

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	190,339	125,243	6,078	0	0	47,549	0	0	11,469	0
2. MEMBER MONTHS.....	568,670	376,854	18,401	0	0	139,538	0	0	33,877	0
3. Direct Premium Income.....	186,807,000	133,816,398	18,667,895	0	0	31,840,327	0	XXXXXXXX	2,482,380	0
4. Net Premium Income.....	186,807,000	133,816,398	18,667,895	0	0	31,840,327	0	0	2,482,380	0
5. Change in unearned premium reserve and reserve for rate credits.....	(86)	(86)	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.....	288,009	0	0	0	0	288,009	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).....	187,094,923	133,816,312	18,667,895	0	0	32,128,336	0	0	2,482,380	0
11. Hospital & Medical Benefits.....	147,944,284	102,876,002	15,307,568	0	0	28,198,803	0	0	1,561,911	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	147,944,284	102,876,002	15,307,568	0	0	28,198,803	0	0	1,561,911	0
14. Claims Adjustment Expenses.....	2,958,886	2,057,520	306,152	0	0	563,976	0	0	31,238	0
15. General Administrative Expenses.....	21,639,078	17,389,695	1,014,511	0	0	2,905,297	0	0	329,575	0
16. Increase in Reserves for A&H contracts.....	39,996	39,996	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	172,582,244	122,363,213	16,628,231	0	0	31,668,076	0	0	1,922,724	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	14,512,679	11,453,099	2,039,664	0	0	460,260	0	0	559,656	0
19. Net Investments Gains / (Losses).....	3,107,840	2,221,218	309,669	0	0	535,931	0	0	41,022	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).....	17,620,519	13,674,317	2,349,333	0	0	996,191	0	0	600,678	0
22. Federal and foreign income taxes incurred.....	7,510,429	5,284,258	1,210,404	0	0	730,988	0	0	284,779	0
23. NET INCOME/(LOSS) (L21 less L22).....	10,110,090	8,390,059	1,138,929	0	0	265,203	0	0	315,899	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,892	(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.....		14,710				0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	190,339	125,243	6,078	0	0	47,549	0	0	11,469	0
2. MEMBER MONTHS.....	1,694,984	1,153,199	54,911	0	0	388,386	0	0	98,488	0
3. Direct Premium Income.....	564,297,419	402,481,704	55,977,719	0	0	98,526,993	0	XXXXXXXX	7,311,003	0
4. Net Premium Income.....	564,297,419	402,481,704	55,977,719	0	0	98,526,993	0	0	7,311,003	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,291	3,291	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	360,546	0	0	0	0	360,546	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	564,661,256	402,484,995	55,977,719	0	0	98,887,539	0	0	7,311,003	0
11. Hospital & Medical Benefits.....	461,090,637	329,705,926	44,189,625	0	0	82,590,038	0	0	4,605,048	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	461,090,637	329,705,926	44,189,625	0	0	82,590,038	0	0	4,605,048	0
14. Claims Adjustment Expenses.....	9,221,813	6,594,118	883,793	0	0	1,651,801	0	0	92,101	0
15. General Administrative Expenses.....	65,269,732	52,180,275	3,272,417	0	0	8,841,524	0	0	975,516	0
16. Increase in Reserves for A&H contracts.....	106,432	106,432	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	535,688,614	388,586,751	48,345,835	0	0	93,083,363	0	0	5,672,665	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	28,972,642	13,898,244	7,631,884	0	0	5,804,176	0	0	1,638,338	0
19. Net Investments Gains / (Losses).....	8,047,745	5,736,355	797,814	0	0	1,409,378	0	0	104,198	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).....	37,020,387	19,634,599	8,429,698	0	0	7,213,554	0	0	1,742,536	0
22. Federal and foreign income taxes incurred.....	13,340,557	7,075,466	3,037,701	0	0	2,599,455	0	0	627,935	0
23. NET INCOME/(LOSS) (L21 less L22).....	23,679,830	12,559,133	5,391,997	0	0	4,614,099	0	0	1,114,601	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,892	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		44,888	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	58,992	35	57,421	0	0	0	0	1,536	0	0
5. Current Year	0									
6. Current Year Member Months	539,471	335	526,130	0	0	0	85	12,921	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	871,382	540	840,590	0	0	0	0	30,252	0	0
8. Non-Physician	103,205	63	100,606	0	0	0	0	2,536	0	0
9. Total	974,587	603	941,196	0	0	0	0	32,788	0	0
10. Hospital Patient Days Incurred	12,624	11	10,792	0	0	0	48	1,773	0	0
11. Number of Inpatient Admissions	3,004	3	2,674	0	0	0	5	322	0	0
12. Health Premiums Written	201,491,725	348,864	187,773,691	0	0	0	131,301	13,237,869	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	201,491,361	348,864	187,773,327	0	0	0	131,301	13,237,869	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	171,227,664	543,885	157,184,935	0	0	0	2,690,554	10,808,290	0	0
18. Amount Incurred for Provision of Health Care Services	165,061,546	485,258	153,102,902	0	0	0	(375,426)	11,848,812	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.....	58,992	57,456	1,536	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	178,172	173,533	4,639	0	0	0	0	0	0	0
3. Direct Premium Income.....	67,374,391	62,728,916	4,645,475	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	67,374,391	62,728,916	4,645,475	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,486)	(2,486)	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).....	67,371,905	62,726,430	4,645,475	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	50,576,405	46,127,144	4,449,261	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).....	50,576,405	46,127,144	4,449,261	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,011,529	922,544	88,985	0	0	0	0	0	0	0
15. General Administrative Expenses.....	8,434,360	8,193,487	240,873	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	39,996	39,996	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	60,062,290	55,283,171	4,779,119	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,309,615	7,443,259	(133,644)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,116,966	1,040,714	76,252	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).....	8,426,581	8,483,973	(57,392)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,173,908	3,155,564	18,344	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,252,673	5,328,409	(75,736)	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.....	58,992	57,456	1,536	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	539,471	526,550	12,921	0	0	0	0	0	0	0
3. Direct Premium Income.....	201,491,725	188,253,856	13,237,869	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	201,491,725	188,253,856	13,237,869	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(364)	(364)	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).....	201,491,361	188,253,492	13,237,869	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	165,061,546	153,212,734	11,848,812	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).....	165,061,546	153,212,734	11,848,812	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,301,232	3,064,256	236,976	0	0	0	0	0	0	0
15. General Administrative Expenses.....	25,172,076	24,426,172	745,904	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	106,432	106,432	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	193,641,286	180,809,594	12,831,692	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,850,075	7,443,898	406,177	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,871,724	2,683,053	188,671	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).....	10,721,799	10,126,951	594,848	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,863,676	3,649,318	214,358	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	6,858,123	6,477,633	380,490	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 **SEPTEMBER 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	0									
4. Third Quarter	49,022	10	20,612	0	0	0	3,267	2,494	22,639	0
5. Current Year	0									
6. Current Year Member Months	424,505	90	182,783	0	0	0	29,946	23,151	188,535	0
Total Member Ambulatory Encounters for Year:										
7. Physician	449,404	82	162,580	0	0	0	33,448	42,224	211,070	0
8. Non-Physician	59,226	10	16,314	0	0	0	6,329	5,540	31,033	0
9. Total	508,630	92	178,894	0	0	0	39,777	47,764	242,103	0
10. Hospital Patient Days Incurred	17,332	2	2,785	0	0	0	723	3,421	10,401	0
11. Number of Inpatient Admissions	4,765	1	681	0	0	0	202	672	3,209	0
12. Health Premiums Written	130,292,874	57,509	43,328,085	0	0	0	13,772,487	25,286,441	47,848,352	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	130,296,105	57,509	43,331,316	0	0	0	13,772,487	25,286,441	47,848,352	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	108,489,310	52,101	33,505,263	0	0	0	11,671,211	20,059,937	43,200,798	0
18. Amount Incurred for Provision of Health Care Services	106,363,639	48,156	32,950,349	0	0	0	11,683,926	20,283,928	41,397,280	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.....	49,022	17,988	2,494	0	0	22,639	0	0	5,901	0
2. MEMBER MONTHS.....	144,105	52,463	7,584	0	0	66,661	0	0	17,397	0
3. Direct Premium Income.....	42,007,368	17,639,678	8,312,550	0	0	14,855,387	0	XXXXXXXX	1,199,753	0
4. Net Premium Income.....	42,007,368	17,639,678	8,312,550	0	0	14,855,387	0	0	1,199,753	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,396	3,396	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.....	144,004	0	0	0	0	144,004	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).....	42,154,768	17,643,074	8,312,550	0	0	14,999,391	0	0	1,199,753	0
11. Hospital & Medical Benefits.....	35,424,606	13,433,311	7,039,901	0	0	14,089,450	0	0	861,944	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	35,424,606	13,433,311	7,039,901	0	0	14,089,450	0	0	861,944	0
14. Claims Adjustment Expenses.....	708,492	268,666	140,798	0	0	281,789	0	0	17,239	0
15. General Administrative Expenses.....	4,238,496	2,295,162	446,642	0	0	1,339,545	0	0	157,147	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).....	40,371,594	15,997,139	7,627,341	0	0	15,710,784	0	0	1,036,330	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,783,174	1,645,935	685,209	0	0	(711,393)	0	0	163,423	0
19. Net Investments Gains / (Losses).....	704,035	293,522	138,313	0	0	252,381	0	0	19,819	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).....	2,487,209	1,939,457	823,522	0	0	(459,012)	0	0	183,242	0
22. Federal and foreign income taxes incurred.....	1,384,777	830,226	456,032	0	0	(5,153)	0	0	103,672	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,102,432	1,109,231	367,490	0	0	(453,859)	0	0	79,570	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,267	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		9,827	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2010**

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

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

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

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	49,022	17,988	2,494	0	0	22,639	0	0	5,901	0
2. MEMBER MONTHS.....	424,505	162,835	23,151	0	0	188,535	0	0	49,984	0
3. Direct Premium Income.....	130,292,874	53,631,333	25,286,441	0	0	47,848,352	0	XXXXXXXX	3,526,748	0
4. Net Premium Income.....	130,292,874	53,631,333	25,286,441	0	0	47,848,352	0	0	3,526,748	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,231	3,231	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	180,273	0	0	0	0	180,273	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	130,476,378	53,634,564	25,286,441	0	0	48,028,625	0	0	3,526,748	0
11. Hospital & Medical Benefits.....	106,363,319	42,432,420	20,283,928	0	0	41,397,280	0	0	2,249,691	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	106,363,319	42,432,420	20,283,928	0	0	41,397,280	0	0	2,249,691	0
14. Claims Adjustment Expenses.....	2,127,266	848,647	405,679	0	0	827,946	0	0	44,994	0
15. General Administrative Expenses.....	13,193,884	6,983,543	1,471,778	0	0	4,268,550	0	0	470,013	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).....	121,684,469	50,264,610	22,161,385	0	0	46,493,776	0	0	2,764,698	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,791,909	3,369,954	3,125,056	0	0	1,534,849	0	0	762,050	0
19. Net Investments Gains / (Losses).....	1,859,594	764,419	360,391	0	0	684,520	0	0	50,264	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,651,503	4,134,373	3,485,447	0	0	2,219,369	0	0	812,314	0
22. Federal and foreign income taxes incurred.....	3,838,344	1,489,851	1,256,005	0	0	799,765	0	0	292,723	0
23. NET INCOME/(LOSS) (L21 less L22).....	6,813,159	2,644,522	2,229,442	0	0	1,419,604	0	0	519,591	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,267	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		29,946	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	11,661	8	9,973	0	0	0	1,625	55	0	0
5. Current Year	0									
6. Current Year Member Months	102,229	82	86,822	0	0	0	14,857	468	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	110,843	89	93,762	0	0	0	16,142	850	0	0
8. Non-Physician	18,790	15	15,477	0	0	0	3,135	163	0	0
9. Total	129,633	104	109,239	0	0	0	19,277	1,013	0	0
10. Hospital Patient Days Incurred	1,394	0	1,165	0	0	0	215	14	0	0
11. Number of Inpatient Admissions	429	0	354	0	0	0	70	5	0	0
12. Health Premiums Written	36,804,699	69,961	29,314,396	0	0	0	7,151,514	268,828	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	36,808,369	69,961	29,318,066	0	0	0	7,151,514	268,828	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	26,925,748	13,568	21,482,706	0	0	0	5,259,224	170,250	0	0
18. Amount Incurred for Provision of Health Care Services	26,627,150	11,239	21,357,703	0	0	0	5,111,125	147,083	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.....	11,661	11,606	55	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,607	34,446	161	0	0	0	0	0	0	0
3. Direct Premium Income.....	12,560,057	12,480,140	79,917	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	12,560,057	12,480,140	79,917	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,909	3,909	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).....	12,563,966	12,484,049	79,917	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,882,678	7,859,196	23,482	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).....	7,882,678	7,859,196	23,482	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	157,654	157,184	470	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,662,580	1,657,447	5,133	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).....	9,702,912	9,673,827	29,085	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,861,054	2,810,222	50,832	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	207,402	206,043	1,359	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).....	3,068,456	3,016,265	52,191	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,242,253	1,220,250	22,003	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,826,203	1,796,015	30,188	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,625	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		4,883	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	11,661	11,606	55	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	102,229	101,761	468	0	0	0	0	0	0	0
3. Direct Premium Income.....	36,804,699	36,535,871	268,828	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	36,804,699	36,535,871	268,828	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,670	3,670	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).....	36,808,369	36,539,541	268,828	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	26,627,150	26,480,067	147,083	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).....	26,627,150	26,480,067	147,083	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	532,543	529,601	2,942	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,823,242	4,806,224	17,018	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).....	31,982,935	31,815,892	167,043	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,825,434	4,723,649	101,785	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	524,605	520,774	3,831	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).....	5,350,039	5,244,423	105,616	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,927,924	1,889,865	38,059	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,422,115	3,354,558	67,557	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,625	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		14,857	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	321	0	318	0	0	0	0	3	0	0
5. Current Year	0									
6. Current Year Member Months	3,194	0	3,167	0	0	0	0	27	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	2,654	0	2,617	0	0	0	0	37	0	0
8. Non-Physician	410	0	408	0	0	0	0	2	0	0
9. Total	3,064	0	3,025	0	0	0	0	39	0	0
10. Hospital Patient Days Incurred	73	0	73	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	18	0	18	0	0	0	0	0	0	0
12. Health Premiums Written	1,059,989	0	1,037,061	0	0	0	0	22,928	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,061,280	0	1,038,352	0	0	0	0	22,928	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	477,079	0	439,700	0	0	0	0	37,379	0	0
18. Amount Incurred for Provision of Health Care Services	385,342	0	422,775	0	0	0	0	(37,433)	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.....	321	318	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	969	960	9	0	0	0	0	0	0	0
3. Direct Premium Income.....	339,409	330,196	9,213	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	339,409	330,196	9,213	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	499	499	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).....	339,908	330,695	9,213	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	199,957	191,149	8,808	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).....	199,957	191,149	8,808	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,999	3,823	176	0	0	0	0	0	0	0
15. General Administrative Expenses.....	44,705	44,221	484	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).....	248,661	239,193	9,468	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	91,247	91,502	(255)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,688	5,541	147	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).....	96,935	97,043	(108)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	61,295	57,798	3,497	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	35,640	39,245	(3,605)	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.....	321	318	3	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,194	3,167	27	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,059,989	1,037,061	22,928	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,059,989	1,037,061	22,928	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,291	1,291	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,061,280	1,038,352	22,928	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	385,511	422,944	(37,433)	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).....	385,511	422,944	(37,433)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,710	8,459	(749)	0	0	0	0	0	0	0
15. General Administrative Expenses.....	145,621	143,170	2,451	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).....	538,842	574,573	(35,731)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	522,438	463,779	58,659	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	15,126	14,799	327	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).....	537,564	478,578	58,986	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	193,715	172,459	21,256	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	343,849	306,119	37,730	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 **SEPTEMBER 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	0									
4. Third Quarter	7,418	1	7,416	0	0	0	0	1	0	0
5. Current Year	0									
6. Current Year Member Months	69,383	12	69,363	0	0	0	0	8	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	48,712	8	48,693	0	0	0	0	11	0	0
8. Non-Physician	4,813	1	4,811	0	0	0	0	1	0	0
9. Total	53,525	9	53,504	0	0	0	0	12	0	0
10. Hospital Patient Days Incurred	1,115	0	1,115	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	312	0	312	0	0	0	0	0	0	0
12. Health Premiums Written	19,571,022	0	19,563,388	0	0	0	0	7,634	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	19,559,038	0	19,551,404	0	0	0	0	7,634	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	16,876,804	1,842	16,859,026	0	0	0	0	15,936	0	0
18. Amount Incurred for Provision of Health Care Services	16,595,736	1,302	16,601,326	0	0	0	0	(6,892)	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.....	7,418	7,417	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	22,538	22,535	3	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,484,337	6,482,151	2,186	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,484,337	6,482,151	2,186	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,838)	(5,838)	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).....	6,478,499	6,476,313	2,186	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,976,204	5,969,091	7,113	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).....	5,976,204	5,969,091	7,113	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	119,524	119,382	142	0	0	0	0	0	0	0
15. General Administrative Expenses.....	821,792	821,781	11	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).....	6,917,520	6,910,254	7,266	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(439,021)	(433,941)	(5,080)	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	107,622	107,584	38	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).....	(331,399)	(326,357)	(5,042)	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(76,481)	(75,808)	(673)	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(254,918)	(250,549)	(4,369)	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.....	7,418	7,417	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	69,383	69,375	8	0	0	0	0	0	0	0
3. Direct Premium Income.....	19,571,022	19,563,388	7,634	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,571,022	19,563,388	7,634	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(11,984)	(11,984)	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).....	19,559,038	19,551,404	7,634	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,595,887	16,602,779	(6,892)	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).....	16,595,887	16,602,779	(6,892)	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	331,918	332,056	(138)	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,523,717	2,523,012	705	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).....	19,451,522	19,457,847	(6,325)	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	107,516	93,557	13,959	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	278,762	278,653	109	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).....	386,278	372,210	14,068	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	139,198	134,128	5,070	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	247,080	238,082	8,998	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 **SEPTEMBER 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	0									
4. Third Quarter	62,925	13	36,013	0	0	0	0	1,989	24,910	0
5. Current Year	0									
6. Current Year Member Months	556,202	136	337,879	0	0	0	0	18,336	199,851	0
Total Member Ambulatory Encounters for Year:										
7. Physician	842,600	230	573,947	0	0	0	0	29,108	239,315	0
8. Non-Physician	122,544	29	74,080	0	0	0	0	3,469	44,966	0
9. Total	965,144	259	648,027	0	0	0	0	32,577	284,281	0
10. Hospital Patient Days Incurred	21,642	20	5,697	0	0	0	0	1,758	14,167	0
11. Number of Inpatient Admissions	6,415	4	1,414	0	0	0	0	372	4,625	0
12. Health Premiums Written	175,077,110	137,910	107,105,454	0	0	0	1,086	17,154,019	50,678,641	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	175,084,557	137,910	107,112,901	0	0	0	1,086	17,154,019	50,678,641	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	151,021,788	274,453	94,377,478	0	0	0	17,239	11,898,166	44,454,452	0
18. Amount Incurred for Provision of Health Care Services	146,057,224	321,230	92,591,750	0	0	0	(2,641)	11,954,127	41,192,758	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.....	62,925	30,458	1,989	0	0	24,910	0	0	5,568	0
2. MEMBER MONTHS.....	188,279	92,917	6,005	0	0	72,877	0	0	16,480	0
3. Direct Premium Income.....	58,041,438	34,155,317	5,618,554	0	0	16,984,940	0	XXXXXXXX	1,282,627	0
4. Net Premium Income.....	58,041,438	34,155,317	5,618,554	0	0	16,984,940	0	0	1,282,627	0
5. Change in unearned premium reserve and reserve for rate credits.....	434	434	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.....	144,005	0	0	0	0	144,005	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).....	58,185,877	34,155,751	5,618,554	0	0	17,128,945	0	0	1,282,627	0
11. Hospital & Medical Benefits.....	47,884,434	29,296,111	3,779,003	0	0	14,109,353	0	0	699,967	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	47,884,434	29,296,111	3,779,003	0	0	14,109,353	0	0	699,967	0
14. Claims Adjustment Expenses.....	957,688	585,921	75,581	0	0	282,187	0	0	13,999	0
15. General Administrative Expenses.....	6,437,145	4,377,597	321,368	0	0	1,565,752	0	0	172,428	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).....	55,279,267	34,259,629	4,175,952	0	0	15,957,292	0	0	886,394	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,906,610	(103,878)	1,442,602	0	0	1,171,653	0	0	396,233	0
19. Net Investments Gains / (Losses).....	966,127	567,814	93,560	0	0	283,550	0	0	21,203	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).....	3,872,737	463,936	1,536,162	0	0	1,455,203	0	0	417,436	0
22. Federal and foreign income taxes incurred.....	1,724,677	96,228	711,201	0	0	736,141	0	0	181,107	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,148,060	367,708	824,961	0	0	719,062	0	0	236,329	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 **SEPTEMBER 30, 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.....	62,925	30,458	1,989	0	0	24,910	0	0	5,568	0
2. MEMBER MONTHS.....	556,202	289,511	18,336	0	0	199,851	0	0	48,504	0
3. Direct Premium Income.....	175,077,110	103,460,195	17,154,019	0	0	50,678,641	0	XXXXXXXX	3,784,255	0
4. Net Premium Income.....	175,077,110	103,460,195	17,154,019	0	0	50,678,641	0	0	3,784,255	0
5. Change in unearned premium reserve and reserve for rate credits.....	7,447	7,447	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	180,273	0	0	0	0	180,273	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	175,264,830	103,467,642	17,154,019	0	0	50,858,914	0	0	3,784,255	0
11. Hospital & Medical Benefits.....	146,057,224	90,554,982	11,954,127	0	0	41,192,758	0	0	2,355,357	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	146,057,224	90,554,982	11,954,127	0	0	41,192,758	0	0	2,355,357	0
14. Claims Adjustment Expenses.....	2,921,144	1,811,099	239,083	0	0	823,855	0	0	47,107	0
15. General Administrative Expenses.....	19,411,192	13,298,154	1,034,561	0	0	4,572,974	0	0	505,503	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).....	168,389,560	105,664,235	13,227,771	0	0	46,589,587	0	0	2,907,967	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,875,270	(2,196,593)	3,926,248	0	0	4,269,327	0	0	876,288	0
19. Net Investments Gains / (Losses).....	2,497,934	1,474,657	244,485	0	0	724,858	0	0	53,934	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).....	9,373,204	(721,936)	4,170,733	0	0	4,994,185	0	0	930,222	0
22. Federal and foreign income taxes incurred.....	3,377,700	(260,155)	1,502,953	0	0	1,799,690	0	0	335,212	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,995,504	(461,781)	2,667,780	0	0	3,194,495	0	0	595,010	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				