

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.....	212,006	158,296	4,755	0	37,401	0	0	11,554	0	0
2. MEMBER MONTHS.....	634,073	475,777	14,207	0	109,276	0	0	34,813	0	0
3. Direct premium income.....	211,974,073	158,494,313	12,465,358	0	38,228,828	0	XXXXXXXX	2,785,574	XXXXXXXX	0
4. Net premium income.....	211,974,073	158,494,313	12,465,358	0	38,228,828	0	0	2,785,574	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	9,526	9,526	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.....	128,675	0	0	0	128,675	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).....	212,112,274	158,503,839	12,465,358	0	38,357,503	0	0	2,785,574	0	0
11. Hospital & medical.....	179,440,572	135,466,379	10,278,710	0	32,252,240	0	0	1,443,243	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	179,440,572	135,466,379	10,278,710	0	32,252,240	0	0	1,443,243	0	0
14. Claims adjustment expenses.....	3,588,811	2,709,324	205,575	0	645,046	0	0	28,866	0	0
15. General administrative expenses.....	24,387,986	19,593,252	826,596	0	3,605,141	0	0	362,997	0	0
16. Increase in reserves for A&H contracts.....	1,231,116	1,231,116	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	208,648,485	159,000,071	11,310,881	0	36,502,427	0	0	1,835,106	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	3,463,789	(496,232)	1,154,477	0	1,855,076	0	0	950,468	0	0
19. Net investment income earned.....	1,923,217	1,437,824	112,242	0	347,851	0	0	25,300	0	0
20. Net realized capital gains/losses.....	674,965	502,872	42,395	0	121,049	0	0	8,649	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2,598,182	1,940,696	154,637	0	468,900	0	0	33,949	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).....	6,061,971	1,444,464	1,309,114	0	2,323,976	0	0	984,417	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	1,736,869	252,746	842,622	0	434,961	0	0	206,540	0	0
25. NET INCOME/LOSS (L30 less L31).....	4,325,102	1,191,718	466,492	0	1,889,015	0	0	777,877	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		(82)	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		36,463	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 **SEPTEMBER 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.....	212,006	158,296	4,755	0	37,401	0	0	11,554	0	0
2. MEMBER MONTHS.....	1,898,777	1,453,872	42,355	0	301,681	0	0	100,869	0	0
3. Direct premium income.....	642,843,228	479,010,553	40,360,014	0	115,228,401	0	XXXXXXXX	8,244,260	XXXXXXXX	0
4. Net premium income.....	642,843,228	479,010,553	40,360,014	0	115,228,401	0	0	8,244,260	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	76,227	76,227	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.....	128,675	0	0	0	128,675	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).....	643,048,130	479,086,780	40,360,014	0	115,357,076	0	0	8,244,260	0	0
11. Hospital & medical.....	555,762,167	418,894,699	30,232,291	0	101,261,708	0	0	5,373,469	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	555,762,167	418,894,699	30,232,291	0	101,261,708	0	0	5,373,469	0	0
14. Claims adjustment expenses.....	11,115,243	8,377,891	604,647	0	2,025,235	0	0	107,470	0	0
15. General administrative expenses.....	72,842,128	58,556,617	2,674,008	0	10,567,145	0	0	1,044,358	0	0
16. Increase in reserves for A&H contracts.....	1,293,951	1,293,951	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	641,013,489	487,123,158	33,510,946	0	113,854,088	0	0	6,525,297	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,034,641	(8,036,378)	6,849,068	0	1,502,988	0	0	1,718,963	0	0
19. Net investment income earned.....	6,198,763	4,618,500	388,999	0	1,111,806	0	0	79,458	0	0
20. Net realized capital gains/losses.....	655,140	488,123	41,113	0	117,506	0	0	8,398	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	6,853,903	5,106,623	430,112	0	1,229,312	0	0	87,856	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).....	8,888,544	(2,929,755)	7,279,180	0	2,732,300	0	0	1,806,819	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	968,160	(319,114)	792,863	0	297,608	0	0	196,803	0	0
25. NET INCOME/LOSS (L30 less L31).....	7,920,384	(2,610,641)	6,486,317	0	2,434,692	0	0	1,610,016	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,117	(Examples of non-taxable enrollees are State			0		# of Enrollees in C3-Pt D included in C3-Basic		
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		110,518	of Texas enrollees and Federal employees.)			0		# of Member Months in C3-Pt D included in C3-Basic		

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	55	77,091	0	0	0	7,694	204	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	75,023	47	68,693	0	0	0	5,799	484	0	0
5. Current Year	0									
6. Current Year Member Months	683,308	447	625,670	0	0	0	53,130	4,061	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,030,563	675	974,420	0	0	0	48,286	7,182	0	0
8. Non-Physician	121,326	80	111,963	0	0	0	8,511	772	0	0
9. Total	1,151,889	755	1,086,383	0	0	0	56,797	7,954	0	0
10. Hospital Patient Days Incurred	16,899	15	14,958	0	0	0	1,523	403	0	0
11. Number of Inpatient Admissions	3,784	4	3,361	0	0	0	334	85	0	0
12. Health Premiums Written	237,395,205	420,649	211,570,189	0	0	0	21,574,397	3,829,970	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	237,444,888	420,649	211,619,872	0	0	0	21,574,397	3,829,970	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	208,668,515	366,157	183,163,809	0	0	0	22,361,725	2,776,824	0	0
18. Amount Incurred for Provision of Health Care Services	213,318,689	372,978	189,118,556	0	0	0	20,770,412	3,056,743	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.....	75,023	74,539	484	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	224,175	222,751	1,424	0	0	0	0	0	0	0
3. Direct premium income.....	78,611,578	77,262,311	1,349,267	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	78,611,578	77,262,311	1,349,267	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	2,683	2,683	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).....	78,614,261	77,264,994	1,349,267	0	0	0	0	0	0	0
11. Hospital & medical.....	68,747,611	67,647,760	1,099,851	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).....	68,747,611	67,647,760	1,099,851	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	1,374,953	1,352,956	21,997	0	0	0	0	0	0	0
15. General administrative expenses.....	9,608,144	9,518,795	89,349	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).....	79,730,708	78,519,511	1,211,197	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(1,116,447)	(1,254,517)	138,070	0	0	0	0	0	0	0
19. Net investment income earned.....	713,501	701,186	12,315	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	249,265	245,248	4,017	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	962,766	946,434	16,332	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).....	(153,681)	(308,083)	154,402	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(402,079)	(461,284)	59,205	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	248,398	153,201	95,197	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 5,799 (Examples of non-taxable enrollees are State

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 17,452 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.....	75,023	74,539	484	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	683,308	679,247	4,061	0	0	0	0	0	0	0
3. Direct premium income.....	237,395,205	233,565,235	3,829,970	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	237,395,205	233,565,235	3,829,970	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	49,683	49,683	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).....	237,444,888	233,614,918	3,829,970	0	0	0	0	0	0	0
11. Hospital & medical.....	213,318,689	210,261,946	3,056,743	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).....	213,318,689	210,261,946	3,056,743	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	4,266,374	4,205,239	61,135	0	0	0	0	0	0	0
15. General administrative expenses.....	28,683,725	28,433,732	249,993	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).....	246,268,788	242,900,917	3,367,871	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(8,823,900)	(9,285,999)	462,099	0	0	0	0	0	0	0
19. Net investment income earned.....	2,289,345	2,252,418	36,927	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	241,958	238,055	3,903	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2,531,303	2,490,473	40,830	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).....	(6,292,597)	(6,795,526)	502,929	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(685,404)	(740,184)	54,780	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(5,607,193)	(6,055,342)	448,149	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		5,799	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		53,130	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 **SEPTEMBER 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	11	27,121	0	0	0	4,891	2,042	15,571	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	51,439	10	25,511	0	0	0	4,178	2,367	19,373	0
5. Current Year	0									
6. Current Year Member Months	449,371	91	232,256	0	0	0	37,875	20,730	158,419	0
Total Member Ambulatory Encounters for Year:										
7. Physician	295,367	77	187,224	0	0	0	38,390	35,877	33,799	0
8. Non-Physician	35,958	9	19,102	0	0	0	7,389	4,376	5,082	0
9. Total	331,325	86	206,326	0	0	0	45,779	40,253	38,881	0
10. Hospital Patient Days Incurred	21,325	0	3,774	0	0	0	1,048	2,963	13,540	0
11. Number of Inpatient Admissions	5,692	0	947	0	0	0	228	596	3,921	0
12. Health Premiums Written	146,840,913	57,139	53,909,873	0	0	0	15,884,904	21,681,551	55,307,446	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	146,843,320	57,139	53,912,280	0	0	0	15,884,904	21,681,551	55,307,446	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	115,829,276	17,476	41,494,538	0	0	0	13,471,861	16,571,275	44,274,126	0
18. Amount Incurred for Provision of Health Care Services	119,708,990	17,802	41,912,918	0	0	0	14,206,198	16,521,844	47,050,228	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.....	51,439	23,832	2,367	0	19,373	0	0	5,867	0	0
2. MEMBER MONTHS.....	154,340	72,090	7,084	0	57,517	0	0	17,649	0	0
3. Direct premium income.....	49,222,177	22,005,161	6,874,713	0	18,996,512	0	XXXXXXXX	1,345,791	XXXXXXXX	0
4. Net premium income.....	49,222,177	22,005,161	6,874,713	0	18,996,512	0	0	1,345,791	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	3,251	3,251	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.....	64,338	0	0	0	64,338	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).....	49,289,766	22,008,412	6,874,713	0	19,060,850	0	0	1,345,791	0	0
11. Hospital & medical.....	39,130,094	18,188,917	5,387,129	0	14,818,028	0	0	736,020	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	39,130,094	18,188,917	5,387,129	0	14,818,028	0	0	736,020	0	0
14. Claims adjustment expenses.....	782,602	363,777	107,743	0	296,361	0	0	14,721	0	0
15. General administrative expenses.....	5,182,407	2,732,655	461,101	0	1,814,069	0	0	174,582	0	0
16. Increase in reserves for A&H contracts.....	1,231,116	1,231,116	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	46,326,219	22,516,465	5,955,973	0	16,928,458	0	0	925,323	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,963,547	(508,053)	918,740	0	2,132,392	0	0	420,468	0	0
19. Net investment income earned.....	447,282	199,627	62,047	0	173,377	0	0	12,231	0	0
20. Net realized capital gains/losses.....	154,126	69,149	22,765	0	58,071	0	0	4,141	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	601,408	268,776	84,812	0	231,448	0	0	16,372	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).....	3,564,955	(239,277)	1,003,552	0	2,363,840	0	0	436,840	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	1,252,999	339,946	421,740	0	377,075	0	0	114,238	0	0
25. NET INCOME/LOSS (L30 less L31).....	2,311,956	(579,223)	581,812	0	1,986,765	0	0	322,602	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 4,178 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 12,553 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.....	51,439	23,832	2,367	0	19,373	0	0	5,867	0	0
2. MEMBER MONTHS.....	449,371	219,559	20,730	0	158,419	0	0	50,663	0	0
3. Direct premium income.....	146,840,913	65,904,596	21,681,551	0	55,307,446	0	XXXXXXXX	3,947,320	XXXXXXXX	0
4. Net premium income.....	146,840,913	65,904,596	21,681,551	0	55,307,446	0	0	3,947,320	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	2,407	2,407	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.....	64,338	0	0	0	64,338	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).....	146,907,658	65,907,003	21,681,551	0	55,371,784	0	0	3,947,320	0	0
11. Hospital & medical.....	119,708,990	53,705,227	16,521,844	0	47,050,228	0	0	2,431,691	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	119,708,990	53,705,227	16,521,844	0	47,050,228	0	0	2,431,691	0	0
14. Claims adjustment expenses.....	2,394,180	1,074,104	330,437	0	941,005	0	0	48,634	0	0
15. General administrative expenses.....	15,171,047	8,133,941	1,430,869	0	5,103,380	0	0	502,857	0	0
16. Increase in reserves for A&H contracts.....	1,293,951	1,293,951	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	138,568,168	64,207,223	18,283,150	0	53,094,613	0	0	2,983,182	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	8,339,490	1,699,780	3,398,401	0	2,277,171	0	0	964,138	0	0
19. Net investment income earned.....	1,415,802	635,169	208,953	0	533,638	0	0	38,042	0	0
20. Net realized capital gains/losses.....	149,635	67,130	22,084	0	56,400	0	0	4,021	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,565,437	702,299	231,037	0	590,038	0	0	42,063	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).....	9,904,927	2,402,079	3,629,438	0	2,867,209	0	0	1,006,201	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	1,078,867	261,640	395,326	0	312,303	0	0	109,598	0	0
25. NET INCOME/LOSS (L30 less L31).....	8,826,060	2,140,439	3,234,112	0	2,554,906	0	0	896,603	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,178	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		37,875	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 **SEPTEMBER 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	16	8,253	0	0	0	2,886	34	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	11,301	11	9,096	0	0	0	2,140	54	0	0
5. Current Year	0									
6. Current Year Member Months	101,688	116	81,596	0	0	0	19,513	463	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	114,921	131	94,032	0	0	0	19,633	1,125	0	0
8. Non-Physician	16,926	19	13,035	0	0	0	3,694	178	0	0
9. Total	131,847	150	107,067	0	0	0	23,327	1,303	0	0
10. Hospital Patient Days Incurred	1,746	3	1,302	0	0	0	390	51	0	0
11. Number of Inpatient Admissions	494	1	360	0	0	0	119	14	0	0
12. Health Premiums Written	34,776,901	91,747	26,164,138	0	0	0	8,173,940	347,076	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	34,776,992	91,747	26,164,229	0	0	0	8,173,940	347,076	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	29,153,024	31,733	21,262,867	0	0	0	7,606,485	251,939	0	0
18. Amount Incurred for Provision of Health Care Services	29,884,974	32,324	21,645,140	0	0	0	7,953,997	253,513	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.....	11,301	11,247	54	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,941	33,779	162	0	0	0	0	0	0	0
3. Direct premium income.....	11,695,827	11,633,716	62,111	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	11,695,827	11,633,716	62,111	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	643	643	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).....	11,696,470	11,634,359	62,111	0	0	0	0	0	0	0
11. Hospital & medical.....	10,034,662	9,958,432	76,230	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).....	10,034,662	9,958,432	76,230	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	200,693	199,169	1,524	0	0	0	0	0	0	0
15. General administrative expenses.....	1,441,225	1,437,504	3,721	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).....	11,676,580	11,595,105	81,475	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	19,890	39,254	(19,364)	0	0	0	0	0	0	0
19. Net investment income earned.....	106,311	105,792	519	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	36,500	36,133	367	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	142,811	141,925	886	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).....	162,701	181,179	(18,478)	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	87,383	79,352	8,031	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	75,318	101,827	(26,509)	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 2,140 (Examples of non-taxable enrollees are State
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 6,458 of Texas enrollees and Federal employees.)

0 # of Enrollees in C3-Pt D included in C3-Basic
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.....	11,301	11,247	54	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	101,688	101,225	463	0	0	0	0	0	0	0
3. Direct premium income.....	34,776,901	34,429,825	347,076	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	34,776,901	34,429,825	347,076	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	91	91	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).....	34,776,992	34,429,916	347,076	0	0	0	0	0	0	0
11. Hospital & medical.....	29,884,974	29,631,461	253,513	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).....	29,884,974	29,631,461	253,513	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	597,699	592,629	5,070	0	0	0	0	0	0	0
15. General administrative expenses.....	4,240,793	4,217,668	23,125	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).....	34,723,466	34,441,758	281,708	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	53,526	(11,842)	65,368	0	0	0	0	0	0	0
19. Net investment income earned.....	335,305	331,959	3,346	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	35,438	35,084	354	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	370,743	367,043	3,700	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).....	424,269	355,201	69,068	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	46,212	38,689	7,523	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	378,057	316,512	61,545	0	0	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 2,140 (Examples of non-taxable enrollees are State

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 19,513 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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	575	0	511	0	0	0	0	64	0	0
5. Current Year	0									
6. Current Year Member Months	5,250	0	4,598	0	0	0	0	652	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	4,958	0	4,362	0	0	0	0	596	0	0
8. Non-Physician	648	0	584	0	0	0	0	64	0	0
9. Total	5,606	0	4,946	0	0	0	0	660	0	0
10. Hospital Patient Days Incurred	286	0	128	0	0	0	0	158	0	0
11. Number of Inpatient Admissions	50	0	27	0	0	0	0	23	0	0
12. Health Premiums Written	1,800,500	0	1,279,624	0	0	0	709	520,167	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	1,800,969	0	1,280,093	0	0	0	709	520,167	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	1,268,653	0	863,724	0	0	0	89,549	315,380	0	0
18. Amount Incurred for Provision of Health Care Services	1,323,803	0	927,045	0	0	0	79,020	317,738	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.....	575	511	64	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,713	1,523	190	0	0	0	0	0	0	0
3. Direct premium income.....	594,446	431,639	162,807	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	594,446	431,639	162,807	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	510	510	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).....	594,956	432,149	162,807	0	0	0	0	0	0	0
11. Hospital & medical.....	448,118	309,116	139,002	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).....	448,118	309,116	139,002	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	8,962	6,182	2,780	0	0	0	0	0	0	0
15. General administrative expenses.....	65,308	54,612	10,696	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).....	522,388	369,910	152,478	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	72,568	62,239	10,329	0	0	0	0	0	0	0
19. Net investment income earned.....	5,398	3,929	1,469	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	1,890	1,344	546	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	7,288	5,273	2,015	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).....	79,856	67,512	12,344	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	32,123	13,436	18,687	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	47,733	54,076	(6,343)	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.....	575	511	64	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	5,250	4,598	652	0	0	0	0	0	0	0
3. Direct premium income.....	1,800,500	1,280,333	520,167	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	1,800,500	1,280,333	520,167	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	469	469	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).....	1,800,969	1,280,802	520,167	0	0	0	0	0	0	0
11. Hospital & medical.....	1,323,803	1,006,065	317,738	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).....	1,323,803	1,006,065	317,738	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	26,476	20,121	6,355	0	0	0	0	0	0	0
15. General administrative expenses.....	194,724	158,823	35,901	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).....	1,545,003	1,185,009	359,994	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	255,966	95,793	160,173	0	0	0	0	0	0	0
19. Net investment income earned.....	17,364	12,349	5,015	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	1,835	1,305	530	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	19,199	13,654	5,545	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).....	275,165	109,447	165,718	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	29,972	11,922	18,050	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	245,193	97,525	147,668	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 **SEPTEMBER 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	2	9,885	0	0	0	34	14	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	8,945	2	8,909	0	0	0	0	34	0	0
5. Current Year	0									
6. Current Year Member Months	82,338	18	82,001	0	0	0	0	319	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	52,262	12	51,675	0	0	0	0	575	0	0
8. Non-Physician	5,171	1	5,134	0	0	0	0	36	0	0
9. Total	57,433	13	56,809	0	0	0	0	611	0	0
10. Hospital Patient Days Incurred	1,459	2	1,383	0	0	0	0	74	0	0
11. Number of Inpatient Admissions	434	1	422	0	0	0	0	11	0	0
12. Health Premiums Written	21,542,115	8,008	21,300,358	0	0	0	1,788	231,961	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	21,547,045	8,008	21,305,288	0	0	0	1,788	231,961	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	16,837,226	7,497	16,511,971	0	0	0	7,578	310,180	0	0
18. Amount Incurred for Provision of Health Care Services	18,185,241	7,637	17,850,209	0	0	0	3,517	323,878	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.....	8,945	8,911	34	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,599	26,493	106	0	0	0	0	0	0	0
3. Direct premium income.....	7,120,971	7,045,078	75,893	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	7,120,971	7,045,078	75,893	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	254	254	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).....	7,121,225	7,045,332	75,893	0	0	0	0	0	0	0
11. Hospital & medical.....	5,437,654	5,388,122	49,532	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).....	5,437,654	5,388,122	49,532	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	108,753	107,762	991	0	0	0	0	0	0	0
15. General administrative expenses.....	888,857	883,574	5,283	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).....	6,435,264	6,379,458	55,806	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	685,961	665,874	20,087	0	0	0	0	0	0	0
19. Net investment income earned.....	64,622	63,934	688	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	22,621	22,378	243	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	87,243	86,312	931	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).....	773,204	752,186	21,018	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	90,507	102,024	(11,517)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	682,697	650,162	32,535	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.....	8,945	8,911	34	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	82,338	82,019	319	0	0	0	0	0	0	0
3. Direct premium income.....	21,542,115	21,310,154	231,961	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	21,542,115	21,310,154	231,961	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	4,930	4,930	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).....	21,547,045	21,315,084	231,961	0	0	0	0	0	0	0
11. Hospital & medical.....	18,185,241	17,861,363	323,878	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).....	18,185,241	17,861,363	323,878	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	363,705	357,227	6,478	0	0	0	0	0	0	0
15. General administrative expenses.....	2,633,126	2,620,761	12,365	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).....	21,182,072	20,839,351	342,721	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	364,973	475,733	(110,760)	0	0	0	0	0	0	0
19. Net investment income earned.....	207,748	205,512	2,236	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	21,957	21,721	236	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	229,705	227,233	2,472	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).....	594,678	702,966	(108,288)	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	64,774	76,569	(11,795)	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	529,904	626,397	(96,493)	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 **SEPTEMBER 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	21	48,843	0	0	0	3,485	1,540	13,136	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	64,723	19	44,924	0	0	0	0	1,752	18,028	0
5. Current Year	0									
6. Current Year Member Months	576,822	180	417,250	0	0	0	0	16,130	143,262	0
Total Member Ambulatory Encounters for Year:										
7. Physician	966,490	309	718,621	0	0	0	0	25,113	222,447	0
8. Non-Physician	159,418	44	101,053	0	0	0	0	2,949	55,372	0
9. Total	1,125,908	353	819,674	0	0	0	0	28,062	277,819	0
10. Hospital Patient Days Incurred	28,009	24	7,697	0	0	0	0	1,601	18,687	0
11. Number of Inpatient Admissions	8,071	4	1,944	0	0	0	0	336	5,787	0
12. Health Premiums Written	200,487,594	174,632	126,503,121	0	0	0	139,597	13,749,289	59,920,955	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	200,506,241	174,632	126,521,768	0	0	0	139,597	13,749,289	59,920,955	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	172,704,147	206,408	110,568,845	0	0	0	1,415,999	10,171,684	50,341,211	0
18. Amount Incurred for Provision of Health Care Services	173,340,470	210,253	109,376,683	0	0	0	(216,521)	9,758,575	54,211,480	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.....	64,723	39,256	1,752	0	18,028	0	0	5,687	0	0
2. MEMBER MONTHS.....	193,305	119,141	5,241	0	51,759	0	0	17,164	0	0
3. Direct premium income.....	64,729,074	40,116,408	3,940,567	0	19,232,316	0	XXXXXXXX	1,439,783	XXXXXXXX	0
4. Net premium income.....	64,729,074	40,116,408	3,940,567	0	19,232,316	0	0	1,439,783	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	2,185	2,185	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.....	64,337	0	0	0	64,337	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).....	64,795,596	40,118,593	3,940,567	0	19,296,653	0	0	1,439,783	0	0
11. Hospital & medical.....	55,642,433	33,974,032	3,526,966	0	17,434,212	0	0	707,223	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	55,642,433	33,974,032	3,526,966	0	17,434,212	0	0	707,223	0	0
14. Claims adjustment expenses.....	1,112,848	679,478	70,540	0	348,685	0	0	14,145	0	0
15. General administrative expenses.....	7,202,045	4,966,112	256,446	0	1,791,072	0	0	188,415	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).....	63,957,326	39,619,622	3,853,952	0	19,573,969	0	0	909,783	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	838,270	498,971	86,615	0	(277,316)	0	0	530,000	0	0
19. Net investment income earned.....	586,103	363,356	35,204	0	174,474	0	0	13,069	0	0
20. Net realized capital gains/losses.....	210,563	128,620	14,457	0	62,978	0	0	4,508	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	796,666	491,976	49,661	0	237,452	0	0	17,577	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).....	1,634,936	990,947	136,276	0	(39,864)	0	0	547,577	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	675,936	179,272	346,476	0	57,886	0	0	92,302	0	0
25. NET INCOME/LOSS (L30 less L31).....	959,000	811,675	(210,200)	0	(97,750)	0	0	455,275	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.....	64,723	39,256	1,752	0	18,028	0	0	5,687	0	0
2. MEMBER MONTHS.....	576,822	367,224	16,130	0	143,262	0	0	50,206	0	0
3. Direct premium income.....	200,487,594	122,520,410	13,749,289	0	59,920,955	0	XXXXXXXX	4,296,940	XXXXXXXX	0
4. Net premium income.....	200,487,594	122,520,410	13,749,289	0	59,920,955	0	0	4,296,940	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	18,647	18,647	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.....	64,337	0	0	0	64,337	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).....	200,570,578	122,539,057	13,749,289	0	59,985,292	0	0	4,296,940	0	0
11. Hospital & medical.....	173,340,470	106,428,637	9,758,575	0	54,211,480	0	0	2,941,778	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	173,340,470	106,428,637	9,758,575	0	54,211,480	0	0	2,941,778	0	0
14. Claims adjustment expenses.....	3,466,809	2,128,571	195,172	0	1,084,230	0	0	58,836	0	0
15. General administrative expenses.....	21,918,713	14,991,692	921,755	0	5,463,765	0	0	541,501	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).....	198,725,992	123,548,900	10,875,502	0	60,759,475	0	0	3,542,115	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,844,586	(1,009,843)	2,873,787	0	(774,183)	0	0	754,825	0	0
19. Net investment income earned.....	1,933,199	1,181,093	132,522	0	578,168	0	0	41,416	0	0
20. Net realized capital gains/losses.....	204,317	124,828	14,006	0	61,106	0	0	4,377	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2,137,516	1,305,921	146,528	0	639,274	0	0	45,793	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).....	3,982,102	296,078	3,020,315	0	(134,909)	0	0	800,618	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	433,739	32,250	328,979	0	(14,695)	0	0	87,205	0	0
25. NET INCOME/LOSS (L30 less L31).....	3,548,363	263,828	2,691,336	0	(120,214)	0	0	713,413	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