

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	211,062	160,462	4,675	0	34,478	0	0	11,447	0	0
2. MEMBER MONTHS.....	629,321	481,106	13,988	0	100,451	0	0	33,776	0	0
3. Direct premium income.....	222,448,431	158,068,535	13,348,702	0	48,234,933	0	XXXXXXXX	2,796,261	XXXXXXXX	0
4. Net premium income.....	222,448,431	158,068,535	13,348,702	0	48,234,933	0	0	2,796,261	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	60,799	60,799	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).....	222,509,230	158,129,334	13,348,702	0	48,234,933	0	0	2,796,261	0	0
11. Hospital & medical.....	197,659,579	143,276,572	9,925,184	0	42,098,319	0	0	2,359,504	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	197,659,579	143,276,572	9,925,184	0	42,098,319	0	0	2,359,504	0	0
14. Claims adjustment expenses.....	3,953,192	2,865,532	198,504	0	841,966	0	0	47,190	0	0
15. General administrative expenses.....	24,526,029	18,944,403	815,958	0	4,426,919	0	0	338,749	0	0
16. Increase in reserves for A&H contracts.....	62,835	62,835	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	226,201,635	165,149,342	10,939,646	0	47,367,204	0	0	2,745,443	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(3,692,405)	(7,020,008)	2,409,056	0	867,729	0	0	50,818	0	0
19. Net investment income earned.....	1,741,138	1,205,286	99,883	0	414,185	0	0	21,784	0	0
20. Net realized capital gains/losses.....	1,084,276	845,818	75,773	0	148,832	0	0	13,853	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2,825,414	2,051,104	175,656	0	563,017	0	0	35,637	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).....	(866,991)	(4,968,904)	2,584,712	0	1,430,746	0	0	86,455	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(663,523)	(489,874)	(42,419)	0	(122,837)	0	0	(8,393)	0	0
25. NET INCOME/LOSS (L30 less L31).....	(203,468)	(4,479,030)	2,627,131	0	1,553,583	0	0	94,848	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		(108)	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		36,695	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 **JUNE 30, 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.....	211,062	160,462	4,675	0	34,478	0	0	11,447	0	0
2. MEMBER MONTHS.....	1,264,704	978,095	28,148	0	192,405	0	0	66,056	0	0
3. Direct premium income.....	430,869,155	320,516,240	27,894,656	0	76,999,573	0	XXXXXXXX	5,458,686	XXXXXXXX	0
4. Net premium income.....	430,869,155	320,516,240	27,894,656	0	76,999,573	0	0	5,458,686	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	66,701	66,701	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).....	430,935,856	320,582,941	27,894,656	0	76,999,573	0	0	5,458,686	0	0
11. Hospital & medical.....	376,321,595	283,428,320	19,953,581	0	69,009,468	0	0	3,930,226	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	376,321,595	283,428,320	19,953,581	0	69,009,468	0	0	3,930,226	0	0
14. Claims adjustment expenses.....	7,526,432	5,668,567	399,072	0	1,380,189	0	0	78,604	0	0
15. General administrative expenses.....	48,454,142	38,963,365	1,847,412	0	6,962,004	0	0	681,361	0	0
16. Increase in reserves for A&H contracts.....	62,835	62,835	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	432,365,004	328,123,087	22,200,065	0	77,351,661	0	0	4,690,191	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(1,429,148)	(7,540,146)	5,694,591	0	(352,088)	0	0	768,495	0	0
19. Net investment income earned.....	4,275,546	3,180,676	276,757	0	763,955	0	0	54,158	0	0
20. Net realized capital gains/losses.....	(19,825)	(14,749)	(1,282)	0	(3,543)	0	0	(251)	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4,255,721	3,165,927	275,475	0	760,412	0	0	53,907	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).....	2,826,573	(4,374,219)	5,970,066	0	408,324	0	0	822,402	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(768,709)	(571,860)	(49,759)	0	(137,353)	0	0	(9,737)	0	0
25. NET INCOME/LOSS (L30 less L31).....	3,595,282	(3,802,359)	6,019,825	0	545,677	0	0	832,139	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,199	(Examples of non-taxable enrollees are State			0		# of Enrollees in C3-Pt D included in C3-Basic		
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		74,055	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 **JUNE 30, 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	0									
3. Second Quarter	74,955	0	68,661	0	0	0	5,848	446	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	459,133	0	420,818	0	0	0	35,678	2,637	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	671,860	0	636,131	0	0	0	31,132	4,597	0	0
8. Non-Physician	76,708	0	70,795	0	0	0	5,598	315	0	0
9. Total	748,568	0	706,926	0	0	0	36,730	4,912	0	0
10. Hospital Patient Days Incurred	11,481	0	10,130	0	0	0	1,117	234	0	0
11. Number of Inpatient Admissions	2,557	0	2,264	0	0	0	242	51	0	0
12. Health Premiums Written	158,783,627	0	142,267,497	0	0	0	14,035,427	2,480,703	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	158,830,627	0	142,314,497	0	0	0	14,035,427	2,480,703	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	138,748,632	0	121,414,186	0	0	0	15,586,808	1,747,638	0	0
18. Amount Incurred for Provision of Health Care Services	144,571,078	0	127,345,759	0	0	0	15,268,427	1,956,892	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.....	74,955	74,509	446	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	224,168	222,843	1,325	0	0	0	0	0	0	0
3. Direct premium income.....	77,639,604	76,439,679	1,199,925	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	77,639,604	76,439,679	1,199,925	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	39,823	39,823	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).....	77,679,427	76,479,502	1,199,925	0	0	0	0	0	0	0
11. Hospital & medical.....	73,768,540	72,651,088	1,117,452	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).....	73,768,540	72,651,088	1,117,452	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	1,475,370	1,453,021	22,349	0	0	0	0	0	0	0
15. General administrative expenses.....	9,162,702	9,093,749	68,953	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).....	84,406,612	83,197,858	1,208,754	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(6,727,185)	(6,718,356)	(8,829)	0	0	0	0	0	0	0
19. Net investment income earned.....	589,069	580,031	9,038	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	422,576	415,905	6,671	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,011,645	995,936	15,709	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).....	(5,715,540)	(5,722,420)	6,880	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(242,371)	(238,592)	(3,779)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(5,473,169)	(5,483,828)	10,659	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... (83) (Examples of non-taxable enrollees are State

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 17,601 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.....	74,955	74,509	446	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	459,133	456,496	2,637	0	0	0	0	0	0	0
3. Direct premium income.....	158,783,627	156,302,924	2,480,703	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	158,783,627	156,302,924	2,480,703	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	47,000	47,000	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).....	158,830,627	156,349,924	2,480,703	0	0	0	0	0	0	0
11. Hospital & medical.....	144,571,078	142,614,186	1,956,892	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).....	144,571,078	142,614,186	1,956,892	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	2,891,421	2,852,283	39,138	0	0	0	0	0	0	0
15. General administrative expenses.....	19,075,581	18,914,937	160,644	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).....	166,538,080	164,381,406	2,156,674	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(7,707,453)	(8,031,482)	324,029	0	0	0	0	0	0	0
19. Net investment income earned.....	1,575,844	1,551,232	24,612	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(7,307)	(7,193)	(114)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,568,537	1,544,039	24,498	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).....	(6,138,916)	(6,487,443)	348,527	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(283,325)	(278,900)	(4,425)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(5,855,591)	(6,208,543)	352,952	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		5,848	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		35,678	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 **JUNE 30, 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	0									
3. Second Quarter	50,867	0	26,219	0	0	0	4,187	2,324	18,137	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	295,031	0	155,161	0	0	0	25,322	13,646	100,902	0
Total Member Ambulatory Encounters for Year:										
7. Physician	199,231	0	130,742	0	0	0	24,721	22,226	21,542	0
8. Non-Physician	22,992	0	12,550	0	0	0	4,662	2,541	3,239	0
9. Total	222,223	0	143,292	0	0	0	29,383	24,767	24,781	0
10. Hospital Patient Days Incurred	13,903	0	2,531	0	0	0	615	2,072	8,685	0
11. Number of Inpatient Admissions	3,643	0	610	0	0	0	151	416	2,466	0
12. Health Premiums Written	97,618,736	0	36,023,071	0	0	0	10,477,893	14,806,838	36,310,934	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	97,617,892	0	36,022,227	0	0	0	10,477,893	14,806,838	36,310,934	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	76,530,588	0	27,010,628	0	0	0	9,118,319	11,104,775	29,296,866	0
18. Amount Incurred for Provision of Health Care Services	80,578,896	0	27,359,028	0	0	0	9,852,953	11,134,715	32,232,200	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.....	50,867	24,615	2,324	0	18,137	0	0	5,791	0	0
2. MEMBER MONTHS.....	150,217	73,516	6,934	0	52,805	0	0	16,962	0	0
3. Direct premium income.....	53,149,080	22,095,999	7,132,941	0	22,580,349	0	XXXXXXXX	1,339,791	XXXXXXXX	0
4. Net premium income.....	53,149,080	22,095,999	7,132,941	0	22,580,349	0	0	1,339,791	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	3,403	3,403	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).....	53,152,483	22,099,402	7,132,941	0	22,580,349	0	0	1,339,791	0	0
11. Hospital & medical.....	43,138,114	18,317,242	5,467,512	0	18,408,908	0	0	944,452	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	43,138,114	18,317,242	5,467,512	0	18,408,908	0	0	944,452	0	0
14. Claims adjustment expenses.....	862,763	366,346	109,350	0	368,178	0	0	18,889	0	0
15. General administrative expenses.....	5,380,794	2,682,848	433,144	0	2,098,756	0	0	166,046	0	0
16. Increase in reserves for A&H contracts.....	62,835	62,835	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	49,444,506	21,429,271	6,010,006	0	20,875,842	0	0	1,129,387	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	3,707,977	670,131	1,122,935	0	1,704,507	0	0	210,404	0	0
19. Net investment income earned.....	427,833	170,469	53,594	0	193,301	0	0	10,469	0	0
20. Net realized capital gains/losses.....	231,056	113,458	39,970	0	71,064	0	0	6,564	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	658,889	283,927	93,564	0	264,365	0	0	17,033	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).....	4,366,866	954,058	1,216,499	0	1,968,872	0	0	227,437	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(151,692)	(67,305)	(22,541)	0	(57,843)	0	0	(4,003)	0	0
25. NET INCOME/LOSS (L30 less L31).....	4,518,558	1,021,363	1,239,040	0	2,026,715	0	0	231,440	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... (24) (Examples of non-taxable enrollees are State

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 12,581 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.....	50,867	24,615	2,324	0	18,137	0	0	5,791	0	0
2. MEMBER MONTHS.....	295,031	147,469	13,646	0	100,902	0	0	33,014	0	0
3. Direct premium income.....	97,618,736	43,899,435	14,806,838	0	36,310,934	0	XXXXXXXX	2,601,529	XXXXXXXX	0
4. Net premium income.....	97,618,736	43,899,435	14,806,838	0	36,310,934	0	0	2,601,529	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	(844)	(844)	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).....	97,617,892	43,898,591	14,806,838	0	36,310,934	0	0	2,601,529	0	0
11. Hospital & medical.....	80,578,896	35,516,310	11,134,715	0	32,232,200	0	0	1,695,671	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	80,578,896	35,516,310	11,134,715	0	32,232,200	0	0	1,695,671	0	0
14. Claims adjustment expenses.....	1,611,578	710,327	222,694	0	644,644	0	0	33,913	0	0
15. General administrative expenses.....	9,988,640	5,401,286	969,768	0	3,289,311	0	0	328,275	0	0
16. Increase in reserves for A&H contracts.....	62,835	62,835	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	92,241,949	41,690,758	12,327,177	0	36,166,155	0	0	2,057,859	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	5,375,943	2,207,833	2,479,661	0	144,779	0	0	543,670	0	0
19. Net investment income earned.....	968,520	435,542	146,906	0	360,261	0	0	25,811	0	0
20. Net realized capital gains/losses.....	(4,491)	(2,019)	(681)	0	(1,671)	0	0	(120)	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	964,029	433,523	146,225	0	358,590	0	0	25,691	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).....	6,339,972	2,641,356	2,625,886	0	503,369	0	0	569,361	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(174,132)	(78,306)	(26,414)	0	(64,772)	0	0	(4,640)	0	0
25. NET INCOME/LOSS (L30 less L31).....	6,514,104	2,719,662	2,652,300	0	568,141	0	0	574,001	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,187	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		25,322	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 **JUNE 30, 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	0									
3. Second Quarter	11,444	0	9,227	0	0	0	2,164	53	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	67,747	0	54,391	0	0	0	13,055	301	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	75,023	0	61,516	0	0	0	12,740	767	0	0
8. Non-Physician	10,253	0	7,788	0	0	0	2,392	73	0	0
9. Total	85,276	0	69,304	0	0	0	15,132	840	0	0
10. Hospital Patient Days Incurred	1,111	0	799	0	0	0	288	24	0	0
11. Number of Inpatient Admissions	324	0	235	0	0	0	82	7	0	0
12. Health Premiums Written	23,081,074	0	17,463,663	0	0	0	5,332,446	284,965	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	23,080,522	0	17,463,111	0	0	0	5,332,446	284,965	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	18,946,829	0	13,710,675	0	0	0	5,062,494	173,660	0	0
18. Amount Incurred for Provision of Health Care Services	19,850,312	0	14,132,820	0	0	0	5,540,209	177,283	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.....	11,444	11,391	53	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,129	33,967	162	0	0	0	0	0	0	0
3. Direct premium income.....	11,568,566	11,438,974	129,592	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	11,568,566	11,438,974	129,592	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	(1,399)	(1,399)	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).....	11,567,167	11,437,575	129,592	0	0	0	0	0	0	0
11. Hospital & medical.....	9,721,224	9,634,331	86,893	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).....	9,721,224	9,634,331	86,893	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	194,424	192,686	1,738	0	0	0	0	0	0	0
15. General administrative expenses.....	1,393,385	1,385,333	8,052	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).....	11,309,033	11,212,350	96,683	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	258,134	225,225	32,909	0	0	0	0	0	0	0
19. Net investment income earned.....	88,995	88,057	938	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	59,928	59,118	810	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	148,923	147,175	1,748	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).....	407,057	372,400	34,657	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(35,361)	(34,931)	(430)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	442,418	407,331	35,087	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... (1) (Examples of non-taxable enrollees are State

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 6,513 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.....	11,444	11,391	53	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	67,747	67,446	301	0	0	0	0	0	0	0
3. Direct premium income.....	23,081,074	22,796,109	284,965	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	23,081,074	22,796,109	284,965	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	(552)	(552)	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).....	23,080,522	22,795,557	284,965	0	0	0	0	0	0	0
11. Hospital & medical.....	19,850,312	19,673,029	177,283	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).....	19,850,312	19,673,029	177,283	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	397,006	393,460	3,546	0	0	0	0	0	0	0
15. General administrative expenses.....	2,799,568	2,780,164	19,404	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).....	23,046,886	22,846,653	200,233	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	33,636	(51,096)	84,732	0	0	0	0	0	0	0
19. Net investment income earned.....	228,994	226,167	2,827	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(1,062)	(1,049)	(13)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	227,932	225,118	2,814	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).....	261,568	174,022	87,546	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(41,171)	(40,663)	(508)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	302,739	214,685	88,054	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 2,164 (Examples of non-taxable enrollees are State

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 13,055 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 **JUNE 30, 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	0									
3. Second Quarter	578	0	511	0	0	0	0	67	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	3,537	0	3,075	0	0	0	0	462	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	3,355	0	2,990	0	0	0	0	365	0	0
8. Non-Physician	374	0	343	0	0	0	0	31	0	0
9. Total	3,729	0	3,333	0	0	0	0	396	0	0
10. Hospital Patient Days Incurred	187	0	72	0	0	0	0	115	0	0
11. Number of Inpatient Admissions	32	0	17	0	0	0	0	15	0	0
12. Health Premiums Written	1,206,054	0	847,596	0	0	0	1,098	357,360	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	1,206,013	0	847,555	0	0	0	1,098	357,360	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	836,434	0	563,326	0	0	0	89,256	183,852	0	0
18. Amount Incurred for Provision of Health Care Services	875,685	0	617,054	0	0	0	79,895	178,736	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.....	578	511	67	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,734	1,530	204	0	0	0	0	0	0	0
3. Direct premium income.....	596,974	420,633	176,341	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	596,974	420,633	176,341	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	117	117	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).....	597,091	420,750	176,341	0	0	0	0	0	0	0
11. Hospital & medical.....	237,897	197,260	40,637	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).....	237,897	197,260	40,637	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	4,758	3,945	813	0	0	0	0	0	0	0
15. General administrative expenses.....	66,727	54,092	12,635	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).....	309,382	255,297	54,085	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	287,709	165,453	122,256	0	0	0	0	0	0	0
19. Net investment income earned.....	4,562	3,217	1,345	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	3,171	2,228	943	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	7,733	5,445	2,288	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).....	295,442	170,898	124,544	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(1,844)	(1,298)	(546)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	297,286	172,196	125,090	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.....	578	511	67	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,537	3,075	462	0	0	0	0	0	0	0
3. Direct premium income.....	1,206,054	848,694	357,360	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	1,206,054	848,694	357,360	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	(41)	(41)	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).....	1,206,013	848,653	357,360	0	0	0	0	0	0	0
11. Hospital & medical.....	875,685	696,949	178,736	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).....	875,685	696,949	178,736	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	17,514	13,939	3,575	0	0	0	0	0	0	0
15. General administrative expenses.....	129,416	104,211	25,205	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,022,615	815,099	207,516	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	183,398	33,554	149,844	0	0	0	0	0	0	0
19. Net investment income earned.....	11,966	8,420	3,546	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(55)	(39)	(16)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	11,911	8,381	3,530	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).....	195,309	41,935	153,374	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(2,151)	(1,514)	(637)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	197,460	43,449	154,011	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 **JUNE 30, 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	0									
3. Second Quarter	8,888	0	8,853	0	0	0	0	35	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	55,739	0	55,526	0	0	0	0	213	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	33,884	0	33,475	0	0	0	0	409	0	0
8. Non-Physician	3,306	0	3,283	0	0	0	0	23	0	0
9. Total	37,190	0	36,758	0	0	0	0	432	0	0
10. Hospital Patient Days Incurred	1,040	0	977	0	0	0	0	63	0	0
11. Number of Inpatient Admissions	302	0	295	0	0	0	0	7	0	0
12. Health Premiums Written	14,421,144	0	14,263,288	0	0	0	1,788	156,068	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	14,425,820	0	14,267,964	0	0	0	1,788	156,068	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	11,100,082	0	10,844,185	0	0	0	7,592	248,305	0	0
18. Amount Incurred for Provision of Health Care Services	12,747,587	0	12,469,533	0	0	0	3,708	274,346	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.....	8,888	8,853	35	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,643	26,534	109	0	0	0	0	0	0	0
3. Direct premium income.....	6,970,286	6,905,978	64,308	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	6,970,286	6,905,978	64,308	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	5,471	5,471	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).....	6,975,757	6,911,449	64,308	0	0	0	0	0	0	0
11. Hospital & medical.....	6,149,496	5,978,198	171,298	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).....	6,149,496	5,978,198	171,298	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	122,990	119,564	3,426	0	0	0	0	0	0	0
15. General administrative expenses.....	834,741	833,370	1,371	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).....	7,107,227	6,931,132	176,095	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(131,470)	(19,683)	(111,787)	0	0	0	0	0	0	0
19. Net investment income earned.....	52,535	52,103	432	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	38,801	38,322	479	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	91,336	90,425	911	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).....	(40,134)	70,742	(110,876)	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(21,973)	(21,741)	(232)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(18,161)	92,483	(110,644)	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.....	8,888	8,853	35	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	55,739	55,526	213	0	0	0	0	0	0	0
3. Direct premium income.....	14,421,144	14,265,076	156,068	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	14,421,144	14,265,076	156,068	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	4,676	4,676	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).....	14,425,820	14,269,752	156,068	0	0	0	0	0	0	0
11. Hospital & medical.....	12,747,587	12,473,241	274,346	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).....	12,747,587	12,473,241	274,346	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	254,952	249,465	5,487	0	0	0	0	0	0	0
15. General administrative expenses.....	1,744,269	1,737,187	7,082	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).....	14,746,808	14,459,893	286,915	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(320,988)	(190,141)	(130,847)	0	0	0	0	0	0	0
19. Net investment income earned.....	143,126	141,578	1,548	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	(664)	(657)	(7)	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	142,462	140,921	1,541	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).....	(178,526)	(49,220)	(129,306)	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(25,733)	(25,455)	(278)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(152,793)	(23,765)	(129,028)	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 **JUNE 30, 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	0									
3. Second Quarter	64,330	0	46,239	0	0	0	0	1,750	16,341	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	383,517	0	281,125	0	0	0	0	10,889	91,503	0
Total Member Ambulatory Encounters for Year:										
7. Physician	650,973	0	492,170	0	0	0	0	16,723	142,080	0
8. Non-Physician	105,292	0	68,111	0	0	0	0	1,815	35,366	0
9. Total	756,265	0	560,281	0	0	0	0	18,538	177,446	0
10. Hospital Patient Days Incurred	18,468	0	4,937	0	0	0	0	1,131	12,400	0
11. Number of Inpatient Admissions	5,296	0	1,310	0	0	0	0	237	3,749	0
12. Health Premiums Written	135,758,520	0	85,121,562	0	0	0	139,597	9,808,722	40,688,639	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	135,774,982	0	85,138,024	0	0	0	139,597	9,808,722	40,688,639	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	116,572,819	0	74,025,942	0	0	0	1,319,979	6,646,501	34,580,397	0
18. Amount Incurred for Provision of Health Care Services	117,698,037	0	74,882,886	0	0	0	(193,726)	6,231,609	36,777,268	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.....	64,330	40,583	1,750	0	16,341	0	0	5,656	0	0
2. MEMBER MONTHS.....	192,430	122,716	5,254	0	47,646	0	0	16,814	0	0
3. Direct premium income.....	72,523,921	40,767,272	4,645,595	0	25,654,584	0	XXXXXXXX	1,456,470	XXXXXXXX	0
4. Net premium income.....	72,523,921	40,767,272	4,645,595	0	25,654,584	0	0	1,456,470	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	13,384	13,384	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).....	72,537,305	40,780,656	4,645,595	0	25,654,584	0	0	1,456,470	0	0
11. Hospital & medical.....	64,644,308	36,498,453	3,041,392	0	23,689,411	0	0	1,415,052	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	64,644,308	36,498,453	3,041,392	0	23,689,411	0	0	1,415,052	0	0
14. Claims adjustment expenses.....	1,292,887	729,970	60,828	0	473,788	0	0	28,301	0	0
15. General administrative expenses.....	7,687,680	4,895,011	291,803	0	2,328,163	0	0	172,703	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).....	73,624,875	42,123,434	3,394,023	0	26,491,362	0	0	1,616,056	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(1,087,570)	(1,342,778)	1,251,572	0	(836,778)	0	0	(159,586)	0	0
19. Net investment income earned.....	578,144	311,409	34,536	0	220,884	0	0	11,315	0	0
20. Net realized capital gains/losses.....	328,744	216,787	26,900	0	77,768	0	0	7,289	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	906,888	528,196	61,436	0	298,652	0	0	18,604	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).....	(180,682)	(814,582)	1,313,008	0	(538,126)	0	0	(140,982)	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(210,282)	(126,007)	(14,891)	0	(64,994)	0	0	(4,390)	0	0
25. NET INCOME/LOSS (L30 less L31).....	29,600	(688,575)	1,327,899	0	(473,132)	0	0	(136,592)	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.....	64,330	40,583	1,750	0	16,341	0	0	5,656	0	0
2. MEMBER MONTHS.....	383,517	248,083	10,889	0	91,503	0	0	33,042	0	0
3. Direct premium income.....	135,758,520	82,404,002	9,808,722	0	40,688,639	0	XXXXXXXX	2,857,157	XXXXXXXX	0
4. Net premium income.....	135,758,520	82,404,002	9,808,722	0	40,688,639	0	0	2,857,157	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	16,462	16,462	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).....	135,774,982	82,420,464	9,808,722	0	40,688,639	0	0	2,857,157	0	0
11. Hospital & medical.....	117,698,037	72,454,605	6,231,609	0	36,777,268	0	0	2,234,555	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	117,698,037	72,454,605	6,231,609	0	36,777,268	0	0	2,234,555	0	0
14. Claims adjustment expenses.....	2,353,961	1,449,093	124,632	0	735,545	0	0	44,691	0	0
15. General administrative expenses.....	14,716,668	10,025,580	665,309	0	3,672,693	0	0	353,086	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).....	134,768,666	83,929,278	7,021,550	0	41,185,506	0	0	2,632,332	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,006,316	(1,508,814)	2,787,172	0	(496,867)	0	0	224,825	0	0
19. Net investment income earned.....	1,347,096	817,737	97,318	0	403,694	0	0	28,347	0	0
20. Net realized capital gains/losses.....	(6,246)	(3,792)	(451)	0	(1,872)	0	0	(131)	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,340,850	813,945	96,867	0	401,822	0	0	28,216	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).....	2,347,166	(694,869)	2,884,039	0	(95,045)	0	0	253,041	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(242,197)	(147,022)	(17,497)	0	(72,581)	0	0	(5,097)	0	0
25. NET INCOME/LOSS (L30 less L31).....	2,589,363	(547,847)	2,901,536	0	(22,464)	0	0	258,138	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