

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	189,889	122,786	5,897	0	0	49,136	0	0	12,070	0
2. MEMBER MONTHS.....	568,279	369,815	17,876	0	0	145,005	0	0	35,583	0
3. Direct Premium Income.....	191,570,759	134,639,340	17,138,033	0	0	37,280,615	0	XXXXXXXX	2,512,771	0
4. Net Premium Income.....	191,570,759	134,639,340	17,138,033	0	0	37,280,615	0	0	2,512,771	0
5. Change in unearned premium reserve and reserve for rate credits.....	27,382	27,382	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	191,598,141	134,666,722	17,138,033	0	0	37,280,615	0	0	2,512,771	0
11. Hospital & Medical Benefits.....	155,161,476	105,903,347	13,312,810	0	0	34,036,810	0	0	1,908,509	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	155,161,476	105,903,347	13,312,810	0	0	34,036,810	0	0	1,908,509	0
14. Claims Adjustment Expenses.....	3,396,876	2,854,388	84,376	0	0	401,673	0	0	56,439	0
15. General Administrative Expenses.....	24,152,238	20,533,127	1,171,034	0	0	2,596,232	0	0	(148,155)	0
16. Increase in Reserves for A&H contracts.....	(76,827)	(76,827)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	182,633,763	129,214,035	14,568,220	0	0	37,034,715	0	0	1,816,793	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,964,378	5,452,687	2,569,813	0	0	245,900	0	0	695,978	0
19. Net Investments Gains / (Losses).....	1,886,875	1,319,952	162,673	0	0	379,398	0	0	24,852	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,851,253	6,772,639	2,732,486	0	0	625,298	0	0	720,830	0
22. Federal and foreign income taxes incurred.....	(2,799,639)	(1,276,422)	(566,464)	0	0	(875,012)	0	0	(81,741)	0
23. NET INCOME/(LOSS) (L21 less L22).....	13,650,892	8,049,061	3,298,950	0	0	1,500,310	0	0	802,571	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,859	(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		14,623				0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	189,889	122,786	5,897	0	0	49,136	0	0	12,070	0
2. MEMBER MONTHS.....	2,263,263	1,523,014	72,787	0	0	533,391	0	0	134,071	0
3. Direct Premium Income.....	755,868,178	537,121,044	73,115,752	0	0	135,807,608	0	XXXXXXXX	9,823,774	0
4. Net Premium Income.....	755,868,178	537,121,044	73,115,752	0	0	135,807,608	0	0	9,823,774	0
5. Change in unearned premium reserve and reserve for rate credits.....	30,673	30,673	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	360,546	0	0	0	0	360,546	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	756,259,397	537,151,717	73,115,752	0	0	136,168,154	0	0	9,823,774	0
11. Hospital & Medical Benefits.....	616,252,113	435,609,273	57,502,435	0	0	116,626,848	0	0	6,513,557	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	616,252,113	435,609,273	57,502,435	0	0	116,626,848	0	0	6,513,557	0
14. Claims Adjustment Expenses.....	12,618,689	9,448,506	968,169	0	0	2,053,474	0	0	148,540	0
15. General Administrative Expenses.....	89,421,970	72,713,402	4,443,451	0	0	11,437,756	0	0	827,361	0
16. Increase in Reserves for A&H contracts.....	29,605	29,605	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	718,322,377	517,800,786	62,914,055	0	0	130,118,078	0	0	7,489,458	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	37,937,020	19,350,931	10,201,697	0	0	6,050,076	0	0	2,334,316	0
19. Net Investments Gains / (Losses).....	9,934,620	7,056,307	960,487	0	0	1,788,776	0	0	129,050	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	47,871,640	26,407,238	11,162,184	0	0	7,838,852	0	0	2,463,366	0
22. Federal and foreign income taxes incurred.....	10,540,918	5,799,044	2,471,237	0	0	1,724,443	0	0	546,194	0
23. NET INCOME/(LOSS) (L21 less L22).....	37,330,722	20,608,194	8,690,947	0	0	6,114,409	0	0	1,917,172	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,859	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		59,511	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	73,262	44	66,879	0	0	0	5,817	522	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	58,926	35	57,377	0	0	0	0	1,514	0	0
6. Current Year Member Months	716,264	440	698,258	0	0	0	85	17,481	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,144,049	695	1,100,953	0	0	0	0	42,401	0	0
8. Non-Physician	133,238	81	129,937	0	0	0	0	3,220	0	0
9. Total	1,277,287	776	1,230,890	0	0	0	0	45,621	0	0
10. Hospital Patient Days Incurred	16,600	11	14,342	0	0	0	48	2,199	0	0
11. Number of Inpatient Admissions	3,916	3	3,500	0	0	0	5	408	0	0
12. Health Premiums Written	270,170,200	460,185	251,370,329	0	0	0	696,322	17,643,364	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	270,187,635	460,185	251,387,764	0	0	0	696,322	17,643,364	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	226,113,518	575,752	208,881,090	0	0	0	2,585,350	14,071,326	0	0
18. Amount Incurred for Provision of Health Care Services	218,169,360	559,369	203,346,429	0	0	0	(433,659)	14,697,221	0	0

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

**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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	58,926	57,412	1,514	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	176,793	172,233	4,560	0	0	0	0	0	0	0
3. Direct Premium Income.....	68,678,475	64,272,980	4,405,495	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	68,678,475	64,272,980	4,405,495	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	17,799	17,799	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	68,696,274	64,290,779	4,405,495	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	53,107,814	50,259,405	2,848,409	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	53,107,814	50,259,405	2,848,409	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,374,651	1,378,001	(3,350)	0	0	0	0	0	0	0
15. General Administrative Expenses.....	10,086,691	9,760,358	326,333	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(76,827)	(76,827)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	64,492,329	61,320,937	3,171,392	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,203,945	2,969,842	1,234,103	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	677,602	634,500	43,102	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,881,547	3,604,342	1,277,205	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(433,816)	(633,919)	200,103	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,315,363	4,238,261	1,077,102	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

**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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	58,926	57,412	1,514	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	716,264	698,783	17,481	0	0	0	0	0	0	0
3. Direct Premium Income.....	270,170,200	252,526,836	17,643,364	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	270,170,200	252,526,836	17,643,364	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	17,435	17,435	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	270,187,635	252,544,271	17,643,364	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	218,169,360	203,472,139	14,697,221	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	218,169,360	203,472,139	14,697,221	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,675,883	4,442,257	233,626	0	0	0	0	0	0	0
15. General Administrative Expenses.....	35,258,767	34,186,530	1,072,237	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	29,605	29,605	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	258,133,615	242,130,531	16,003,084	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	12,054,020	10,413,740	1,640,280	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,549,326	3,317,553	231,773	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	15,603,346	13,731,293	1,872,053	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,429,860	3,015,399	414,461	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	12,173,486	10,715,894	1,457,592	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		85	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	50,836	10	24,309	0	0	0	4,169	2,378	19,970	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	48,784	9	19,938	0	0	0	3,245	2,353	23,239	0
6. Current Year Member Months	570,599	118	243,018	0	0	0	39,715	30,365	257,383	0
Total Member Ambulatory Encounters for Year:										
7. Physician	594,797	104	214,598	0	0	0	44,496	56,062	279,537	0
8. Non-Physician	78,999	11	21,832	0	0	0	8,487	7,333	41,336	0
9. Total	673,796	115	236,430	0	0	0	52,983	63,395	320,873	0
10. Hospital Patient Days Incurred	23,930	2	3,579	0	0	0	990	4,325	15,034	0
11. Number of Inpatient Admissions	6,852	1	887	0	0	0	269	847	4,848	0
12. Health Premiums Written	173,873,338	74,007	57,474,779	0	0	0	18,823,193	32,589,272	64,912,087	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	173,878,482	74,007	57,479,923	0	0	0	18,823,193	32,589,272	64,912,087	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	141,525,390	50,182	43,431,020	0	0	0	15,425,894	26,370,763	56,247,531	0
18. Amount Incurred for Provision of Health Care Services	139,701,696	51,833	42,984,946	0	0	0	15,799,224	26,404,672	54,461,021	0

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**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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	48,784	17,013	2,353	0	0	23,239	0	0	6,179	0
2. MEMBER MONTHS.....	146,094	51,808	7,214	0	0	68,848	0	0	18,224	0
3. Direct Premium Income.....	43,580,464	18,041,232	7,302,831	0	0	17,063,735	0	XXXXXXXX	1,172,666	0
4. Net Premium Income.....	43,580,464	18,041,232	7,302,831	0	0	17,063,735	0	0	1,172,666	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,913	1,913	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	43,582,377	18,043,145	7,302,831	0	0	17,063,735	0	0	1,172,666	0
11. Hospital & Medical Benefits.....	33,338,377	13,241,001	6,120,744	0	0	13,063,741	0	0	912,891	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	33,338,377	13,241,001	6,120,744	0	0	13,063,741	0	0	912,891	0
14. Claims Adjustment Expenses.....	617,758	412,165	25,855	0	0	153,675	0	0	26,063	0
15. General Administrative Expenses.....	4,352,927	2,719,358	508,764	0	0	1,199,032	0	0	(74,227)	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).....	38,309,062	16,372,524	6,655,363	0	0	14,416,448	0	0	864,727	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,273,315	1,670,621	647,468	0	0	2,647,287	0	0	307,939	0
19. Net Investments Gains / (Losses).....	426,933	177,177	67,719	0	0	170,567	0	0	11,470	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,700,248	1,847,798	715,187	0	0	2,817,854	0	0	319,409	0
22. Federal and foreign income taxes incurred.....	(235,607)	(176,163)	(326,011)	0	0	308,357	0	0	(41,790)	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,935,855	2,023,961	1,041,198	0	0	2,509,497	0	0	361,199	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,245	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		9,769	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

**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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	48,784	17,013	2,353	0	0	23,239	0	0	6,179	0
2. MEMBER MONTHS.....	570,599	214,643	30,365	0	0	257,383	0	0	68,208	0
3. Direct Premium Income.....	173,873,338	71,672,565	32,589,272	0	0	64,912,087	0	XXXXXXXX	4,699,414	0
4. Net Premium Income.....	173,873,338	71,672,565	32,589,272	0	0	64,912,087	0	0	4,699,414	0
5. Change in unearned premium reserve and reserve for rate credits.....	5,144	5,144	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	180,273	0	0	0	0	180,273	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	174,058,755	71,677,709	32,589,272	0	0	65,092,360	0	0	4,699,414	0
11. Hospital & Medical Benefits.....	139,701,696	55,673,421	26,404,672	0	0	54,461,021	0	0	3,162,582	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	139,701,696	55,673,421	26,404,672	0	0	54,461,021	0	0	3,162,582	0
14. Claims Adjustment Expenses.....	2,745,024	1,260,812	431,534	0	0	981,621	0	0	71,057	0
15. General Administrative Expenses.....	17,546,811	9,702,901	1,980,542	0	0	5,467,582	0	0	395,786	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).....	159,993,531	66,637,134	28,816,748	0	0	60,910,224	0	0	3,629,425	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	14,065,224	5,040,575	3,772,524	0	0	4,182,136	0	0	1,069,989	0
19. Net Investments Gains / (Losses).....	2,286,527	941,596	428,110	0	0	855,087	0	0	61,734	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	16,351,751	5,982,171	4,200,634	0	0	5,037,223	0	0	1,131,723	0
22. Federal and foreign income taxes incurred.....	3,602,737	1,313,688	929,994	0	0	1,108,122	0	0	250,933	0
23. NET INCOME/(LOSS) (L21 less L22).....	12,749,014	4,668,483	3,270,640	0	0	3,929,101	0	0	880,790	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,245	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		39,715	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	12,279	11	10,081	0	0	0	2,137	50	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	11,622	7	9,940	0	0	0	1,614	61	0	0
6. Current Year Member Months	137,016	103	116,555	0	0	0	19,711	647	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	142,678	106	119,987	0	0	0	21,578	1,007	0	0
8. Non-Physician	23,708	17	19,576	0	0	0	3,869	246	0	0
9. Total	166,386	123	139,563	0	0	0	25,447	1,253	0	0
10. Hospital Patient Days Incurred	2,003	0	1,630	0	0	0	352	21	0	0
11. Number of Inpatient Admissions	600	0	488	0	0	0	105	7	0	0
12. Health Premiums Written	49,779,359	86,099	39,452,835	0	0	0	9,895,761	344,664	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	49,784,553	86,099	39,458,029	0	0	0	9,895,761	344,664	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	36,329,842	14,163	28,738,966	0	0	0	7,344,138	232,575	0	0
18. Amount Incurred for Provision of Health Care Services	35,390,869	12,716	27,901,676	0	0	0	7,236,383	240,094	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,622	11,561	61	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,787	34,608	179	0	0	0	0	0	0	0
3. Direct Premium Income.....	12,974,660	12,898,824	75,836	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	12,974,660	12,898,824	75,836	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,524	1,524	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	12,976,184	12,900,348	75,836	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,763,719	8,670,708	93,011	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,763,719	8,670,708	93,011	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	341,669	340,047	1,622	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,890,306	1,886,378	3,928	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).....	10,995,694	10,897,133	98,561	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,980,490	2,003,215	(22,725)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	129,391	128,694	697	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,109,881	2,131,909	(22,028)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(289,572)	(270,019)	(19,553)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,399,453	2,401,928	(2,475)	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,614	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		4,854	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

**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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,622	11,561	61	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	137,016	136,369	647	0	0	0	0	0	0	0
3. Direct Premium Income.....	49,779,359	49,434,695	344,664	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	49,779,359	49,434,695	344,664	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	5,194	5,194	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	49,784,553	49,439,889	344,664	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	35,390,869	35,150,775	240,094	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	35,390,869	35,150,775	240,094	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	874,212	869,648	4,564	0	0	0	0	0	0	0
15. General Administrative Expenses.....	6,713,548	6,692,602	20,946	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).....	42,978,629	42,713,025	265,604	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,805,924	6,726,864	79,060	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	653,996	649,468	4,528	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	7,459,920	7,376,332	83,588	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,638,352	1,619,846	18,506	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,821,568	5,756,486	65,082	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,614	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		19,711	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	492	0	433	0	0	0	0	59	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	280	0	277	0	0	0	0	3	0	0
6. Current Year Member Months	4,029	0	3,993	0	0	0	0	36	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	3,170	0	3,123	0	0	0	0	47	0	0
8. Non-Physician	477	0	474	0	0	0	0	3	0	0
9. Total	3,647	0	3,597	0	0	0	0	50	0	0
10. Hospital Patient Days Incurred	84	0	80	0	0	0	0	4	0	0
11. Number of Inpatient Admissions	20	0	19	0	0	0	0	1	0	0
12. Health Premiums Written	1,364,876	0	1,340,555	0	0	0	0	24,321	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	1,366,167	0	1,341,846	0	0	0	0	24,321	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	619,941	0	567,326	0	0	0	0	52,615	0	0
18. Amount Incurred for Provision of Health Care Services	517,224	0	539,229	0	0	0	0	(22,005)	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	280	277	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	835	826	9	0	0	0	0	0	0	0
3. Direct Premium Income.....	304,887	303,494	1,393	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	304,887	303,494	1,393	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	304,887	303,494	1,393	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	131,713	116,285	15,428	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	131,713	116,285	15,428	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	16,215	15,144	1,071	0	0	0	0	0	0	0
15. General Administrative Expenses.....	37,501	38,474	(973)	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).....	185,429	169,903	15,526	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	119,458	133,591	(14,133)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,821	2,828	(7)	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	122,279	136,419	(14,140)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(48,732)	(37,405)	(11,327)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	171,011	173,824	(2,813)	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	280	277	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	4,029	3,993	36	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,364,876	1,340,555	24,321	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,364,876	1,340,555	24,321	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,291	1,291	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,366,167	1,341,846	24,321	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	517,224	539,229	(22,005)	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	517,224	539,229	(22,005)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	23,925	23,603	322	0	0	0	0	0	0	0
15. General Administrative Expenses.....	183,122	181,644	1,478	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).....	724,271	744,476	(20,205)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	641,896	597,370	44,526	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	17,947	17,627	320	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	659,843	614,997	44,846	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	144,983	135,054	9,929	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	514,860	479,943	34,917	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF DECEMBER 31, 2010

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	8,807	2	8,774	0	0	0	0	31	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	7,088	1	7,086	0	0	0	0	1	0	0
6. Current Year Member Months	91,223	15	91,197	0	0	0	0	11	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	63,918	10	63,892	0	0	0	0	16	0	0
8. Non-Physician	6,137	1	6,133	0	0	0	0	3	0	0
9. Total	70,055	11	70,025	0	0	0	0	19	0	0
10. Hospital Patient Days Incurred	1,383	0	1,383	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	406	0	406	0	0	0	0	0	0	0
12. Health Premiums Written	25,925,794	0	25,918,392	0	0	0	0	7,402	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	25,914,745	0	25,907,343	0	0	0	0	7,402	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	21,731,427	1,406	21,710,732	0	0	0	0	19,289	0	0
18. Amount Incurred for Provision of Health Care Services	20,573,814	1,221	20,577,538	0	0	0	0	(4,945)	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,088	7,087	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,840	21,837	3	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,354,772	6,355,004	(232)	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,354,772	6,355,004	(232)	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	935	935	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	6,355,707	6,355,939	(232)	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,977,927	3,975,980	1,947	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,977,927	3,975,980	1,947	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	123,891	123,655	236	0	0	0	0	0	0	0
15. General Administrative Expenses.....	983,770	984,025	(255)	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).....	5,085,588	5,083,660	1,928	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,270,119	1,272,279	(2,160)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	61,668	61,680	(12)	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,331,787	1,333,959	(2,172)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	238,112	240,548	(2,436)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,093,675	1,093,411	264	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,088	7,087	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	91,223	91,212	11	0	0	0	0	0	0	0
3. Direct Premium Income.....	25,925,794	25,918,392	7,402	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	25,925,794	25,918,392	7,402	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(11,049)	(11,049)	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	25,914,745	25,907,343	7,402	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	20,573,814	20,578,759	(4,945)	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	20,573,814	20,578,759	(4,945)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	455,809	455,711	98	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,507,487	3,507,037	450	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).....	24,537,110	24,541,507	(4,397)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,377,635	1,365,836	11,799	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	340,430	340,333	97	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,718,065	1,706,169	11,896	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	377,310	374,676	2,634	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,340,755	1,331,493	9,262	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	64,327	19	43,836	0	0	0	0	1,755	18,717	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	63,189	13	35,314	0	0	0	0	1,965	25,897	0
6. Current Year Member Months	744,132	175	443,702	0	0	0	0	24,247	276,008	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,051,463	273	697,528	0	0	0	0	38,138	315,524	0
8. Non-Physician	154,278	35	91,348	0	0	0	0	3,884	59,011	0
9. Total	1,205,741	308	788,876	0	0	0	0	42,022	374,535	0
10. Hospital Patient Days Incurred	30,653	24	7,592	0	0	0	0	2,340	20,697	0
11. Number of Inpatient Admissions	9,086	6	1,928	0	0	0	0	489	6,663	0
12. Health Premiums Written	234,754,611	183,080	141,035,054	0	0	0	134,227	22,506,729	70,895,521	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	234,767,269	183,080	141,047,712	0	0	0	134,227	22,506,729	70,895,521	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	204,048,566	403,398	125,015,616	0	0	0	25,432	16,228,808	62,375,312	0
18. Amount Incurred for Provision of Health Care Services	201,899,150	422,760	123,119,782	0	0	0	3,383	16,187,398	62,165,827	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	63,189	29,436	1,965	0	0	25,897	0	0	5,891	0
2. MEMBER MONTHS.....	187,930	88,503	5,911	0	0	76,157	0	0	17,359	0
3. Direct Premium Income.....	59,677,501	32,767,806	5,352,710	0	0	20,216,880	0	XXXXXXXX	1,340,105	0
4. Net Premium Income.....	59,677,501	32,767,806	5,352,710	0	0	20,216,880	0	0	1,340,105	0
5. Change in unearned premium reserve and reserve for rate credits.....	5,211	5,211	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	59,682,712	32,773,017	5,352,710	0	0	20,216,880	0	0	1,340,105	0
11. Hospital & Medical Benefits.....	55,841,926	29,639,968	4,233,271	0	0	20,973,069	0	0	995,618	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	55,841,926	29,639,968	4,233,271	0	0	20,973,069	0	0	995,618	0
14. Claims Adjustment Expenses.....	922,692	585,376	58,942	0	0	247,998	0	0	30,376	0
15. General Administrative Expenses.....	6,801,043	5,144,534	333,237	0	0	1,397,200	0	0	(73,928)	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).....	63,565,661	35,369,878	4,625,450	0	0	22,618,267	0	0	952,066	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,882,949)	(2,596,861)	727,260	0	0	(2,401,387)	0	0	388,039	0
19. Net Investments Gains / (Losses).....	588,460	315,073	51,174	0	0	208,831	0	0	13,382	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,294,489)	(2,281,788)	778,434	0	0	(2,192,556)	0	0	401,421	0
22. Federal and foreign income taxes incurred.....	(2,030,024)	(399,464)	(407,240)	0	0	(1,183,369)	0	0	(39,951)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,264,465)	(1,882,324)	1,185,674	0	0	(1,009,187)	0	0	441,372	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

**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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	63,189	29,436	1,965	0	0	25,897	0	0	5,891	0
2. MEMBER MONTHS.....	744,132	378,014	24,247	0	0	276,008	0	0	65,863	0
3. Direct Premium Income.....	234,754,611	136,228,001	22,506,729	0	0	70,895,521	0	XXXXXXXX	5,124,360	0
4. Net Premium Income.....	234,754,611	136,228,001	22,506,729	0	0	70,895,521	0	0	5,124,360	0
5. Change in unearned premium reserve and reserve for rate credits.....	12,658	12,658	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	180,273	0	0	0	0	180,273	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	234,947,542	136,240,659	22,506,729	0	0	71,075,794	0	0	5,124,360	0
11. Hospital & Medical Benefits.....	201,899,150	120,194,950	16,187,398	0	0	62,165,827	0	0	3,350,975	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	201,899,150	120,194,950	16,187,398	0	0	62,165,827	0	0	3,350,975	0
14. Claims Adjustment Expenses.....	3,843,836	2,396,475	298,025	0	0	1,071,853	0	0	77,483	0
15. General Administrative Expenses.....	26,212,235	18,442,688	1,367,798	0	0	5,970,174	0	0	431,575	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).....	231,955,221	141,034,113	17,853,221	0	0	69,207,854	0	0	3,860,033	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,992,321	(4,793,454)	4,653,508	0	0	1,867,940	0	0	1,264,327	0
19. Net Investments Gains / (Losses).....	3,086,394	1,789,730	295,659	0	0	933,689	0	0	67,316	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,078,715	(3,003,724)	4,949,167	0	0	2,801,629	0	0	1,331,643	0
22. Federal and foreign income taxes incurred.....	1,347,676	(659,619)	1,095,713	0	0	616,321	0	0	295,261	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,731,039	(2,344,105)	3,853,454	0	0	2,185,308	0	0	1,036,382	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				