

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	186,291	129,506	6,105	0	0	40,045	0	0	10,635	0
2. MEMBER MONTHS.....	564,301	394,434	17,675	0	0	119,853	0	0	32,339	0
3. Direct Premium Income.....	187,704,484	135,636,931	17,889,989	0	0	31,759,358	0	XXXXXXXX	2,418,206	0
4. Net Premium Income.....	187,704,484	135,636,931	17,889,989	0	0	31,759,358	0	0	2,418,206	0
5. Change in unearned premium reserve and reserve for rate credits.....	5,048	5,048	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.....	72,537	0	0	0	0	72,537	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).....	187,782,069	135,641,979	17,889,989	0	0	31,831,895	0	0	2,418,206	0
11. Hospital & Medical Benefits.....	152,884,216	112,821,882	13,144,478	0	0	25,444,358	0	0	1,473,498	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	152,884,216	112,821,882	13,144,478	0	0	25,444,358	0	0	1,473,498	0
14. Claims Adjustment Expenses.....	3,057,684	2,256,439	262,888	0	0	508,887	0	0	29,470	0
15. General Administrative Expenses.....	21,680,008	17,379,819	1,153,922	0	0	2,825,665	0	0	320,602	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).....	177,621,908	132,458,140	14,561,288	0	0	28,778,910	0	0	1,823,570	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	10,160,161	3,183,839	3,328,701	0	0	3,052,985	0	0	594,636	0
19. Net Investments Gains / (Losses).....	2,590,808	1,871,437	246,826	0	0	439,181	0	0	33,364	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).....	12,750,969	5,055,276	3,575,527	0	0	3,492,166	0	0	628,000	0
22. Federal and foreign income taxes incurred.....	3,311,667	1,312,951	928,631	0	0	906,981	0	0	163,104	0
23. NET INCOME/(LOSS) (L21 less L22).....	9,439,302	3,742,325	2,646,896	0	0	2,585,185	0	0	464,896	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		5,009	(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.....		15,306				0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	186,291	129,506	6,105	0	0	40,045	0	0	10,635	0
2. MEMBER MONTHS.....	564,301	394,434	17,675	0	0	119,853	0	0	32,339	0
3. Direct Premium Income.....	187,704,484	135,636,931	17,889,989	0	0	31,759,358	0	XXXXXXXX	2,418,206	0
4. Net Premium Income.....	187,704,484	135,636,931	17,889,989	0	0	31,759,358	0	0	2,418,206	0
5. Change in unearned premium reserve and reserve for rate credits.....	5,048	5,048	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.....	72,537	0	0	0	0	72,537	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).....	187,782,069	135,641,979	17,889,989	0	0	31,831,895	0	0	2,418,206	0
11. Hospital & Medical Benefits.....	152,884,216	112,821,882	13,144,478	0	0	25,444,358	0	0	1,473,498	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	152,884,216	112,821,882	13,144,478	0	0	25,444,358	0	0	1,473,498	0
14. Claims Adjustment Expenses.....	3,057,684	2,256,439	262,888	0	0	508,887	0	0	29,470	0
15. General Administrative Expenses.....	21,680,008	17,379,819	1,153,922	0	0	2,825,665	0	0	320,602	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).....	177,621,908	132,458,140	14,561,288	0	0	28,778,910	0	0	1,823,570	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	10,160,161	3,183,839	3,328,701	0	0	3,052,985	0	0	594,636	0
19. Net Investments Gains / (Losses).....	2,590,808	1,871,437	246,826	0	0	439,181	0	0	33,364	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).....	12,750,969	5,055,276	3,575,527	0	0	3,492,166	0	0	628,000	0
22. Federal and foreign income taxes incurred.....	3,311,667	1,312,951	928,631	0	0	906,981	0	0	163,104	0
23. NET INCOME/(LOSS) (L21 less L22).....	9,439,302	3,742,325	2,646,896	0	0	2,585,185	0	0	464,896	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		5,009	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		15,306	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 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	60,270	38	58,748	0	0	0	0	1,484	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	182,065	115	178,262	0	0	0	85	3,603	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	295,667	184	288,992	0	0	0	84	6,407	0	0
8. Non-Physician	35,042	23	34,270	0	0	0	15	734	0	0
9. Total	330,709	207	323,262	0	0	0	99	7,141	0	0
10. Hospital Patient Days Incurred	4,749	8	4,183	0	0	0	48	510	0	0
11. Number of Inpatient Admissions	1,089	2	989	0	0	0	5	93	0	0
12. Health Premiums Written	66,920,537	111,960	62,796,341	0	0	0	126,617	3,885,619	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	66,928,169	111,960	62,803,973	0	0	0	126,617	3,885,619	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	59,317,016	149,782	54,099,685	0	0	0	2,534,548	2,533,001	0	0
18. Amount Incurred for Provision of Health Care Services	55,881,196	144,568	52,264,785	0	0	0	(1,360)	3,473,203	0	0

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston
(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	60,270	58,786	1,484	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	182,065	178,462	3,603	0	0	0	0	0	0	0
3. Direct Premium Income.....	66,920,537	63,034,918	3,885,619	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	66,920,537	63,034,918	3,885,619	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	7,632	7,632	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).....	66,928,169	63,042,550	3,885,619	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	55,881,196	52,407,993	3,473,203	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).....	55,881,196	52,407,993	3,473,203	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,117,624	1,048,160	69,464	0	0	0	0	0	0	0
15. General Administrative Expenses.....	8,316,477	8,078,217	238,260	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).....	65,315,297	61,534,370	3,780,927	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,612,872	1,508,180	104,692	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	923,401	869,792	53,609	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).....	2,536,273	2,377,972	158,301	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	658,718	617,604	41,114	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,877,555	1,760,368	117,187	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				

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.....	60,270	58,786	1,484	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	182,065	178,462	3,603	0	0	0	0	0	0	0
3. Direct Premium Income.....	66,920,537	63,034,918	3,885,619	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	66,920,537	63,034,918	3,885,619	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	7,632	7,632	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).....	66,928,169	63,042,550	3,885,619	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	55,881,196	52,407,993	3,473,203	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).....	55,881,196	52,407,993	3,473,203	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,117,624	1,048,160	69,464	0	0	0	0	0	0	0
15. General Administrative Expenses.....	8,316,477	8,078,217	238,260	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).....	65,315,297	61,534,370	3,780,927	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,612,872	1,508,180	104,692	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	923,401	869,792	53,609	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).....	2,536,273	2,377,972	158,301	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	658,718	617,604	41,114	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,877,555	1,760,368	117,187	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 **MARCH 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	46,709	10	20,260	0	0	0	3,349	2,535	20,555	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	140,458	30	63,625	0	0	0	10,195	7,660	58,948	0
Total Member Ambulatory Encounters for Year:										
7. Physician	93,709	28	55,967	0	0	0	11,136	13,993	12,585	0
8. Non-Physician	11,499	3	5,711	0	0	0	2,042	1,851	1,892	0
9. Total	105,208	31	61,678	0	0	0	13,178	15,844	14,477	0
10. Hospital Patient Days Incurred	7,197	2	983	0	0	0	278	1,079	4,855	0
11. Number of Inpatient Admissions	1,992	1	250	0	0	0	77	209	1,455	0
12. Health Premiums Written	43,631,825	19,144	14,851,012	0	0	0	4,706,857	8,244,247	15,810,565	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	43,630,665	19,144	14,849,852	0	0	0	4,706,857	8,244,247	15,810,565	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	37,420,417	23,609	11,703,171	0	0	0	4,045,442	5,574,523	16,073,672	0
18. Amount Incurred for Provision of Health Care Services	34,773,879	34,135	10,487,768	0	0	0	3,867,423	5,979,115	14,405,438	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.....	46,709	18,285	2,535	0	0	20,555	0	0	5,334	0
2. MEMBER MONTHS.....	140,458	57,625	7,660	0	0	58,948	0	0	16,225	0
3. Direct Premium Income.....	43,631,825	18,420,047	8,244,247	0	0	15,810,565	0	XXXXXXXX	1,156,966	0
4. Net Premium Income.....	43,631,825	18,420,047	8,244,247	0	0	15,810,565	0	0	1,156,966	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,160)	(1,160)	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.....	36,269	0	0	0	0	36,269	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).....	43,666,934	18,418,887	8,244,247	0	0	15,846,834	0	0	1,156,966	0
11. Hospital & Medical Benefits.....	34,773,879	13,775,138	5,979,115	0	0	14,405,438	0	0	614,188	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	34,773,879	13,775,138	5,979,115	0	0	14,405,438	0	0	614,188	0
14. Claims Adjustment Expenses.....	695,477	275,502	119,582	0	0	288,109	0	0	12,284	0
15. General Administrative Expenses.....	4,451,372	2,390,914	533,327	0	0	1,371,927	0	0	155,204	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).....	39,920,728	16,441,554	6,632,024	0	0	16,065,474	0	0	781,676	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,746,206	1,977,333	1,612,223	0	0	(218,640)	0	0	375,290	0
19. Net Investments Gains / (Losses).....	602,468	254,123	113,745	0	0	218,637	0	0	15,963	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).....	4,348,674	2,231,456	1,725,968	0	0	(3)	0	0	391,253	0
22. Federal and foreign income taxes incurred.....	1,129,432	579,551	448,266	0	0	(1)	0	0	101,616	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,219,242	1,651,905	1,277,702	0	0	(2)	0	0	289,637	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,349	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		10,195	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.....	46,709	18,285	2,535	0	0	20,555	0	0	5,334	0
2. MEMBER MONTHS.....	140,458	57,625	7,660	0	0	58,948	0	0	16,225	0
3. Direct Premium Income.....	43,631,825	18,420,047	8,244,247	0	0	15,810,565	0	XXXXXXXX	1,156,966	0
4. Net Premium Income.....	43,631,825	18,420,047	8,244,247	0	0	15,810,565	0	0	1,156,966	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,160)	(1,160)	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.....	36,269	0	0	0	0	36,269	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).....	43,666,934	18,418,887	8,244,247	0	0	15,846,834	0	0	1,156,966	0
11. Hospital & Medical Benefits.....	34,773,879	13,775,138	5,979,115	0	0	14,405,438	0	0	614,188	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	34,773,879	13,775,138	5,979,115	0	0	14,405,438	0	0	614,188	0
14. Claims Adjustment Expenses.....	695,477	275,502	119,582	0	0	288,109	0	0	12,284	0
15. General Administrative Expenses.....	4,451,372	2,390,914	533,327	0	0	1,371,927	0	0	155,204	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).....	39,920,728	16,441,554	6,632,024	0	0	16,065,474	0	0	781,676	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,746,206	1,977,333	1,612,223	0	0	(218,640)	0	0	375,290	0
19. Net Investments Gains / (Losses).....	602,468	254,123	113,745	0	0	218,637	0	0	15,963	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).....	4,348,674	2,231,456	1,725,968	0	0	(3)	0	0	391,253	0
22. Federal and foreign income taxes incurred.....	1,129,432	579,551	448,266	0	0	(1)	0	0	101,616	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,219,242	1,651,905	1,277,702	0	0	(2)	0	0	289,637	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,349	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		10,195	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 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	11,277	9	9,555	0	0	0	1,660	53	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	33,996	30	28,785	0	0	0	5,026	155	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	39,424	35	33,631	0	0	0	5,448	310	0	0
8. Non-Physician	6,218	5	5,121	0	0	0	1,044	48	0	0
9. Total	45,642	40	38,752	0	0	0	6,492	358	0	0
10. Hospital Patient Days Incurred	549	0	477	0	0	0	63	9	0	0
11. Number of Inpatient Admissions	150	0	124	0	0	0	23	3	0	0
12. Health Premiums Written	12,206,948	26,897	9,633,415	0	0	0	2,433,887	112,749	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	12,207,314	26,897	9,633,781	0	0	0	2,433,887	112,749	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	9,234,811	3,367	7,536,332	0	0	0	1,599,879	95,233	0	0
18. Amount Incurred for Provision of Health Care Services	9,347,497	1,768	7,870,429	0	0	0	1,343,134	132,166	0	0

STATEMENT FOR THE PERIOD ENDING **MARCH 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: 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.....	11,277	11,224	53	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,996	33,841	155	0	0	0	0	0	0	0
3. Direct Premium Income.....	12,206,948	12,094,199	112,749	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	12,206,948	12,094,199	112,749	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	366	366	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).....	12,207,314	12,094,565	112,749	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,347,497	9,215,331	132,166	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).....	9,347,497	9,215,331	132,166	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	186,950	184,307	2,643	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,572,853	1,566,567	6,286	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	11,107,300	10,966,205	141,095	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,100,014	1,128,360	(28,346)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	168,423	166,867	1,556	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).....	1,268,437	1,295,227	(26,790)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	329,437	336,395	(6,958)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	939,000	958,832	(19,832)	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,660	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		5,026	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	11,277	11,224	53	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,996	33,841	155	0	0	0	0	0	0	0
3. Direct Premium Income.....	12,206,948	12,094,199	112,749	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	12,206,948	12,094,199	112,749	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	366	366	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).....	12,207,314	12,094,565	112,749	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,347,497	9,215,331	132,166	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).....	9,347,497	9,215,331	132,166	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	186,950	184,307	2,643	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,572,853	1,566,567	6,286	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	11,107,300	10,966,205	141,095	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,100,014	1,128,360	(28,346)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	168,423	166,867	1,556	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).....	1,268,437	1,295,227	(26,790)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	329,437	336,395	(6,958)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	939,000	958,832	(19,832)	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,660	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		5,026	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 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	381	0	378	0	0	0	0	3	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,115	0	1,106	0	0	0	0	9	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,043	0	1,032	0	0	0	0	11	0	0
8. Non-Physician	160	0	159	0	0	0	0	1	0	0
9. Total	1,203	0	1,191	0	0	0	0	12	0	0
10. Hospital Patient Days Incurred	20	0	20	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	6	0	6	0	0	0	0	0	0	0
12. Health Premiums Written	370,290	0	364,599	0	0	0	0	5,691	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	370,191	0	364,500	0	0	0	0	5,691	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	179,496	0	156,496	0	0	0	0	23,000	0	0
18. Amount Incurred for Provision of Health Care Services	126,736	0	175,532	0	0	0	0	(48,796)	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.....	381	378	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,115	1,106	9	0	0	0	0	0	0	0
3. Direct Premium Income.....	370,290	364,599	5,691	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	370,290	364,599	5,691	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(99)	(99)	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).....	370,191	364,500	5,691	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	126,736	175,532	(48,796)	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).....	126,736	175,532	(48,796)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,535	3,511	(976)	0	0	0	0	0	0	0
15. General Administrative Expenses.....	50,683	49,256	1,427	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).....	179,954	228,299	(48,345)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	190,237	136,201	54,036	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,107	5,029	78	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).....	195,344	141,230	54,114	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	50,735	36,681	14,054	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	144,609	104,549	40,060	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.....	381	378	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,115	1,106	9	0	0	0	0	0	0	0
3. Direct Premium Income.....	370,290	364,599	5,691	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	370,290	364,599	5,691	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(99)	(99)	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).....	370,191	364,500	5,691	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	126,736	175,532	(48,796)	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).....	126,736	175,532	(48,796)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,535	3,511	(976)	0	0	0	0	0	0	0
15. General Administrative Expenses.....	50,683	49,256	1,427	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).....	179,954	228,299	(48,345)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	190,237	136,201	54,036	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,107	5,029	78	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).....	195,344	141,230	54,114	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	50,735	36,681	14,054	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	144,609	104,549	40,060	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 **MARCH 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	8,025	1	8,023	0	0	0	0	1	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	23,840	6	23,832	0	0	0	0	2	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	16,392	5	16,384	0	0	0	0	3	0	0
8. Non-Physician	1,631	0	1,631	0	0	0	0	0	0	0
9. Total	18,023	5	18,015	0	0	0	0	3	0	0
10. Hospital Patient Days Incurred	499	0	499	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	129	0	129	0	0	0	0	0	0	0
12. Health Premiums Written	6,577,160	2,861	6,572,061	0	0	0	0	2,238	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	6,575,042	2,861	6,569,943	0	0	0	0	2,238	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	6,209,000	2,306	6,200,000	0	0	0	0	6,694	0	0
18. Amount Incurred for Provision of Health Care Services	5,459,017	2,518	5,472,831	0	0	0	0	(16,332)	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.....	8,025	8,024	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	23,840	23,838	2	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,577,160	6,574,922	2,238	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,577,160	6,574,922	2,238	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,118)	(2,118)	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).....	6,575,042	6,572,804	2,238	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,459,017	5,475,349	(16,332)	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).....	5,459,017	5,475,349	(16,332)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	109,180	109,507	(327)	0	0	0	0	0	0	0
15. General Administrative Expenses.....	842,511	842,007	504	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	6,410,708	6,426,863	(16,155)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	164,334	145,941	18,393	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	90,715	90,684	31	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).....	255,049	236,625	18,424	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	66,241	61,456	4,785	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	188,808	175,169	13,639	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 **MARCH 31, 2010**

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.....	8,025	8,024	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	23,840	23,838	2	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,577,160	6,574,922	2,238	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,577,160	6,574,922	2,238	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,118)	(2,118)	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).....	6,575,042	6,572,804	2,238	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,459,017	5,475,349	(16,332)	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).....	5,459,017	5,475,349	(16,332)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	109,180	109,507	(327)	0	0	0	0	0	0	0
15. General Administrative Expenses.....	842,511	842,007	504	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	6,410,708	6,426,863	(16,155)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	164,334	145,941	18,393	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	90,715	90,684	31	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).....	255,049	236,625	18,424	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	66,241	61,456	4,785	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	188,808	175,169	13,639	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 **MARCH 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	59,629	16	38,094	0	0	0	0	2,029	19,490	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	182,827	51	115,625	0	0	0	0	6,246	60,905	0
Total Member Ambulatory Encounters for Year:										
7. Physician	320,394	95	215,687	0	0	0	0	10,043	94,569	0
8. Non-Physician	53,275	12	28,432	0	0	0	0	1,291	23,540	0
9. Total	373,669	107	244,119	0	0	0	0	11,334	118,109	0
10. Hospital Patient Days Incurred	9,080	0	2,162	0	0	0	0	631	6,287	0
11. Number of Inpatient Admissions	2,721	0	550	0	0	0	0	133	2,038	0
12. Health Premiums Written	57,997,724	50,724	36,357,676	0	0	0	1,086	5,639,445	15,948,793	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	57,998,151	50,724	36,358,103	0	0	0	1,086	5,639,445	15,948,793	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	50,501,362	54,765	32,933,845	0	0	0	(5,361)	3,477,514	14,040,599	0
18. Amount Incurred for Provision of Health Care Services	47,295,891	43,041	32,601,526	0	0	0	(12,718)	3,625,122	11,038,920	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.....	59,629	32,809	2,029	0	0	19,490	0	0	5,301	0
2. MEMBER MONTHS.....	182,827	99,562	6,246	0	0	60,905	0	0	16,114	0
3. Direct Premium Income.....	57,997,724	35,148,246	5,639,445	0	0	15,948,793	0	XXXXXXXX	1,261,240	0
4. Net Premium Income.....	57,997,724	35,148,246	5,639,445	0	0	15,948,793	0	0	1,261,240	0
5. Change in unearned premium reserve and reserve for rate credits.....	427	427	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.....	36,268	0	0	0	0	36,268	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).....	58,034,419	35,148,673	5,639,445	0	0	15,985,061	0	0	1,261,240	0
11. Hospital & Medical Benefits.....	47,295,891	31,772,539	3,625,122	0	0	11,038,920	0	0	859,310	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	47,295,891	31,772,539	3,625,122	0	0	11,038,920	0	0	859,310	0
14. Claims Adjustment Expenses.....	945,918	635,452	72,502	0	0	220,778	0	0	17,186	0
15. General Administrative Expenses.....	6,446,112	4,452,858	374,118	0	0	1,453,738	0	0	165,398	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).....	54,687,921	36,860,849	4,071,742	0	0	12,713,436	0	0	1,041,894	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,346,498	(1,712,176)	1,567,703	0	0	3,271,625	0	0	219,346	0
19. Net Investments Gains / (Losses).....	800,694	484,942	77,807	0	0	220,544	0	0	17,401	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).....	4,147,192	(1,227,234)	1,645,510	0	0	3,492,169	0	0	236,747	0
22. Federal and foreign income taxes incurred.....	1,077,104	(318,736)	427,370	0	0	906,982	0	0	61,488	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,070,088	(908,498)	1,218,140	0	0	2,585,187	0	0	175,259	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 **MARCH 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.....	59,629	32,809	2,029	0	0	19,490	0	0	5,301	0
2. MEMBER MONTHS.....	182,827	99,562	6,246	0	0	60,905	0	0	16,114	0
3. Direct Premium Income.....	57,997,724	35,148,246	5,639,445	0	0	15,948,793	0	XXXXXXXX	1,261,240	0
4. Net Premium Income.....	57,997,724	35,148,246	5,639,445	0	0	15,948,793	0	0	1,261,240	0
5. Change in unearned premium reserve and reserve for rate credits.....	427	427	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.....	36,268	0	0	0	0	36,268	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).....	58,034,419	35,148,673	5,639,445	0	0	15,985,061	0	0	1,261,240	0
11. Hospital & Medical Benefits.....	47,295,891	31,772,539	3,625,122	0	0	11,038,920	0	0	859,310	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	47,295,891	31,772,539	3,625,122	0	0	11,038,920	0	0	859,310	0
14. Claims Adjustment Expenses.....	945,918	635,452	72,502	0	0	220,778	0	0	17,186	0
15. General Administrative Expenses.....	6,446,112	4,452,858	374,118	0	0	1,453,738	0	0	165,398	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).....	54,687,921	36,860,849	4,071,742	0	0	12,713,436	0	0	1,041,894	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,346,498	(1,712,176)	1,567,703	0	0	3,271,625	0	0	219,346	0
19. Net Investments Gains / (Losses).....	800,694	484,942	77,807	0	0	220,544	0	0	17,401	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).....	4,147,192	(1,227,234)	1,645,510	0	0	3,492,169	0	0	236,747	0
22. Federal and foreign income taxes incurred.....	1,077,104	(318,736)	427,370	0	0	906,982	0	0	61,488	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,070,088	(908,498)	1,218,140	0	0	2,585,187	0	0	175,259	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				