

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, Inc.**
(Name of Company)

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

EXHIBIT II - 2003 Quarter/Annual
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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	227,014	205,670	21,344	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	685,546	621,847	63,699	0	0	0	0	0	0	0	0
3. Direct Premiums.....	176,542,967	136,732,913	39,810,054	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	176,542,967	136,732,913	39,810,054	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve & reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).	176,542,967	136,732,913	39,810,054	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	176,542,967	136,732,913	39,810,054	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	128,504,371	100,621,464	27,882,907	0	0	0	0	0	0	0	0
13. Other Professional Services.....	2,994,640	1,036,540	1,958,100	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	3,493,899	2,088,841	1,405,058	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	17,155,611	16,434,655	720,956	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	548	(45,907)	46,455	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	152,149,069	120,135,594	32,013,475	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	152,149,069	120,135,594	32,013,475	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	4,731,819	3,732,137	999,682	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	16,067,433	13,063,325	3,004,109	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(780,000)	(612,841)	(167,159)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	172,168,321	136,318,215	35,850,106	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	4,374,645	414,698	3,959,948	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	920,732	694,040	226,693	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	45,885	33,156	12,729	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	966,617	727,196	239,421	0	0	0	0	0	0	0	0
29. Other Expenses.....	(116,760)	(62,521)	(54,239)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (L10 + L25 +	5,458,023	1,204,414	4,253,608	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	4,990,299	3,812,649	1,177,650	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	467,724	(2,608,235)	3,075,958	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		67,556	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		203,411	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, Inc.**
(Name of Company)

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

**EXHIBIT II - 2003 Quarter/Annual
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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	227,014	205,670	21,344	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,766,676	2,506,600	260,076	0	0	0	0	0	0	0	0
3. Direct Premiums.....	703,991,104	542,101,726	161,889,379	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	703,991,104	542,101,726	161,889,379	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve & reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	703,991,104	542,101,726	161,889,379	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	703,991,104	542,101,726	161,889,379	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	525,974,207	411,385,327	114,588,880	0	0	0	0	0	0	0	0
13. Other Professional Services.....	11,617,610	5,041,630	6,575,980	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	14,002,862	9,490,728	4,512,134	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	63,273,345	60,803,097	2,470,248	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	173,826	0	173,826	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	615,041,849	486,720,782	128,321,067	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	615,041,849	486,720,782	128,321,067	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	19,122,396	15,127,548	3,994,848	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	71,218,973	59,106,789	12,112,184	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	347,000	274,142	72,858	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	705,730,217	561,229,260	144,500,957	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(1,739,113)	(19,127,534)	17,388,421	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	4,833,639	3,524,204	1,309,435	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	560,896	430,117	130,779	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	5,394,535	3,954,321	1,440,214	0	0	0	0	0	0	0	0
29. Other Expenses.....	(118,735)	(64,407)	(54,328)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (L10 + L25 +	3,774,157	(15,108,806)	18,882,963	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	13,172	10,076	3,096	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	3,760,985	(15,118,883)	18,879,868	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		67,556	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		836,224	of Texas enrollees and Federal employees.)								

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	17,586	9	8,421	0	0	0	0	9,156	0	0	0	0	0
2. First Quarter	0												
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	13,914	6	6,343	0	0	0	0	7,565	0	0	0	0	0
6. Current Year Member Months	184,452	78	89,346	0	0	0	0	95,028	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	125,879	32	36,462	0	0	0	0	89,385	0	0	0	0	0
8. Non-Physician	22,436	6	7,331	0	0	0	0	15,099	0	0	0	0	0
9. Total	148,315	38	43,793	0	0	0	0	104,484	0	0	0	0	0
10. Hospital Patient Days Incurred	16,705	2	2,284	0	0	0	0	14,419	0	0	0	0	0
11. Number of Inpatient Admissions	2,916	1	610	0	0	0	0	2,305	0	0	0	0	0
12. Health Premiums Collected	78,248,055	21,734	18,544,123	0	0	0	0	59,682,198	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	77,622,052	21,734	17,963,755	0	0	0	0	59,636,563	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	60,749,581	9,468	12,313,520	0	0	0	1,752,204	46,674,389	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	60,297,360	4,170	12,328,335	0	0	0	1,749,900	46,214,955	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, 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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	13,914	6,349	7,565	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	41,949	19,075	22,874	0	0	0	0	0	0	0	0
3. Direct Premiums.....	18,348,577	3,867,747	14,480,830	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	18,348,577	3,867,747	14,480,830	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	18,348,577	3,867,747	14,480,830	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	18,348,577	3,867,747	14,480,830	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	12,125,100	2,449,198	9,675,902	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,115,506	44,164	1,071,342	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	474,908	(19,095)	494,003	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	616,603	327,185	289,418	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	(113,504)	(45,907)	(67,597)	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	14,218,613	2,755,545	11,463,067	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	14,218,613	2,755,545	11,463,067	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	489,516	128,991	360,525	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,551,757	451,914	1,099,843	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(77,274)	(18,895)	(58,379)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	16,182,611	3,317,555	12,865,056	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	2,165,966	550,192	1,615,774	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	79,260	15,564	63,696	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	1,483	(237)	1,720	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	80,744	15,327	65,416	0	0	0	0	0	0	0	0
29. Other Expenses.....	(1,272)	(294)	(978)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28).....	2,247,982	565,814	1,682,168	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	560,771	134,571	426,201	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	1,687,211	431,243	1,255,968	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		729	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,192	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, 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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	13,914	6,349	7,565	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	184,452	89,424	95,028	0	0	0	0	0	0	0	0
3. Direct Premiums.....	77,622,052	17,985,489	59,636,563	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	77,622,052	17,985,489	59,636,563	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	77,622,052	17,985,489	59,636,563	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	77,622,052	17,985,489	59,636,563	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	51,513,621	11,957,083	39,556,538	0	0	0	0	0	0	0	0
13. Other Professional Services.....	3,612,698	269,931	3,342,768	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	2,556,293	319,117	2,237,176	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	2,554,973	1,536,274	1,018,699	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	59,774	0	59,774	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	60,297,360	14,082,405	46,214,955	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	60,297,360	14,082,405	46,214,955	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,916,891	475,583	1,441,308	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	6,807,678	2,236,921	4,570,757	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	34,913	8,030	26,883	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	69,056,843	16,802,939	52,253,904	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	8,565,209	1,182,550	7,382,659	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	345,818	79,538	266,280	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	59,301	13,639	45,662	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	405,120	93,178	311,942	0	0	0	0	0	0	0	0
29. Other Expenses.....	(1,095)	(252)	(843)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	8,971,423	1,275,979	7,695,444	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	1,452	334	1,118	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	8,969,971	1,275,645	7,694,325	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		729	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		9,946	of Texas enrollees and Federal employees.)								

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0												
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0	0	0	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	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	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	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Collected	0	0	0	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	0	0	0	0	0	0	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, 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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	0	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0	0
3. Direct Premiums.....	0	0	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	0	0	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)....	0	0	0	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	0	0	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	0	0	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	0	0	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	0	0	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	0	0	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	0	0	0	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	0	0	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	0	0	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	0	0	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	0	0	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	0	0	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	0	0	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	0	0	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	0	0	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	0	0	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	0	0	0	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, 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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	0	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0	0
3. Direct Premiums.....	0	0	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	0	0	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)....	0	0	0	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	0	0	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	0	0	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	0	0	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	0	0	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	0	0	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	0	0	0	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	0	0	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	0	0	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	0	0	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	0	0	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	0	0	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	0	0	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	0	0	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	0	0	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	0	0	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	0	0	0	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)								

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	95,748	16	95,732	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0												
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	95,429	2	95,427	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	1,121,376	62	1,121,314	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	421,531	23	421,414	0	0	0	0	0	94	0	0	0	0
8. Non-Physician	118,801	7	118,738	0	0	0	0	0	56	0	0	0	0
9. Total	540,332	30	540,152	0	0	0	0	0	150	0	0	0	0
10. Hospital Patient Days Incurred	33,292	2	33,290	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	8,066	0	8,066	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Collected	239,081,192	16,483	236,902,697	0	0	0	(9,446)	2,104,344	67,114	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	239,222,157	16,483	237,101,330	0	0	0	0	2,104,344	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	221,514,369	11,280	193,894,334	0	0	0	27,585,565	0	23,190	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	229,438,569	6,843	200,921,360	0	0	0	28,510,366	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, 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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	95,429	95,429	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	287,540	287,540	0	0	0	0	0	0	0	0	0
3. Direct Premiums.....	61,701,366	61,699,229	2,137	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	61,701,366	61,699,229	2,137	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	61,701,366	61,699,229	2,137	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	61,701,366	61,699,229	2,137	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	48,789,899	48,789,899	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	384,795	384,795	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	856,562	856,562	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	5,933,343	5,933,343	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	55,964,599	55,964,599	0	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	55,964,599	55,964,599	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,905,520	1,905,520	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	6,154,019	6,154,019	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(289,915)	(289,915)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	63,734,223	63,734,223	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(2,032,857)	(2,034,994)	2,137	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	267,535	267,535	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	9,512	9,512	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	277,047	277,047	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	38,307	38,307	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	(1,794,117)	(1,796,255)	2,137	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	1,679,605	1,646,013	33,592	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	(3,473,722)	(3,442,267)	(31,455)	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26,206	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		78,658	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, 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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	95,429	95,429	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,121,376	1,121,376	0	0	0	0	0	0	0	0	0
3. Direct Premiums.....	239,222,157	237,117,813	2,104,344	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	239,222,157	237,117,813	2,104,344	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	239,222,157	237,117,813	2,104,344	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	239,222,157	237,117,813	2,104,344	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	201,672,125	201,672,125	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,689,507	1,689,507	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	4,579,148	4,579,148	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	21,497,788	21,497,788	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	229,438,569	229,438,569	0	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	229,438,569	229,438,569	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	7,300,563	7,300,563	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	26,965,433	26,965,433	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	132,440	132,440	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	263,837,005	263,837,005	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(24,614,847)	(26,719,192)	2,104,344	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,066,669	1,066,669	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	182,850	182,850	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	1,249,519	1,249,519	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	37,334	37,334	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	(23,402,662)	(25,507,006)	2,104,344	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	4,476	4,386	90	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	(23,407,138)	(25,511,392)	2,104,255	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26,206	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		325,545	of Texas enrollees and Federal employees.)								

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	85,265	54	49,903	0	0	0	20,199	15,109	0	0	0	0	0
2. First Quarter	0												
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	81,815	12	46,378	0	0	0	21,646	13,779	0	0	0	0	0
6. Current Year Member Months	1,016,115	267	587,101	0	0	0	263,699	165,048	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	593,080	134	294,160	0	0	0	145,598	153,188	0	0	0	0	0
8. Non-Physician	280,240	61	134,547	0	0	0	64,500	81,120	12	0	0	0	0
9. Total	873,320	195	428,707	0	0	0	210,098	234,308	12	0	0	0	0
10. Hospital Patient Days Incurred	47,616	7	15,118	0	0	0	5,808	26,683	0	0	0	0	0
11. Number of Inpatient Admissions	10,065	2	3,489	0	0	0	1,832	4,742	0	0	0	0	0
12. Health Premiums Collected	284,874,370	180,118	114,121,855	0	0	0	69,899,214	100,584,332	88,851	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	288,264,205	180,118	120,573,276	0	0	0	67,362,339	100,148,472	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	236,627,488	286,172	134,939,662	0	0	0	19,236,440	82,164,710	504	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	241,465,082	75,444	139,481,351	0	0	0	19,802,175	82,106,112	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, 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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	81,815	68,036	13,779	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	247,423	206,598	40,825	0	0	0	0	0	0	0	0
3. Direct Premiums.....	71,480,099	46,153,013	25,327,086	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	71,480,099	46,153,013	25,327,086	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)....	71,480,099	46,153,013	25,327,086	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	71,480,099	46,153,013	25,327,086	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	49,869,014	31,662,009	18,207,005	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,175,023	288,265	886,758	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	1,673,870	762,815	911,055	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	7,026,107	6,594,570	431,538	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	114,052	0	114,052	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	59,858,067	39,307,659	20,550,407	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	59,858,067	39,307,659	20,550,407	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,589,284	950,127	639,157	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	6,148,251	4,243,985	1,904,266	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(310,799)	(202,019)	(108,780)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	67,284,803	44,299,752	22,985,050	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	4,195,297	1,853,260	2,342,036	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	465,705	302,708	162,997	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	31,453	20,444	11,008	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	497,157	323,152	174,005	0	0	0	0	0	0	0	0
29. Other Expenses.....	(152,175)	(98,914)	(53,261)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	4,844,629	2,275,326	2,569,302	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	2,051,020	1,333,163	717,857	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	2,793,608	942,163	1,851,445	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		27,466	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		82,705	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, 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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	81,815	68,036	13,779	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,016,115	851,067	165,048	0	0	0	0	0	0	0	0
3. Direct Premiums.....	288,264,205	188,115,733	100,148,472	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	288,264,205	188,115,733	100,148,472	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)....	288,264,205	188,115,733	100,148,472	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	288,264,205	188,115,733	100,148,472	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	204,981,546	129,949,205	75,032,341	0	0	0	0	0	0	0	0
13. Other Professional Services.....	5,310,750	2,077,537	3,233,212	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	5,327,595	3,052,636	2,274,958	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	25,731,139	24,279,590	1,451,549	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	114,052	0	114,052	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	241,465,082	159,358,969	82,106,112	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	241,465,082	159,358,969	82,106,112	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	7,237,323	4,683,784	2,553,539	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	26,385,849	18,844,422	7,541,426	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	131,358	85,382	45,975	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	275,219,611	182,972,558	92,247,054	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	13,044,593	5,143,175	7,901,418	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	2,980,444	1,937,288	1,043,155	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	243,192	158,075	85,117	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	3,223,635	2,095,363	1,128,272	0	0	0	0	0	0	0	0
29. Other Expenses.....	(152,814)	(99,329)	(53,485)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	16,421,042	7,337,867	9,083,175	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	5,394	3,506	1,888	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	16,415,649	7,334,361	9,081,287	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		27,466	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		337,515	of Texas enrollees and Federal employees.)								

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **Austin**

(Location)

	1.	Comprehensive (Hospital & Medical)		4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
	Total	2. Individual	3. Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	40,435	67	40,368	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0												
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	35,856	13	35,843	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	444,733	305	444,428	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	260,543	179	260,348	0	0	0	0	0	16	0	0	0	0
8. Non-Physician	71,750	49	71,695	0	0	0	0	0	6	0	0	0	0
9. Total	332,293	228	332,043	0	0	0	0	0	22	0	0	0	0
10. Hospital Patient Days Incurred	7,816	5	7,811	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	2,171	1	2,170	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Collected	99,348,113	167,471	99,045,614	0	0	0	104,774	0	30,254	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	98,882,691	167,471	98,715,220	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	82,388,322	241,656	71,885,896	0	0	0	10,258,352	0	2,418	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	83,840,839	67,147	73,355,509	0	0	0	10,418,183	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, 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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	35,856	35,856	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	108,634	108,634	0	0	0	0	0	0	0	0	0
3. Direct Premiums.....	25,012,924	25,012,924	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	25,012,924	25,012,924	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	25,012,924	25,012,924	0	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	25,012,924	25,012,924	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	17,720,359	17,720,359	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	319,316	319,316	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	488,558	488,558	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	3,579,557	3,579,557	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	22,107,790	22,107,790	0	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	22,107,790	22,107,790	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	747,499	747,499	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,213,407	2,213,407	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(102,012)	(102,012)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	24,966,684	24,966,684	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	46,240	46,240	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	108,233	108,233	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	3,437	3,437	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	111,670	111,670	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(1,620)	(1,620)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	159,530	159,530	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	698,903	698,903	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	(539,373)	(539,373)	0	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,155	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		39,856	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2003**

OF THE **Humana Health Plan of Texas, 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. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	35,856	35,856	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	444,733	444,733	0	0	0	0	0	0	0	0	0
3. Direct Premiums.....	98,882,691	98,882,691	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	98,882,691	98,882,691	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	98,882,691	98,882,691	0	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	98,882,691	98,882,691	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	67,806,914	67,806,914	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,004,654	1,004,654	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	1,539,826	1,539,826	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	13,489,444	13,489,444	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	83,840,839	83,840,839	0	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	83,840,839	83,840,839	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	2,667,619	2,667,619	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	11,060,012	11,060,012	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	48,289	48,289	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	97,616,758	97,616,758	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	1,265,932	1,265,932	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	440,708	440,708	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	75,553	75,553	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	516,261	516,261	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(2,160)	(2,160)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	1,784,353	1,784,353	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	1,850	1,850	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	1,782,503	1,782,503	0	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,155	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		163,218	of Texas enrollees and Federal employees.)								