

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	188,005	126,534	6,247	0	0	44,395	0	0	10,829	0
2. MEMBER MONTHS.....	562,013	381,911	18,835	0	0	128,995	0	0	32,272	0
3. Direct Premium Income.....	189,785,935	133,028,375	19,419,835	0	0	34,927,308	0	XXXXXXXX	2,410,417	0
4. Net Premium Income.....	189,785,935	133,028,375	19,419,835	0	0	34,927,308	0	0	2,410,417	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,671)	(1,671)	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).....	189,784,264	133,026,704	19,419,835	0	0	34,927,308	0	0	2,410,417	0
11. Hospital & Medical Benefits.....	160,262,137	114,008,042	15,737,579	0	0	28,946,877	0	0	1,569,639	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	160,262,137	114,008,042	15,737,579	0	0	28,946,877	0	0	1,569,639	0
14. Claims Adjustment Expenses.....	3,205,243	2,280,159	314,753	0	0	578,938	0	0	31,393	0
15. General Administrative Expenses.....	21,950,646	17,410,761	1,103,984	0	0	3,110,562	0	0	325,339	0
16. Increase in Reserves for A&H contracts.....	66,436	66,436	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	185,484,462	133,765,398	17,156,316	0	0	32,636,377	0	0	1,926,371	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,299,802	(738,694)	2,263,519	0	0	2,290,931	0	0	484,046	0
19. Net Investments Gains / (Losses).....	2,349,097	1,643,700	241,319	0	0	434,266	0	0	29,812	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,648,899	905,006	2,504,838	0	0	2,725,197	0	0	513,858	0
22. Federal and foreign income taxes incurred.....	2,518,461	478,257	898,666	0	0	961,486	0	0	180,052	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,130,438	426,749	1,606,172	0	0	1,763,711	0	0	333,806	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,923	(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.....		14,872				0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	188,005	126,534	6,247	0	0	44,395	0	0	10,829	0
2. MEMBER MONTHS.....	1,126,314	776,345	36,510	0	0	248,848	0	0	64,611	0
3. Direct Premium Income.....	377,490,419	268,665,306	37,309,824	0	0	66,686,666	0	XXXXXXXX	4,828,623	0
4. Net Premium Income.....	377,490,419	268,665,306	37,309,824	0	0	66,686,666	0	0	4,828,623	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,377	3,377	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).....	377,566,333	268,668,683	37,309,824	0	0	66,759,203	0	0	4,828,623	0
11. Hospital & Medical Benefits.....	313,146,353	226,829,924	28,882,057	0	0	54,391,235	0	0	3,043,137	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	313,146,353	226,829,924	28,882,057	0	0	54,391,235	0	0	3,043,137	0
14. Claims Adjustment Expenses.....	6,262,927	4,536,598	577,641	0	0	1,087,825	0	0	60,863	0
15. General Administrative Expenses.....	43,630,654	34,790,580	2,257,906	0	0	5,936,227	0	0	645,941	0
16. Increase in Reserves for A&H contracts.....	66,436	66,436	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	363,106,370	266,223,538	31,717,604	0	0	61,415,287	0	0	3,749,941	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	14,459,963	2,445,145	5,592,220	0	0	5,343,916	0	0	1,078,682	0
19. Net Investments Gains / (Losses).....	4,939,905	3,515,137	488,145	0	0	873,447	0	0	63,176	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).....	19,399,868	5,960,282	6,080,365	0	0	6,217,363	0	0	1,141,858	0
22. Federal and foreign income taxes incurred.....	5,830,128	1,791,208	1,827,297	0	0	1,868,467	0	0	343,156	0
23. NET INCOME/(LOSS) (L21 less L22).....	13,569,740	4,169,074	4,253,068	0	0	4,348,896	0	0	798,702	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,923	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		30,178	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2010**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	73,262	44	66,879	0	0	0	5,817	522	0	0
2. First Quarter	0									
3. Second Quarter	59,366	38	57,767	0	0	0	0	1,561	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	361,299	228	352,704	0	0	0	85	8,282	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	586,294	370	568,242	0	0	0	0	17,682	0	0
8. Non-Physician	69,063	43	67,312	0	0	0	0	1,708	0	0
9. Total	655,357	413	635,554	0	0	0	0	19,390	0	0
10. Hospital Patient Days Incurred	8,562	11	7,393	0	0	0	47	1,111	0	0
11. Number of Inpatient Admissions	2,030	3	1,817	0	0	0	5	205	0	0
12. Health Premiums Written	134,117,334	234,250	125,160,877	0	0	0	129,813	8,592,394	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	134,119,456	234,250	125,162,999	0	0	0	129,813	8,592,394	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	116,674,356	386,586	107,127,394	0	0	0	2,639,115	6,521,261	0	0
18. Amount Incurred for Provision of Health Care Services	114,485,141	395,393	106,777,026	0	0	0	(86,829)	7,399,551	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.....	59,366	57,805	1,561	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	179,234	174,555	4,679	0	0	0	0	0	0	0
3. Direct Premium Income.....	67,196,797	62,490,022	4,706,775	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	67,196,797	62,490,022	4,706,775	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,510)	(5,510)	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).....	67,191,287	62,484,512	4,706,775	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	58,603,945	54,677,597	3,926,348	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).....	58,603,945	54,677,597	3,926,348	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,172,079	1,093,552	78,527	0	0	0	0	0	0	0
15. General Administrative Expenses.....	8,421,239	8,154,468	266,771	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	66,436	66,436	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	68,263,699	63,992,053	4,271,646	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,072,412)	(1,507,541)	435,129	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	831,357	772,547	58,810	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).....	(241,055)	(734,994)	493,939	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	31,050	(123,850)	154,900	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(272,105)	(611,144)	339,039	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

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.....	59,366	57,805	1,561	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	361,299	353,017	8,282	0	0	0	0	0	0	0
3. Direct Premium Income.....	134,117,334	125,524,940	8,592,394	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	134,117,334	125,524,940	8,592,394	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,122	2,122	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).....	134,119,456	125,527,062	8,592,394	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	114,485,141	107,085,590	7,399,551	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).....	114,485,141	107,085,590	7,399,551	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,289,703	2,141,712	147,991	0	0	0	0	0	0	0
15. General Administrative Expenses.....	16,737,716	16,232,685	505,031	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	66,436	66,436	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	133,578,996	125,526,423	8,052,573	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	540,460	639	539,821	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,754,758	1,642,339	112,419	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).....	2,295,218	1,642,978	652,240	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	689,768	493,754	196,014	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,605,450	1,149,224	456,226	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 **JUNE 30, 2010**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	50,836	10	24,309	0	0	0	4,169	2,378	19,970	0
2. First Quarter	0									
3. Second Quarter	46,972	10	19,672	0	0	0	3,283	2,605	21,402	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	280,400	60	122,780	0	0	0	20,119	15,567	121,874	0
Total Member Ambulatory Encounters for Year:										
7. Physician	285,207	54	107,631	0	0	0	22,243	28,201	127,078	0
8. Non-Physician	38,778	7	10,840	0	0	0	4,287	3,657	19,987	0
9. Total	323,985	61	118,471	0	0	0	26,530	31,858	147,065	0
10. Hospital Patient Days Incurred	12,307	2	1,813	0	0	0	523	2,281	7,688	0
11. Number of Inpatient Admissions	3,437	1	465	0	0	0	134	452	2,385	0
12. Health Premiums Written	88,285,506	38,327	29,002,747	0	0	0	9,277,576	16,973,891	32,992,965	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	88,285,341	38,327	29,002,582	0	0	0	9,277,576	16,973,891	32,992,965	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	74,367,031	46,213	23,422,810	0	0	0	8,048,482	12,800,712	30,048,814	0
18. Amount Incurred for Provision of Health Care Services	70,938,713	50,922	22,250,042	0	0	0	8,085,892	13,244,027	27,307,830	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.....	46,972	17,477	2,605	0	0	21,402	0	0	5,488	0
2. MEMBER MONTHS.....	139,942	52,747	7,907	0	0	62,926	0	0	16,362	0
3. Direct Premium Income.....	44,653,681	17,571,608	8,729,644	0	0	17,182,400	0	XXXXXXXX	1,170,029	0
4. Net Premium Income.....	44,653,681	17,571,608	8,729,644	0	0	17,182,400	0	0	1,170,029	0
5. Change in unearned premium reserve and reserve for rate credits.....	995	995	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).....	44,654,676	17,572,603	8,729,644	0	0	17,182,400	0	0	1,170,029	0
11. Hospital & Medical Benefits.....	36,164,834	15,223,971	7,264,912	0	0	12,902,392	0	0	773,559	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	36,164,834	15,223,971	7,264,912	0	0	12,902,392	0	0	773,559	0
14. Claims Adjustment Expenses.....	723,297	304,479	145,299	0	0	258,048	0	0	15,471	0
15. General Administrative Expenses.....	4,504,016	2,297,467	491,809	0	0	1,557,078	0	0	157,662	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).....	41,392,147	17,825,917	7,902,020	0	0	14,717,518	0	0	946,692	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,262,529	(253,314)	827,624	0	0	2,464,882	0	0	223,337	0
19. Net Investments Gains / (Losses).....	553,091	216,774	108,333	0	0	213,502	0	0	14,482	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,815,620	(36,540)	935,957	0	0	2,678,384	0	0	237,819	0
22. Federal and foreign income taxes incurred.....	1,324,135	80,074	351,707	0	0	804,919	0	0	87,435	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,491,485	(116,614)	584,250	0	0	1,873,465	0	0	150,384	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,283	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		9,924	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.....	46,972	17,477	2,605	0	0	21,402	0	0	5,488	0
2. MEMBER MONTHS.....	280,400	110,372	15,567	0	0	121,874	0	0	32,587	0
3. Direct Premium Income.....	88,285,506	35,991,655	16,973,891	0	0	32,992,965	0	XXXXXXXX	2,326,995	0
4. Net Premium Income.....	88,285,506	35,991,655	16,973,891	0	0	32,992,965	0	0	2,326,995	0
5. Change in unearned premium reserve and reserve for rate credits.....	(165)	(165)	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).....	88,321,610	35,991,490	16,973,891	0	0	33,029,234	0	0	2,326,995	0
11. Hospital & Medical Benefits.....	70,938,713	28,999,109	13,244,027	0	0	27,307,830	0	0	1,387,747	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	70,938,713	28,999,109	13,244,027	0	0	27,307,830	0	0	1,387,747	0
14. Claims Adjustment Expenses.....	1,418,774	579,981	264,881	0	0	546,157	0	0	27,755	0
15. General Administrative Expenses.....	8,955,388	4,688,381	1,025,136	0	0	2,929,005	0	0	312,866	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).....	81,312,875	34,267,471	14,534,044	0	0	30,782,992	0	0	1,728,368	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,008,735	1,724,019	2,439,847	0	0	2,246,242	0	0	598,627	0
19. Net Investments Gains / (Losses).....	1,155,559	470,897	222,078	0	0	432,139	0	0	30,445	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).....	8,164,294	2,194,916	2,661,925	0	0	2,678,381	0	0	629,072	0
22. Federal and foreign income taxes incurred.....	2,453,567	659,625	799,973	0	0	804,918	0	0	189,051	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,710,727	1,535,291	1,861,952	0	0	1,873,463	0	0	440,021	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,283	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		20,119	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2010**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Austin**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	12,279	11	10,081	0	0	0	2,137	50	0	0
2. First Quarter	0									
3. Second Quarter	11,227	9	9,527	0	0	0	1,640	51	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	67,622	57	57,284	0	0	0	9,974	307	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	75,626	63	64,219	0	0	0	10,765	579	0	0
8. Non-Physician	12,531	11	10,284	0	0	0	2,121	115	0	0
9. Total	88,157	74	74,503	0	0	0	12,886	694	0	0
10. Hospital Patient Days Incurred	967	0	821	0	0	0	132	14	0	0
11. Number of Inpatient Admissions	292	0	240	0	0	0	47	5	0	0
12. Health Premiums Written	24,244,642	48,753	19,217,027	0	0	0	4,789,951	188,911	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	24,244,403	48,753	19,216,788	0	0	0	4,789,951	188,911	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	18,011,095	6,665	14,543,990	0	0	0	3,324,781	135,659	0	0
18. Amount Incurred for Provision of Health Care Services	18,744,472	4,954	15,610,501	0	0	0	3,005,416	123,601	0	0

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,227	11,176	51	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,626	33,474	152	0	0	0	0	0	0	0
3. Direct Premium Income.....	12,037,694	11,961,532	76,162	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	12,037,694	11,961,532	76,162	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(605)	(605)	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).....	12,037,089	11,960,927	76,162	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,396,975	9,405,540	(8,565)	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).....	9,396,975	9,405,540	(8,565)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	187,939	188,110	(171)	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,587,809	1,582,210	5,599	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).....	11,172,723	11,175,860	(3,137)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	864,366	785,067	79,299	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	148,780	147,864	916	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).....	1,013,146	932,931	80,215	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	356,234	333,220	23,014	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	656,912	599,711	57,201	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,640	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		4,948	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	11,227	11,176	51	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	67,622	67,315	307	0	0	0	0	0	0	0
3. Direct Premium Income.....	24,244,642	24,055,731	188,911	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	24,244,642	24,055,731	188,911	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(239)	(239)	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).....	24,244,403	24,055,492	188,911	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	18,744,472	18,620,871	123,601	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).....	18,744,472	18,620,871	123,601	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	374,889	372,417	2,472	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,160,662	3,148,777	11,885	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).....	22,280,023	22,142,065	137,958	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,964,380	1,913,427	50,953	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	317,203	314,731	2,472	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).....	2,281,583	2,228,158	53,425	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	685,671	669,615	16,056	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,595,912	1,558,543	37,369	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,640	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		9,974	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2010**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	492	0	433	0	0	0	0	59	0	0
2. First Quarter	0									
3. Second Quarter	337	0	334	0	0	0	0	3	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	2,225	0	2,207	0	0	0	0	18	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,916	0	1,892	0	0	0	0	24	0	0
8. Non-Physician	305	0	303	0	0	0	0	2	0	0
9. Total	2,221	0	2,195	0	0	0	0	26	0	0
10. Hospital Patient Days Incurred	31	0	31	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	11	0	11	0	0	0	0	0	0	0
12. Health Premiums Written	720,580	0	706,865	0	0	0	0	13,715	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	721,372	0	707,657	0	0	0	0	13,715	0	0
Property/Casualty 16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	286,363	0	258,342	0	0	0	0	28,021	0	0
18. Amount Incurred for Provision of Health Care Services	185,554	0	231,795	0	0	0	0	(46,241)	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.....	337	334	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,110	1,101	9	0	0	0	0	0	0	0
3. Direct Premium Income.....	350,290	342,266	8,024	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	350,290	342,266	8,024	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	891	891	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).....	351,181	343,157	8,024	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	58,818	56,263	2,555	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).....	58,818	56,263	2,555	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,176	1,125	51	0	0	0	0	0	0	0
15. General Administrative Expenses.....	50,233	49,693	540	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).....	110,227	107,081	3,146	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	240,954	236,076	4,878	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,331	4,229	102	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	245,285	240,305	4,980	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	81,685	77,980	3,705	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	163,600	162,325	1,275	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 **JUNE 30, 2010**

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.....	337	334	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,225	2,207	18	0	0	0	0	0	0	0
3. Direct Premium Income.....	720,580	706,865	13,715	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	720,580	706,865	13,715	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	792	792	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).....	721,372	707,657	13,715	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	185,554	231,795	(46,241)	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).....	185,554	231,795	(46,241)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,711	4,636	(925)	0	0	0	0	0	0	0
15. General Administrative Expenses.....	100,916	98,949	1,967	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).....	290,181	335,380	(45,199)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	431,191	372,277	58,914	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	9,438	9,258	180	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).....	440,629	381,535	59,094	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	132,420	114,661	17,759	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	308,209	266,874	41,335	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 **JUNE 30, 2010**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **EI Paso**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	8,807	2	8,774	0	0	0	0	31	0	0
2. First Quarter	0									
3. Second Quarter	7,641	1	7,639	0	0	0	0	1	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	46,845	9	46,831	0	0	0	0	5	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	32,710	6	32,697	0	0	0	0	7	0	0
8. Non-Physician	3,271	1	3,269	0	0	0	0	1	0	0
9. Total	35,981	7	35,966	0	0	0	0	8	0	0
10. Hospital Patient Days Incurred	833	0	833	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	236	0	236	0	0	0	0	0	0	0
12. Health Premiums Written	13,086,685	0	13,081,237	0	0	0	0	5,448	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	13,080,539	0	13,075,091	0	0	0	0	5,448	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	11,583,293	2,166	11,570,813	0	0	0	0	10,314	0	0
18. Amount Incurred for Provision of Health Care Services	10,619,683	1,785	10,631,903	0	0	0	0	(14,005)	0	0

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,641	7,640	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	23,005	23,002	3	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,509,525	6,506,315	3,210	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,509,525	6,506,315	3,210	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,028)	(4,028)	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).....	6,505,497	6,502,287	3,210	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,160,666	5,158,339	2,327	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).....	5,160,666	5,158,339	2,327	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	103,214	103,167	47	0	0	0	0	0	0	0
15. General Administrative Expenses.....	859,414	859,224	190	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).....	6,123,294	6,120,730	2,564	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	382,203	381,557	646	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	80,425	80,385	40	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).....	462,628	461,942	686	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	149,438	148,480	958	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	313,190	313,462	(272)	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(Location)

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

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,641	7,640	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	46,845	46,840	5	0	0	0	0	0	0	0
3. Direct Premium Income.....	13,086,685	13,081,237	5,448	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,086,685	13,081,237	5,448	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,146)	(6,146)	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).....	13,080,539	13,075,091	5,448	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,619,683	10,633,688	(14,005)	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,619,683	10,633,688	(14,005)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	212,394	212,674	(280)	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,701,925	1,701,231	694	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).....	12,534,002	12,547,593	(13,591)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	546,537	527,498	19,039	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	171,140	171,069	71	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).....	717,677	698,567	19,110	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	215,679	209,936	5,743	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	501,998	488,631	13,367	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 **JUNE 30, 2010**

OF THE **Aetna Health Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	64,327	19	43,836	0	0	0	0	1,755	18,717	0
2. First Quarter	0									
3. Second Quarter	62,462	14	37,429	0	0	0	0	2,026	22,993	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	367,923	95	228,523	0	0	0	0	12,331	126,974	0
Total Member Ambulatory Encounters for Year:										
7. Physician	579,431	175	413,012	0	0	0	0	19,530	146,714	0
8. Non-Physician	85,220	22	54,840	0	0	0	0	2,487	27,871	0
9. Total	664,651	197	467,852	0	0	0	0	22,017	174,585	0
10. Hospital Patient Days Incurred	15,689	8	3,991	0	0	0	0	1,247	10,443	0
11. Number of Inpatient Admissions	4,616	1	994	0	0	0	0	257	3,364	0
12. Health Premiums Written	117,035,672	99,280	71,706,140	0	0	0	1,086	11,535,465	33,693,701	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	117,042,685	99,280	71,713,153	0	0	0	1,086	11,535,465	33,693,701	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	101,848,952	134,609	63,602,419	0	0	0	(4,027)	7,971,026	30,144,925	0
18. Amount Incurred for Provision of Health Care Services	98,172,790	117,420	62,818,261	0	0	0	(21,420)	8,175,124	27,083,405	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.....	62,462	32,102	2,026	0	0	22,993	0	0	5,341	0
2. MEMBER MONTHS.....	185,096	97,032	6,085	0	0	66,069	0	0	15,910	0
3. Direct Premium Income.....	59,037,948	34,156,632	5,896,020	0	0	17,744,908	0	XXXXXXXX	1,240,388	0
4. Net Premium Income.....	59,037,948	34,156,632	5,896,020	0	0	17,744,908	0	0	1,240,388	0
5. Change in unearned premium reserve and reserve for rate credits.....	6,586	6,586	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	59,044,534	34,163,218	5,896,020	0	0	17,744,908	0	0	1,240,388	0
11. Hospital & Medical Benefits.....	50,876,899	29,486,332	4,550,002	0	0	16,044,485	0	0	796,080	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	50,876,899	29,486,332	4,550,002	0	0	16,044,485	0	0	796,080	0
14. Claims Adjustment Expenses.....	1,017,538	589,726	91,000	0	0	320,890	0	0	15,922	0
15. General Administrative Expenses.....	6,527,935	4,467,699	339,075	0	0	1,553,484	0	0	167,677	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).....	58,422,372	34,543,757	4,980,077	0	0	17,918,859	0	0	979,679	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	622,162	(380,539)	915,943	0	0	(173,951)	0	0	260,709	0
19. Net Investments Gains / (Losses).....	731,113	421,901	73,118	0	0	220,764	0	0	15,330	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).....	1,353,275	41,362	989,061	0	0	46,813	0	0	276,039	0
22. Federal and foreign income taxes incurred.....	575,919	(37,647)	364,382	0	0	156,567	0	0	92,617	0
23. NET INCOME/(LOSS) (L21 less L22).....	777,356	79,009	624,679	0	0	(109,754)	0	0	183,422	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

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.....	62,462	32,102	2,026	0	0	22,993	0	0	5,341	0
2. MEMBER MONTHS.....	367,923	196,594	12,331	0	0	126,974	0	0	32,024	0
3. Direct Premium Income.....	117,035,672	69,304,878	11,535,465	0	0	33,693,701	0	XXXXXXXX	2,501,628	0
4. Net Premium Income.....	117,035,672	69,304,878	11,535,465	0	0	33,693,701	0	0	2,501,628	0
5. Change in unearned premium reserve and reserve for rate credits.....	7,013	7,013	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).....	117,078,953	69,311,891	11,535,465	0	0	33,729,969	0	0	2,501,628	0
11. Hospital & Medical Benefits.....	98,172,790	61,258,871	8,175,124	0	0	27,083,405	0	0	1,655,390	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	98,172,790	61,258,871	8,175,124	0	0	27,083,405	0	0	1,655,390	0
14. Claims Adjustment Expenses.....	1,963,456	1,225,178	163,502	0	0	541,668	0	0	33,108	0
15. General Administrative Expenses.....	12,974,047	8,920,557	713,193	0	0	3,007,222	0	0	333,075	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).....	113,110,293	71,404,606	9,051,819	0	0	30,632,295	0	0	2,021,573	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,968,660	(2,092,715)	2,483,646	0	0	3,097,674	0	0	480,055	0
19. Net Investments Gains / (Losses).....	1,531,807	906,843	150,925	0	0	441,308	0	0	32,731	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,500,467	(1,185,872)	2,634,571	0	0	3,538,982	0	0	512,786	0
22. Federal and foreign income taxes incurred.....	1,653,023	(356,383)	791,752	0	0	1,063,549	0	0	154,105	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,847,444	(829,489)	1,842,819	0	0	2,475,433	0	0	358,681	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				