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HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2007

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]

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

Statutory Home Office ..... **26933 Northwestern Highway, Suite 100** ..... **Southfield** ..... **MI**..... **48033-4716**
(Street and Number) (City, State and Zip Code)

Main Administrative Office …….. **26933 Northwestern Highway, Suite 100**
(Street and Number)
…… **Southfield** .. **MI** .. **48033-4716**…….. **248-208-8600**
(City, State and Zip Code) (Area Code) (Telephone Number)

Mail Address .....…….. **26933 Northwestern Highway, Suite 100** .....….. **Southfield** ..... **MI**..... **48033-4716**
(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 ..... **Alicia Helene Bolton** .....……..…..... **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
Edward Chung-I Lee, Vice President and Secretary #
Alicia Helene Bolton, ~~Assistant~~ 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

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@**	**~~Assistant~~ 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 _____ 2007	day of _____ 2007	day of November 2007
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 ……

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	1,095,609	0	1,095,609	1,095,130
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less $.....0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less $.....0 encumbrances)	0	0	0	0
5. Cash ($.....271,541), cash equivalents ($.....6,929,747) and short-term investments ($.....9,627)	7,210,915	0	7,210,915	6,358,337
6. Contract loans (including $.....0 premium notes)	0	0	0	0
7. Other invested assets	0	0	0	0
8. Receivables for securities	0	0	0	0
9. Aggregate write-ins for invested assets	0	0	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9)	8,306,524	0	8,306,524	7,453,467
11. Title Plants less $.....0 charged off (for Title insurers only)	0	0	0	0
12. Investment income due and accrued	6,066	0	6,066	17,959
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	35,368	27,072	8,296	141,717
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)	0	0	0	0
13.3 Accrued retrospective premiums	0	0	0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers	0	0	0	0
14.2 Funds held by or deposited with reinsured companies	0	0	0	0
14.3 Other amounts receivable under reinsurance contracts	0	0	0	0
15. Amounts receivable relating to uninsured plans	0	0	0	0
16.1 Current federal and foreign income tax recoverable and interest thereon	47,681	0	47,681	30,348
16.2 Net deferred tax asset	78,943	0	78,943	98,184
17. Guaranty funds receivable or on deposit	0	0	0	0
18. Electronic data processing equipment and software	0	0	0	0
19. Furniture and equipment, including health care delivery assets ($.....0)	0	0	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
21. Receivables from parent, subsidiaries and affiliates	0	0	0	0
22. Health care ($.....2,905) and other amounts receivable	2,905	0	2,905	6,186
23. Aggregate write-ins for other than invested assets	13,212	0	13,212	13,912
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 through 23)	8,490,699	27,072	8,463,627	7,761,773
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
26. TOTALS (Lines 24 and 25)	8,490,699	27,072	8,463,627	7,761,773

DETAILS OF WRITE-INS

0901.	0	0	0	0
0902.	0	0	0	0
0903.	0	0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0
2301. Current state income tax receivable	13,212	0	13,212	13,912
2302.	0	0	0	0
2303.	0	0	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	13,212	0	13,212	13,912

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $.....0 reinsurance ceded)	342,579	12,043	354,622	518,437
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	5,984	0	5,984	12,134
4. Aggregate health policy reserves	228,843	0	228,843	287,744
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	12,039	0	12,039	19,491
8. Premiums received in advance	1,999	0	1,999	251,819
9. General expenses due or accrued	0	0	0	0
10.1 Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	0	0	0	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	2,027	0	2,027	1,197
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	0	0	0	0
14. Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	2,969,181	0	2,969,181	1,864,562
16. Payable for securities	0	0	0	0
17. Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers)	0	0	0	0
18. Reinsurance in unauthorized companies	0	0	0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
20. Liability for amounts held under uninsured plans	0	0	0	0
21. Aggregate write-ins for other liabilities (including $.....0 current)	0	0	0	0
22. Total liabilities (Lines 1 to 21)	3,562,652	12,043	3,574,695	2,955,384
23. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24. Common capital stock	XXX	XXX	10	10
25. Preferred capital stock	XXX	XXX	0	0
26. Gross paid in and contributed surplus	XXX	XXX	10,099,990	10,099,990
27. Surplus notes	XXX	XXX	0	0
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29. Unassigned funds (surplus)	XXX	XXX	(5,211,068)	(5,293,611)
30. Less treasury stock, at cost:				
30.1 .....0.000 shares common (value included in Line 24 $.....0)	XXX	XXX	0	0
30.2 .....0.000 shares preferred (value included in Line 25 $.....0)	XXX	XXX	0	0
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	4,888,932	4,806,389
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	8,463,627	7,761,773

DETAILS OF WRITE-INS

2101.	0	0	0	0
2102.	0	0	0	0
2103.	0	0	0	0
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	0	0	0	0
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX	0	0
2801.			0	0
2802.			0	0
2803.			0	0
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year to Date
	1 Uncovered	2 Total	3 Total
1. Member months	XXX	10,283	17,050
2. Net premium income (including $.....0 non-health premium income)	XXX	2,871,872	4,681,853
3. Change in unearned premium reserves and reserve for rate credits	XXX	169	6,488
4. Fee-for-service (net of $.....0 medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	2,872,041	4,688,341
Hospital and Medical:			
9. Hospital/medical benefits	29,147	2,016,579	2,831,129
10. Other professional services	0	48	137
11. Outside referrals	53,474	53,474	209,695
12. Emergency room and out-of-area	7,239	180,973	261,907
13. Prescription drugs	0	432,648	396,989
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	0	0
16. Subtotal (Lines 9 to 15)	89,860	2,683,722	3,699,857
Less:			
17. Net reinsurance recoveries	0	0	186,069
18. Total hospital and medical (Lines 16 minus 17)	89,860	2,683,722	3,513,788
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including $.....19,683 cost containment expenses	0	59,042	85,097
21. General administrative expenses	0	539,366	699,797
22. Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)	0	(58,732)	15,958
23. Total underwriting deductions (Lines 18 through 22)	89,860	3,223,398	4,314,640
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(351,357)	373,701
25. Net investment income earned	0	472,719	238,351
26. Net realized capital gains (losses) less capital gains tax of $.....(37)	0	(71)	0
27. Net investment gains or (losses) (Lines 25 plus 26)	0	472,648	238,351
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	121,291	612,052
31. Federal and foreign income taxes incurred	XXX	12,680	218,525
32. Net income (loss) (Lines 30 minus 31)	XXX	108,611	393,527

DETAILS OF WRITE-INS

0601.	XXX	0	0
0602.	XXX	0	0
0603.	XXX	0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	0	0
0701.	XXX	0	0
0702.	XXX	0	0
0703.	XXX	0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.	0	0	0
1402.	0	0	0
1403.	0	0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
2901.	0	0	0
2902.	0	0	0
2903.	0	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT	1 Current Year to Date	2 Prior Year To Date	3 Prior Year
33. Capital and surplus prior reporting year	4,806,389	4,416,444	4,416,444
34. Net income or (loss) from Line 32	108,611	393,527	340,325
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of $.....0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	(27,407)	(2,713)	51,542
39. Change in nonadmitted assets	1,339	18,294	(1,922)
40. Change in unauthorized reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	82,543	409,108	389,945
49. Capital and surplus end of reporting period (Line 33 plus 48)	4,888,932	4,825,552	4,806,389

DETAILS OF WRITE-INS

4701.	0	0	0
4702.	0	0	0
4703.	0	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

		1 Current Year to Date	2 Prior Year Ended December 31
	CASH FROM OPERATIONS		
1.	Premiums collected net of reinsurance	2,749,476	6,282,225
2.	Net investment income	484,133	333,457
3.	Miscellaneous income	0	0
4.	Total (Lines 1 through 3)	3,233,609	6,615,682
5.	Benefit and loss related payments	2,851,708	4,895,997
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions	604,558	1,023,530
8.	Dividends paid to policyholders	29,976	0
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	0	435,381
10.	Total (Lines 5 through 9)	3,486,242	6,354,908
11.	Net cash from operations (Line 4 minus Line 10)	(252,633)	260,774
	CASH FROM INVESTMENTS		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	0	0
	12.2 Stocks	0	0
	12.3 Mortgage loans	0	0
	12.4 Real estate	0	0
	12.5 Other invested assets	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(108)	0
	12.7 Miscellaneous proceeds	0	0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	(108)	0
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	0	0
	13.2 Stocks	0	0
	13.3 Mortgage loans	0	0
	13.4 Real estate	0	0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(108)	0
	CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes	0	0
	16.2 Capital and paid in surplus, less treasury stock	0	0
	16.3 Borrowed funds	0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
	16.5 Dividends to stockholders	0	0
	16.6 Other cash provided (applied)	1,105,319	1,048,330
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,105,319	1,048,330
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	852,578	1,309,104
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	6,358,337	5,049,233
	19.2 End of period (Line 18 plus Line 19.1)	7,210,915	6,358,337

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001	0	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	1,710	5	1,705	0	0	0	0	0	0	0
2. First Quarter	1,181	5	1,176	0	0	0	0	0	0	0
3. Second Quarter	1,063	5	1,058	0	0	0	0	0	0	0
4. Third Quarter	939	6	933	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	10,283	46	10,237	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician	9,695	43	9,652	0	0	0	0	0	0	0
8. Non-Physician	1,930	9	1,921	0	0	0	0	0	0	0
9. Total	11,625	52	11,573	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	264	0	264	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	68	0	68	0	0	0	0	0	0	0
12. Health Premiums Written (a)	2,879,070	0	2,879,070	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	2,879,239	0	2,879,239	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	2,851,708	0	2,851,708	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,683,722	0	2,683,722	0	0	0	0	0	0	0

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

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 the process of adjudication as of 9/30/07	0	0	0	0	0	0
0199999. Individually Listed Claims Unpaid	0	0	0	0	0	0
0299999. Aggregate Accounts Not Individually Listed-Uncovered	746	0	0	0	472	1,218
0399999. Aggregate Accounts Not Individually Listed-Covered	60,155	135	0	0	6,448	66,738
0499999. Subtotals	60,901	135	0	0	6,920	67,956
0599999. Unreported Claims and Other Claim Reserves						286,666
0799999. Total Claims Unpaid						354,622

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)	359,493	2,492,215	27,516	339,145	387,009	537,928
2. Medicare Supplement	0	0	0	0	0	0
3. Dental only	0	0	0	0	0	0
4. Vision only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan Premiums	0	0	0	0	0	0
6. Title XVIII - Medicare	0	0	0	0	0	0
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	359,493	2,492,215	27,516	339,145	387,009	537,928
10. Healthcare receivables (a)	0	2,905	0	0	0	6,186
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	0	0	0	0	0
13. Totals	359,493	2,489,310	27,516	339,145	387,009	531,742

(a) Excludes $.....0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

No significant change.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

No significant change.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

A. The components of the net deferred tax assets recognized in the Company's Statements of Assets, Liabilities, Capital and Surplus are as follows:

	September 30, 2007	December 31, 2006
Total of gross deferred tax assets	$92,123	$129,099
Total of deferred tax liabilities	(13,180)	(22,749)
Net deferred tax asset	78,943	106,350
Deferred tax asset nonadmitted	-	(8,166)
Net admitted deferred tax asset	78,943	98,184
(Increase) decrease in nonadmitted asset	$8,166	-

B. There are no deferred tax liabilities that are not recognized.

C.1 The provision (benefit) for incurred taxes on earnings for the periods ended September 30, 2007 and December 31, 2006 are:

	September 30, 2007	December 31, 2006
Federal - current year	$12,680	$262,493
Federal income tax on net capital gains	(37)	-
Federal - prior year	-	(47)
Federal income taxes incurred	$12,643	$262,446

NOTES TO FINANCIAL STATEMENTS

C.2 The tax effects of temporary differences that give rise to deferred tax assets and liabilities are as follows:

	September 30, 2007	December 31, 2006
Deferred tax assets:		
Discounted unpaid losses	$2,520	$3,720
Uncollected premiums - nonadmitted	9,475	7,086
Premium deficiency reserve	70,000	70,000
Unearned premium	187	17,686
Individual contract reserve	9,862	30,418
Other	79	189
Total deferred tax assets	92,123	129,099
Nonadmitted deferred tax assets	-	(8,166)
Admitted deferred tax assets	92,123	120,933
Deferred tax liabilities:		
Allowance for billing adjustment	1,128	7,086
Individual Contract Reserve - IRC Section 481(a) adj.	11,328	15,104
Other	724	559
Total deferred tax liabilities	13,180	22,749
Net admitted deferred tax assets	$78,943	$98,184

The change in net deferred income taxes is comprised of the following:

	September 30, 2007	December 31, 2006	Change
Total deferred tax assets	$92,123	$129,099	$(36,976)
Total deferred tax liabilities	(13,180)	(22,749)	9,569
Net deferred tax asset (liability)	$78,943	$106,350	(27,407)
Tax effect of unrealized gains (losses)			-
Change in net deferred income tax			$(27,407)

D. The provision for Federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The items causing this difference are as follows:

	September 30, 2007	Effective Tax Rate	December 31, 2006	Effective Tax Rate
Provision computed as statutory rate	$42,438	35.0%	$210,970	35.0%
Change in nonadmitted assets	(2,388)	(2.0)%	(66)	0.0%
Total	$40,050	33.0%	$210,904	35.0%
Federal and foreign income taxes incurred	$12,643	10.4%	$262,446	43.5%
Change in net deferred income taxes	27,407	22.6%	(51,542)	(8.5)%
Total statutory income taxes	$40,050	33.0%	$210,904	35.0%

E.1 As of September 30, 2007, the Company has no net capital loss or net operating loss carryforwards for tax purposes.

E.2 The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:

Year	Amount
2007	$12,643
2006	$262,493

NOTES TO FINANCIAL STATEMENTS

F.1 As of September 30, 2007, the Company's Federal Income Tax Return is consolidated with the following entities:

Parent Company - Aetna Inc.
@Credentials Inc.
Active Health Management, Inc.
AE Fourteen, Inc.
Aelan Inc.
AET Health Care Plan of California, Inc.
AET Health Care Plan, Inc. (TX)
Aetna Affordable Housing, Inc.
Aetna Criterion Communications, Inc.
Aetna Dental Inc. (New Jersey)
Aetna Dental Inc. (Texas)
Aetna Dental of California Inc.
Aetna Family Plans of Georgia Inc.
Aetna Family Plans of Pennsylvania Inc.
Aetna Health and Life Insurance Company
Aetna Health Inc. (Arizona)
Aetna Health Inc. (Colorado)
Aetna Health Inc. (Connecticut)
Aetna Health Inc. (Delaware)
Aetna Health Inc. (Florida)
Aetna Health Inc. (Georgia)
Aetna Health Inc. (Maine)
Aetna Health Inc. (Maryland)
Aetna Health Inc. (Massachusetts)
Aetna Health Inc. (Michigan)
Aetna Health Inc. (Missouri)
Aetna Health Inc. (New Hampshire)
Aetna Health Inc. (New Jersey)
Aetna Health Inc. (New York)
Aetna Health Inc. (Ohio)
Aetna Health Inc. (Oklahoma)
Aetna Health Inc. (Pennsylvania)
Aetna Health Inc. (Tennessee)
Aetna Health Inc. (Texas)
Aetna Health Inc. (Washington)
Aetna Health Information Solutions, Inc.
Aetna Health Insurance Company of New York
Aetna Health of California Inc.
Aetna Health of Illinois Inc.
Aetna Health of the Carolinas Inc.
Aetna Insurance Company of Connecticut
Aetna Integrated Informatics, Inc.
Aetna InteliHealth, Inc.
Aetna Life & Casualty (Bermuda) Limited
Aetna Life Assignment Company
Aetna Life Insurance Company
Aetna Risk Indemnity Co. Limited
Aetna/Area Corporation
AHP Holdings, Inc.
AUSHC Holdings, Inc. (Connecticut)
BPC Equity Inc.
Broadspire National Services, Inc.
Chickering Benefit Planning Insurance Agency
Chickering Claims Administrators, Inc.
CMBS Holdings Inc. II
Corporate Health Insurance Company
Health Cost Consultants, Inc.
Health Data & Management Solutions, Inc.
Cofinity, Inc. (FKA HMS Healthcare, Inc.)
Integrated Pharmacy Solutions
Luettgens Limited
Managed Care Coordinators, Inc.
Mountain Medical Affiliates, Inc. (through 1/1/07)
NYLCare Health Plans, Inc.
SANUS of New York and New Jersey, Inc.
Sloans Lake Managed Care, Inc.
Sloan's Lake Management Corp. (through 1/1/07)
Strategic Resource Company
Trumbull One Inc.
Trumbull Four Inc.
U.S. Healthcare Properties, Inc.
Missouri Care, Incorporated
SABH of Arizona, Inc.
Schaller Anderson Behavioral Health, Inc.
Schaller Anderson Medical Administrators, Inc.
Schaller Anderson of Delaware, Inc.
Schaller Anderson, Inc.

F.2 In accordance with the written tax sharing agreement, the Company's current Federal income tax provisions are generally computed as if the Company were filing a separate Federal income tax return; current income tax benefits, including those resulting from net operating losses, are recognized to the extent realized in the consolidated return. Pursuant to this agreement, the Company has the enforceable right to recoup Federal income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to Federal income taxes.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

The Company had the following significant transactions with affiliates:

The Company and Aetna Health Management, LLC (AHM), indirectly a wholly-owned subsidiary of Aetna, are parties to an agreement under which AHM provides certain administrative services, including accounting and processing of premiums and claims. Under this agreement, the Company remits a percentage of its earned commercial, Medicaid and Medicare premium revenue, as applicable, to AHM as a fee, subject to an annual true-up mechanism as defined in the agreement. The annual true-up is calculated in the year following each calendar year, and is due to/(from) the Company by April 15 of the following year. For the Company, the true-up for the years ended 2006 and 2005 were $66,356 and $(66,275) and these amounts were recorded by the Company in the first quarter of 2007 and 2006, respectively. This annual true-up amount is recorded as revenue (expense) by the Company in the year in which the true-up is calculated, consistent with the legal obligations of AHM to the Company and pursuant to the administrative services agreement approved by the Company's regulators.

NOTES TO FINANCIAL STATEMENTS

Note 11 - Debt

No significant change.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change.

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

No significant change.

B. Transfer and Servicing of Financial Assets

No significant change.

C. Wash Sales

The Company had no wash sales.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

Note 20 - September 11 Events

No significant change.

Note 21 - Other Items

No significant change.

Note 22 - Events Subsequent

No significant change.

Note 23 - Reinsurance

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

No significant change.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

No significant change.

Note 28 - Health Care Receivables

No significant change.

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change: .....

3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No [ ]
If yes, complete the Schedule Y-Part 1 - Organizational chart.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

4.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [X] N/A [ ]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2003.....

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2003.....

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 11/24/2004.....

6.4 By what department or departments?

Michigan Office of Financial and Insurance Services

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [X] No [ ]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

Effective 12/1/06, Aetna Inc. (Aetna) amended its Code of Conduct (the Code). The Code is Aetna's code of ethics that applies to Aetna's Board of Directors and all of its employees, including its senior managers. Aetna reviews the Code periodically and amends the Code as appropriate. Prior thereto the Code was last amended in January of 2003. The 12/1/06 amendments to the Code include: (a) simplification of the Code's language to enhance clarity and readability; (b) incorporation of Aetna's current policies and procedures; and (c) the addition of certain provisions to reflect legislative and regulatory changes.

9.3 Have any provisions of the code of ethics been waived for any of the specified officers: Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. $.....0

INVESTMENT

11.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [ ] No [X]

11.2 If yes, explain:

12.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

12.2 If yes, give full and complete information relating thereto:

13. Amount of real estate and mortgages held in other invested assets in Schedule BA: $.....0

14. Amount of real estate and mortgages held in short-term investments: $.....0

15.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

15.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
15.21 Bonds	$.....0	$.....0
15.22 Preferred Stock	$.....0	$.....0
15.23 Common Stock	$.....0	$.....0
15.24 Short-Term Investments	$.....0	$.....0
15.25 Mortgages, Loans or Real Estate	$.....0	$.....0
15.26 All Other	$.....0	$.....0
15.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 15.21 to 15.26)	$.....0	$.....0
15.28 Total Investment in Parent included in Lines 15.21 to 15.26 above	$.....0	$.....0

16.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

16.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]
If no, attach a description with this statement.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES

17. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV. H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
State Street Bank and Trust Company	225 Franklin St., Boston, MA 02110

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
All agreements comply.		

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
N/A			

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
N/A		

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No [ ]

18.2 If no, list exceptions:

SCHEDULE A - VERIFICATION

Real Estate

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Increase (decrease) by adjustment	0	0
3. Cost of acquired	0	0
4. Cost of additions to and permanent improvements	0	0
5. Total profit (loss) on sales	0	0
6. Increase (decrease) by foreign exchange adjustment	0	0
7. Amount received on sales	0	0
8. Book/adjusted carrying value at end of current period	0	0
9. Total valuation allowance	0	0
10. Subtotal (Lines 8 plus 9)	0	0
11. Total nonadmitted amounts	0	0
12. Statement value, current period (Page 2, real estate lines, net admitted assets column)	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	0	0
2. Amount loaned during period:		
2.1 Actual cost at time of acquisitions	0	0
2.2 Additional investment made after acquisitions	0	0
3. Accrual of discount and mortgage interest points and commitment fees	0	0
4. Increase (decrease) by adjustment	0	0
5. Total profit (loss) on sale	0	0
6. Amounts paid on account or in full during the period	0	0
7. Amortization of premium	0	0
8. Increase (decrease) by foreign exchange adjustment	0	0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0	0
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts	0	0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, net admitted assets column)	0	0

SCHEDULE BA - VERIFICATION

Other Invested Assets

NONE

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	0	0
2. Cost of acquisitions during period:		
2.1 Actual cost at time of acquisitions	0	0
2.2 Additional investment made after acquisitions	0	0
3. Accrual of discount	0	0
4. Increase (decrease) by adjustment	0	0
5. Total profit (loss) on sale	0	0
6. Amounts paid on account or in full during the period	0	0
7. Amortization of premium	0	0
8. Increase (decrease) by foreign exchange adjustment	0	0
9. Book adjusted/carrying value of long-term invested assets at end of current period	0	0
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	0	0
12. Total nonadmitted amounts	0	0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,095,130	1,094,513
2. Cost of bonds and stocks acquired	0	0
3. Accrual of discount	479	617
4. Increase (decrease) by adjustment	0	0
5. Increase (decrease) by foreign exchange adjustment	0	0
6. Total profit (loss) on disposal	0	0
7. Consideration for bonds and stocks disposed of	0	0
8. Amortization of premium	0	0
9. Book/adjusted carrying value, current period	1,095,609	1,095,130
10. Total valuation allowance	0	0
11. Subtotal (Lines 9 plus 10)	1,095,609	1,095,130
12. Total nonadmitted amounts	0	0
13. Statement value	1,095,609	1,095,130

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1	14,817,498	62,604,725	69,522,497	135,257	14,267,244	14,817,498	8,034,983	6,960,040
2. Class 2	0	0	0	0	0	0	0	0
3. Class 3	0	0	0	0	0	0	0	0
4. Class 4	0	0	0	0	0	0	0	0
5. Class 5	0	0	0	0	0	0	0	0
6. Class 6	0	0	0	0	0	0	0	0
7. Total Bonds	14,817,498	62,604,725	69,522,497	135,257	14,267,244	14,817,498	8,034,983	6,960,040
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	14,817,498	62,604,725	69,522,497	135,257	14,267,244	14,817,498	8,034,983	6,960,040

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
8299999. Totals	9,627	XXX	9,627	1,535	0

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	58,790	288,070
2. Cost of short-term investments acquired	1,584,864	3,544,425
3. Increase (decrease) by adjustment	0	0
4. Increase (decrease) by foreign exchange adjustment	0	0
5. Total profit (loss) on disposal of short-term investments	0	0
6. Consideration received on disposal of short-term investments	1,634,027	3,773,705
7. Book/adjusted carrying value, current period	9,627	58,790
8. Total valuation allowance	0	0
9. Subtotal (Lines 7 plus 8)	9,627	58,790
10. Total nonadmitted amounts	0	0
11. Statement value (Lines 9 minus 10)	9,627	58,790
12. Income collected during period	1,535	6,451
13. Income earned during period	1,330	6,751

Sch. DB-Part F-Section 1
NONE

Sch. DB-Part F-Section 2
NONE

Sch. S
NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
State, Etc.	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 Other Considerations	Property/ Casualty Premiums	Total Columns 2 through 7	Deposit-Type Contracts
1. Alabama AL	NO	0	0	0	0	0	0	0	0
2. Alaska AK	NO	0	0	0	0	0	0	0	0
3. Arizona AZ	NO	0	0	0	0	0	0	0	0
4. Arkansas AR	NO	0	0	0	0	0	0	0	0
5. California CA	NO	0	0	0	0	0	0	0	0
6. Colorado CO	NO	0	0	0	0	0	0	0	0
7. Connecticut CT	NO	0	0	0	0	0	0	0	0
8. Delaware DE	NO	0	0	0	0	0	0	0	0
9. District of Columbia DC	NO	0	0	0	0	0	0	0	0
10. Florida FL	NO	0	0	0	0	0	0	0	0
11. Georgia GA	NO	0	0	0	0	0	0	0	0
12. Hawaii HI	NO	0	0	0	0	0	0	0	0
13. Idaho ID	NO	0	0	0	0	0	0	0	0
14. Illinois IL	NO	0	0	0	0	0	0	0	0
15. Indiana IN	NO	0	0	0	0	0	0	0	0
16. Iowa IA	NO	0	0	0	0	0	0	0	0
17. Kansas KS	NO	0	0	0	0	0	0	0	0
18. Kentucky KY	NO	0	0	0	0	0	0	0	0
19. Louisiana LA	NO	0	0	0	0	0	0	0	0
20. Maine ME	NO	0	0	0	0	0	0	0	0
21. Maryland MD	NO	0	0	0	0	0	0	0	0
22. Massachusetts MA	NO	0	0	0	0	0	0	0	0
23. Michigan MI	YES	2,879,070	0	0	0	0	0	2,879,070	0
24. Minnesota MN	NO	0	0	0	0	0	0	0	0
25. Mississippi MS	NO	0	0	0	0	0	0	0	0
26. Missouri MO	NO	0	0	0	0	0	0	0	0
27. Montana MT	NO	0	0	0	0	0	0	0	0
28. Nebraska NE	NO	0	0	0	0	0	0	0	0
29. Nevada NV	NO	0	0	0	0	0	0	0	0
30. New Hampshire NH	NO	0	0	0	0	0	0	0	0
31. New Jersey NJ	NO	0	0	0	0	0	0	0	0
32. New Mexico NM	NO	0	0	0	0	0	0	0	0
33. New York NY	NO	0	0	0	0	0	0	0	0
34. North Carolina NC	NO	0	0	0	0	0	0	0	0
35. North Dakota ND	NO	0	0	0	0	0	0	0	0
36. Ohio OH	NO	0	0	0	0	0	0	0	0
37. Oklahoma OK	NO	0	0	0	0	0	0	0	0
38. Oregon OR	NO	0	0	0	0	0	0	0	0
39. Pennsylvania PA	NO	0	0	0	0	0	0	0	0
40. Rhode Island RI	NO	0	0	0	0	0	0	0	0
41. South Carolina SC	NO	0	0	0	0	0	0	0	0
42. South Dakota SD	NO	0	0	0	0	0	0	0	0
43. Tennessee TN	NO	0	0	0	0	0	0	0	0
44. Texas TX	NO	0	0	0	0	0	0	0	0
45. Utah UT	NO	0	0	0	0	0	0	0	0
46. Vermont VT	NO	0	0	0	0	0	0	0	0
47. Virginia VA	NO	0	0	0	0	0	0	0	0
48. Washington WA	NO	0	0	0	0	0	0	0	0
49. West Virginia WV	NO	0	0	0	0	0	0	0	0
50. Wisconsin WI	NO	0	0	0	0	0	0	0	0
51. Wyoming WY	NO	0	0	0	0	0	0	0	0
52. American Samoa AS	NO	0	0	0	0	0	0	0	0
53. Guam GU	NO	0	0	0	0	0	0	0	0
54. Puerto Rico PR	NO	0	0	0	0	0	0	0	0
55. U.S. Virgin Islands VI	NO	0	0	0	0	0	0	0	0
56. Northern Mariana Islands MP	NO	0	0	0	0	0	0	0	0
57. Canada CN	NO	0	0	0	0	0	0	0	0
58. Aggregate Other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	2,879,070	0	0	0	0	0	2,879,070	0
60. Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61. Total (Direct Business)	(a) 1	2,879,070	0	0	0	0	0	2,879,070	0

DETAILS OF WRITE-INS

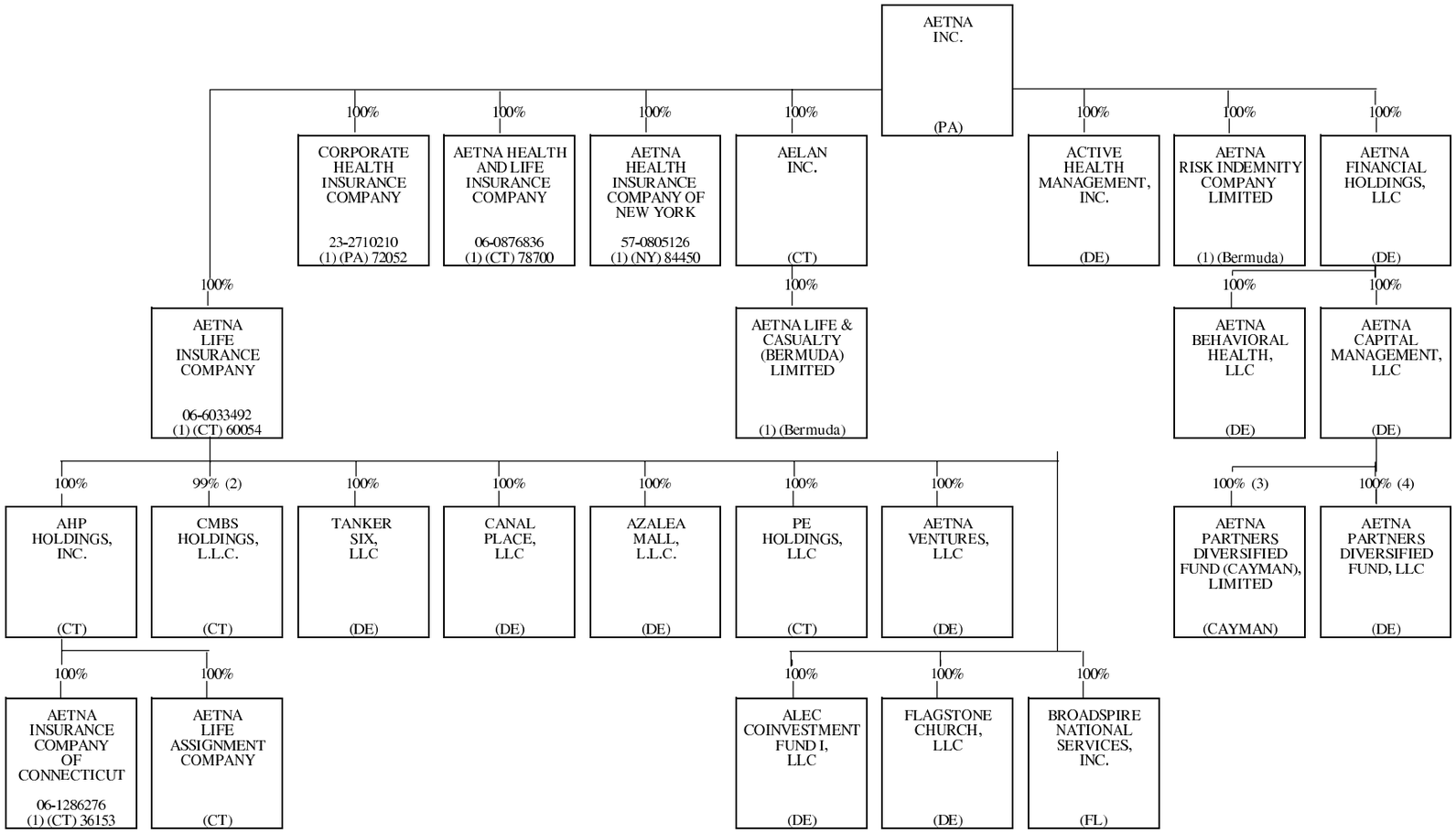
5801.	0	0	0	0	0	0	0	0
5802.	0	0	0	0	0	0	0	0
5803.	0	0	0	0	0	0	0	0
5898. nary of remaining write-ins for line 58 from overflow	0	0	0	0	0	0	0	0
5899. otal (Lines 5801 thru 5803 plus 5898) (Line 58 abov	0	0	0	0	0	0	0	0

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURANCE MEMBERS OF A HOLDING COMPANY GROUP

PART 1- ORGANIZATIONAL CHART
QUARTERLY STATEMENT AS OF SEPTEMBER 30, 2007

AETNA INC. AND ITS INSURANCE AFFILIATES



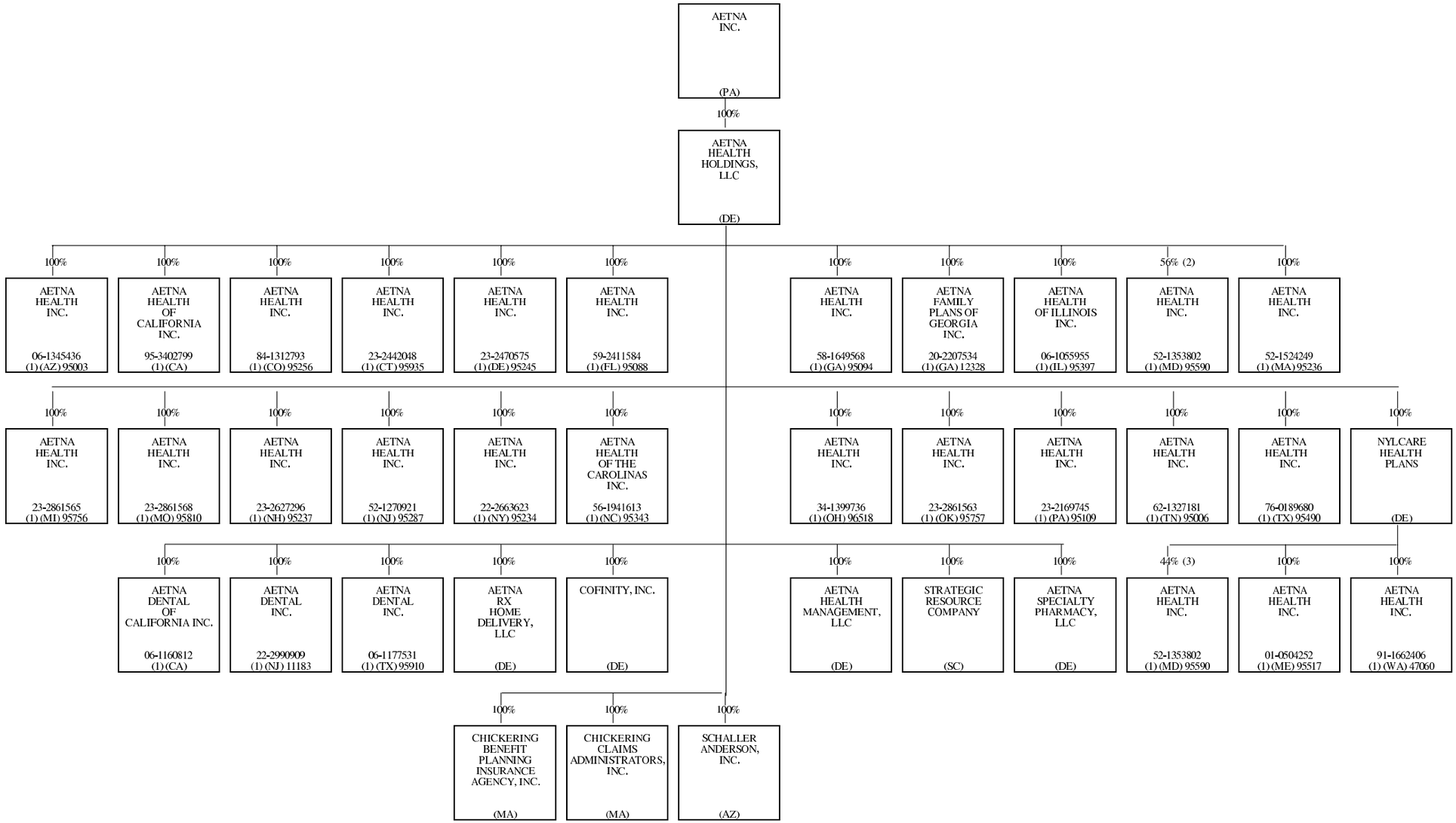
Reconciliation from 07/01/07 to 09/30/07:
No changes

(1) Insurers/HMO's
(2) CMBS Holdings, Inc. - owns 1% of CMBS Holding, L.L.C.
(3) Aetna Life Insurance Company owns the Class C participating shares of Aetna Partners Diversified Fund (Cayman), Limited.
(4) Aetna Life Insurance Company and Aetna Health and Life Insurance Company own substantially all of the non-managing member interests of Aetna Partners Diversified Fund, LLC.

Percentages are rounded to the nearest whole percent and are based on ownership of voting rights.

QUARTERLY STATEMENT AS OF SEPTEMBER 30, 2007

AETNA INC. AND ITS INSURANCE AFFILIATES



Reconciliation from 07/01/07 to 09/30/07:
(a) Add - Schaller Anderson, Inc
(a) HMS Healthcare Inc. changed its name to Cofinity, Inc

(1) Insurers/HMO's
(2) NYLCare Health Plans, Inc. directly owns 44% of Aetna Health Inc. (ME
(3) Aetna Health Holdings, LLC directly owns 56% of Aetna Health Inc. (MD

Percentages are rounded to the nearest whole percent and are based on ownership of voting right

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

Bar Code:

Overflow Page
NONE

Sch. A-Part 2
NONE

Sch. A-Part 3
NONE

Sch. B-Part 1
NONE

Sch. B-Part 2
NONE

Sch. BA-Part 1
NONE

Sch. BA-Part 2
NONE

Sch. D-Part 3
NONE

Sch. D-Part 4
NONE

Sch. DB-Part A-Section 1
NONE

Sch. DB-Part B-Section 1
NONE

Sch. DB-Part C-Section 1
NONE

Sch. DB-Part D-Section 1
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
						6	7	8	
Depository		Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories									
Chase Bank	New York, NY		0.000	0	0	105,049	28,426	25,000	XXX
Citibank	New York, NY		0.000	0	0	117,439	38,833	90,321	XXX
Bank One	Baton Rouge, LA		0.000	0	0	233,298	56,439	62,689	XXX
National City Bank	Chicago, IL		0.000	0	0	60,449	64,849	66,010	XXX
0199998. Deposits in.....1 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories		XXX	XXX	0	0	25,845	26,683	27,521	XXX
0199999. Total Open Depositories		XXX	XXX	0	0	542,080	215,230	271,541	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	542,080	215,230	271,541	XXX
0599999. Total Cash		XXX	XXX	0	0	542,080	215,230	271,541	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Gross Investment Income
AMERICAN ELEC POWER CP 4-2 144A		09/18/2007	5.720	10/15/2007	498,885	0	1,030
ATMOS ENERGY CORPORATION CP 4(2)144A		09/24/2007	5.650	10/01/2007	650,000	0	714
DTE ENERGY COMPANY CP 4(2) 144A		09/27/2007	5.500	10/25/2007	255,061	0	156
DEVON FINANCING CORP ULC CP 4-2 144A		09/11/2007	5.950	10/15/2007	548,723	0	1,814
DOW JONES & CO INC. CP 4(2) 144S		09/17/2007	5.700	10/17/2007	759,068	0	1,683
EXELON GENERATION CO CP 4 (2) 144A		09/05/2007	6.200	10/04/2007	760,605	0	3,406
HEINZ H J CO. CP 4(2) 144A		09/14/2007	6.000	10/12/2007	759,601	0	2,152
KEYSPAN CORP CP 4(2) 144A		09/06/2007	6.120	10/03/2007	330,887	0	1,406
PEPCO HOLDINGS 4 (2) 144a		09/27/2007	5.900	10/05/2007	739,515	0	485
RYDER SYSTEMS CP		09/17/2007	5.710	10/17/2007	149,618	0	332
SEMPRA ENERGY CP 4(2) 144A		09/14/2007	6.000	10/11/2007	759,728	0	2,153
WISCONSIN ENERGY CORP CP 4 (2) 144A		09/07/2007	6.050	10/17/2007	718,056	0	2,896
0199999. Total Cash Equivalents					6,929,747	0	18,227