Care Services	23,914,514	12,161	23,515,141	0	0	0	3,421	383,791	0	0

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
		BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	8,807	8,776	31	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,378	26,280	98	0	0	0	0	0	0
3. Direct premium income.....	7,157,990	7,095,334	62,656	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	7,157,990	7,095,334	62,656	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	(1,034)	(1,034)	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	7,156,956	7,094,300	62,656	0	0	0	0	0	0
11. Hospital and medical benefits.....	5,729,273	5,669,360	59,913	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	5,729,273	5,669,360	59,913	0	0	0	0	0	0
14. Claims adjustment expenses.....	114,585	113,387	1,198	0	0	0	0	0	0
15. General administrative expenses.....	837,649	834,270	3,379	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	6,681,507	6,617,017	64,490	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	475,449	477,283	(1,834)	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	63,515	62,977	538	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	538,964	540,260	(1,296)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	199,177	212,897	(13,720)	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	339,787	327,363	12,424	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	8,807	8,776	31	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	108,716	108,299	417	0	0	0	0	0	0	0
3. Direct premium income.....	28,700,105	28,405,488	294,617	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	28,700,105	28,405,488	294,617	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	3,896	3,896	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	28,704,001	28,409,384	294,617	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	23,914,514	23,530,723	383,791	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).....	23,914,514	23,530,723	383,791	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	478,290	470,614	7,676	0	0	0	0	0	0	0
15. General administrative expenses.....	3,470,775	3,455,031	15,744	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).....	27,863,579	27,456,368	407,211	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	840,422	953,016	(112,594)	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	293,220	290,210	3,010	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	1,133,642	1,243,226	(109,584)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	263,951	289,466	(25,515)	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	869,691	953,760	(84,069)	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Aetna Health Inc.**

(Name of Company)

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	67,025	21	48,843	0	0	0	3,485	1,540	13,136	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	64,327	19	43,836	0	0	0	0	1,755	18,717	0
6. Current Year Member Months	767,926	239	549,092	0	0	0	0	21,377	197,218	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,327,678	435	987,563	0	0	0	0	34,435	305,245	0
8. Non-Physician	217,614	60	137,267	0	0	0	0	4,305	75,982	0
9. Total	1,545,292	495	1,124,830	0	0	0	0	38,740	381,227	0
10. Hospital Patient Days Incurred	36,911	38	10,006	0	0	0	0	2,059	24,808	0
11. Number of Inpatient Admissions	10,578	5	2,561	0	0	0	0	419	7,593	0
12. Health Premiums Written	263,133,323	232,791	167,287,703	0	0	0	139,597	18,436,634	77,036,598	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	263,152,783	232,791	167,307,163	0	0	0	139,597	18,436,634	77,036,598	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	225,893,276	387,303	144,846,282	0	0	0	1,438,310	13,305,682	65,915,699	0
18. Amount Incurred for Provision of Health Care Services	226,270,287	390,447	144,079,494	0	0	0	(232,081)	13,066,506	68,965,921	0

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *	
		BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	64,327	38,378	1,755	0	0	18,717	0	0	5,477	0
2. MEMBER MONTHS.....	191,104	115,373	5,247	0	0	53,956	0	0	16,528	0
3. Direct premium income.....	62,645,729	39,551,026	4,687,345	0	0	17,115,643	0	XXXXXXXX	1,291,715	0
4. Net premium income.....	62,645,729	39,551,026	4,687,345	0	0	17,115,643	0	0	1,291,715	0
5. Change in unearned premium reserve & reserve for rate credits.....	813	813	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	62,646,542	39,551,839	4,687,345	0	0	17,115,643	0	0	1,291,715	0
11. Hospital and medical benefits.....	52,929,817	34,069,307	3,307,931	0	0	14,754,441	0	0	798,138	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	52,929,817	34,069,307	3,307,931	0	0	14,754,441	0	0	798,138	0
14. Claims adjustment expenses.....	1,058,597	681,389	66,158	0	0	295,088	0	0	15,962	0
15. General administrative expenses.....	6,616,602	4,596,274	282,515	0	0	1,581,865	0	0	155,948	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).....	60,605,016	39,346,970	3,656,604	0	0	16,631,394	0	0	970,048	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	2,041,526	204,869	1,030,741	0	0	484,249	0	0	321,667	0
19. Net Investments Gains (Losses).....	551,328	349,888	41,808	0	0	148,336	0	0	11,296	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	2,592,854	554,757	1,072,549	0	0	632,585	0	0	332,963	0
22. Federal and foreign income taxes incurred.....	1,097,138	165,854	623,981	0	0	130,571	0	0	176,732	0
23. NET INCOME (LOSS) (L21 less L22).....	1,495,716	388,903	448,568	0	0	502,014	0	0	156,231	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State				* Other (identify products(s); eg PPO, Non-Risk):		0		
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)				Identify Assumptions:				

**2009 TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	64,327	38,378	1,755	0	0	18,717	0	0	5,477	0
2. MEMBER MONTHS.....	767,926	482,597	21,377	0	0	197,218	0	0	66,734	0
3. Direct premium income.....	263,133,323	162,071,436	18,436,634	0	0	77,036,598	0	XXXXXXXX	5,588,655	0
4. Net premium income.....	263,133,323	162,071,436	18,436,634	0	0	77,036,598	0	0	5,588,655	0
5. Change in unearned premium reserve & reserve for rate credits.....	19,460	19,460	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	64,337	0	0	0	0	64,337	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	263,217,120	162,090,896	18,436,634	0	0	77,100,935	0	0	5,588,655	0
11. Hospital and medical benefits.....	226,270,287	140,497,944	13,066,506	0	0	68,965,921	0	0	3,739,916	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	226,270,287	140,497,944	13,066,506	0	0	68,965,921	0	0	3,739,916	0
14. Claims adjustment expenses.....	4,525,406	2,809,960	261,330	0	0	1,379,318	0	0	74,798	0
15. General administrative expenses.....	28,535,315	19,587,966	1,204,270	0	0	7,045,630	0	0	697,449	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).....	259,331,008	162,895,870	14,532,106	0	0	77,390,869	0	0	4,512,163	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	3,886,112	(804,974)	3,904,528	0	0	(289,934)	0	0	1,076,492	0
19. Net Investments Gains (Losses).....	2,688,844	1,655,809	188,336	0	0	787,610	0	0	57,089	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	6,574,956	850,835	4,092,864	0	0	497,676	0	0	1,133,581	0
22. Federal and foreign income taxes incurred.....	1,530,877	198,104	952,960	0	0	115,876	0	0	263,937	0
23. NET INCOME (LOSS) (L21 less L22).....	5,044,079	652,731	3,139,904	0	0	381,800	0	0	869,644	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				