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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2009

OF THE CONDITION AND AFFAIRS OF THE

Aetna Health Inc. (a Michigan corporation)

NAIC Group Code ..... 0001 (Current Period) 0001 (Prior Period) NAIC Company Code ..... 95756 Employer's ID Number 23-2861565

Organized under the Laws of Michigan State of Domicile or Port of Entry …….. Michigan

Country of Domicile …… United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [X]
Other [ ] Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized ..... September 10, 1996 Commenced Business ..... April 1, 1998

Statutory Home Office ..... 28588 Northwestern Highway ..... Southfield ..... MI..... 48034
(Street and Number) (City, State and Zip Code)

Main Administrative Office …….. 28588 Northwestern Highway
(Street and Number)
…….. Southfield .. MI .. 48034…….. 248-357-7766
(City, State and Zip Code) (Area Code) (Telephone Number)

Mail Address ..... 28588 Northwestern Highway ..... Southfield ..... MI..... 48034
(Street and Number or P. O. Box) (City, State and Zip Code)

Primary Location of Books and Records ..... 980 Jolly Road
(Street and Number)
……. Blue Bell ..... PA .... 19422-1904 ……..... 800-872-3862
(City, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address ……. www.aetna.com

Statutory Statement Contact ..... Jennifer Anne Palma 215-775-6508
(Name) (Area Code) (Telephone Number) (Extension)
..... Aetna.HMOReporting@aetna.com 215-775-6790
(E-mail Address) (Fax Number)

OFFICERS

Allan Ira Greenberg, President
Edward Chung-I Lee, Vice President and Secretary
Alicia Helene Bolton, Principal Financial Officer and Controller

OTHER

Burton Fred Vanderlaan, M.D., Senior Medical Director
Elaine Rose Cofrancesco, Treasurer
Gregory Stephen Martino, Vice President
Kevin James Casey, Senior Investment Officer
David William Braun, Assistant Controller

DIRECTORS OR TRUSTEES

Allan Ira Greenberg
Gregory Stephen Martino
Burton Fred Vanderlaan, M.D.

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Allan Ira Greenberg	Edward Chung-I Lee	Alicia Helene Bolton
President	Vice President and Secretary@	Principal Financial Officer and Controller@@
State of..... Illinois	State of..... Connecticut	State of..... Pennsylvania
County of..... Cook	County of..... Hartford	County of..... Montgomery
Subscribed and sworn to before me this	@Subscribed and sworn to before me this	@@Subscribed and sworn to before me this
____ day of _____ 2010	____ day of _____ 2010	____ day of February 2010
NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)

a. Is this an original filing? Yes [X] No [ ]
b. If no: 1. State the amendment number…
2. Date filed ……
3. Number of pages attached ……

Ex. 2
NONE

Ex. 3
NONE

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Aging estimated based on claims in process of adjudication as of 12/31/09	0	0	0	0	0	0
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed - uncovered	0	0	0	0	412	412
0399999. Aggregate accounts not individually listed - covered	0	0	0	0	279	279
0499999. Subtotals	0	0	0	0	691	691
0599999. Unreported claim and other claim reserves						1,881
0799999. Total claims unpaid						2,572

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Aetna Health Management, LLC	57,290	0	0	0	0	57,290	0
0199999. Individually listed receivables	57,290	0	0	0	0	57,290	0
0399999. Total gross amounts receivable	57,290	0	0	0	0	57,290	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current

NONE

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0	0	0.0	0	0
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	(660)	3.0	XXX	XXX	0	(660)
6. Contractual fee payments	(21,457)	97.0	XXX	XXX	0	(21,457)
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	(22,117)	100.0	XXX	XXX	0	(22,117)
13. Total (Line 4 plus Line 12)	(22,117)	100.0	XXX	XXX	0	(22,117)

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	0	0	0	0	0	0
2. Medical furniture, equipment and fixtures	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4. Durable medical equipment	0	0	0	0	0	0
5. Other property and equipment		0	0	0	0	0
6. Total	0	0	0	0	0	0

NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Aetna Health Inc. (a Michigan corporation) 2. Grand Total

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....0001

NAIC Company Code.....95756

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0	0	0	0	0	0	0	0	0	0
2. First quarter	0	0	0	0	0	0	0	0	0	0
3. Second quarter	0	0	0	0	0	0	0	0	0	0
4. Third quarter	0	0	0	0	0	0	0	0	0	0
5. Current year	0	0	0	0	0	0	0	0	0	0
6. Current year member months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-physician	0	0	0	0	0	0	0	0	0	0
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b)	(5,881)	0	(5,881)	0	0	0	0	0	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	(5,881)	0	(5,881)	0	0	0	0	0	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	(22,117)	0	(22,117)	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	(28,073)	0	(28,073)	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Aetna Health Inc. (a Michigan corporation) 2. Michigan

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR (Location)

NAIC Group Code.....0001

NAIC Company Code.....95756

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	0	0	0	0	0	0	0	0	0	0
2. First quarter	0	0	0	0	0	0	0	0	0	0
3. Second quarter	0	0	0	0	0	0	0	0	0	0
4. Third quarter	0	0	0	0	0	0	0	0	0	0
5. Current year	0	0	0	0	0	0	0	0	0	0
6. Current year member months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-physician	0	0	0	0	0	0	0	0	0	0
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b)	(5,881)	0	(5,881)	0	0	0	0	0	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	(5,881)	0	(5,881)	0	0	0	0	0	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	(22,117)	0	(22,117)	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services	(28,073)	0	(28,073)	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....0

Sch. S-Pt. 1-Sn. 2
NONE

Sch. S-Pt. 2
NONE

Sch. S-Pt. 3-Sn. 2
NONE

Sch. S-Pt. 4
NONE

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums	0	0	9	15	22
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total hospital and medical expenses	0	0	0	0	38
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	38
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)	0	0	0	0	0
13. Letters of credit (L)	0	0	0	0	0
14. Trust agreements (T)	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	3,637,454	0	3,637,454
2.	Accident and health premiums due and unpaid (Line 13)	0	0	0
3.	Amounts recoverable from reinsurers (Line 14.1)	0	0	0
4.	Net credit for ceded reinsurance	XXX	0	0
5.	All other admitted assets (balance)	76,086	0	76,086
6.	Totals assets (Line 26)	3,713,540	0	3,713,540
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	2,572	0	2,572
8.	Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9.	Premiums received in advance (Line 8)	0	0	0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0	0	0
11.	Reinsurance in unauthorized companies (Line 18)	0	0	0
12.	All other liabilities (balance)	3,391	0	3,391
13.	Total liabilities (Line 22)	5,963	0	5,963
14.	Total capital and surplus (Line 31)	3,707,577	XXX	3,707,577
15.	Total liabilities, capital and surplus (Line 32)	3,713,540	0	3,713,540
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	0		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	0		
26.	Total ceded reinsurance payables/offsets	0		
27.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama AL	0	0	0	0	0	0
2.	Alaska AK	0	0	0	0	0	0
3.	Arizona AZ	0	0	0	0	0	0
4.	Arkansas AR	0	0	0	0	0	0
5.	California CA	0	0	0	0	0	0
6.	Colorado CO	0	0	0	0	0	0
7.	Connecticut CT	0	0	0	0	0	0
8.	Delaware DE	0	0	0	0	0	0
9.	District of Columbia DC	0	0	0	0	0	0
10.	Florida FL	0	0	0	0	0	0
11.	Georgia GA	0	0	0	0	0	0
12.	Hawaii HI	0	0	0	0	0	0
13.	Idaho ID	0	0	0	0	0	0
14.	Illinois IL	0	0	0	0	0	0
15.	Indiana IN	0	0	0	0	0	0
16.	Iowa IA	0	0	0	0	0	0
17.	Kansas KS	0	0	0	0	0	0
18.	Kentucky KY	0	0	0	0	0	0
19.	Louisiana LA	0	0	0	0	0	0
20.	Maine ME	0	0	0	0	0	0
21.	Maryland MD	0	0	0	0	0	0
22.	Massachusetts MA	0	0	0	0	0	0
23.	Michigan MI	0	0	0	0	0	0
24.	Minnesota MN	0	0	0	0	0	0
25.	Mississippi MS	0	0	0	0	0	0
26.	Missouri MO	0	0	0	0	0	0
27.	Montana MT	0	0	0	0	0	0
28.	Nebraska NE	0	0	0	0	0	0
29.	Nevada NV	0	0	0	0	0	0
30.	New Hampshire NH	0	0	0	0	0	0
31.	New Jersey NJ	0	0	0	0	0	0
32.	New Mexico NM	0	0	0	0	0	0
33.	New York NY	0	0	0	0	0	0
34.	North Carolina NC	0	0	0	0	0	0
35.	North Dakota ND	0	0	0	0	0	0
36.	Ohio OH	0	0	0	0	0	0
37.	Oklahoma OK	0	0	0	0	0	0
38.	Oregon OR	0	0	0	0	0	0
39.	Pennsylvania PA	0	0	0	0	0	0
40.	Rhode Island RI	0	0	0	0	0	0
41.	South Carolina SC	0	0	0	0	0	0
42.	South Dakota SD	0	0	0	0	0	0
43.	Tennessee TN	0	0	0	0	0	0
44.	Texas TX	0	0	0	0	0	0
45.	Utah UT	0	0	0	0	0	0
46.	Vermont VT	0	0	0	0	0	0
47.	Virginia VA	0	0	0	0	0	0
48.	Washington WA	0	0	0	0	0	0
49.	West Virginia WV	0	0	0	0	0	0
50.	Wisconsin WI	0	0	0	0	0	0
51.	Wyoming WY	0	0	0	0	0	0
52.	American Samoa AS	0	0	0	0	0	0
53.	Guam GU	0	0	0	0	0	0
54.	Puerto Rico PR	0	0	0	0	0	0
55.	US Virgin Islands VI	0	0	0	0	0	0
56.	Northern Mariana Islands MP	0	0	0	0	0	0
57.	Canada CN	0	0	0	0	0	0
58.	Aggregate Other Alien OT	0	0	0	0	0	0
59.	Totals	0	0	0	0	0	0

NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
0	23-2229683	Aetna Inc.	172,400,000	(234,900,001)	0	0	751,254,382	0		0	688,754,381	0
72052	23-2710210	Aetna Health Insurance Company	(24,700,000)	0	0	1,000	(14,321,722)	(1,201,165)		0	(40,221,887)	(4,998,828)
78700	06-0876836	Aetna Health and Life Insurance Company	4,885,784	16,500,000	(1,145,833)	0	9,057,293	47,630,894		0	76,928,138	(1,499,137,034)
84450	57-0805126	Aetna Health Insurance Company of New York	0	0	0	0	(140,073)	0		0	(140,073)	0
0		Aetna Risk Indemnity Company Limited	0	0	0	0	0	(2,310,001)		0	(2,310,001)	(22,551,506)
0		Aetna Life & Casualty Bermuda Limited	0	0	0	0	(16,088,644)	0		0	(16,088,644)	0
0	20-0446713	Aetna Behavioral Health, LLC	0	0	0	0	(4,995,979)	0		0	(4,995,979)	0
0	38-3704481	Aetna Capital Management, LLC	0	0	0	0	1,965,099	0		0	1,965,099	0
60054	06-6033492	Aetna Life Insurance Company	(97,107,463)	211,418,351	9,103,869	1,000	(1,215,324,705)	(47,472,581)		50,000,000	(1,089,381,529)	1,499,031,791
0	06-1270755	AHP Holdings, Inc.	0	0	0	0	3,277,757	0		0	3,277,757	0
36153	06-1286276	Aetna Insurance Company of Connecticut	0	0	0	0	(227,159)	2,310,001		0	2,082,842	22,551,506
0	20-3132609	Aetna Behavioral Health of Delaware, LLC	0	0	0	0	13,322,617	0		0	13,322,617	0
0		Schaller Anderson of Arizona, LLC	0	0	0	0	40,248,909	0		0	40,248,909	0
0	51-0029326	ASI Wings, LLC	0	0	(20,903,399)	0	0	0		0	(20,903,399)	0
13174	26-2867560	Aetna Better Health, Inc.	0	24,000,000	0	(1,000)	(23,862,821)	0		0	136,179	0
0	20-3678339	PE Holdings, LLC	0	2,000,000	0	0	0	0		0	2,000,000	0
0	81-0579372	Aetna Partners Diversified Fund, LLC	(42,194,221)	0	10,653,677	0	0	0		(50,000,000)	(81,540,544)	0
0		Aetna Partners Diversified Fund (Cayman), Limited	(13,284,100)	0	2,291,686	0	0	0		0	(10,992,414)	0
0	20-3180700	Aetna Ventures, LLC	0	4,981,650	0	0	0	0		0	4,981,650	0
12913	20-5862801	Missouri Care, Incorporated	0	2,000,000	0	0	(14,215,150)	0		0	(12,215,150)	0
0	30-0123754	Aetna Health Holdings, LLC	552,528,000	(35,900,000)	0	0	0	0		0	516,628,000	0
0	95-3402799	Aetna Health of California Inc.	(99,600,000)	0	0	(1,000)	(169,481,776)	0		0	(269,082,776)	0
95256	84-1312793	Aetna Health Inc. (CO)	0	0	0	0	(19,782,206)	0		0	(19,782,206)	0
95935	23-2442048	Aetna Health Inc. (CT)	0	6,000,000	0	0	(22,465,693)	0		0	(16,465,693)	0
95245	23-2470575	Aetna Health Inc. (DE)	0	0	0	0	(5,782,966)	0		0	(5,782,966)	0
95088	59-2411584	Aetna Health Inc. (FL)	(86,300,000)	0	0	0	(199,586,992)	0		0	(285,886,992)	0
95094	58-1649568	Aetna Health Inc. (GA)	(31,300,000)	0	0	0	(35,078,012)	0		0	(66,378,012)	0
0	73-1702435	Delaware Physicians Care, Inc.	0	0	0	0	104,120	0		0	104,120	0
0		Aetan Health Insurance Company of Europe Limited	0	0	0	0	(203,564)	0		0	(203,564)	0
95756	23-2861565	Aetna Health Inc. (MI)	0	0	0	0	(31,861)	0		0	(31,861)	0
95287	52-1270921	Aetna Health Inc. (NJ)	(22,800,000)	0	0	0	(150,407,959)	1,380,566		0	(171,827,393)	4,998,828
95234	22-2663623	Aetna Health Inc. (NY)	(102,000,000)	0	0	0	(44,852,624)	0		0	(146,852,624)	0
95343	56-1941613	Aetna Health of the Carolinas Inc.	0	3,900,000	0	0	(3,749,108)	(10,919)		0	139,973	105,243
95109	23-2169745	Aetna Health Inc. (PA)	(176,300,000)	0	0	0	(406,294,337)	(280,783)		0	(582,875,120)	0
95490	76-0189680	Aetna Health Inc. (TX)	(20,800,000)	0	0	0	(66,680,765)	0		0	(87,480,765)	0
0	22-3187443	Aetna Ireland, LLC	24,372,000	0	0	0	0	0		0	24,372,000	0
95517	01-0504252	Aetna Health Inc. (ME)	(6,200,000)	0	0	0	(13,105,678)	0		0	(19,305,678)	0
47060	91-1662406	Aetna Health Inc. (WA)	(3,000,000)	0	0	0	686,134	0		0	(2,313,866)	0
0	06-1160812	Aetna Dental of California Inc.	(16,300,000)	0	0	0	(13,093,200)	0		0	(29,393,200)	0
11183	22-2990909	Aetna Dental Inc. (NJ)	0	0	0	0	(1,520,382)	0		0	(1,520,382)	0
95910	06-1177531	Aetna Dental Inc. (TX)	(12,300,000)	0	0	0	(11,777,360)	(46,012)		0	(24,123,372)	0
0	13-3670795	Aetna Health Management, LLC	0	0	0	0	1,184,787,343	0		0	1,184,787,343	0
0	30-0123760	Aetna RX Home Delivery, LLC	0	0	0	0	271,767,825	0		0	271,767,825	0
12328	20-2207534	Aetna Family Plans of Georgia Inc.	0	0	0	0	(2,644)	0		0	(2,644)	0
0	57-0640344	Strategic Resource Company	0	0	0	0	80,192,964	0		0	80,192,964	0
0	04-3134551	Chickering Claims Administrators, Inc.	0	0	0	0	27,207,252	0		0	27,207,252	0
0	04-2708160	Aetna Student Health Agency, Inc.	0	0	0	0	23,656,080	0		0	23,656,080	0
0		Aetna Specialty Pharmacy, LLC	0	0	0	0	45,545,605	0		0	45,545,605	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
17.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
18.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
19.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO

EXPLANATIONS:

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BAR CODE:

9575620093600000

9575620092050000

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9575620094200000

9575620093710000

9575620093700000

9575620093650000

9575620093060000

9575620092110000

9575620092130000

Overflow Page for Write-Ins

Additional Write-ins for Statement of Revenue:

	1 Current Year	2 Prior Year
4704. Correction of prior period hospital and medical expense	0	(110,500)
4797. Summary of remaining write-ins for Line 47	0	(110,500)

Overflow Page for Write-Ins

NONE

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