

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.....	332.63	343.88	1,012.16	0.00	0.00	264.99	0.00	XXXXXXXX	74.78	0.00
4. Net Premium Income.....	332.63	343.88	1,012.16	0.00	0.00	264.99	0.00	0.00	74.78	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.01	0.01	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.....	0.13	0	0.00	0.00	0.00	0.61	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).....	332.77	343.89	1,012.16	0.00	0.00	265.59	0.00	0.00	74.78	0.00
11. Hospital & Medical Benefits.....	270.93	286.03	743.68	0.00	0.00	212.30	0.00	0.00	45.56	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).....	270.93	286.03	743.68	0.00	0.00	212.30	0.00	0.00	45.56	0.00
14. Claims Adjustment Expenses.....	5.42	5.72	14.87	0.00	0.00	4.25	0.00	0.00	0.91	0.00
15. General Administrative Expenses.....	38.42	44.06	65.29	0.00	0.00	23.58	0.00	0.00	9.91	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).....	314.76	335.82	823.84	0.00	0.00	240.12	0.00	0.00	56.39	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	18.00	8.07	188.33	0.00	0.00	25.47	0.00	0.00	18.39	0.00
19. Net Investments Gains / (Losses).....	4.59	4.74	13.96	0.00	0.00	3.66	0.00	0.00	1.03	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).....	22.60	12.82	202.29	0.00	0.00	29.14	0.00	0.00	19.42	0.00
22. Federal and foreign income taxes incurred.....	5.87	3.33	52.54	0.00	0.00	7.57	0.00	0.00	5.04	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	16.73	9.49	149.75	0.00	0.00	21.57	0.00	0.00	14.38	0.00
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.....	332.63	343.88	1,012.16	0.00	0.00	264.99	0.00	XXXXXXXX	74.78	0.00
4. Net Premium Income.....	332.63	343.88	1,012.16	0.00	0.00	264.99	0.00	0.00	74.78	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.01	0.01	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.....	0.13	0.00	0.00	0.00	0.00	0.61	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).....	332.77	343.89	1,012.16	0.00	0.00	265.59	0.00	0.00	74.78	0.00
11. Hospital & Medical Benefits.....	270.93	286.03	743.68	0.00	0.00	212.30	0.00	0.00	45.56	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).....	270.93	286.03	743.68	0.00	0.00	212.30	0.00	0.00	45.56	0.00
14. Claims Adjustment Expenses.....	5.42	5.72	14.87	0.00	0.00	4.25	0.00	0.00	0.91	0.00
15. General Administrative Expenses.....	38.42	44.06	65.29	0.00	0.00	23.58	0.00	0.00	9.91	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).....	314.76	335.82	823.84	0.00	0.00	240.12	0.00	0.00	56.39	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	18.00	8.07	188.33	0.00	0.00	25.47	0.00	0.00	18.39	0.00
19. Net Investments Gains / (Losses).....	4.59	4.74	13.96	0.00	0.00	3.66	0.00	0.00	1.03	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).....	22.60	12.82	202.29	0.00	0.00	29.14	0.00	0.00	19.42	0.00
22. Federal and foreign income taxes incurred.....	5.87	3.33	52.54	0.00	0.00	7.57	0.00	0.00	5.04	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	16.73	9.49	149.75	0.00	0.00	21.57	0.00	0.00	14.38	0.00
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				

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	
2. MEMBER MONTHS.....	182,065	178,462	3,603	0	0	0	0	0	0	
3. Direct Premium Income.....	367.56	353.21	1,078.44	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	
4. Net Premium Income.....	367.56	353.21	1,078.44	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	
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).....	367.61	353.25	1,078.44	0.00	0.00	0.00	0.00	0.00	0.00	
11. Hospital & Medical Benefits.....	306.93	293.66	963.98	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).....	306.93	293.66	963.98	0.00	0.00	0.00	0.00	0.00	0.00	
14. Claims Adjustment Expenses.....	6.14	5.87	19.28	0.00	0.00	0.00	0.00	0.00	0.00	
15. General Administrative Expenses.....	45.68	45.27	66.13	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).....	358.75	344.80	1,049.38	0.00	0.00	0.00	0.00	0.00	0.00	
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8.86	8.45	29.06	0.00	0.00	0.00	0.00	0.00	0.00	
19. Net Investments Gains / (Losses).....	5.07	4.87	14.88	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).....	13.93	13.32	43.94	0.00	0.00	0.00	0.00	0.00	0.00	
22. Federal and foreign income taxes incurred.....	3.62	3.46	11.41	0.00	0.00	0.00	0.00	0.00	0.00	
23. NET INCOME/(LOSS) (L21 less L22).....	10.31	9.86	32.52	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 of Texas enrollees and Federal employees.)				* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	85					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.....	367.56	353.21	1,078.44	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	367.56	353.21	1,078.44	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).....	367.61	353.25	1,078.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	306.93	293.66	963.98	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).....	306.93	293.66	963.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	6.14	5.87	19.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	45.68	45.27	66.13	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).....	358.75	344.80	1,049.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8.86	8.45	29.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	5.07	4.87	14.88	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).....	13.93	13.32	43.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	3.62	3.46	11.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	10.31	9.86	32.52	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.....	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.....	310.64	319.65	1,076.27	0.00	0.00	268.21	0.00	XXXXXXXX	71.31	0.00
4. Net Premium Income.....	310.64	319.65	1,076.27	0.00	0.00	268.21	0.00	0.00	71.31	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(0.01)	(0.02)	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.....	0.26	0.00	0.00	0.00	0.00	0.62	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).....	310.89	319.63	1,076.27	0.00	0.00	268.83	0.00	0.00	71.31	0.00
11. Hospital & Medical Benefits.....	247.57	239.05	780.56	0.00	0.00	244.38	0.00	0.00	37.85	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).....	247.57	239.05	780.56	0.00	0.00	244.38	0.00	0.00	37.85	0.00
14. Claims Adjustment Expenses.....	4.95	4.78	15.61	0.00	0.00	4.89	0.00	0.00	0.76	0.00
15. General Administrative Expenses.....	31.69	41.49	69.62	0.00	0.00	23.27	0.00	0.00	9.57	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).....	284.22	285.32	865.80	0.00	0.00	272.54	0.00	0.00	48.18	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	26.67	34.31	210.47	0.00	0.00	(3.71)	0.00	0.00	23.13	0.00
19. Net Investments Gains / (Losses).....	4.29	4.41	14.85	0.00	0.00	3.71	0.00	0.00	0.98	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).....	30.96	38.72	225.32	0.00	0.00	(0.00)	0.00	0.00	24.11	0.00
22. Federal and foreign income taxes incurred.....	8.04	10.06	58.52	0.00	0.00	(0.00)	0.00	0.00	6.26	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	22.92	28.67	166.80	0.00	0.00	(0.00)	0.00	0.00	17.85	0.00
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.....	310.64	319.65	1,076.27	0.00	0.00	268.21	0.00	XXXXXXXX	71.31	0.00
4. Net Premium Income.....	310.64	319.65	1,076.27	0.00	0.00	268.21	0.00	0.00	71.31	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(0.01)	(0.02)	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.....	0.26	0.00	0.00	0.00	0.00	0.62	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).....	310.89	319.63	1,076.27	0.00	0.00	268.83	0.00	0.00	71.31	0.00
11. Hospital & Medical Benefits.....	247.57	239.05	780.56	0.00	0.00	244.38	0.00	0.00	37.85	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).....	247.57	239.05	780.56	0.00	0.00	244.38	0.00	0.00	37.85	0.00
14. Claims Adjustment Expenses.....	4.95	4.78	15.61	0.00	0.00	4.89	0.00	0.00	0.76	0.00
15. General Administrative Expenses.....	31.69	41.49	69.62	0.00	0.00	23.27	0.00	0.00	9.57	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).....	284.22	285.32	865.80	0.00	0.00	272.54	0.00	0.00	48.18	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	26.67	34.31	210.47	0.00	0.00	(3.71)	0.00	0.00	23.13	0.00
19. Net Investments Gains / (Losses).....	4.29	4.41	14.85	0.00	0.00	3.71	0.00	0.00	0.98	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).....	30.96	38.72	225.32	0.00	0.00	(0.00)	0.00	0.00	24.11	0.00
22. Federal and foreign income taxes incurred.....	8.04	10.06	58.52	0.00	0.00	(0.00)	0.00	0.00	6.26	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	22.92	28.67	166.80	0.00	0.00	(0.00)	0.00	0.00	17.85	0.00
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

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.....	11,224	53	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,841	155	0	0	0	0	0	0	0
3. Direct Premium Income.....	357.38	727.41	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	357.38	727.41	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.....	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	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
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).....	357.39	727.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	272.31	852.68	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).....	272.31	852.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	5.45	17.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	46.29	40.55	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).....	324.05	910.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	33.34	(182.88)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.93	10.04	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).....	38.27	(172.84)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	9.94	(44.89)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	28.33	(127.95)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	1,660	(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.....	5,026				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.....	11,277	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.....	359.07	357.38	727.41	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	359.07	357.38	727.41	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.....	0.01	0.01	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).....	359.08	357.39	727.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	274.96	272.31	852.68	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).....	274.96	272.31	852.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	5.50	5.45	17.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	46.27	46.29	40.55	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).....	326.72	324.05	910.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	32.36	33.34	(182.88)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.95	4.93	10.04	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).....	37.31	38.27	(172.84)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	9.69	9.94	(44.89)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	27.62	28.33	(127.95)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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				

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.....	332.10	329.66	632.33	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	332.10	329.66	632.33	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.....	(0.09)	(0.09)	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).....	332.01	329.57	632.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	113.66	158.71	(5,421.78)	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).....	113.66	158.71	(5,421.78)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	2.27	3.17	(108.44)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	45.46	44.54	158.56	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).....	161.39	206.42	(5,371.67)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	170.62	123.15	6,004.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.58	4.55	8.67	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).....	175.20	127.69	6,012.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	45.50	33.17	1,561.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	129.69	94.53	4,451.11	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.....	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.....	332.10	329.66	632.33	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	332.10	329.66	632.33	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.....	(0.09)	(0.09)	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).....	332.01	329.57	632.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	113.66	158.71	(5,421.78)	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).....	113.66	158.71	(5,421.78)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	2.27	3.17	(108.44)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	45.46	44.54	158.56	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).....	161.39	206.42	(5,371.67)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	170.62	123.15	6,004.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.58	4.55	8.67	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).....	175.20	127.69	6,012.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	45.50	33.17	1,561.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	129.69	94.53	4,451.11	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				

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: 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.....	275.89	275.82	1,119.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	275.89	275.82	1,119.00	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.....	(0.09)	(0.09)	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).....	275.80	275.73	1,119.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	228.99	229.69	(8,166.00)	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).....	228.99	229.69	(8,166.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	4.58	4.59	(163.50)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	35.34	35.32	252.00	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).....	268.91	269.61	(8,077.50)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6.89	6.12	9,196.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	3.81	3.80	15.50	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).....	10.70	9.93	9,212.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	2.78	2.58	2,392.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	7.92	7.35	6,819.50	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.....	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.....	275.89	275.82	1,119.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	275.89	275.82	1,119.00	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.....	(0.09)	(0.09)	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).....	275.80	275.73	1,119.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	228.99	229.69	(8,166.00)	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).....	228.99	229.69	(8,166.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	4.58	4.59	(163.50)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	35.34	35.32	252.00	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).....	268.91	269.61	(8,077.50)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6.89	6.12	9,196.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	3.81	3.80	15.50	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).....	10.70	9.93	9,212.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	2.78	2.58	2,392.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	7.92	7.35	6,819.50	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.....	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.....	317.23	353.03	902.89	0.00	0.00	261.86	0.00	XXXXXXXX	78.27	0.00
4. Net Premium Income.....	317.23	353.03	902.89	0.00	0.00	261.86	0.00	0.00	78.27	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.....	0.20	0.00	0.00	0.00	0.00	0.60	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).....	317.43	353.03	902.89	0.00	0.00	262.46	0.00	0.00	78.27	0.00
11. Hospital & Medical Benefits.....	258.69	319.12	580.39	0.00	0.00	181.25	0.00	0.00	53.33	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).....	258.69	319.12	580.39	0.00	0.00	181.25	0.00	0.00	53.33	0.00
14. Claims Adjustment Expenses.....	5.17	6.38	11.61	0.00	0.00	3.62	0.00	0.00	1.07	0.00
15. General Administrative Expenses.....	35.26	44.72	59.90	0.00	0.00	23.87	0.00	0.00	10.26	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).....	299.12	370.23	651.90	0.00	0.00	208.74	0.00	0.00	64.66	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	18.30	(17.20)	250.99	0.00	0.00	53.72	0.00	0.00	13.61	0.00
19. Net Investments Gains / (Losses).....	4.38	4.87	12.46	0.00	0.00	3.62	0.00	0.00	1.08	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).....	22.68	(12.33)	263.45	0.00	0.00	57.34	0.00	0.00	14.69	0.00
22. Federal and foreign income taxes incurred.....	5.89	(3.20)	68.42	0.00	0.00	14.89	0.00	0.00	3.82	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	16.79	(9.12)	195.03	0.00	0.00	42.45	0.00	0.00	10.88	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: 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.....	317.23	353.03	902.89	0.00	0.00	261.86	0.00	XXXXXXXX	78.27	0.00
4. Net Premium Income.....	317.23	353.03	902.89	0.00	0.00	261.86	0.00	0.00	78.27	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.....	0.20	0.00	0.00	0.00	0.00	0.60	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).....	317.43	353.03	902.89	0.00	0.00	262.46	0.00	0.00	78.27	0.00
11. Hospital & Medical Benefits.....	258.69	319.12	580.39	0.00	0.00	181.25	0.00	0.00	53.33	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).....	258.69	319.12	580.39	0.00	0.00	181.25	0.00	0.00	53.33	0.00
14. Claims Adjustment Expenses.....	5.17	6.38	11.61	0.00	0.00	3.62	0.00	0.00	1.07	0.00
15. General Administrative Expenses.....	35.26	44.72	59.90	0.00	0.00	23.87	0.00	0.00	10.26	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).....	299.12	370.23	651.90	0.00	0.00	208.74	0.00	0.00	64.66	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	18.30	(17.20)	250.99	0.00	0.00	53.72	0.00	0.00	13.61	0.00
19. Net Investments Gains / (Losses).....	4.38	4.87	12.46	0.00	0.00	3.62	0.00	0.00	1.08	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).....	22.68	(12.33)	263.45	0.00	0.00	57.34	0.00	0.00	14.69	0.00
22. Federal and foreign income taxes incurred.....	5.89	(3.20)	68.42	0.00	0.00	14.89	0.00	0.00	3.82	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	16.79	(9.12)	195.03	0.00	0.00	42.45	0.00	0.00	10.88	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				