

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.....	337.11	364.07	958.72	0.00	0.00	257.10	0.00	XXXXXXXX	70.62	0.00
4. Net Premium Income.....	337.11	364.07	958.72	0.00	0.00	257.10	0.00	0.00	70.62	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.05	0.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	337.16	364.15	958.72	0.00	0.00	257.10	0.00	0.00	70.62	0.00
11. Hospital & Medical Benefits.....	273.04	286.37	744.73	0.00	0.00	234.73	0.00	0.00	53.64	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	273.04	286.37	744.73	0.00	0.00	234.73	0.00	0.00	53.64	0.00
14. Claims Adjustment Expenses.....	5.98	7.72	4.72	0.00	0.00	2.77	0.00	0.00	1.59	0.00
15. General Administrative Expenses.....	42.50	55.52	65.51	0.00	0.00	17.90	0.00	0.00	(4.16)	0.00
16. Increase in Reserves for A&H contracts.....	(0.14)	(0.21)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	321.38	349.40	814.96	0.00	0.00	255.40	0.00	0.00	51.06	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	15.77	14.74	143.76	0.00	0.00	1.70	0.00	0.00	19.56	0.00
19. Net Investments Gains / (Losses).....	3.32	3.57	9.10	0.00	0.00	2.62	0.00	0.00	0.70	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	19.09	18.31	152.86	0.00	0.00	4.31	0.00	0.00	20.26	0.00
22. Federal and foreign income taxes incurred.....	(4.93)	(3.45)	(31.69)	0.00	0.00	(6.03)	0.00	0.00	(2.30)	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	24.02	21.77	184.55	0.00	0.00	10.35	0.00	0.00	22.55	0.00
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.....	3,980.58	4,374.45	12,398.80	0.00	0.00	2,763.91	0.00	XXXXXXXX	813.90	0.00
4. Net Premium Income.....	3,980.58	4,374.45	12,398.80	0.00	0.00	2,763.91	0.00	0.00	813.90	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.16	0.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	1.90	0.00	0.00	0.00	0.00	7.34	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	3,982.64	4,374.70	12,398.80	0.00	0.00	2,771.25	0.00	0.00	813.90	0.00
11. Hospital & Medical Benefits.....	3,245.33	3,547.71	9,751.13	0.00	0.00	2,373.55	0.00	0.00	539.65	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,245.33	3,547.71	9,751.13	0.00	0.00	2,373.55	0.00	0.00	539.65	0.00
14. Claims Adjustment Expenses.....	66.45	76.95	164.18	0.00	0.00	41.79	0.00	0.00	12.31	0.00
15. General Administrative Expenses.....	470.92	592.20	753.51	0.00	0.00	232.78	0.00	0.00	68.55	0.00
16. Increase in Reserves for A&H contracts.....	0.16	0.24	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,782.85	4,217.10	10,668.82	0.00	0.00	2,648.12	0.00	0.00	620.50	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	199.79	157.60	1,729.98	0.00	0.00	123.13	0.00	0.00	193.40	0.00
19. Net Investments Gains / (Losses).....	52.32	57.47	162.88	0.00	0.00	36.40	0.00	0.00	10.69	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	252.10	215.07	1,892.86	0.00	0.00	159.53	0.00	0.00	204.09	0.00
22. Federal and foreign income taxes incurred.....	55.51	47.23	419.07	0.00	0.00	35.10	0.00	0.00	45.25	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	196.59	167.84	1,473.79	0.00	0.00	124.44	0.00	0.00	158.84	0.00
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				

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.....	388.47	373.17	966.12	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	388.47	373.17	966.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.10	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	388.57	373.28	966.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	300.40	291.81	624.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	300.40	291.81	624.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	7.78	8.00	(0.73)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	57.05	56.67	71.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	(0.43)	(0.45)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	364.79	356.03	695.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	23.78	17.24	270.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	3.83	3.68	9.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	27.61	20.93	280.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	(2.45)	(3.68)	43.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	30.07	24.61	236.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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

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.....	4,584.91	4,398.50	11,653.48	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	4,584.91	4,398.50	11,653.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.30	0.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	4,585.20	4,398.81	11,653.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	3,702.43	3,544.07	9,707.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,702.43	3,544.07	9,707.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	79.35	77.38	154.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	598.36	595.46	708.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.50	0.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,380.64	4,217.42	10,570.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	204.56	181.39	1,083.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	60.23	57.79	153.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	264.80	239.17	1,236.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	58.21	52.52	273.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	206.59	186.65	962.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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				

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.....	298.30	348.23	1,012.31	0.00	0.00	247.85	0.00	XXXXXXXX	64.35	0.00
4. Net Premium Income.....	298.30	348.23	1,012.31	0.00	0.00	247.85	0.00	0.00	64.35	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.01	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	298.32	348.27	1,012.31	0.00	0.00	247.85	0.00	0.00	64.35	0.00
11. Hospital & Medical Benefits.....	228.20	255.58	848.45	0.00	0.00	189.75	0.00	0.00	50.09	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	228.20	255.58	848.45	0.00	0.00	189.75	0.00	0.00	50.09	0.00
14. Claims Adjustment Expenses.....	4.23	7.96	3.58	0.00	0.00	2.23	0.00	0.00	1.43	0.00
15. General Administrative Expenses.....	29.80	52.49	70.52	0.00	0.00	17.42	0.00	0.00	(4.07)	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	262.22	316.02	922.56	0.00	0.00	209.40	0.00	0.00	47.45	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	36.10	32.25	89.75	0.00	0.00	38.45	0.00	0.00	16.90	0.00
19. Net Investments Gains / (Losses).....	2.92	3.42	9.39	0.00	0.00	2.48	0.00	0.00	0.63	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	39.02	35.67	99.14	0.00	0.00	40.93	0.00	0.00	17.53	0.00
22. Federal and foreign income taxes incurred.....	(1.61)	(3.40)	(45.19)	0.00	0.00	4.48	0.00	0.00	(2.29)	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	40.63	39.07	144.33	0.00	0.00	36.45	0.00	0.00	19.82	0.00
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				

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.....	3,564.15	4,212.81	13,850.09	0.00	0.00	2,793.24	0.00	XXXXXXXX	760.55	0.00
4. Net Premium Income.....	3,564.15	4,212.81	13,850.09	0.00	0.00	2,793.24	0.00	0.00	760.55	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.11	0.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	3.70	0.00	0.00	0.00	0.00	7.76	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	3,567.95	4,213.11	13,850.09	0.00	0.00	2,801.00	0.00	0.00	760.55	0.00
11. Hospital & Medical Benefits.....	2,863.68	3,272.40	11,221.71	0.00	0.00	2,343.52	0.00	0.00	511.83	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,863.68	3,272.40	11,221.71	0.00	0.00	2,343.52	0.00	0.00	511.83	0.00
14. Claims Adjustment Expenses.....	56.27	74.11	183.40	0.00	0.00	42.24	0.00	0.00	11.50	0.00
15. General Administrative Expenses.....	359.68	570.32	841.71	0.00	0.00	235.28	0.00	0.00	64.05	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,279.63	3,916.84	12,246.81	0.00	0.00	2,621.03	0.00	0.00	587.38	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	288.32	296.28	1,603.28	0.00	0.00	179.96	0.00	0.00	173.17	0.00
19. Net Investments Gains / (Losses).....	46.87	55.35	181.94	0.00	0.00	36.80	0.00	0.00	9.99	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	335.19	351.62	1,785.22	0.00	0.00	216.76	0.00	0.00	183.16	0.00
22. Federal and foreign income taxes incurred.....	73.85	77.22	395.24	0.00	0.00	47.68	0.00	0.00	40.61	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	261.34	274.41	1,389.99	0.00	0.00	169.07	0.00	0.00	142.55	0.00
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				

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.....	11,561	61	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,608	179	0	0	0	0	0	0	0
3. Direct Premium Income.....	372.71	423.66	0.00	0.00	0.00	0.00	XXXXXXX	0.00	0.00
4. Net Premium Income.....	372.71	423.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	XXXXXXX	0.00	0.00	0.00	0.00	XXXXXXX	XXXXXXX	XXXXXXX	0.00
7. Risk Revenue.....	XXXXXXX	0.00	0.00	0.00	XXXXXXX	XXXXXXX	0.00	XXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	372.76	423.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	250.54	519.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	250.54	519.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	9.83	9.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	54.51	21.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	314.87	550.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	57.88	(126.96)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	3.72	3.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	61.60	(123.06)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	(7.80)	(109.23)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	69.40	(13.83)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	1,614	(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.....	4,854				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. 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.....	4,283.20	4,275.99	5,650.23	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	4,283.20	4,275.99	5,650.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.45	0.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	4,283.65	4,276.44	5,650.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	3,045.16	3,040.46	3,935.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,045.16	3,040.46	3,935.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	75.22	75.22	74.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	577.66	578.89	343.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,698.04	3,694.58	4,354.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	585.61	581.86	1,296.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	56.27	56.18	74.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	641.88	638.04	1,370.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	140.97	140.11	303.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	500.91	497.92	1,066.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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				

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.....	365.13	367.43	154.78	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	365.13	367.43	154.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	365.13	367.43	154.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	157.74	140.78	1,714.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	157.74	140.78	1,714.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	19.42	18.33	119.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	44.91	46.58	(108.11)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	222.07	205.69	1,725.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	143.06	161.73	(1,570.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	3.38	3.42	(0.78)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	146.44	165.16	(1,571.11)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	(58.36)	(45.28)	(1,258.56)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	204.80	210.44	(312.56)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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	
2. MEMBER MONTHS.....	4,029	3,993	36	0	0	0	0	0	0	
3. Direct Premium Income.....	4,874.56	4,839.55	8,107.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	
4. Net Premium Income.....	4,874.56	4,839.55	8,107.00	0.00	0.00	0.00	0.00	0.00	0.00	
5. Change in unearned premium reserve and reserve for rate credits.....	4.61	4.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10. TOTAL REVENUE (L4 to L9).....	4,879.17	4,844.21	8,107.00	0.00	0.00	0.00	0.00	0.00	0.00	
11. Hospital & Medical Benefits.....	1,847.23	1,946.68	(7,335.00)	0.00	0.00	0.00	0.00	0.00	0.00	
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,847.23	1,946.68	(7,335.00)	0.00	0.00	0.00	0.00	0.00	0.00	
14. Claims Adjustment Expenses.....	85.45	85.21	107.33	0.00	0.00	0.00	0.00	0.00	0.00	
15. General Administrative Expenses.....	654.01	655.75	492.67	0.00	0.00	0.00	0.00	0.00	0.00	
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,586.68	2,687.64	(6,735.00)	0.00	0.00	0.00	0.00	0.00	0.00	
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,292.49	2,156.57	14,842.00	0.00	0.00	0.00	0.00	0.00	0.00	
19. Net Investments Gains / (Losses).....	64.10	63.64	106.67	0.00	0.00	0.00	0.00	0.00	0.00	
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,356.58	2,220.21	14,948.67	0.00	0.00	0.00	0.00	0.00	0.00	
22. Federal and foreign income taxes incurred.....	517.80	487.56	3,309.67	0.00	0.00	0.00	0.00	0.00	0.00	
23. NET INCOME/(LOSS) (L21 less L22).....	1,838.79	1,732.65	11,639.00	0.00	0.00	0.00	0.00	0.00	0.00	
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: 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.....	290.97	291.02	(77.33)	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	290.97	291.02	(77.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.04	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	291.01	291.06	(77.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	182.14	182.08	649.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	182.14	182.08	649.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	5.67	5.66	78.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	45.04	45.06	(85.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	232.86	232.80	642.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	58.16	58.26	(720.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	2.82	2.82	(4.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	60.98	61.09	(724.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	10.90	11.02	(812.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	50.08	50.07	88.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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.....	3,657.70	3,657.17	7,402.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	3,657.70	3,657.17	7,402.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(1.56)	(1.56)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	3,656.14	3,655.61	7,402.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	2,902.63	2,903.73	(4,945.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,902.63	2,903.73	(4,945.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	64.31	64.30	98.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	494.85	494.85	450.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,461.78	3,462.89	(4,397.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	194.36	192.72	11,799.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	48.03	48.02	97.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	242.39	240.75	11,896.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	53.23	52.87	2,634.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	189.16	187.88	9,262.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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

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.....	317.55	370.25	905.55	0.00	0.00	265.46	0.00	XXXXXXXX	77.20	0.00
4. Net Premium Income.....	317.55	370.25	905.55	0.00	0.00	265.46	0.00	0.00	77.20	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.03	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	317.58	370.30	905.55	0.00	0.00	265.46	0.00	0.00	77.20	0.00
11. Hospital & Medical Benefits.....	297.14	334.90	716.17	0.00	0.00	275.39	0.00	0.00	57.35	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	297.14	334.90	716.17	0.00	0.00	275.39	0.00	0.00	57.35	0.00
14. Claims Adjustment Expenses.....	4.91	6.61	9.97	0.00	0.00	3.26	0.00	0.00	1.75	0.00
15. General Administrative Expenses.....	36.19	58.13	56.38	0.00	0.00	18.35	0.00	0.00	(4.26)	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	338.24	399.65	782.52	0.00	0.00	297.00	0.00	0.00	54.85	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(20.66)	(29.34)	123.04	0.00	0.00	(31.53)	0.00	0.00	22.35	0.00
19. Net Investments Gains / (Losses).....	3.13	3.56	8.66	0.00	0.00	2.74	0.00	0.00	0.77	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(17.53)	(25.78)	131.69	0.00	0.00	(28.79)	0.00	0.00	23.12	0.00
22. Federal and foreign income taxes incurred.....	(10.80)	(4.51)	(68.90)	0.00	0.00	(15.54)	0.00	0.00	(2.30)	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	(6.73)	(21.27)	200.59	0.00	0.00	(13.25)	0.00	0.00	25.43	0.00
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.....	3,715.12	4,627.94	11,453.81	0.00	0.00	2,737.60	0.00	XXXXXXXX	869.86	0.00
4. Net Premium Income.....	3,715.12	4,627.94	11,453.81	0.00	0.00	2,737.60	0.00	0.00	869.86	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.20	0.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	2.85	0.00	0.00	0.00	0.00	6.96	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	3,718.17	4,628.37	11,453.81	0.00	0.00	2,744.56	0.00	0.00	869.86	0.00
11. Hospital & Medical Benefits.....	3,195.16	4,083.26	8,237.86	0.00	0.00	2,400.50	0.00	0.00	568.83	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,195.16	4,083.26	8,237.86	0.00	0.00	2,400.50	0.00	0.00	568.83	0.00
14. Claims Adjustment Expenses.....	60.83	81.41	151.67	0.00	0.00	41.39	0.00	0.00	13.15	0.00
15. General Administrative Expenses.....	414.82	626.54	696.08	0.00	0.00	230.54	0.00	0.00	73.26	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,670.82	4,791.21	9,085.61	0.00	0.00	2,672.43	0.00	0.00	655.24	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	47.36	(162.84)	2,368.20	0.00	0.00	72.13	0.00	0.00	214.62	0.00
19. Net Investments Gains / (Losses).....	48.84	60.80	150.46	0.00	0.00	36.05	0.00	0.00	11.43	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	96.20	(102.04)	2,518.66	0.00	0.00	108.18	0.00	0.00	226.05	0.00
22. Federal and foreign income taxes incurred.....	21.33	(22.41)	557.61	0.00	0.00	23.80	0.00	0.00	50.12	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	74.87	(79.63)	1,961.05	0.00	0.00	84.38	0.00	0.00	175.93	0.00
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				