

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2011**

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.....	185,443	118,677	4,557	0	0	49,396	0	0	12,813	0
2. MEMBER MONTHS.....	556,854	355,704	13,696	0	0	149,535	0	0	37,919	0
3. Direct Premium Income.....	335.55	359.38	1,000.51	0.00	0.00	285.21	0.00	XXXXXXXX	70.45	0.00
4. Net Premium Income.....	335.55	359.38	1,000.51	0.00	0.00	285.21	0.00	0.00	70.45	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(2.37)	(2.31)	0.00	0.00	0.00	(3.33)	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	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).....	333.18	357.06	1,000.51	0.00	0.00	281.87	0.00	0.00	70.45	0.00
11. Hospital & Medical Benefits.....	262.29	284.57	754.13	0.00	0.00	215.54	0.00	0.00	60.05	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).....	262.29	284.57	754.13	0.00	0.00	215.54	0.00	0.00	60.05	0.00
14. Claims Adjustment Expenses.....	5.60	6.35	13.48	0.00	0.00	4.27	0.00	0.00	1.05	0.00
15. General Administrative Expenses.....	39.06	47.46	67.92	0.00	0.00	24.76	0.00	0.00	6.23	0.00
16. Increase in Reserves for A&H contracts.....	0.32	0.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	307.27	338.87	835.54	0.00	0.00	244.56	0.00	0.00	67.34	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	25.91	18.20	164.97	0.00	0.00	37.31	0.00	0.00	3.12	0.00
19. Net Investments Gains / (Losses).....	3.72	3.99	11.18	0.00	0.00	3.15	0.00	0.00	0.79	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).....	29.64	22.19	176.15	0.00	0.00	40.46	0.00	0.00	3.90	0.00
22. Federal and foreign income taxes incurred.....	7.55	5.65	44.89	0.00	0.00	10.31	0.00	0.00	0.99	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	22.08	16.53	131.26	0.00	0.00	30.15	0.00	0.00	2.91	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,239	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		12,787	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2011**

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.....	185,443	118,677	4,557	0	0	49,396	0	0	12,813	0
2. MEMBER MONTHS.....	556,854	355,704	13,696	0	0	149,535	0	0	37,919	0
3. Direct Premium Income.....	335.55	359.38	1,000.51	0.00	0.00	285.21	0.00	XXXXXXXX	70.45	0.00
4. Net Premium Income.....	335.55	359.38	1,000.51	0.00	0.00	285.21	0.00	0.00	70.45	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(2.37)	(2.31)	0.00	0.00	0.00	(3.33)	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).....	333.18	357.06	1,000.51	0.00	0.00	281.87	0.00	0.00	70.45	0.00
11. Hospital & Medical Benefits.....	262.29	284.57	754.13	0.00	0.00	215.54	0.00	0.00	60.05	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).....	262.29	284.57	754.13	0.00	0.00	215.54	0.00	0.00	60.05	0.00
14. Claims Adjustment Expenses.....	5.60	6.35	13.48	0.00	0.00	4.27	0.00	0.00	1.05	0.00
15. General Administrative Expenses.....	39.06	47.46	67.92	0.00	0.00	24.76	0.00	0.00	6.23	0.00
16. Increase in Reserves for A&H contracts.....	0.32	0.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	307.27	338.87	835.54	0.00	0.00	244.56	0.00	0.00	67.34	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	25.91	18.20	164.97	0.00	0.00	37.31	0.00	0.00	3.12	0.00
19. Net Investments Gains / (Losses).....	3.72	3.99	11.18	0.00	0.00	3.15	0.00	0.00	0.79	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).....	29.64	22.19	176.15	0.00	0.00	40.46	0.00	0.00	3.90	0.00
22. Federal and foreign income taxes incurred.....	7.55	5.65	44.89	0.00	0.00	10.31	0.00	0.00	0.99	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	22.08	16.53	131.26	0.00	0.00	30.15	0.00	0.00	2.91	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,239	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		12,787	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston

(Location)

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

Indicate Reporting Period: Current Quarter **X**

1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
		BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	56,861	55,596	1,265	0	0	0	0	0	0
2. MEMBER MONTHS.....	170,966	167,164	3,802	0	0	0	0	0	0
3. Direct Premium Income.....	384.83	370.44	1,017.50	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
4. Net Premium Income.....	384.83	370.44	1,017.50	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(2.46)	(2.51)	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).....	382.38	367.93	1,017.50	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	304.42	290.98	895.56	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).....	304.42	290.98	895.56	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	6.70	6.54	13.71	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	49.35	48.90	69.07	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	1.03	1.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	361.50	347.47	978.35	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	20.88	20.47	39.15	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.27	4.11	11.37	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).....	25.15	24.58	50.52	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	6.41	6.26	12.87	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	18.74	18.31	37.64	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

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.....	56,861	55,596	1,265	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	170,966	167,164	3,802	0	0	0	0	0	0	0
3. Direct Premium Income.....	384.83	370.44	1,017.50	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	384.83	370.44	1,017.50	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.....	(2.46)	(2.51)	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).....	382.38	367.93	1,017.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	304.42	290.98	895.56	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).....	304.42	290.98	895.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	6.70	6.54	13.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	49.35	48.90	69.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	1.03	1.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	361.50	347.47	978.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	20.88	20.47	39.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.27	4.11	11.37	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).....	25.15	24.58	50.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	6.41	6.26	12.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	18.74	18.31	37.64	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

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.....	47,442	15,394	1,516	0	0	23,874	0	0	6,658	0
2. MEMBER MONTHS.....	142,498	46,187	4,590	0	0	72,102	0	0	19,619	0
3. Direct Premium Income.....	290.36	333.25	1,042.63	0.00	0.00	276.47	0.00	XXXXXXXX	64.43	0.00
4. Net Premium Income.....	290.36	333.25	1,042.63	0.00	0.00	276.47	0.00	0.00	64.43	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(2.28)	(1.61)	0.00	0.00	0.00	(3.48)	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).....	288.08	331.65	1,042.63	0.00	0.00	272.99	0.00	0.00	64.43	0.00
11. Hospital & Medical Benefits.....	224.76	325.17	762.96	0.00	0.00	173.73	0.00	0.00	49.99	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).....	224.76	325.17	762.96	0.00	0.00	173.73	0.00	0.00	49.99	0.00
14. Claims Adjustment Expenses.....	4.59	5.89	14.05	0.00	0.00	4.13	0.00	0.00	0.96	0.00
15. General Administrative Expenses.....	29.48	44.08	70.78	0.00	0.00	23.97	0.00	0.00	5.70	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).....	258.83	375.14	847.79	0.00	0.00	201.84	0.00	0.00	56.65	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	29.25	(43.49)	194.85	0.00	0.00	71.15	0.00	0.00	7.77	0.00
19. Net Investments Gains / (Losses).....	3.22	3.71	11.65	0.00	0.00	3.05	0.00	0.00	0.72	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).....	32.47	(39.79)	206.50	0.00	0.00	74.20	0.00	0.00	8.49	0.00
22. Federal and foreign income taxes incurred.....	8.27	(10.14)	52.62	0.00	0.00	18.91	0.00	0.00	2.16	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	24.19	(29.65)	153.87	0.00	0.00	55.29	0.00	0.00	6.33	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,841	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		8,553	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.....	47,442	15,394	1,516	0	0	23,874	0	0	6,658	0
2. MEMBER MONTHS.....	142,498	46,187	4,590	0	0	72,102	0	0	19,619	0
3. Direct Premium Income.....	290.36	333.25	1,042.63	0.00	0.00	276.47	0.00	XXXXXXXX	64.43	0.00
4. Net Premium Income.....	290.36	333.25	1,042.63	0.00	0.00	276.47	0.00	0.00	64.43	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(2.28)	(1.61)	0.00	0.00	0.00	(3.48)	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).....	288.08	331.65	1,042.63	0.00	0.00	272.99	0.00	0.00	64.43	0.00
11. Hospital & Medical Benefits.....	224.76	325.17	762.96	0.00	0.00	173.73	0.00	0.00	49.99	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).....	224.76	325.17	762.96	0.00	0.00	173.73	0.00	0.00	49.99	0.00
14. Claims Adjustment Expenses.....	4.59	5.89	14.05	0.00	0.00	4.13	0.00	0.00	0.96	0.00
15. General Administrative Expenses.....	29.48	44.08	70.78	0.00	0.00	23.97	0.00	0.00	5.70	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).....	258.83	375.14	847.79	0.00	0.00	201.84	0.00	0.00	56.65	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	29.25	(43.49)	194.85	0.00	0.00	71.15	0.00	0.00	7.77	0.00
19. Net Investments Gains / (Losses).....	3.22	3.71	11.65	0.00	0.00	3.05	0.00	0.00	0.72	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).....	32.47	(39.79)	206.50	0.00	0.00	74.20	0.00	0.00	8.49	0.00
22. Federal and foreign income taxes incurred.....	8.27	(10.14)	52.62	0.00	0.00	18.91	0.00	0.00	2.16	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	24.19	(29.65)	153.87	0.00	0.00	55.29	0.00	0.00	6.33	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,841	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		8,553	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.....	10,236	71	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,417	195	0	0	0	0	0	0	0
3. Direct Premium Income.....	362.19	538.55	0.00	0.00	0.00	0.00	XXXXXXX	0.00	0.00
4. Net Premium Income.....	362.19	538.55	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.....	(1.87)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	XXXXXXX	0.00	0.00	0.00	0.00	XXXXXXX	XXXXXXX	XXXXXXX	0.00
7. Risk Revenue.....	XXXXXXX	0.00	0.00	0.00	XXXXXXX	XXXXXXX	0.00	XXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	360.32	538.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	288.55	106.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	288.55	106.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	6.40	7.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	47.89	36.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	342.84	150.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	17.48	387.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.03	6.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	21.51	393.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	5.48	100.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	16.02	293.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	1,398	(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.....	4,234				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.....	10,307	10,236	71	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,612	30,417	195	0	0	0	0	0	0	0
3. Direct Premium Income.....	363.31	362.19	538.55	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	363.31	362.19	538.55	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.....	(1.86)	(1.87)	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).....	361.46	360.32	538.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	287.39	288.55	106.86	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).....	287.39	288.55	106.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	6.41	6.40	7.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	47.82	47.89	36.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	341.62	342.84	150.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	19.84	17.48	387.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.04	4.03	6.02	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).....	23.88	21.51	393.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	6.08	5.48	100.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	17.79	16.02	293.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,398	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		4,234	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.....	388	387	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,175	1,172	3	0	0	0	0	0	0	0
3. Direct Premium Income.....	366.80	361.89	2,285.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	366.80	361.89	2,285.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(2.46)	(2.46)	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).....	364.34	359.43	2,285.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	308.25	314.12	(1,984.00)	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).....	308.25	314.12	(1,984.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	6.45	6.39	30.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	48.05	47.77	155.33	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).....	362.74	368.27	(1,798.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1.60	(8.85)	4,083.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.07	4.02	25.33	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).....	5.67	(4.83)	4,108.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	1.45	(1.23)	1,047.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	4.22	(3.60)	3,061.33	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 **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.....	388	387	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,175	1,172	3	0	0	0	0	0	0	0
3. Direct Premium Income.....	366.80	361.89	2,285.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	366.80	361.89	2,285.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(2.46)	(2.46)	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).....	364.34	359.43	2,285.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	308.25	314.12	(1,984.00)	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).....	308.25	314.12	(1,984.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	6.45	6.39	30.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	48.05	47.77	155.33	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).....	362.74	368.27	(1,798.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1.60	(8.85)	4,083.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	4.07	4.02	25.33	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).....	5.67	(4.83)	4,108.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	1.45	(1.23)	1,047.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	4.22	(3.60)	3,061.33	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: 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.....	6,436	6,435	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,858	19,855	3	0	0	0	0	0	0	0
3. Direct Premium Income.....	289.39	289.09	2,270.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	289.39	289.09	2,270.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(2.19)	(2.19)	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).....	287.20	286.90	2,270.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	196.95	197.07	(546.00)	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).....	196.95	197.07	(546.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	5.10	5.10	30.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	38.15	38.13	154.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	240.21	240.30	(361.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	46.99	46.60	2,631.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	3.21	3.21	25.33	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).....	50.20	49.81	2,656.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	12.79	12.69	677.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	37.41	37.11	1,979.67	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.....	6,436	6,435	1	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,858	19,855	3	0	0	0	0	0	0	0
3. Direct Premium Income.....	289.39	289.09	2,270.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	289.39	289.09	2,270.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(2.19)	(2.19)	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).....	287.20	286.90	2,270.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	196.95	197.07	(546.00)	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).....	196.95	197.07	(546.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	5.10	5.10	30.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	38.15	38.13	154.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	240.21	240.30	(361.33)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	46.99	46.60	2,631.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	3.21	3.21	25.33	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).....	50.20	49.81	2,656.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	12.79	12.69	677.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	37.41	37.11	1,979.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

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

Indicate Reporting Period: Current Quarter **X**

1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER	
		BASIC	ADVANTAGE	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	64,009	30,629	1,703	0	0	25,522	0	0	6,155	0
2. MEMBER MONTHS.....	191,745	90,909	5,103	0	0	77,433	0	0	18,300	0
3. Direct Premium Income.....	325.36	366.67	966.12	0.00	0.00	293.34	0.00	XXXXXXXX	76.91	0.00
4. Net Premium Income.....	325.36	366.67	966.12	0.00	0.00	293.34	0.00	0.00	76.91	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(2.46)	(2.47)	0.00	0.00	0.00	(3.19)	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).....	322.90	364.20	966.12	0.00	0.00	290.15	0.00	0.00	76.91	0.00
11. Hospital & Medical Benefits.....	255.11	269.57	667.93	0.00	0.00	254.48	0.00	0.00	70.84	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).....	255.11	269.57	667.93	0.00	0.00	254.48	0.00	0.00	70.84	0.00
14. Claims Adjustment Expenses.....	5.30	6.47	13.02	0.00	0.00	4.39	0.00	0.00	1.15	0.00
15. General Administrative Expenses.....	35.63	48.41	65.59	0.00	0.00	25.48	0.00	0.00	6.80	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).....	296.04	324.44	746.54	0.00	0.00	284.35	0.00	0.00	78.79	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	26.86	39.76	219.58	0.00	0.00	5.80	0.00	0.00	(1.87)	0.00
19. Net Investments Gains / (Losses).....	3.61	4.07	10.80	0.00	0.00	3.24	0.00	0.00	0.86	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).....	30.46	43.83	230.37	0.00	0.00	9.04	0.00	0.00	(1.01)	0.00
22. Federal and foreign income taxes incurred.....	7.76	11.17	58.71	0.00	0.00	2.30	0.00	0.00	(0.26)	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	22.70	32.66	171.67	0.00	0.00	6.74	0.00	0.00	(0.76)	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.....	64,009	30,629	1,703	0	0	25,522	0	0	6,155	0
2. MEMBER MONTHS.....	191,745	90,909	5,103	0	0	77,433	0	0	18,300	0
3. Direct Premium Income.....	325.36	366.67	966.12	0.00	0.00	293.34	0.00	XXXXXXXX	76.91	0.00
4. Net Premium Income.....	325.36	366.67	966.12	0.00	0.00	293.34	0.00	0.00	76.91	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(2.46)	(2.47)	0.00	0.00	0.00	(3.19)	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).....	322.90	364.20	966.12	0.00	0.00	290.15	0.00	0.00	76.91	0.00
11. Hospital & Medical Benefits.....	255.11	269.57	667.93	0.00	0.00	254.48	0.00	0.00	70.84	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).....	255.11	269.57	667.93	0.00	0.00	254.48	0.00	0.00	70.84	0.00
14. Claims Adjustment Expenses.....	5.30	6.47	13.02	0.00	0.00	4.39	0.00	0.00	1.15	0.00
15. General Administrative Expenses.....	35.63	48.41	65.59	0.00	0.00	25.48	0.00	0.00	6.80	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).....	296.04	324.44	746.54	0.00	0.00	284.35	0.00	0.00	78.79	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	26.86	39.76	219.58	0.00	0.00	5.80	0.00	0.00	(1.87)	0.00
19. Net Investments Gains / (Losses).....	3.61	4.07	10.80	0.00	0.00	3.24	0.00	0.00	0.86	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).....	30.46	43.83	230.37	0.00	0.00	9.04	0.00	0.00	(1.01)	0.00
22. Federal and foreign income taxes incurred.....	7.76	11.17	58.71	0.00	0.00	2.30	0.00	0.00	(0.26)	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	22.70	32.66	171.67	0.00	0.00	6.74	0.00	0.00	(0.76)	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				