

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

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

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

(Location)

EXHIBIT II (Filed Annually and Quarterly)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	210,130	162,896	4,650	0	31,713	0	0	10,871	0	0
2. MEMBER MONTHS.....	635,383	496,989	14,160	0	91,954	0	0	32,280	0	0
3. Direct premium income.....	208,420,724	162,447,705	14,545,954	0	28,764,640	0	XXXXXXXX	2,662,425	XXXXXXXX	0
4. Net premium income.....	208,420,724	162,447,705	14,545,954	0	28,764,640	0	0	2,662,425	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	5,902	5,902	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	208,426,626	162,453,607	14,545,954	0	28,764,640	0	0	2,662,425	0	0
11. Hospital & medical.....	178,662,016	140,151,748	10,028,397	0	26,911,149	0	0	1,570,722	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	178,662,016	140,151,748	10,028,397	0	26,911,149	0	0	1,570,722	0	0
14. Claims adjustment expenses.....	3,573,240	2,803,035	200,568	0	538,223	0	0	31,414	0	0
15. General administrative expenses.....	23,928,113	20,018,962	1,031,454	0	2,535,085	0	0	342,612	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).....	206,163,369	162,973,745	11,260,419	0	29,984,457	0	0	1,944,748	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,263,257	(520,138)	3,285,535	0	(1,219,817)	0	0	717,677	0	0
19. Net investment income earned.....	2,534,408	1,975,390	176,874	0	349,770	0	0	32,374	0	0
20. Net realized capital gains/losses.....	(1,104,101)	(860,567)	(77,055)	0	(152,375)	0	0	(14,104)	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,430,307	1,114,823	99,819	0	197,395	0	0	18,270	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	3,693,564	594,685	3,385,354	0	(1,022,422)	0	0	735,947	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(105,186)	(81,986)	(7,340)	0	(14,516)	0	0	(1,344)	0	0
25. NET INCOME/LOSS (L30 less L31).....	3,798,750	676,671	3,392,694	0	(1,007,906)	0	0	737,291	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,307	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		37,360	of Texas enrollees and Federal employees.)			0	# of Member Months in C3-Pt D included in C3-Basic			

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

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

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

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

(Location)

EXHIBIT II (Filed Annually and Quarterly)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	210,130	162,896	4,650	0	31,713	0	0	10,871	0	0
2. MEMBER MONTHS.....	635,383	496,989	14,160	0	91,954	0	0	32,280	0	0
3. Direct premium income.....	208,420,724	162,447,705	14,545,954	0	28,764,640	0	XXXXXXXX	2,662,425	XXXXXXXX	0
4. Net premium income.....	208,420,724	162,447,705	14,545,954	0	28,764,640	0	0	2,662,425	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	5,902	5,902	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	208,426,626	162,453,607	14,545,954	0	28,764,640	0	0	2,662,425	0	0
11. Hospital & medical.....	178,662,016	140,151,748	10,028,397	0	26,911,149	0	0	1,570,722	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	178,662,016	140,151,748	10,028,397	0	26,911,149	0	0	1,570,722	0	0
14. Claims adjustment expenses.....	3,573,240	2,803,035	200,568	0	538,223	0	0	31,414	0	0
15. General administrative expenses.....	23,928,113	20,018,962	1,031,454	0	2,535,085	0	0	342,612	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).....	206,163,369	162,973,745	11,260,419	0	29,984,457	0	0	1,944,748	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,263,257	(520,138)	3,285,535	0	(1,219,817)	0	0	717,677	0	0
19. Net investment income earned.....	2,534,408	1,975,390	176,874	0	349,770	0	0	32,374	0	0
20. Net realized capital gains/losses.....	(1,104,101)	(860,567)	(77,055)	0	(152,375)	0	0	(14,104)	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,430,307	1,114,823	99,819	0	197,395	0	0	18,270	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	3,693,564	594,685	3,385,354	0	(1,022,422)	0	0	735,947	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(105,186)	(81,986)	(7,340)	0	(14,516)	0	0	(1,344)	0	0
25. NET INCOME/LOSS (L30 less L31).....	3,798,750	676,671	3,392,694	0	(1,007,906)	0	0	737,291	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,307	(Examples of non-taxable enrollees are State			0		# of Enrollees in C3-Pt D included in C3-Basic		
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		37,360	of Texas enrollees and Federal employees.)			0		# of Member Months in C3-Pt D included in C3-Basic		

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	85,044	0	77,146	0	0	0	7,694	204	0	0
2. First Quarter	76,355	0	70,010	0	0	0	5,931	414	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	234,965	0	215,576	0	0	0	18,077	1,312	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	336,515	0	318,858	0	0	0	15,377	2,280	0	0
8. Non-Physician	38,779	0	35,827	0	0	0	2,822	130	0	0
9. Total	375,294	0	354,685	0	0	0	18,199	2,410	0	0
10. Hospital Patient Days Incurred	5,912	0	5,197	0	0	0	598	117	0	0
11. Number of Inpatient Admissions	1,316	0	1,161	0	0	0	130	25	0	0
12. Health Premiums Written	81,144,023	0	72,767,847	0	0	0	7,095,398	1,280,778	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	81,151,200	0	72,775,024	0	0	0	7,095,398	1,280,778	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	67,576,489	0	59,390,887	0	0	0	7,555,070	630,532	0	0
18. Amount Incurred for Provision of Health Care Services	70,802,538	0	62,279,741	0	0	0	7,683,357	839,440	0	0

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	76,355	75,941	414	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	234,965	233,653	1,312	0	0	0	0	0	0	0
3. Direct premium income.....	81,144,023	79,863,245	1,280,778	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	81,144,023	79,863,245	1,280,778	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	7,177	7,177	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	81,151,200	79,870,422	1,280,778	0	0	0	0	0	0	0
11. Hospital & medical.....	70,802,538	69,963,098	839,440	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	70,802,538	69,963,098	839,440	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	1,416,051	1,399,262	16,789	0	0	0	0	0	0	0
15. General administrative expenses.....	9,912,879	9,821,188	91,691	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	82,131,468	81,183,548	947,920	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(980,268)	(1,313,126)	332,858	0	0	0	0	0	0	0
19. Net investment income earned.....	986,775	971,201	15,574	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(429,883)	(423,098)	(6,785)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	556,892	548,103	8,789	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(423,376)	(765,023)	341,647	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(40,954)	(40,308)	(646)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(382,422)	(724,715)	342,293	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 5,931 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 18,077 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

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

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	76,355	75,941	414	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	234,965	233,653	1,312	0	0	0	0	0	0	0
3. Direct premium income.....	81,144,023	79,863,245	1,280,778	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	81,144,023	79,863,245	1,280,778	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	7,177	7,177	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	81,151,200	79,870,422	1,280,778	0	0	0	0	0	0	0
11. Hospital & medical.....	70,802,538	69,963,098	839,440	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	70,802,538	69,963,098	839,440	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	1,416,051	1,399,262	16,789	0	0	0	0	0	0	0
15. General administrative expenses.....	9,912,879	9,821,188	91,691	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	82,131,468	81,183,548	947,920	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(980,268)	(1,313,126)	332,858	0	0	0	0	0	0	0
19. Net investment income earned.....	986,775	971,201	15,574	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(429,883)	(423,098)	(6,785)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	556,892	548,103	8,789	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(423,376)	(765,023)	341,647	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(40,954)	(40,308)	(646)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(382,422)	(724,715)	342,293	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 5,931 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 18,077 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	49,636	0	27,132	0	0	0	4,891	2,042	15,571	0
2. First Quarter	48,475	0	25,631	0	0	0	4,211	2,312	16,321	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	144,814	0	77,264	0	0	0	12,741	6,712	48,097	0
Total Member Ambulatory Encounters for Year:										
7. Physician	101,432	0	68,711	0	0	0	12,140	10,345	10,236	0
8. Non-Physician	11,399	0	6,508	0	0	0	2,249	1,103	1,539	0
9. Total	112,831	0	75,219	0	0	0	14,389	11,448	11,775	0
10. Hospital Patient Days Incurred	7,178	0	1,248	0	0	0	324	1,104	4,502	0
11. Number of Inpatient Admissions	1,767	0	315	0	0	0	69	220	1,163	0
12. Health Premiums Written	44,469,656	0	17,901,120	0	0	0	5,164,054	7,673,897	13,730,585	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	44,465,409	0	17,896,873	0	0	0	5,164,054	7,673,897	13,730,585	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	35,507,303	0	13,157,658	0	0	0	4,137,774	5,383,850	12,828,021	0
18. Amount Incurred for Provision of Health Care Services	37,440,782	0	13,000,237	0	0	0	4,950,050	5,667,203	13,823,292	0

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	48,475	24,491	2,312	0	16,321	0	0	5,351	0	0
2. MEMBER MONTHS.....	144,814	73,953	6,712	0	48,097	0	0	16,052	0	0
3. Direct premium income.....	44,469,656	21,803,436	7,673,897	0	13,730,585	0	XXXXXXXX	1,261,738	XXXXXXXX	0
4. Net premium income.....	44,469,656	21,803,436	7,673,897	0	13,730,585	0	0	1,261,738	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	(4,247)	(4,247)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	44,465,409	21,799,189	7,673,897	0	13,730,585	0	0	1,261,738	0	0
11. Hospital & medical.....	37,440,782	17,199,068	5,667,203	0	13,823,292	0	0	751,219	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	37,440,782	17,199,068	5,667,203	0	13,823,292	0	0	751,219	0	0
14. Claims adjustment expenses.....	748,815	343,981	113,344	0	276,466	0	0	15,024	0	0
15. General administrative expenses.....	4,607,846	2,718,438	536,624	0	1,190,555	0	0	162,229	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).....	42,797,443	20,261,487	6,317,171	0	15,290,313	0	0	928,472	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,667,966	1,537,702	1,356,726	0	(1,559,728)	0	0	333,266	0	0
19. Net investment income earned.....	540,687	265,073	93,312	0	166,960	0	0	15,342	0	0
20. Net realized capital gains/losses.....	(235,547)	(115,477)	(40,651)	0	(72,735)	0	0	(6,684)	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	305,140	149,596	52,661	0	94,225	0	0	8,658	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	1,973,106	1,687,298	1,409,387	0	(1,465,503)	0	0	341,924	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(22,440)	(11,001)	(3,873)	0	(6,929)	0	0	(637)	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,995,546	1,698,299	1,413,260	0	(1,458,574)	0	0	342,561	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 4,211 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 12,741 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

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

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	48,475	24,491	2,312	0	16,321	0	0	5,351	0	0
2. MEMBER MONTHS.....	144,814	73,953	6,712	0	48,097	0	0	16,052	0	0
3. Direct premium income.....	44,469,656	21,803,436	7,673,897	0	13,730,585	0	XXXXXXXX	1,261,738	XXXXXXXX	0
4. Net premium income.....	44,469,656	21,803,436	7,673,897	0	13,730,585	0	0	1,261,738	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	(4,247)	(4,247)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	44,465,409	21,799,189	7,673,897	0	13,730,585	0	0	1,261,738	0	0
11. Hospital & medical.....	37,440,782	17,199,068	5,667,203	0	13,823,292	0	0	751,219	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	37,440,782	17,199,068	5,667,203	0	13,823,292	0	0	751,219	0	0
14. Claims adjustment expenses.....	748,815	343,981	113,344	0	276,466	0	0	15,024	0	0
15. General administrative expenses.....	4,607,846	2,718,438	536,624	0	1,190,555	0	0	162,229	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).....	42,797,443	20,261,487	6,317,171	0	15,290,313	0	0	928,472	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,667,966	1,537,702	1,356,726	0	(1,559,728)	0	0	333,266	0	0
19. Net investment income earned.....	540,687	265,073	93,312	0	166,960	0	0	15,342	0	0
20. Net realized capital gains/losses.....	(235,547)	(115,477)	(40,651)	0	(72,735)	0	0	(6,684)	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	305,140	149,596	52,661	0	94,225	0	0	8,658	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	1,973,106	1,687,298	1,409,387	0	(1,465,503)	0	0	341,924	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(22,440)	(11,001)	(3,873)	0	(6,929)	0	0	(637)	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,995,546	1,698,299	1,413,260	0	(1,458,574)	0	0	342,561	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 4,211 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 12,741 of Texas enrollees and Federal employees.) 0 # of Member Months in C3-Pt D included in C3-Basic

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Austin**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	11,189	0	8,269	0	0	0	2,886	34	0	0
2. First Quarter	11,396	0	9,176	0	0	0	2,165	55	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	33,618	0	26,937	0	0	0	6,542	139	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	36,576	0	30,015	0	0	0	6,171	390	0	0
8. Non-Physician	4,974	0	3,729	0	0	0	1,220	25	0	0
9. Total	41,550	0	33,744	0	0	0	7,391	415	0	0
10. Hospital Patient Days Incurred	617	0	437	0	0	0	170	10	0	0
11. Number of Inpatient Admissions	188	0	136	0	0	0	49	3	0	0
12. Health Premiums Written	11,512,507	0	8,646,936	0	0	0	2,710,198	155,373	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	11,513,355	0	8,647,784	0	0	0	2,710,198	155,373	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	9,457,274	0	6,925,440	0	0	0	2,450,658	81,176	0	0
18. Amount Incurred for Provision of Health Care Services	10,129,088	0	7,387,105	0	0	0	2,651,593	90,390	0	0

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,396	11,341	55	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,618	33,479	139	0	0	0	0	0	0	0
3. Direct premium income.....	11,512,508	11,357,135	155,373	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	11,512,508	11,357,135	155,373	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	847	847	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	11,513,355	11,357,982	155,373	0	0	0	0	0	0	0
11. Hospital & medical.....	10,129,088	10,038,698	90,390	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,129,088	10,038,698	90,390	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	202,582	200,774	1,808	0	0	0	0	0	0	0
15. General administrative expenses.....	1,406,183	1,394,831	11,352	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).....	11,737,853	11,634,303	103,550	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(224,498)	(276,321)	51,823	0	0	0	0	0	0	0
19. Net investment income earned.....	139,999	138,110	1,889	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(60,990)	(60,167)	(823)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	79,009	77,943	1,066	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(145,489)	(198,378)	52,889	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(5,810)	(5,732)	(78)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(139,679)	(192,646)	52,967	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 2,165 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 6,542 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

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

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,396	11,341	55	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,618	33,479	139	0	0	0	0	0	0	0
3. Direct premium income.....	11,512,508	11,357,135	155,373	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	11,512,508	11,357,135	155,373	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	847	847	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	11,513,355	11,357,982	155,373	0	0	0	0	0	0	0
11. Hospital & medical.....	10,129,088	10,038,698	90,390	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,129,088	10,038,698	90,390	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	202,582	200,774	1,808	0	0	0	0	0	0	0
15. General administrative expenses.....	1,406,183	1,394,831	11,352	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).....	11,737,853	11,634,303	103,550	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(224,498)	(276,321)	51,823	0	0	0	0	0	0	0
19. Net investment income earned.....	139,999	138,110	1,889	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(60,990)	(60,167)	(823)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	79,009	77,943	1,066	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(145,489)	(198,378)	52,889	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(5,810)	(5,732)	(78)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(139,679)	(192,646)	52,967	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,165	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		6,542	of Texas enrollees and Federal employees.)			0	# of Member Months in C3-Pt D included in C3-Basic			

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII 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	583	0	510	0	0	0	0	73	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,803	0	1,545	0	0	0	0	258	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,724	0	1,522	0	0	0	0	202	0	0
8. Non-Physician	190	0	173	0	0	0	0	17	0	0
9. Total	1,914	0	1,695	0	0	0	0	219	0	0
10. Hospital Patient Days Incurred	99	0	39	0	0	0	0	60	0	0
11. Number of Inpatient Admissions	18	0	9	0	0	0	0	9	0	0
12. Health Premiums Written	609,080	0	426,963	0	0	0	1,098	181,019	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	608,922	0	426,805	0	0	0	1,098	181,019	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	535,390	0	277,350	0	0	0	154,179	103,861	0	0
18. Amount Incurred for Provision of Health Care Services	637,788	0	346,227	0	0	0	153,462	138,099	0	0

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	583	510	73	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,803	1,545	258	0	0	0	0	0	0	0
3. Direct premium income.....	609,080	428,061	181,019	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	609,080	428,061	181,019	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	(158)	(158)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	608,922	427,903	181,019	0	0	0	0	0	0	0
11. Hospital & medical.....	637,788	499,689	138,099	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	637,788	499,689	138,099	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	12,756	9,994	2,762	0	0	0	0	0	0	0
15. General administrative expenses.....	62,689	50,119	12,570	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).....	713,233	559,802	153,431	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(104,311)	(131,899)	27,588	0	0	0	0	0	0	0
19. Net investment income earned.....	7,404	5,203	2,201	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(3,226)	(2,267)	(959)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4,178	2,936	1,242	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(100,133)	(128,963)	28,830	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(307)	(216)	(91)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(99,826)	(128,747)	28,921	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

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

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	583	510	73	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,803	1,545	258	0	0	0	0	0	0	0
3. Direct premium income.....	609,080	428,061	181,019	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	609,080	428,061	181,019	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	(158)	(158)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	608,922	427,903	181,019	0	0	0	0	0	0	0
11. Hospital & medical.....	637,788	499,689	138,099	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	637,788	499,689	138,099	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	12,756	9,994	2,762	0	0	0	0	0	0	0
15. General administrative expenses.....	62,689	50,119	12,570	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).....	713,233	559,802	153,431	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(104,311)	(131,899)	27,588	0	0	0	0	0	0	0
19. Net investment income earned.....	7,404	5,203	2,201	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(3,226)	(2,267)	(959)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4,178	2,936	1,242	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(100,133)	(128,963)	28,830	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(307)	(216)	(91)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(99,826)	(128,747)	28,921	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Aetna Health Inc.**

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 XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	9,935	0	9,887	0	0	0	34	14	0	0
2. First Quarter	9,516	0	9,476	0	0	0	0	40	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	29,096	0	28,992	0	0	0	0	104	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	17,944	0	17,797	0	0	0	0	147	0	0
8. Non-Physician	1,701	0	1,686	0	0	0	0	15	0	0
9. Total	19,645	0	19,483	0	0	0	0	162	0	0
10. Hospital Patient Days Incurred	554	0	516	0	0	0	0	38	0	0
11. Number of Inpatient Admissions	154	0	150	0	0	0	0	4	0	0
12. Health Premiums Written	7,450,858	0	7,357,310	0	0	0	1,788	91,760	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	7,450,063	0	7,356,515	0	0	0	1,788	91,760	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	5,571,091	0	5,500,521	0	0	0	7,343	63,227	0	0
18. Amount Incurred for Provision of Health Care Services	6,598,091	0	6,491,106	0	0	0	3,937	103,048	0	0

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,516	9,476	40	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	29,096	28,992	104	0	0	0	0	0	0	0
3. Direct premium income.....	7,450,858	7,359,098	91,760	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	7,450,858	7,359,098	91,760	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	(795)	(795)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	7,450,063	7,358,303	91,760	0	0	0	0	0	0	0
11. Hospital & medical.....	6,598,091	6,495,043	103,048	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,598,091	6,495,043	103,048	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	131,962	129,901	2,061	0	0	0	0	0	0	0
15. General administrative expenses.....	909,528	903,817	5,711	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).....	7,639,581	7,528,761	110,820	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(189,518)	(170,458)	(19,060)	0	0	0	0	0	0	0
19. Net investment income earned.....	90,591	89,475	1,116	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(39,465)	(38,979)	(486)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	51,126	50,496	630	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(138,392)	(119,962)	(18,430)	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(3,760)	(3,714)	(46)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(134,632)	(116,248)	(18,384)	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

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

TEXAS HMO SUPPLEMENT

OF THE Aetna Health Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,516	9,476	40	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	29,096	28,992	104	0	0	0	0	0	0	0
3. Direct premium income.....	7,450,858	7,359,098	91,760	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	7,450,858	7,359,098	91,760	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	(795)	(795)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	7,450,063	7,358,303	91,760	0	0	0	0	0	0	0
11. Hospital & medical.....	6,598,091	6,495,043	103,048	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,598,091	6,495,043	103,048	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	131,962	129,901	2,061	0	0	0	0	0	0	0
15. General administrative expenses.....	909,528	903,817	5,711	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).....	7,639,581	7,528,761	110,820	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(189,518)	(170,458)	(19,060)	0	0	0	0	0	0	0
19. Net investment income earned.....	90,591	89,475	1,116	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(39,465)	(38,979)	(486)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	51,126	50,496	630	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(138,392)	(119,962)	(18,430)	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(3,760)	(3,714)	(46)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(134,632)	(116,248)	(18,384)	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	67,025	0	48,864	0	0	0	3,485	1,540	13,136	0
2. First Quarter	63,805	0	46,657	0	0	0	0	1,756	15,392	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	191,087	0	141,595	0	0	0	0	5,635	43,857	0
Total Member Ambulatory Encounters for Year:										
7. Physician	331,475	0	254,761	0	0	0	0	8,616	68,098	0
8. Non-Physician	52,953	0	35,071	0	0	0	0	931	16,951	0
9. Total	384,428	0	289,832	0	0	0	0	9,547	85,049	0
10. Hospital Patient Days Incurred	7,938	0	1,627	0	0	0	0	575	5,736	0
11. Number of Inpatient Admissions	2,551	0	690	0	0	0	0	113	1,748	0
12. Health Premiums Written	63,234,599	0	42,954,304	0	0	0	83,113	5,163,127	15,034,055	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	63,237,677	0	42,957,382	0	0	0	83,113	5,163,127	15,034,055	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	55,189,640	0	36,240,925	0	0	0	1,195,713	3,328,253	14,424,749	0
18. Amount Incurred for Provision of Health Care Services	53,053,729	0	37,026,628	0	0	0	(250,973)	3,190,217	13,087,857	0

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	63,805	41,137	1,756	0	15,392	0	0	5,520	0	0
2. MEMBER MONTHS.....	191,087	125,367	5,635	0	43,857	0	0	16,228	0	0
3. Direct premium income.....	63,234,599	41,636,730	5,163,127	0	15,034,055	0	XXXXXXXX	1,400,687	XXXXXXXX	0
4. Net premium income.....	63,234,599	41,636,730	5,163,127	0	15,034,055	0	0	1,400,687	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	3,078	3,078	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	63,237,677	41,639,808	5,163,127	0	15,034,055	0	0	1,400,687	0	0
11. Hospital & medical.....	53,053,729	35,956,152	3,190,217	0	13,087,857	0	0	819,503	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	53,053,729	35,956,152	3,190,217	0	13,087,857	0	0	819,503	0	0
14. Claims adjustment expenses.....	1,061,074	719,123	63,804	0	261,757	0	0	16,390	0	0
15. General administrative expenses.....	7,028,988	5,130,569	373,506	0	1,344,530	0	0	180,383	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).....	61,143,791	41,805,844	3,627,527	0	14,694,144	0	0	1,016,276	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,093,886	(166,036)	1,535,600	0	339,911	0	0	384,411	0	0
19. Net investment income earned.....	768,952	506,328	62,782	0	182,810	0	0	17,032	0	0
20. Net realized capital gains/losses.....	(334,990)	(220,579)	(27,351)	0	(79,640)	0	0	(7,420)	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	433,962	285,749	35,431	0	103,170	0	0	9,612	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	2,527,848	119,713	1,571,031	0	443,081	0	0	394,023	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(31,915)	(21,015)	(2,606)	0	(7,587)	0	0	(707)	0	0
25. NET INCOME/LOSS (L30 less L31).....	2,559,763	140,728	1,573,637	0	450,668	0	0	394,730	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

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

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	63,805	41,137	1,756	0	15,392	0	0	5,520	0	0
2. MEMBER MONTHS.....	191,087	125,367	5,635	0	43,857	0	0	16,228	0	0
3. Direct premium income.....	63,234,599	41,636,730	5,163,127	0	15,034,055	0	XXXXXXXX	1,400,687	XXXXXXXX	0
4. Net premium income.....	63,234,599	41,636,730	5,163,127	0	15,034,055	0	0	1,400,687	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	3,078	3,078	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	63,237,677	41,639,808	5,163,127	0	15,034,055	0	0	1,400,687	0	0
11. Hospital & medical.....	53,053,729	35,956,152	3,190,217	0	13,087,857	0	0	819,503	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	53,053,729	35,956,152	3,190,217	0	13,087,857	0	0	819,503	0	0
14. Claims adjustment expenses.....	1,061,074	719,123	63,804	0	261,757	0	0	16,390	0	0
15. General administrative expenses.....	7,028,988	5,130,569	373,506	0	1,344,530	0	0	180,383	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).....	61,143,791	41,805,844	3,627,527	0	14,694,144	0	0	1,016,276	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,093,886	(166,036)	1,535,600	0	339,911	0	0	384,411	0	0
19. Net investment income earned.....	768,952	506,328	62,782	0	182,810	0	0	17,032	0	0
20. Net realized capital gains/losses.....	(334,990)	(220,579)	(27,351)	0	(79,640)	0	0	(7,420)	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	433,962	285,749	35,431	0	103,170	0	0	9,612	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	2,527,848	119,713	1,571,031	0	443,081	0	0	394,023	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(31,915)	(21,015)	(2,606)	0	(7,587)	0	0	(707)	0	0
25. NET INCOME/LOSS (L30 less L31).....	2,559,763	140,728	1,573,637	0	450,668	0	0	394,730	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 0 # of Member Months in C3-Pt D included in C3-Basic

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