

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	227,539	206,090	21,449	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	688,113	623,157	64,956	0	0	0	0	0	0	0	0
3. Premiums.....	173,919,726	132,329,665	41,590,061	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)	173,919,726	132,329,665	41,590,061	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).....	173,919,726	132,329,665	41,590,061	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
11. Hospital/Medical Benefits.....	129,907,921	101,743,113	28,164,808	0	0	0	0	0	0	0	0
12. Other Professional Services.....	2,928,504	1,337,601	1,590,903	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.....	3,215,654	2,313,985	901,669	0	0	0	XXXXXXXX	0	0	0	0
15. Other Medical & Hospital.....	15,369,124	14,761,461	607,663	0	0	0	0	0	0	0	0
16. Incentive Pool & Withhold Adjustments.....	55,184	25,560	29,624	0	0	0	0	0	0	0	0
17. SUBTOTAL MED & HOSP (L11 to L16).....	151,476,387	120,181,720	31,294,667	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).....	151,476,387	120,181,720	31,294,667	0	0	0	0	0	0	0	0
20. Claims Adjustment Expenses.....	4,315,504	3,396,869	918,635	0	0	0	0	0	0	0	0
21. General Administrative Expenses.....	17,739,873	14,678,132	3,061,741	0	0	0	0	0	0	0	0
22. Increase in Reserves for A&H contracts.....	1,127,000	882,689	244,311	0	0	0	0	0	0	0	0
23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)....	174,658,764	139,139,410	35,519,354	0	0	0	0	0	0	0	0
24. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	(739,039)	(6,809,745)	6,070,706	0	0	0	0	0	0	0	0
25. Net Investment Income Earned.....	1,158,589	850,965	307,624	0	0	0	0	0	0	0	0
26. Net Realized Capital Gains/(Losses).....	201,859	156,095	45,764	0	0	0	0	0	0	0	0
27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	1,360,448	1,007,060	353,389	0	0	0	0	0	0	0	0
28. Other Expenses.....	(2,514)	(1,851)	(663)	0	0	0	0	0	0	0	0
29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L28)	623,924	(5,800,834)	6,424,758	0	0	0	0	0	0	0	0
30. Extraordinary Items & Federal income taxes.....	(949,216)	(417,400)	(531,817)	0	0	0	0	0	0	0	0
31. NET INCOME (LOSS) (L29 less L30).....	1,573,140	(5,383,435)	6,956,574	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		70,260	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		211,529	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	227,539	206,090	21,449	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,387,077	1,254,133	132,944	0	0	0	0	0	0	0	0
3. Premiums.....	351,128,985	267,801,486	83,327,499	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)	351,128,985	267,801,486	83,327,499	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).....	351,128,985	267,801,486	83,327,499	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
11. Hospital/Medical Benefits.....	258,234,155	198,957,041	59,277,114	0	0	0	0	0	0	0	0
12. Other Professional Services.....	5,713,672	2,854,140	2,859,532	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.....	6,846,973	4,778,243	2,068,730	0	0	0	XXXXXXXX	0	0	0	0
15. Other Medical & Hospital.....	30,599,479	29,449,664	1,149,815	0	0	0	0	0	0	0	0
16. Incentive Pool & Withhold Adjustments.....	118,784	33,468	85,316	0	0	0	0	0	0	0	0
17. SUBTOTAL MED & HOSP (L11 to L16).....	301,513,063	236,072,556	65,440,506	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).....	301,513,063	236,072,556	65,440,506	0	0	0	0	0	0	0	0
20. Claims Adjustment Expenses.....	8,589,737	6,697,946	1,891,791	0	0	0	0	0	0	0	0
21. General Administrative Expenses.....	39,896,735	33,601,017	6,295,718	0	0	0	0	0	0	0	0
22. Increase in Reserves for A&H contracts.....	1,127,000	882,689	244,311	0	0	0	0	0	0	0	0
23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)....	351,126,535	277,254,208	73,872,327	0	0	0	0	0	0	0	0
24. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	2,450	(9,452,722)	9,455,172	0	0	0	0	0	0	0	0
25. Net Investment Income Earned.....	2,981,191	2,140,795	840,396	0	0	0	0	0	0	0	0
26. Net Realized Capital Gains/(Losses).....	345,046	265,454	79,593	0	0	0	0	0	0	0	0
27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	3,326,238	2,406,249	919,989	0	0	0	0	0	0	0	0
28. Other Expenses.....	2,945	1,695	1,250	0	0	0	0	0	0	0	0
29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L28)	3,325,742	(7,048,168)	10,373,910	0	0	0	0	0	0	0	0
30. Extraordinary Items & Federal income taxes.....	(698,862)	(532,982)	(165,880)	0	0	0	0	0	0	0	0
31. NET INCOME (LOSS) (L29 less L30).....	4,024,604	(6,515,186)	10,539,790	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		70,260	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		424,784	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	15,631	6	7,723	0	0	0	0	7,902	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	96,516	42	47,625	0	0	0	0	48,849	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	63,729	17	19,151	0	0	0	0	44,561	0	0	0	0	0
8. Non-Physician	11,868	3	3,775	0	0	0	0	8,090	0	0	0	0	0
9. Total	75,597	20	22,926	0	0	0	0	52,651	0	0	0	0	0
10. Hospital Patient Days Incurred	9,061	1	1,265	0	0	0	0	7,795	0	0	0	0	0
11. Number of Inpatient Admissions	1,565	0	332	0	0	0	0	1,233	0	0	0	0	0
12. Health Premiums Written	35,373,261	10,612	10,150,839	0	0	0	0	25,211,810	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	40,055,876	10,612	9,512,267	0	0	0	0	30,532,997	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	31,101,293	7,623	6,594,586	0	0	0	915,765	23,583,319	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	30,586,351	16,071	6,292,029	0	0	0	880,984	23,397,267	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	15,631	7,729	7,902	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	47,361	23,444	23,917	0	0	0	0	0	0	0	0
4. Premiums.....	19,604,986	4,724,904	14,880,082	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).....	19,604,986	4,724,904	14,880,082	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).....	19,604,986	4,724,904	14,880,082	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	11,890,343	2,644,254	9,246,089	0	0	0	0	0	0	0	0
13. Other Professional Services.....	805,950	69,452	736,498	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.....	752,426	221,788	530,638	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	660,404	406,860	253,544	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	55,184	25,560	29,624	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L11 to L16).....	14,164,306	3,367,914	10,796,392	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).....	14,164,306	3,367,914	10,796,392	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	437,229	102,795	334,434	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,635,812	470,334	1,165,478	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	114,326	27,438	86,888	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	16,351,673	3,968,481	12,383,192	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	3,253,313	756,424	2,496,889	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	87,309	22,021	65,288	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	22,816	5,641	17,175	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	110,125	27,662	82,463	0	0	0	0	0	0	0	0
29. Other Expenses.....	187	45	142	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	3,363,251	784,041	2,579,210	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(227,266)	(21,313)	(205,953)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	3,590,517	805,354	2,785,163	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		884	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,694	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	15,631	7,729	7,902	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	96,516	47,667	48,849	0	0	0	0	0	0	0	0
4. Premiums.....	40,055,876	9,522,879	30,532,997	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).....	40,055,876	9,522,879	30,532,997	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).....	40,055,876	9,522,879	30,532,997	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	26,296,486	5,929,277	20,367,210	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,509,347	142,083	1,367,263	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.....	1,349,033	243,328	1,105,705	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	1,312,701	840,928	471,773	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	118,784	33,468	85,316	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L11 to L16).....	30,586,351	7,189,084	23,397,267	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).....	30,586,351	7,189,084	23,397,267	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	903,445	209,886	693,559	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	3,728,924	1,344,757	2,384,167	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	114,326	27,438	86,888	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	35,333,046	8,771,165	26,561,881	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	4,722,830	751,714	3,971,116	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	193,983	46,556	147,427	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	39,341	9,442	29,899	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	233,324	55,998	177,326	0	0	0	0	0	0	0	0
29. Other Expenses.....	185	44	140	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	4,955,969	807,667	4,148,302	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(79,681)	(19,123)	(60,558)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	5,035,650	826,791	4,208,859	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		884	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		5,259	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT AS OF **JUNE 30, 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												
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	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 **JUNE 30, 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 JUNE 30, 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.)								

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	91,092	3	91,089	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	552,775	48	552,727	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	204,733	18	204,641	0	0	0	0	0	74	0	0	0	0
8. Non-Physician	60,741	5	60,708	0	0	0	0	0	28	0	0	0	0
9. Total	265,474	23	265,349	0	0	0	0	0	102	0	0	0	0
10. Hospital Patient Days Incurred	16,056	1	16,055	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	3,992	0	3,992	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	113,673,892	25,772	111,497,564	0	0	0	(18,765)	2,102,207	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 Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	117,290,153	25,772	115,162,174	0	0	0	0	2,102,207	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	107,854,633	5,084	94,625,427	0	0	0	13,225,000	0	(878)	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	109,693,886	18,446	96,233,036	0	0	0	13,442,404	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	91,092	91,092	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	276,612	276,612	0	0	0	0	0	0	0	0	0
4. Premiums.....	60,030,257	57,928,050	2,102,207	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).....	60,030,257	57,928,050	2,102,207	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).....	60,030,257	57,928,050	2,102,207	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	50,972,645	50,972,645	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	419,075	419,075	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.....	1,244,123	1,244,123	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	5,192,929	5,192,929	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).....	57,828,772	57,828,772	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).....	57,828,772	57,828,772	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,648,121	1,648,121	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	7,085,140	7,085,140	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	410,015	410,015	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	66,972,049	66,972,049	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	(6,941,792)	(9,043,999)	2,102,207	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	270,027	270,027	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	69,067	69,067	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	339,094	339,094	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	10	10	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	(6,602,708)	(8,704,915)	2,102,207	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	94,551	99,222	(4,672)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(6,697,259)	(8,804,137)	2,106,879	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		27,505	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		82,757	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	91,092	91,092	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	552,775	552,775	0	0	0	0	0	0	0	0	0
4. Premiums.....	117,290,153	115,187,946	2,102,207	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).....	117,290,153	115,187,946	2,102,207	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).....	117,290,153	115,187,946	2,102,207	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	95,771,854	95,771,854	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	897,584	897,584	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.....	2,673,735	2,673,735	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	10,350,714	10,350,714	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).....	109,693,887	109,693,887	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).....	109,693,887	109,693,887	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	3,126,277	3,126,277	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	14,887,982	14,887,982	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	410,015	410,015	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	128,118,161	128,118,161	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	(10,828,008)	(12,930,215)	2,102,207	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	568,680	568,680	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	115,331	115,331	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	684,011	684,011	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).	(10,144,001)	(12,246,208)	2,102,207	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(233,593)	(228,921)	(4,672)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(9,910,408)	(12,017,287)	2,106,879	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		27,505	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		165,850	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	83,897	16	48,317	0	0	0	22,017	13,547	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	511,704	176	294,465	0	0	0	132,968	84,095	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	294,776	89	148,436	0	0	0	68,230	78,019	2	0	0	0	0
8. Non-Physician	143,510	42	70,718	0	0	0	30,535	42,203	12	0	0	0	0
9. Total	438,286	131	219,154	0	0	0	98,765	120,222	14	0	0	0	0
10. Hospital Patient Days Incurred	24,876	5	7,828	0	0	0	2,603	14,440	0	0	0	0	0
11. Number of Inpatient Admissions	5,168	1	1,854	0	0	0	833	2,480	0	0	0	0	0
12. Health Premiums Written	132,631,159	95,103	58,743,442	0	0	0	31,359,907	42,343,856	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 Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	144,559,693	95,103	60,954,642	0	0	0	32,817,653	50,692,295	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	118,819,661	229,273	67,609,826	0	0	0	9,469,187	41,511,397	(22)	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	120,332,683	223,186	68,472,302	0	0	0	9,593,956	42,043,239	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	83,897	70,350	13,547	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	252,751	211,712	41,039	0	0	0	0	0	0	0	0
4. Premiums.....	69,936,579	45,328,807	24,607,772	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).....	69,936,579	45,328,807	24,607,772	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).....	69,936,579	45,328,807	24,607,772	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	51,846,770	32,928,050	18,918,719	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,439,872	585,467	854,405	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.....	960,231	589,200	371,031	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	6,158,341	5,804,222	354,119	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).....	60,405,214	39,906,939	20,498,275	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).....	60,405,214	39,906,939	20,498,275	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,721,604	1,137,403	584,201	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	6,305,820	4,409,558	1,896,263	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	449,781	292,358	157,423	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	68,882,419	45,746,257	23,136,162	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	1,054,159	(417,451)	1,471,610	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	692,389	450,053	242,336	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	81,684	53,095	28,589	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	774,073	503,147	270,925	0	0	0	0	0	0	0	0
29. Other Expenses.....	(2,300)	(1,495)	(805)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	1,830,532	87,191	1,743,341	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(844,418)	(523,226)	(321,192)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	2,674,950	610,418	2,064,533	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		28,246	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		84,991	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	83,897	70,350	13,547	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	511,704	427,609	84,095	0	0	0	0	0	0	0	0
4. Premiums.....	144,559,692	93,867,397	50,692,295	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).....	144,559,692	93,867,397	50,692,295	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).....	144,559,692	93,867,397	50,692,295	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	103,020,012	64,110,108	38,909,904	0	0	0	0	0	0	0	0
13. Other Professional Services.....	2,766,482	1,274,213	1,492,269	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.....	2,209,070	1,246,046	963,025	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	12,337,120	11,659,078	678,042	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).....	120,332,684	78,289,445	42,043,239	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).....	120,332,684	78,289,445	42,043,239	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	3,429,537	2,231,305	1,198,232	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	14,626,442	10,714,891	3,911,551	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	449,781	292,358	157,423	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	138,838,444	91,527,998	47,310,446	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	5,721,248	2,339,399	3,381,849	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,979,911	1,286,942	692,969	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	141,982	92,289	49,694	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	2,121,894	1,379,231	742,663	0	0	0	0	0	0	0	0
29. Other Expenses.....	3,172	2,062	1,110	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	7,839,970	3,716,569	4,123,402	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(287,573)	(186,923)	(100,651)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	8,127,544	3,903,491	4,224,052	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		28,246	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		170,850	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	36,919	17	36,902	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	226,082	226	225,856	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	127,898	128	127,754	0	0	0	0	0	16	0	0	0	0
8. Non-Physician	38,018	38	37,978	0	0	0	0	0	2	0	0	0	0
9. Total	165,916	166	165,732	0	0	0	0	0	18	0	0	0	0
10. Hospital Patient Days Incurred	4,291	4	4,287	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,150	1	1,149	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	49,422,490	106,338	49,189,599	0	0	0	96,299	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 Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	49,223,263	106,338	49,116,925	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	41,583,732	189,600	36,303,156	0	0	0	5,091,191	0	(215)	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	40,900,140	204,185	35,683,860	0	0	0	5,012,095	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	36,919	36,919	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	111,389	111,389	0	0	0	0	0	0	0	0	0
4. Premiums.....	24,347,904	24,347,904	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).....	24,347,904	24,347,904	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).....	24,347,904	24,347,904	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	15,198,163	15,198,163	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	263,607	263,607	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.....	258,874	258,874	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	3,357,450	3,357,450	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).....	19,078,095	19,078,095	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).....	19,078,095	19,078,095	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	508,550	508,550	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,713,101	2,713,101	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	152,877	152,877	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	22,452,623	22,452,623	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	1,895,281	1,895,281	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	108,864	108,864	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	28,293	28,293	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	137,156	137,156	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(411)	(411)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	2,032,848	2,032,848	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	27,917	27,917	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	2,004,931	2,004,931	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,625	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		41,087	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	36,919	36,919	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	226,082	226,082	0	0	0	0	0	0	0	0	0
4. Premiums.....	49,223,263	49,223,263	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).....	49,223,263	49,223,263	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).....	49,223,263	49,223,263	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	33,145,803	33,145,803	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	540,259	540,259	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.....	615,135	615,135	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	6,598,944	6,598,944	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).....	40,900,141	40,900,141	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).....	40,900,141	40,900,141	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,130,479	1,130,479	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	6,653,387	6,653,387	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	152,877	152,877	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	48,836,883	48,836,883	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	386,380	386,380	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	238,617	238,617	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	48,392	48,392	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	287,009	287,009	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(415)	(415)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	673,804	673,804	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(98,015)	(98,015)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	771,818	771,818	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,625	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		82,825	of Texas enrollees and Federal employees.)								