

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **CONSOLIDATED**

(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.....	231,186	208,942	22,244	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	698,964	630,976	67,988	0	0	0	0	0	0	0	0
3. Premiums.....	177,209,259	135,471,821	41,737,438	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Change in Unearn. Prem. Resrv & Resrv for Rate Credits..	0	0	0	0	0	0	0	0	0	0	0
5. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
6. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
7. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
8. TOTAL HEALTHCARE RELATED REVENUES(L3 to L7)	177,209,259	135,471,821	41,737,438	0	0	0	0	0	0	0	0
9. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L8 to L9).....	177,209,259	135,471,821	41,737,438	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
11. Hospital/Medical Benefits.....	128,326,234	97,213,928	31,112,305	0	0	0	0	0	0	0	0
12. Other Professional Services.....	2,785,168	1,516,539	1,268,629	0	0	0	0	0	0	0	0
13. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
14. Emergency Room and Out-of-Area.....	3,631,319	2,464,258	1,167,061	0	0	0	XXXXXXXX	0	0	0	0
15. Other Medical & Hospital.....	15,230,355	14,688,204	542,151	0	0	0	0	0	0	0	0
16. Incentive Pool & Withhold Adjustments.....	63,600	7,908	55,692	0	0	0	0	0	0	0	0
17. SUBTOTAL MED & HOSP (L11 to L16).....	150,036,676	115,890,837	34,145,839	0	0	0	0	0	0	0	0
18. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
19. TOTAL MEDICAL & HOSP (L17 less L18).....	150,036,676	115,890,837	34,145,839	0	0	0	0	0	0	0	0
20. Claims Adjustment Expenses.....	4,274,233	3,301,076	973,156	0	0	0	0	0	0	0	0
21. General Administrative Expenses.....	22,156,862	18,922,885	3,233,977	0	0	0	0	0	0	0	0
22. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)....	176,467,771	138,114,798	38,352,973	0	0	0	0	0	0	0	0
24. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	741,489	(2,642,977)	3,384,465	0	0	0	0	0	0	0	0
25. Net Investment Income Earned.....	1,822,602	1,289,830	532,772	0	0	0	0	0	0	0	0
26. Net Realized Capital Gains/(Losses).....	143,187	109,358	33,829	0	0	0	0	0	0	0	0
27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	1,965,789	1,399,189	566,600	0	0	0	0	0	0	0	0
28. Other Expenses.....	5,459	3,546	1,913	0	0	0	0	0	0	0	0
29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L28)	2,701,819	(1,247,334)	3,949,152	0	0	0	0	0	0	0	0
30. Extraordinary Items & Federal income taxes.....	250,354	(115,582)	365,936	0	0	0	0	0	0	0	0
31. NET INCOME (LOSS) (L29 less L30).....	2,451,465	(1,131,751)	3,583,216	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		71,007	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		213,255	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **CONSOLIDATED**

(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	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.....	231,186	208,942	22,244	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	698,964	630,976	67,988	0	0	0	0	0	0	0	0
3. Premiums.....	177,209,259	135,471,821	41,737,438	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Change in Unearn. Prem. Resrv & Resrv for Rate Credits..	0	0	0	0	0	0	0	0	0	0	0
5. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
6. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
7. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
8. TOTAL HEALTHCARE RELATED REVENUES(L3 to L7)	177,209,259	135,471,821	41,737,438	0	0	0	0	0	0	0	0
9. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L8 to L9).....	177,209,259	135,471,821	41,737,438	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
11. Hospital/Medical Benefits.....	128,326,234	97,213,928	31,112,305	0	0	0	0	0	0	0	0
12. Other Professional Services.....	2,785,168	1,516,539	1,268,629	0	0	0	0	0	0	0	0
13. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
14. Emergency Room and Out-of-Area.....	3,631,319	2,464,258	1,167,061	0	0	0	XXXXXXXX	0	0	0	0
15. Other Medical & Hospital.....	15,230,355	14,688,204	542,151	0	0	0	0	0	0	0	0
16. Incentive Pool & Withhold Adjustments.....	63,600	7,908	55,692	0	0	0	0	0	0	0	0
17. SUBTOTAL MED & HOSP (L11 to L16).....	150,036,676	115,890,837	34,145,839	0	0	0	0	0	0	0	0
18. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
19. TOTAL MEDICAL & HOSP (L17 less L18).....	150,036,676	115,890,837	34,145,839	0	0	0	0	0	0	0	0
20. Claims Adjustment Expenses.....	4,274,233	3,301,076	973,156	0	0	0	0	0	0	0	0
21. General Administrative Expenses.....	22,156,862	18,922,885	3,233,977	0	0	0	0	0	0	0	0
22. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)....	176,467,771	138,114,798	38,352,973	0	0	0	0	0	0	0	0
24. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	741,489	(2,642,977)	3,384,465	0	0	0	0	0	0	0	0
25. Net Investment Income Earned.....	1,822,602	1,289,830	532,772	0	0	0	0	0	0	0	0
26. Net Realized Capital Gains/(Losses).....	143,187	109,358	33,829	0	0	0	0	0	0	0	0
27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	1,965,789	1,399,189	566,600	0	0	0	0	0	0	0	0
28. Other Expenses.....	5,459	3,546	1,913	0	0	0	0	0	0	0	0
29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L28)	2,701,819	(1,247,334)	3,949,152	0	0	0	0	0	0	0	0
30. Extraordinary Items & Federal income taxes.....	250,354	(115,582)	365,936	0	0	0	0	0	0	0	0
31. NET INCOME (LOSS) (L29 less L30).....	2,451,465	(1,131,751)	3,583,216	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		71,007	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		213,255	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **MARCH 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 Medicare	9 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	16,257	6	8,052	0	0	0	0	8,199	0	0	0	0	0
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	49,155	24	24,199	0	0	0	0	24,932	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	32,089	10	9,948	0	0	0	0	22,131	0	0	0	0	0
8. Non-Physician	5,670	2	1,809	0	0	0	0	3,859	0	0	0	0	0
9. Total	37,759	12	11,757	0	0	0	0	25,990	0	0	0	0	0
10. Hospital Patient Days Incurred	4,718	1	689	0	0	0	0	4,028	0	0	0	0	0
11. Number of Inpatient Admissions	785	0	153	0	0	0	0	632	0	0	0	0	0
12. Health Premiums Written	15,715,840	5,441	5,397,480	0	0	0	0	10,312,919	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 Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	20,450,890	5,441	4,792,534	0	0	0	0	15,652,915	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	16,540,651	1,505	3,471,434	0	0	0	501,347	12,566,365	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	16,422,044	2,506	3,336,386	0	0	0	482,278	12,600,874	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	16,257	8,058	8,199	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	49,155	24,223	24,932	0	0	0	0	0	0	0	0
4. Premiums.....	20,450,890	4,797,975	15,652,915	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits.....	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(L3 to L7).....	20,450,890	4,797,975	15,652,915	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9).....	20,450,890	4,797,975	15,652,915	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	14,406,144	3,285,023	11,121,121	0	0	0	0	0	0	0	0
13. Other Professional Services.....	703,397	72,631	630,766	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.....	596,607	21,540	575,067	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	652,297	434,068	218,229	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	63,600	7,908	55,692	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L11 to L16).....	16,422,045	3,821,170	12,600,874	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18).....	16,422,045	3,821,170	12,600,874	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	466,216	107,091	359,125	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,093,112	874,424	1,218,689	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(L19 to L22).....	18,981,373	4,802,685	14,178,688	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	1,469,517	(4,710)	1,474,227	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	106,674	24,535	82,139	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	16,525	3,801	12,724	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	123,199	28,336	94,863	0	0	0	0	0	0	0	0
29. Other Expenses.....	(2)	(1)	(2)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	1,592,718	23,627	1,569,091	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	147,584	2,189	145,395	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	1,445,134	21,437	1,423,696	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		899	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,565	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	16,257	8,058	8,199	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	49,155	24,223	24,932	0	0	0	0	0	0	0	0
4. Premiums.....	20,450,890	4,797,975	15,652,915	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits.....	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(L3 to L7).....	20,450,890	4,797,975	15,652,915	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9).....	20,450,890	4,797,975	15,652,915	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	14,406,144	3,285,023	11,121,121	0	0	0	0	0	0	0	0
13. Other Professional Services.....	703,397	72,631	630,766	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.....	596,607	21,540	575,067	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	652,297	434,068	218,229	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	63,600	7,908	55,692	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L11 to L16).....	16,422,045	3,821,170	12,600,874	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18).....	16,422,045	3,821,170	12,600,874	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	466,216	107,091	359,125	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,093,112	874,424	1,218,689	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(L19 to L22).....	18,981,373	4,802,685	14,178,688	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	1,469,517	(4,710)	1,474,227	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	106,674	24,535	82,139	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	16,525	3,801	12,724	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	123,199	28,336	94,863	0	0	0	0	0	0	0	0
29. Other Expenses.....	(2)	(1)	(2)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	1,592,718	23,627	1,569,091	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	147,584	2,189	145,395	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	1,445,134	21,437	1,423,696	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		899	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,565	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **MARCH 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 Medicare	9 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	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	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 Written	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 Premiums 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 Premiums 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 **MARCH 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
4. Premiums.....	0	0	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits.....	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(L3 to L7).....	0	0	0	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9).....	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 (L11 to L16).....	0	0	0	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18).....	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(L19 to L22).....	0	0	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	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) (L25 to L26).....	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 (Lines 9 + 24 + 27 -28).....	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) (Lines 29 minus 30).....	0	0	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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
4. Premiums.....	0	0	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits.....	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(L3 to L7).....	0	0	0	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9).....	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 (L11 to L16).....	0	0	0	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18).....	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(L19 to L22).....	0	0	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	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) (L25 to L26).....	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 (Lines 9 + 24 + 27 -28).	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) (Lines 29 minus 30).....	0	0	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT AS OF **MARCH 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 Medicare	9 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	91,358	8	91,350	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	276,163	37	276,126	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	102,483	14	102,425	0	0	0	0	0	44	0	0	0	0
8. Non-Physician	31,022	4	31,001	0	0	0	0	0	17	0	0	0	0
9. Total	133,505	18	133,426	0	0	0	0	0	61	0	0	0	0
10. Hospital Patient Days Incurred	7,840	1	7,839	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,971	0	1,971	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	58,222,112	18,650	58,147,294	0	0	0	(2,842)	0	59,010	0	0	0	0
13. Life Premiums Direct	0	0	0	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	0	0	0
15. Health Premiums Earned	57,259,897	18,650	57,241,247	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	50,741,710	2,861	44,333,942	0	0	0	6,405,867	0	(960)	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	51,865,115	8,054	45,311,052	0	0	0	6,546,009	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	91,358	91,358	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	276,163	276,163	0	0	0	0	0	0	0	0	0
4. Premiums.....	57,259,897	57,259,897	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits.....	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(L3 to L7).....	57,259,897	57,259,897	0	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9).....	57,259,897	57,259,897	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	44,799,208	44,799,208	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	478,509	478,509	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.....	1,429,612	1,429,612	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	5,157,785	5,157,785	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 (L11 to L16).....	51,865,114	51,865,114	0	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18).....	51,865,114	51,865,114	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,478,156	1,478,156	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	7,802,842	7,802,842	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(L19 to L22).....	61,146,112	61,146,112	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	(3,886,216)	(3,886,216)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	298,653	298,653	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	46,264	46,264	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	344,917	344,917	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(6)	(6)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	(3,541,293)	(3,541,293)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(328,143)	(328,143)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(3,213,149)	(3,213,149)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		27,709	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		83,093	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	91,358	91,358	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	276,163	276,163	0	0	0	0	0	0	0	0	0
4. Premiums.....	57,259,897	57,259,897	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits.....	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(L3 to L7).....	57,259,897	57,259,897	0	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9).....	57,259,897	57,259,897	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	44,799,208	44,799,208	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	478,509	478,509	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.....	1,429,612	1,429,612	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	5,157,785	5,157,785	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 (L11 to L16).....	51,865,114	51,865,114	0	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18).....	51,865,114	51,865,114	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,478,156	1,478,156	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	7,802,842	7,802,842	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(L19 to L22).....	61,146,112	61,146,112	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	(3,886,216)	(3,886,216)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	298,653	298,653	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	46,264	46,264	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	344,917	344,917	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(6)	(6)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	(3,541,293)	(3,541,293)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(328,143)	(328,143)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(3,213,149)	(3,213,149)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		27,709	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		83,093	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **MARCH 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 Medicare	9 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	85,584	22	49,331	0	0	0	22,186	14,045	0	0	0	0	0
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	258,953	127	148,947	0	0	0	66,823	43,056	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	150,106	91	106,111	0	0	0	4,024	39,880	0	0	0	0	0
8. Non-Physician	70,240	24	28,377	0	0	0	21,418	20,421	0	0	0	0	0
9. Total	220,346	115	134,488	0	0	0	25,442	60,301	0	0	0	0	0
10. Hospital Patient Days Incurred	11,795	3	3,781	0	0	0	1,113	6,898	0	0	0	0	0
11. Number of Inpatient Admissions	2,502	1	888	0	0	0	367	1,246	0	0	0	0	0
12. Health Premiums Written	63,009,134	56,137	29,416,259	0	0	0	15,710,081	17,751,623	75,034	0	0	0	0
13. Life Premiums Direct	0	0	0	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	0	0	0
15. Health Premiums Earned	74,623,114	56,137	31,384,261	0	0	0	17,098,193	26,084,523	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	58,401,787	168,265	32,440,841	0	0	0	4,707,473	21,085,231	(23)	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	59,927,470	180,019	33,358,147	0	0	0	4,844,339	21,544,965	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	85,584	71,539	14,045	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	258,953	215,897	43,056	0	0	0	0	0	0	0	0
4. Premiums.....	74,623,114	48,538,591	26,084,523	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits.....	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(L3 to L7).....	74,623,114	48,538,591	26,084,523	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9).....	74,623,114	48,538,591	26,084,523	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	51,173,242	31,182,058	19,991,185	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,326,610	688,747	637,864	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.....	1,248,839	656,845	591,994	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	6,178,779	5,854,856	323,923	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 (L11 to L16).....	59,927,470	38,382,506	21,544,965	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18).....	59,927,470	38,382,506	21,544,965	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,707,933	1,093,901	614,031	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	8,320,622	6,305,333	2,015,288	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(L19 to L22).....	69,956,025	45,781,740	24,174,285	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	4,667,089	2,756,850	1,910,239	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,287,522	836,890	450,633	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	60,299	39,194	21,105	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	1,347,821	876,084	471,737	0	0	0	0	0	0	0	0
29. Other Expenses.....	5,472	3,557	1,915	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	6,009,438	3,629,377	2,380,061	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	556,845	336,303	220,541	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	5,452,593	3,293,074	2,159,520	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		28,541	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		85,859	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	85,584	71,539	14,045	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	258,953	215,897	43,056	0	0	0	0	0	0	0	0
4. Premiums.....	74,623,114	48,538,591	26,084,523	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits.....	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(L3 to L7).....	74,623,114	48,538,591	26,084,523	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9).....	74,623,114	48,538,591	26,084,523	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	51,173,242	31,182,058	19,991,185	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,326,610	688,747	637,864	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.....	1,248,839	656,845	591,994	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	6,178,779	5,854,856	323,923	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 (L11 to L16).....	59,927,470	38,382,506	21,544,965	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18).....	59,927,470	38,382,506	21,544,965	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,707,933	1,093,901	614,031	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	8,320,622	6,305,333	2,015,288	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(L19 to L22).....	69,956,025	45,781,740	24,174,285	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	4,667,089	2,756,850	1,910,239	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,287,522	836,890	450,633	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	60,299	39,194	21,105	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	1,347,821	876,084	471,737	0	0	0	0	0	0	0	0
29. Other Expenses.....	5,472	3,557	1,915	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	6,009,438	3,629,377	2,380,061	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	556,845	336,303	220,541	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	5,452,593	3,293,074	2,159,520	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		28,541	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		85,859	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT AS OF **MARCH 31, 2003**

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

REPORT FOR DIVISION: **Austin**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Medicare	9 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	40,435	67	40,368	0	0	0	0	0	0	0	0	0	0
2. First Quarter	37,987	28	37,959	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	114,693	156	114,537	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	66,944	91	66,853	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	18,781	26	18,755	0	0	0	0	0	0	0	0	0	0
9. Total	85,725	117	85,608	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,436	3	2,433	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	633	1	632	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	24,204,780	65,869	23,985,396	0	0	0	126,914	0	26,601	0	0	0	0
13. Life Premiums Direct	0	0	0	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	0	0	0
15. Health Premiums Earned	24,875,359	65,869	24,809,490	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	21,719,687	143,127	18,836,937	0	0	0	2,739,847	0	(224)	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	21,822,046	158,911	18,908,927	0	0	0	2,754,208	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	37,987	37,987	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	114,693	114,693	0	0	0	0	0	0	0	0	0
4. Premiums.....	24,875,359	24,875,359	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits.....	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(L3 to L7).....	24,875,359	24,875,359	0	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9).....	24,875,359	24,875,359	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	17,947,639	17,947,639	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	276,652	276,652	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.....	356,261	356,261	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	3,241,494	3,241,494	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 (L11 to L16).....	21,822,046	21,822,046	0	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18).....	21,822,046	21,822,046	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	621,928	621,928	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	3,940,286	3,940,286	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(L19 to L22).....	26,384,260	26,384,260	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	(1,508,901)	(1,508,901)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	129,753	129,753	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	20,100	20,100	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	149,853	149,853	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(4)	(4)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	(1,359,045)	(1,359,045)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(125,932)	(125,932)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(1,233,113)	(1,233,113)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,858	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		41,738	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	(112,074)	(125,932)	13,858	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	(1,191,375)	(1,233,113)	41,738	0	0	0	0	0	0	0	0
4. Premiums.....	114,693	114,693	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits.....	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.....	24,875,359	24,875,359	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L3 to L7).....	24,990,052	24,990,052	0	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9).....	24,990,052	24,990,052	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.....	24,875,359	24,875,359	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	17,947,639	17,947,639	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	276,652	276,652	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.....	356,261	356,261	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L11 to L16).....	43,455,911	43,455,911	0	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18).....	43,455,911	43,455,911	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.....	21,822,046	21,822,046	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	621,928	621,928	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	65,899,886	65,899,886	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	(40,909,834)	(40,909,834)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	26,384,260	26,384,260	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(1,508,901)	(1,508,901)	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	24,875,359	24,875,359	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	20,100	20,100	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	(16,054,574)	(16,054,574)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(4)	(4)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(16,054,571)	(16,054,571)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		(125,932)	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		(1,233,113)	of Texas enrollees and Federal employees.)								