

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					
2. MEMBER MONTHS.....	627,792	467,415	14,350	0	0	112,336	0	0	33,691	0
3. Direct premium income.....	329.63	334.66	962.40	0.00	0.00	304.36	0.00	XXXXXXXX	74.62	0.00
4. Net premium income.....	329.63	334.66	962.40	0.00	0.00	304.36	0.00	0.00	74.62	0.00
5. Change in unearned premium reserves & reserve for rate credits.....	(0.01)	(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	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	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. Aggregate write-ins for other non-health revenues.....	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).....	329.62	334.64	962.40	0.00	0.00	304.36	0.00	0.00	74.62	0.00
11. Hospital and medical benefits.....	268.02	272.16	726.06	0.00	0.00	258.79	0.00	0.00	46.22	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).....	268.02	272.16	726.06	0.00	0.00	258.79	0.00	0.00	46.22	0.00
14. Claims adjustment expenses.....	5.36	5.44	14.52	0.00	0.00	5.18	0.00	0.00	0.92	0.00
15. General administrative expenses.....	36.04	39.23	57.09	0.00	0.00	28.20	0.00	0.00	9.01	0.00
16. Increase in reserves for A&H contracts.....	(2.06)	(2.77)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	307.36	314.07	797.67	0.00	0.00	292.16	0.00	0.00	56.15	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	22.26	20.58	164.74	0.00	0.00	12.19	0.00	0.00	18.47	0.00
19. Net Investments Gains (Losses).....	2.91	2.96	8.59	0.00	0.00	2.66	0.00	0.00	0.65	0.00
20. Aggregate write-ins for other income or expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	25.17	23.54	173.33	0.00	0.00	14.85	0.00	0.00	19.13	0.00
22. Federal and foreign income taxes incurred.....	7.62	4.70	103.21	0.00	0.00	6.47	0.00	0.00	11.10	0.00
23. NET INCOME / (LOSS) (L21 less L22).....	17.56	18.84	70.11	0.00	0.00	8.38	0.00	0.00	8.03	0.00

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: _____

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.....	336.34	330.73	955.30	0.00	0.00	360.90	0.00	XXXXXXXX	79.95	0.00
4. Net premium income.....	336.34	330.73	955.30	0.00	0.00	360.90	0.00	0.00	79.95	0.00
5. Change in unearned premium reserves & reserve for rate credits.....	0.03	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	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.05	0.00	0.00	0.00	0.00	0.31	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	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).....	336.42	330.77	955.30	0.00	0.00	361.21	0.00	0.00	79.95	0.00
11. Hospital and medical benefits.....	286.56	284.24	716.89	0.00	0.00	314.80	0.00	0.00	51.51	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).....	286.56	284.24	716.89	0.00	0.00	314.80	0.00	0.00	51.51	0.00
14. Claims adjustment expenses.....	5.73	5.68	14.34	0.00	0.00	6.30	0.00	0.00	1.03	0.00
15. General administrative expenses.....	37.79	40.02	61.60	0.00	0.00	33.17	0.00	0.00	10.02	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).....	330.08	329.95	792.83	0.00	0.00	354.27	0.00	0.00	62.55	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	6.34	0.82	162.47	0.00	0.00	6.94	0.00	0.00	17.40	0.00
19. Net Investments Gains (Losses).....	3.44	3.38	9.76	0.00	0.00	3.69	0.00	0.00	0.82	0.00
20. Aggregate write-ins for other income or expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	9.77	4.20	172.23	0.00	0.00	10.63	0.00	0.00	18.22	0.00
22. Federal and foreign income taxes incurred.....	2.28	0.98	40.10	0.00	0.00	2.47	0.00	0.00	4.24	0.00
23. NET INCOME / (LOSS) (L21 less L22).....	7.50	3.22	132.13	0.00	0.00	8.15	0.00	0.00	13.97	0.00
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: _____				

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
2. MEMBER MONTHS.....	220,373	218,840	1,533	0	0	0	0	0	0
3. Direct premium income.....	350.53	346.31	953.26	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
4. Net premium income.....	350.53	346.31	953.26	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	(0.03)	(0.03)	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
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	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. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	350.50	346.28	953.26	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical benefits.....	271.95	268.13	817.86	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
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	271.95	268.13	817.86	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	5.44	5.36	16.36	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	40.95	40.85	55.07	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
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	318.34	314.34	889.29	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	32.16	31.94	63.97	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains (Losses).....	3.10	3.06	8.62	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	35.26	35.00	72.59	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	4.67	4.30	57.55	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME (LOSS) (L21 less L22).....	30.59	30.70	15.04	0.00	0.00	0.00	0.00	0.00	0.00
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
2. MEMBER MONTHS.....	903,681	898,087	5,594	0	0	0	0	0	0
3. Direct premium income.....	348.18	344.46	945.89	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
4. Net premium income.....	348.18	344.46	945.89	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.05	0.05	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
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX
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. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	348.23	344.50	945.89	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical benefits.....	302.37	299.46	770.56	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
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	302.37	299.46	770.56	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.05	5.99	15.41	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	41.73	41.61	59.78	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
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	350.15	347.06	845.76	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	(1.92)	(2.56)	100.14	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains (Losses).....	3.56	3.52	9.66	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	1.64	0.96	109.80	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	0.38	0.22	25.56	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME (LOSS) (L21 less L22).....	1.26	0.74	84.23	0.00	0.00	0.00	0.00	0.00	0.00
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:			

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.....	308.00	305.84	1,025.89	0.00	0.00	292.48	0.00	XXXXXXXX	71.22	0.00
4. Net premium income.....	308.00	305.84	1,025.89	0.00	0.00	292.48	0.00	0.00	71.22	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	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	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. Aggregate write-ins for other non-health revenues.....	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).....	308.00	305.85	1,025.89	0.00	0.00	292.48	0.00	0.00	71.22	0.00
11. Hospital and medical benefits.....	252.49	256.62	772.95	0.00	0.00	245.24	0.00	0.00	44.22	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).....	252.49	256.62	772.95	0.00	0.00	245.24	0.00	0.00	44.22	0.00
14. Claims adjustment expenses.....	5.05	5.13	15.46	0.00	0.00	4.90	0.00	0.00	0.88	0.00
15. General administrative expenses.....	30.53	35.67	60.80	0.00	0.00	27.16	0.00	0.00	8.61	0.00
16. Increase in reserves for A&H contracts.....	(8.51)	(18.67)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	279.55	278.76	849.21	0.00	0.00	277.31	0.00	0.00	53.71	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	28.45	27.09	176.68	0.00	0.00	15.17	0.00	0.00	17.52	0.00
19. Net Investments Gains (Losses).....	2.72	2.71	9.14	0.00	0.00	2.57	0.00	0.00	0.63	0.00
20. 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
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	31.17	29.79	185.82	0.00	0.00	17.74	0.00	0.00	18.14	0.00
22. Federal and foreign income taxes incurred.....	15.33	11.23	106.33	0.00	0.00	10.22	0.00	0.00	11.49	0.00
23. NET INCOME (LOSS) (L21 less L22).....	15.84	18.56	79.49	0.00	0.00	7.52	0.00	0.00	6.65	0.00
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.....	322.03	301.53	1,040.78	0.00	0.00	333.87	0.00	XXXXXXXX	76.22	0.00
4. Net premium income.....	322.03	301.53	1,040.78	0.00	0.00	333.87	0.00	0.00	76.22	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	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.11	0.00	0.00	0.00	0.00	0.30	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	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).....	322.14	301.54	1,040.78	0.00	0.00	334.17	0.00	0.00	76.22	0.00
11. Hospital and medical benefits.....	262.88	247.49	790.85	0.00	0.00	283.06	0.00	0.00	47.04	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).....	262.88	247.49	790.85	0.00	0.00	283.06	0.00	0.00	47.04	0.00
14. Claims adjustment expenses.....	5.26	4.95	15.82	0.00	0.00	5.66	0.00	0.00	0.94	0.00
15. General administrative expenses.....	32.94	36.72	66.92	0.00	0.00	30.85	0.00	0.00	9.59	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).....	301.08	289.16	873.58	0.00	0.00	319.58	0.00	0.00	57.57	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	21.06	12.38	167.20	0.00	0.00	14.59	0.00	0.00	18.65	0.00
19. Net Investments Gains (Losses).....	3.29	3.08	10.63	0.00	0.00	3.41	0.00	0.00	0.78	0.00
20. 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
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	24.35	15.46	177.83	0.00	0.00	18.00	0.00	0.00	19.43	0.00
22. Federal and foreign income taxes incurred.....	5.67	3.60	41.41	0.00	0.00	4.19	0.00	0.00	4.52	0.00
23. NET INCOME (LOSS) (L21 less L22).....	18.68	11.86	136.43	0.00	0.00	13.81	0.00	0.00	14.90	0.00
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: _____				

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
2. MEMBER MONTHS.....	36,342	36,186	156	0	0	0	0	0	0
3. Direct premium income.....	343.76	341.99	755.28	0.00	0.00	0.00	XXXXXXX	0.00	0.00
4. Net premium income.....	343.76	341.99	755.28	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	(0.05)	(0.05)	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
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	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. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	343.72	341.94	755.28	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical benefits.....	303.37	300.98	857.69	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
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	303.37	300.98	857.69	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.07	6.02	17.15	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	39.77	39.77	39.01	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
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	349.21	346.78	913.85	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	(5.50)	(4.84)	(158.58)	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains (Losses).....	3.09	3.07	6.72	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	(2.41)	(1.77)	(151.85)	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	0.89	0.81	19.51	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME (LOSS) (L21 less L22).....	(3.30)	(2.57)	(171.36)	0.00	0.00	0.00	0.00	0.00	0.00
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
2. MEMBER MONTHS.....	138,030	137,411	619	0	0	0	0	0	0
3. Direct premium income.....	342.46	340.62	751.05	0.00	0.00	0.00	XXXXXXX	0.00	0.00
4. Net premium income.....	342.46	340.62	751.05	0.00	0.00	0.00	0.00	0.00	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
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	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. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	342.45	340.61	751.05	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical benefits.....	296.39	294.90	625.71	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
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	296.39	294.90	625.71	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	5.93	5.90	12.51	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	41.19	41.17	47.19	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
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	343.51	341.97	685.41	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	(1.06)	(1.36)	65.64	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains (Losses).....	3.50	3.48	7.67	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	2.44	2.12	73.31	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	0.57	0.49	17.07	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME (LOSS) (L21 less L22).....	1.87	1.63	56.24	0.00	0.00	0.00	0.00	0.00	0.00
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:			

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	
2. MEMBER MONTHS.....	1,609	1,424	185	0	0	0	0	0	0	
3. Direct premium income.....	363.15	293.98	895.61	0.00	0.00	0.00	0.00	XXXXXXX	0.00	
4. Net premium income.....	363.15	293.98	895.61	0.00	0.00	0.00	0.00	0.00	0.00	
5. Change in unearned premium reserve & reserve for rate credits.....	(0.06)	(0.07)	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	
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	
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. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10. TOTAL REVENUE (L4 to L9).....	363.09	293.91	895.61	0.00	0.00	0.00	0.00	0.00	0.00	
11. Hospital and medical benefits.....	168.36	83.78	819.41	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	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	168.36	83.78	819.41	0.00	0.00	0.00	0.00	0.00	0.00	
14. Claims adjustment expenses.....	3.37	1.68	16.39	0.00	0.00	0.00	0.00	0.00	0.00	
15. General administrative expenses.....	38.98	37.56	49.91	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	
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	210.71	123.02	885.71	0.00	0.00	0.00	0.00	0.00	0.00	
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	152.38	170.89	9.90	0.00	0.00	0.00	0.00	0.00	0.00	
19. Net Investments Gains (Losses).....	3.21	2.60	7.90	0.00	0.00	0.00	0.00	0.00	0.00	
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	155.59	173.49	17.80	0.00	0.00	0.00	0.00	0.00	0.00	
22. Federal and foreign income taxes incurred.....	57.42	49.92	115.15	0.00	0.00	0.00	0.00	0.00	0.00	
23. NET INCOME (LOSS) (L21 less L22).....	98.17	123.57	(97.35)	0.00	0.00	0.00	0.00	0.00	0.00	
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
2. MEMBER MONTHS.....	6,859	6,022	837	0	0	0	0	0	0
3. Direct premium income.....	347.69	282.13	819.42	0.00	0.00	0.00	0.00	XXXXXXX	0.00
4. Net premium income.....	347.69	282.13	819.42	0.00	0.00	0.00	0.00	0.00	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	XXXXXXXX	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX
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. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	347.74	282.19	819.42	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical benefits.....	232.50	186.88	560.73	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
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	232.50	186.88	560.73	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.65	3.74	11.22	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	37.53	35.26	53.92	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
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	274.68	225.87	625.87	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	73.06	56.32	193.55	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains (Losses).....	3.55	2.88	8.37	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	76.62	59.20	201.92	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	17.84	13.78	47.02	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME (LOSS) (L21 less L22).....	58.78	45.42	154.91	0.00	0.00	0.00	0.00	0.00	0.00
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: **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	0
2. MEMBER MONTHS.....	26,378	26,280	98	0	0	0	0	0	0	0
3. Direct premium income.....	271.36	269.99	639.35	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net premium income.....	271.36	269.99	639.35	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	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. Aggregate write-ins for other non-health revenues.....	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).....	271.32	269.95	639.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical benefits.....	217.20	215.73	611.36	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).....	217.20	215.73	611.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.34	4.31	12.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	31.76	31.75	34.48	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).....	253.30	251.79	658.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	18.02	18.16	(18.71)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains (Losses).....	2.41	2.40	5.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. 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
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	20.43	20.56	(13.22)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	7.55	8.10	(140.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME (LOSS) (L21 less L22).....	12.88	12.46	126.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	
2. MEMBER MONTHS.....	108,716	108,299	417	0	0	0	0	0	0	
3. Direct premium income.....	263.99	262.29	706.52	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	
4. Net premium income.....	263.99	262.29	706.52	0.00	0.00	0.00	0.00	0.00	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	
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	
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. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10. TOTAL REVENUE (L4 to L9).....	264.03	262.32	706.52	0.00	0.00	0.00	0.00	0.00	0.00	
11. Hospital and medical benefits.....	219.97	217.28	920.36	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	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	219.97	217.28	920.36	0.00	0.00	0.00	0.00	0.00	0.00	
14. Claims adjustment expenses.....	4.40	4.35	18.41	0.00	0.00	0.00	0.00	0.00	0.00	
15. General administrative expenses.....	31.93	31.90	37.76	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	
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	256.30	253.52	976.53	0.00	0.00	0.00	0.00	0.00	0.00	
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	7.73	8.80	(270.01)	0.00	0.00	0.00	0.00	0.00	0.00	
19. Net Investments Gains (Losses).....	2.70	2.68	7.22	0.00	0.00	0.00	0.00	0.00	0.00	
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	10.43	11.48	(262.79)	0.00	0.00	0.00	0.00	0.00	0.00	
22. Federal and foreign income taxes incurred.....	2.43	2.67	(61.19)	0.00	0.00	0.00	0.00	0.00	0.00	
23. NET INCOME (LOSS) (L21 less L22).....	8.00	8.81	(201.60)	0.00	0.00	0.00	0.00	0.00	0.00	
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: **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.....	327.81	342.81	893.34	0.00	0.00	317.21	0.00	XXXXXXXX	78.15	0.00
4. Net premium income.....	327.81	342.81	893.34	0.00	0.00	317.21	0.00	0.00	78.15	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	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	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. Aggregate write-ins for other non-health revenues.....	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).....	327.81	342.82	893.34	0.00	0.00	317.21	0.00	0.00	78.15	0.00
11. Hospital and medical benefits.....	276.97	295.30	630.44	0.00	0.00	273.45	0.00	0.00	48.29	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).....	276.97	295.30	630.44	0.00	0.00	273.45	0.00	0.00	48.29	0.00
14. Claims adjustment expenses.....	5.54	5.91	12.61	0.00	0.00	5.47	0.00	0.00	0.97	0.00
15. General administrative expenses.....	34.62	39.84	53.84	0.00	0.00	29.32	0.00	0.00	9.44	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).....	317.13	341.04	696.89	0.00	0.00	308.24	0.00	0.00	58.69	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	10.68	1.78	196.44	0.00	0.00	8.97	0.00	0.00	19.46	0.00
19. Net Investments Gains (Losses).....	2.88	3.03	7.97	0.00	0.00	2.75	0.00	0.00	0.68	0.00
20. 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
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	13.57	4.81	204.41	0.00	0.00	11.72	0.00	0.00	20.15	0.00
22. Federal and foreign income taxes incurred.....	5.74	1.44	118.92	0.00	0.00	2.42	0.00	0.00	10.69	0.00
23. NET INCOME (LOSS) (L21 less L22).....	7.83	3.37	85.49	0.00	0.00	9.30	0.00	0.00	9.45	0.00
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.....	342.65	335.83	862.45	0.00	0.00	390.62	0.00	XXXXXXXX	83.75	0.00
4. Net premium income.....	342.65	335.83	862.45	0.00	0.00	390.62	0.00	0.00	83.75	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.03	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	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.08	0.00	0.00	0.00	0.00	0.33	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	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).....	342.76	335.87	862.45	0.00	0.00	390.94	0.00	0.00	83.75	0.00
11. Hospital and medical benefits.....	294.65	291.13	611.24	0.00	0.00	349.69	0.00	0.00	56.04	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).....	294.65	291.13	611.24	0.00	0.00	349.69	0.00	0.00	56.04	0.00
14. Claims adjustment expenses.....	5.89	5.82	12.22	0.00	0.00	6.99	0.00	0.00	1.12	0.00
15. General administrative expenses.....	37.16	40.59	56.33	0.00	0.00	35.73	0.00	0.00	10.45	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).....	337.70	337.54	679.80	0.00	0.00	392.41	0.00	0.00	67.61	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	5.06	(1.67)	182.65	0.00	0.00	(1.47)	0.00	0.00	16.13	0.00
19. Net Investments Gains (Losses).....	3.50	3.43	8.81	0.00	0.00	3.99	0.00	0.00	0.86	0.00
20. 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
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	8.56	1.76	191.46	0.00	0.00	2.52	0.00	0.00	16.99	0.00
22. Federal and foreign income taxes incurred.....	1.99	0.41	44.58	0.00	0.00	0.59	0.00	0.00	3.96	0.00
23. NET INCOME (LOSS) (L21 less L22).....	6.57	1.35	146.88	0.00	0.00	1.94	0.00	0.00	13.03	0.00
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: _____				