

**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.....	328.50	355.09	1,014.50	0.00	0.00	228.18	0.00	XXXXXXXX	73.28	0.00
4. Net Premium Income.....	328.50	355.09	1,014.50	0.00	0.00	228.18	0.00	0.00	73.28	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(0.00)	(0.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.51	0	0.00	0.00	0.00	2.06	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	329.00	355.09	1,014.50	0.00	0.00	230.25	0.00	0.00	73.28	0.00
11. Hospital & Medical Benefits.....	260.16	272.99	831.89	0.00	0.00	202.09	0.00	0.00	46.11	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	260.16	272.99	831.89	0.00	0.00	202.09	0.00	0.00	46.11	0.00
14. Claims Adjustment Expenses.....	5.20	5.46	16.64	0.00	0.00	4.04	0.00	0.00	0.92	0.00
15. General Administrative Expenses.....	38.05	46.14	55.13	0.00	0.00	20.82	0.00	0.00	9.73	0.00
16. Increase in Reserves for A&H contracts.....	0.07	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	303.48	324.70	903.66	0.00	0.00	226.95	0.00	0.00	56.76	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	25.52	30.39	110.85	0.00	0.00	3.30	0.00	0.00	16.52	0.00
19. Net Investments Gains / (Losses).....	5.47	5.89	16.83	0.00	0.00	3.84	0.00	0.00	1.21	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	30.99	36.29	127.67	0.00	0.00	7.14	0.00	0.00	17.73	0.00
22. Federal and foreign income taxes incurred.....	13.21	14.02	65.78	0.00	0.00	5.24	0.00	0.00	8.41	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	17.78	22.26	61.89	0.00	0.00	1.90	0.00	0.00	9.32	0.00
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.....	332.92	349.01	1,019.43	0.00	0.00	253.68	0.00	XXXXXXXX	74.23	0.00
4. Net Premium Income.....	332.92	349.01	1,019.43	0.00	0.00	253.68	0.00	0.00	74.23	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.21	0.00	0.00	0.00	0.00	0.93	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	333.14	349.02	1,019.43	0.00	0.00	254.61	0.00	0.00	74.23	0.00
11. Hospital & Medical Benefits.....	272.03	285.91	804.75	0.00	0.00	212.65	0.00	0.00	46.76	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	272.03	285.91	804.75	0.00	0.00	212.65	0.00	0.00	46.76	0.00
14. Claims Adjustment Expenses.....	5.44	5.72	16.10	0.00	0.00	4.25	0.00	0.00	0.94	0.00
15. General Administrative Expenses.....	38.51	45.25	59.59	0.00	0.00	22.76	0.00	0.00	9.90	0.00
16. Increase in Reserves for A&H contracts.....	0.06	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	316.04	336.96	880.44	0.00	0.00	239.67	0.00	0.00	57.60	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	17.09	12.05	138.99	0.00	0.00	14.94	0.00	0.00	16.63	0.00
19. Net Investments Gains / (Losses).....	4.75	4.97	14.53	0.00	0.00	3.63	0.00	0.00	1.06	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	21.84	17.03	153.52	0.00	0.00	18.57	0.00	0.00	17.69	0.00
22. Federal and foreign income taxes incurred.....	7.87	6.14	55.32	0.00	0.00	6.69	0.00	0.00	6.38	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	13.97	10.89	98.20	0.00	0.00	11.88	0.00	0.00	11.32	0.00
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				

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

**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.....	378.14	361.48	1,001.40	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	378.14	361.48	1,001.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(0.01)	(0.01)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	378.13	361.47	1,001.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	283.86	265.81	959.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	283.86	265.81	959.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	5.68	5.32	19.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	47.34	47.22	51.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.22	0.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	337.10	318.57	1,030.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	41.03	42.89	(28.81)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	6.27	6.00	16.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	47.29	48.89	(12.37)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	17.81	18.18	3.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	29.48	30.71	(16.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

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

**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.....	373.50	357.52	1,024.52	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	373.50	357.52	1,024.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(0.00)	(0.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	373.50	357.52	1,024.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	305.97	290.97	917.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	305.97	290.97	917.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	6.12	5.82	18.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	46.66	46.39	57.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.20	0.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	358.95	343.39	993.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	14.55	14.14	31.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	5.32	5.10	14.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	19.87	19.23	46.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	7.16	6.93	16.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	12.71	12.30	29.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		85	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**  
 (Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	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.....	291.51	336.23	1,096.06	0.00	0.00	222.85	0.00	XXXXXXXX	68.96	0.00
4. Net Premium Income.....	291.51	336.23	1,096.06	0.00	0.00	222.85	0.00	0.00	68.96	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.02	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	1.00	0.00	0.00	0.00	0.00	2.16	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	292.53	336.30	1,096.06	0.00	0.00	225.01	0.00	0.00	68.96	0.00
11. Hospital & Medical Benefits.....	245.82	256.05	928.26	0.00	0.00	211.36	0.00	0.00	49.55	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	245.82	256.05	928.26	0.00	0.00	211.36	0.00	0.00	49.55	0.00
14. Claims Adjustment Expenses.....	4.92	5.12	18.57	0.00	0.00	4.23	0.00	0.00	0.99	0.00
15. General Administrative Expenses.....	29.41	43.75	58.89	0.00	0.00	20.09	0.00	0.00	9.03	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	280.15	304.92	1,005.71	0.00	0.00	235.68	0.00	0.00	59.57	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	12.37	31.37	90.35	0.00	0.00	(10.67)	0.00	0.00	9.39	0.00
19. Net Investments Gains / (Losses).....	4.89	5.59	18.24	0.00	0.00	3.79	0.00	0.00	1.14	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	17.26	36.97	108.59	0.00	0.00	(6.89)	0.00	0.00	10.53	0.00
22. Federal and foreign income taxes incurred.....	9.61	15.82	60.13	0.00	0.00	(0.08)	0.00	0.00	5.96	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	7.65	21.14	48.46	0.00	0.00	(6.81)	0.00	0.00	4.57	0.00
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				

**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.....	306.93	329.36	1,092.24	0.00	0.00	253.79	0.00	XXXXXXXX	70.56	0.00
4. Net Premium Income.....	306.93	329.36	1,092.24	0.00	0.00	253.79	0.00	0.00	70.56	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.01	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.42	0.00	0.00	0.00	0.00	0.96	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	307.36	329.38	1,092.24	0.00	0.00	254.75	0.00	0.00	70.56	0.00
11. Hospital & Medical Benefits.....	250.56	260.59	876.16	0.00	0.00	219.57	0.00	0.00	45.01	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	250.56	260.59	876.16	0.00	0.00	219.57	0.00	0.00	45.01	0.00
14. Claims Adjustment Expenses.....	5.01	5.21	17.52	0.00	0.00	4.39	0.00	0.00	0.90	0.00
15. General Administrative Expenses.....	31.08	42.89	63.57	0.00	0.00	22.64	0.00	0.00	9.40	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	286.65	308.68	957.25	0.00	0.00	246.61	0.00	0.00	55.31	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	20.71	20.70	134.99	0.00	0.00	8.14	0.00	0.00	15.25	0.00
19. Net Investments Gains / (Losses).....	4.38	4.69	15.57	0.00	0.00	3.63	0.00	0.00	1.01	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	25.09	25.39	150.55	0.00	0.00	11.77	0.00	0.00	16.25	0.00
22. Federal and foreign income taxes incurred.....	9.04	9.15	54.25	0.00	0.00	4.24	0.00	0.00	5.86	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	16.05	16.24	96.30	0.00	0.00	7.53	0.00	0.00	10.40	0.00
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				

**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
2. MEMBER MONTHS.....	34,607	34,446	161	0	0	0	0	0	0
3. Direct Premium Income.....	362.93	362.31	496.38	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
4. Net Premium Income.....	362.93	362.31	496.38	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.11	0.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	363.05	362.42	496.38	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	227.78	228.16	145.85	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	227.78	228.16	145.85	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	4.56	4.56	2.92	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	48.04	48.12	31.88	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	280.37	280.84	180.65	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	82.67	81.58	315.73	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	5.99	5.98	8.44	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	88.67	87.57	324.17	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	35.90	35.43	136.66	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	52.77	52.14	187.50	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	1,625	(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	4,883				0				

**TEXAS HMO SUPPLEMENT**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(Location)

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

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

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,661	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.....	360.02	359.04	574.42	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	360.02	359.04	574.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.04	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	360.06	359.07	574.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	260.47	260.22	314.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	260.47	260.22	314.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	5.21	5.20	6.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	47.18	47.23	36.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	312.86	312.65	356.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	47.20	46.42	217.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	5.13	5.12	8.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	52.33	51.54	225.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	18.86	18.57	81.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	33.47	32.97	144.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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				

**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.....	350.27	343.95	1,023.67	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	350.27	343.95	1,023.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.51	0.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	350.78	344.47	1,023.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	206.35	199.11	978.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	206.35	199.11	978.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	4.13	3.98	19.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	46.14	46.06	53.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	256.62	249.16	1,052.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	94.17	95.31	(28.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	5.87	5.77	16.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	100.04	101.09	(12.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	63.26	60.21	388.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	36.78	40.88	(400.56)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Corpus Christi**  
 (Location)

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

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

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	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.....	331.87	327.46	849.19	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	331.87	327.46	849.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.40	0.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	332.27	327.87	849.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	120.70	133.55	(1,386.41)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	120.70	133.55	(1,386.41)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	2.41	2.67	(27.74)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	45.59	45.21	90.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	168.70	181.43	(1,323.37)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	163.57	146.44	2,172.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.74	4.67	12.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	168.30	151.11	2,184.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	60.65	54.46	787.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	107.65	96.66	1,397.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**

(Location)

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

Indicate Reporting Period: 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.....	287.71	287.65	728.67	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	287.71	287.65	728.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(0.26)	(0.26)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	287.45	287.39	728.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	265.16	264.88	2,371.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	265.16	264.88	2,371.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	5.30	5.30	47.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	36.46	36.47	3.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	306.93	306.65	2,422.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(19.48)	(19.26)	(1,693.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.78	4.77	12.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(14.70)	(14.48)	(1,680.67)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	(3.39)	(3.36)	(224.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	(11.31)	(11.12)	(1,456.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**  
(Location)

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

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

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,418	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.....	282.07	281.99	954.25	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	282.07	281.99	954.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(0.17)	(0.17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	281.90	281.82	954.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	239.19	239.32	(861.50)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	239.19	239.32	(861.50)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	4.78	4.79	(17.25)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	36.37	36.37	88.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	280.35	280.47	(790.63)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1.55	1.35	1,744.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.02	4.02	13.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5.57	5.37	1,758.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	2.01	1.93	633.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	3.56	3.43	1,124.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **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: 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.....	308.27	367.59	935.65	0.00	0.00	233.06	0.00	XXXXXXXX	77.83	0.00
4. Net Premium Income.....	308.27	367.59	935.65	0.00	0.00	233.06	0.00	0.00	77.83	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.76	0.00	0.00	0.00	0.00	1.98	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	309.04	367.59	935.65	0.00	0.00	235.04	0.00	0.00	77.83	0.00
11. Hospital & Medical Benefits.....	254.33	315.29	629.31	0.00	0.00	193.61	0.00	0.00	42.47	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	254.33	315.29	629.31	0.00	0.00	193.61	0.00	0.00	42.47	0.00
14. Claims Adjustment Expenses.....	5.09	6.31	12.59	0.00	0.00	3.87	0.00	0.00	0.85	0.00
15. General Administrative Expenses.....	34.19	47.11	53.52	0.00	0.00	21.48	0.00	0.00	10.46	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	293.60	368.71	695.41	0.00	0.00	218.96	0.00	0.00	53.79	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	15.44	(1.12)	240.23	0.00	0.00	16.08	0.00	0.00	24.04	0.00
19. Net Investments Gains / (Losses).....	5.13	6.11	15.58	0.00	0.00	3.89	0.00	0.00	1.29	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	20.57	4.99	255.81	0.00	0.00	19.97	0.00	0.00	25.33	0.00
22. Federal and foreign income taxes incurred.....	9.16	1.04	118.43	0.00	0.00	10.10	0.00	0.00	10.99	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	11.41	3.96	137.38	0.00	0.00	9.87	0.00	0.00	14.34	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

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

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

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	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.....	314.77	357.36	935.54	0.00	0.00	253.58	0.00	XXXXXXXX	78.02	0.00
4. Net Premium Income.....	314.77	357.36	935.54	0.00	0.00	253.58	0.00	0.00	78.02	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.01	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.32	0.00	0.00	0.00	0.00	0.90	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	315.11	357.39	935.54	0.00	0.00	254.48	0.00	0.00	78.02	0.00
11. Hospital & Medical Benefits.....	262.60	312.79	651.95	0.00	0.00	206.12	0.00	0.00	48.56	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	262.60	312.79	651.95	0.00	0.00	206.12	0.00	0.00	48.56	0.00
14. Claims Adjustment Expenses.....	5.25	6.26	13.04	0.00	0.00	4.12	0.00	0.00	0.97	0.00
15. General Administrative Expenses.....	34.90	45.93	56.42	0.00	0.00	22.88	0.00	0.00	10.42	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	302.75	364.97	721.41	0.00	0.00	233.12	0.00	0.00	59.95	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	12.36	(7.59)	214.13	0.00	0.00	21.36	0.00	0.00	18.07	0.00
19. Net Investments Gains / (Losses).....	4.49	5.09	13.33	0.00	0.00	3.63	0.00	0.00	1.11	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	16.85	(2.49)	227.46	0.00	0.00	24.99	0.00	0.00	19.18	0.00
22. Federal and foreign income taxes incurred.....	6.07	(0.90)	81.97	0.00	0.00	9.01	0.00	0.00	6.91	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	10.78	(1.60)	145.49	0.00	0.00	15.98	0.00	0.00	12.27	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				