AMENDED FILING EXPLANATION

* 9 5 7 5 6 2 0 0 4 2 0 1 0 0 1 0 2 *

HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2004

OF THE CONDITION AND AFFAIRS OF THE

Aetna Health Inc. (a Michigan corporation)

NAIC Group Code ..... **0001** **0001** (Current Period) (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]

Date Incorporated or Organized ..... **September 10, 1996** Date Commenced Business ..... **Arpil 1, 1998**

Statutory Home Office ..... **26933 Northwestern Highway, Suite 100** ..... **Southfield** ..... **MI**..... **48034-4728**
(Street and Number) (City, State and Zip Code)

Main Administrative Office …….. **26933 Northwestern Highway, Suite 100**
(Street and Number)
…….. **Southfield** .. **MI** .. **48034-4728**…….. **248-208-8600**
(City, State and Zip Code) (Area Code) (Telephone Number)

Mail Address ..... **26933 Northwestern Highway, Suite 100** ..... **Southfield** ..... **MI**..... **48034-4728**
(Street and Number or P. O. Box) (City, State and Zip Code)

Primary Location of Books and Records …….. **26933 Northwestern Highway, Suite 100**
(Street and Number)
…… **Southfield** .. **MI** .. **48034-4728**…….. **248-208-8600**
(City, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address …… **www.aetna.com**

Statutory Statement Contact ..... **James David Weiss** **215-775-6508**
(Name) (Area Code) (Telephone Number) (Extension)
..... **Aetna.HMOReporting@aetna.com** **215-775-6790**
(E-mail Address) (Fax Number)

Policyowner Relations Contact …… **Plan Sponsor Services, 151 Farmington Avenue, Hartford, CT 06156 …….. 800-247-5472**
(Street and Number) (City, State and Zip Code) (Area Code) (Telephone Number)

OFFICERS

Allan Ira Greenberg, President
William Calvin Baskin III, Vice President and Secretary
James David Weiss, Controller

OTHER

Burton Fred Vanderlaan, M.D., Senior Medical Director
Russell Page Smith, Treasurer
Gregory Stephen Martino, Vice President
Kevin James Casey, Senior Investment Officer
Alicia Helene Bolton, 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	**William Calvin Baskin III**	**James David Weiss**
President	**Vice President and Secretary@**	**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 _____ 2004	____ day of _____ 2004	____ day of _____ 2004
NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)	NOTARY PUBLIC (Seal)

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	1	2	Direct Business Only Year-to-Date					
			3	4	5	6	7	8
State, Etc.	Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Deposit-Type Contract Funds	Property/Casualty Premiums
1. Alabama AL	NO	NO	0	0	0	0	0	0
2. Alaska AK	NO	NO	0	0	0	0	0	0
3. Arizona AZ	NO	NO	0	0	0	0	0	0
4. Arkansas AR	NO	NO	0	0	0	0	0	0
5. California CA	NO	NO	0	0	0	0	0	0
6. Colorado CO	NO	NO	0	0	0	0	0	0
7. Connecticut CT	NO	NO	0	0	0	0	0	0
8. Delaware DE	NO	NO	0	0	0	0	0	0
9. District of Columbia DC	NO	NO	0	0	0	0	0	0
10. Florida FL	NO	NO	0	0	0	0	0	0
11. Georgia GA	NO	NO	0	0	0	0	0	0
12. Hawaii HI	NO	NO	0	0	0	0	0	0
13. Idaho ID	NO	NO	0	0	0	0	0	0
14. Illinois IL	NO	NO	0	0	0	0	0	0
15. Indiana IN	NO	NO	0	0	0	0	0	0
16. Iowa IA	NO	NO	0	0	0	0	0	0
17. Kansas KS	NO	NO	0	0	0	0	0	0
18. Kentucky KY	NO	NO	0	0	0	0	0	0
19. Louisiana LA	NO	NO	0	0	0	0	0	0
20. Maine ME	NO	NO	0	0	0	0	0	0
21. Maryland MD	NO	NO	0	0	0	0	0	0
22. Massachusetts MA	NO	NO	0	0	0	0	0	0
23. Michigan MI	NO	YES	4,867,086	0	0	0	0	0
24. Minnesota MN	NO	NO	0	0	0	0	0	0
25. Mississippi MS	NO	NO	0	0	0	0	0	0
26. Missouri MO	NO	NO	0	0	0	0	0	0
27. Montana MT	NO	NO	0	0	0	0	0	0
28. Nebraska NE	NO	NO	0	0	0	0	0	0
29. Nevada NV	NO	NO	0	0	0	0	0	0
30. New Hampshire NH	NO	NO	0	0	0	0	0	0
31. New Jersey NJ	NO	NO	0	0	0	0	0	0
32. New Mexico NM	NO	NO	0	0	0	0	0	0
33. New York NY	NO	NO	0	0	0	0	0	0
34. North Carolina NC	NO	NO	0	0	0	0	0	0
35. North Dakota ND	NO	NO	0	0	0	0	0	0
36. Ohio OH	NO	NO	0	0	0	0	0	0
37. Oklahoma OK	NO	NO	0	0	0	0	0	0
38. Oregon OR	NO	NO	0	0	0	0	0	0
39. Pennsylvania PA	NO	NO	0	0	0	0	0	0
40. Rhode Island RI	NO	NO	0	0	0	0	0	0
41. South Carolina SC	NO	NO	0	0	0	0	0	0
42. South Dakota SD	NO	NO	0	0	0	0	0	0
43. Tennessee TN	NO	NO	0	0	0	0	0	0
44. Texas TX	NO	NO	0	0	0	0	0	0
45. Utah UT	NO	NO	0	0	0	0	0	0
46. Vermont VT	NO	NO	0	0	0	0	0	0
47. Virginia VA	NO	NO	0	0	0	0	0	0
48. Washington WA	NO	NO	0	0	0	0	0	0
49. West Virginia WV	NO	NO	0	0	0	0	0	0
50. Wisconsin WI	NO	NO	0	0	0	0	0	0
51. Wyoming WY	NO	NO	0	0	0	0	0	0
52. American Samoa AS	NO	NO	0	0	0	0	0	0
53. Guam GU	NO	NO	0	0	0	0	0	0
54. Puerto Rico PR	NO	NO	0	0	0	0	0	0
55. U.S. Virgin Islands VI	NO	NO	0	0	0	0	0	0
56. Canada CN	NO	XXX	0	0	0	0	0	0
57. Aggregate Other alien OT	XXX	XXX	0	0	0	0	0	0
58. Total (Direct Business)	XXX	(a) 1	4,867,086	0	0	0	0	0

DETAILS OF WRITE-INS

5701.			0	0	0	0	0	0
5702.			0	0	0	0	0	0
5703.			0	0	0	0	0	0
5798.	Summary of remaining write-ins for line 57 from overflow page		0	0	0	0	0	0
5799.	Total (Lines 5701 thru 5703 plus 5798) (Line 57 above)		0	0	0	0	0	0

(a) Insert the number of yes responses except for Canada and Other Alien.