

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	230,733	209,685	21,048	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	694,053	630,620	63,433	0	0	0	0	0	0	0	0
3. Premiums.....	176,319,153	137,567,327	38,751,826	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)	176,319,153	137,567,327	38,751,826	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).....	176,319,153	137,567,327	38,751,826	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
11. Hospital/Medical Benefits.....	139,235,681	111,806,822	27,428,859	0	0	0	0	0	0	0	0
12. Other Professional Services.....	2,909,297	1,150,949	1,758,348	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.....	3,661,990	2,623,644	1,038,346	0	0	0	XXXXXXXX	0	0	0	0
15. Other Medical & Hospital.....	15,518,255	14,918,777	599,478	0	0	0	0	0	0	0	0
16. Incentive Pool & Withhold Adjustments.....	54,494	12,439	42,055	0	0	0	0	0	0	0	0
17. SUBTOTAL MED & HOSP (L11 to L16).....	161,379,718	130,512,631	30,867,087	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).....	161,379,718	130,512,631	30,867,087	0	0	0	0	0	0	0	0
20. Claims Adjustment Expenses.....	5,800,840	4,697,465	1,103,375	0	0	0	0	0	0	0	0
21. General Administrative Expenses.....	15,254,804	12,442,447	2,812,357	0	0	0	0	0	0	0	0
22. Increase in Reserves for A&H contracts.....	0	4,294	(4,294)	0	0	0	0	0	0	0	0
23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)....	182,435,361	147,656,837	34,778,524	0	0	0	0	0	0	0	0
24. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	(6,116,208)	(10,089,510)	3,973,302	0	0	0	0	0	0	0	0
25. Net Investment Income Earned.....	931,715	689,369	242,346	0	0	0	0	0	0	0	0
26. Net Realized Capital Gains/(Losses).....	169,965	131,507	38,458	0	0	0	0	0	0	0	0
27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	1,101,680	820,876	280,804	0	0	0	0	0	0	0	0
28. Other Expenses.....	(4,920)	(3,581)	(1,339)	0	0	0	0	0	0	0	0
29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L28)	(5,009,608)	(9,265,053)	4,255,445	0	0	0	0	0	0	0	0
30. Extraordinary Items & Federal income taxes.....	(4,278,265)	(3,269,591)	(1,008,674)	0	0	0	0	0	0	0	0
31. NET INCOME (LOSS) (L29 less L30).....	(731,343)	(5,995,462)	5,264,119	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		68,416	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		208,029	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	230,733	209,685	21,048	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,081,130	1,884,753	196,377	0	0	0	0	0	0	0	0
3. Premiums.....	527,448,138	405,368,813	122,079,325	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Change in Uearn. 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)	527,448,138	405,368,813	122,079,325	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).....	527,448,138	405,368,813	122,079,325	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
11. Hospital/Medical Benefits.....	397,469,836	310,763,863	86,705,973	0	0	0	0	0	0	0	0
12. Other Professional Services.....	8,622,970	4,005,089	4,617,880	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.....	10,508,963	7,401,887	3,107,076	0	0	0	XXXXXXXX	0	0	0	0
15. Other Medical & Hospital.....	46,117,734	44,368,441	1,749,292	0	0	0	0	0	0	0	0
16. Incentive Pool & Withhold Adjustments.....	173,278	45,907	127,371	0	0	0	0	0	0	0	0
17. SUBTOTAL MED & HOSP (L11 to L16).....	462,892,780	366,585,187	96,307,593	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).....	462,892,780	366,585,187	96,307,593	0	0	0	0	0	0	0	0
20. Claims Adjustment Expenses.....	14,390,577	11,395,410	2,995,166	0	0	0	0	0	0	0	0
21. General Administrative Expenses.....	55,151,539	46,043,464	9,108,075	0	0	0	0	0	0	0	0
22. Increase in Reserves for A&H contracts.....	1,127,000	886,983	240,017	0	0	0	0	0	0	0	0
23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)....	533,561,896	424,911,045	108,650,851	0	0	0	0	0	0	0	0
24. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	(6,113,758)	(19,542,232)	13,428,474	0	0	0	0	0	0	0	0
25. Net Investment Income Earned.....	3,912,907	2,830,164	1,082,742	0	0	0	0	0	0	0	0
26. Net Realized Capital Gains/(Losses).....	515,011	396,961	118,051	0	0	0	0	0	0	0	0
27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	4,427,918	3,227,125	1,200,793	0	0	0	0	0	0	0	0
28. Other Expenses.....	(1,975)	(1,886)	(88)	0	0	0	0	0	0	0	0
29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L28)	(1,683,866)	(16,313,221)	14,629,355	0	0	0	0	0	0	0	0
30. Extraordinary Items & Federal income taxes.....	(4,977,127)	(3,802,573)	(1,174,554)	0	0	0	0	0	0	0	0
31. NET INCOME (LOSS) (L29 less L30).....	3,293,261	(12,510,648)	15,803,909	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		68,416	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		632,813	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **SEPTEMBER 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	0												
4. Third Quarter	15,216	6	7,484	0	0	0	0	7,726	0	0	0	0	0
5. Current Year	0												
6. Current Year Member Months	142,503	60	70,289	0	0	0	0	72,154	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	94,251	24	28,299	0	0	0	0	65,928	0	0	0	0	0
8. Non-Physician	17,284	5	5,710	0	0	0	0	11,569	0	0	0	0	0
9. Total	111,535	29	34,009	0	0	0	0	77,497	0	0	0	0	0
10. Hospital Patient Days Incurred	13,144	1	1,751	0	0	0	0	11,392	0	0	0	0	0
11. Number of Inpatient Admissions	2,285	0	478	0	0	0	0	1,807	0	0	0	0	0
12. Health Premiums Written	54,537,403	15,616	14,563,653	0	0	0	0	39,958,134	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	59,273,475	15,616	14,102,126	0	0	0	0	45,155,733	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	45,775,360	7,971	10,018,899	0	0	0	1,424,216	34,324,274	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	46,078,747	12,776	9,903,434	0	0	0	1,410,649	34,751,888	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	15,216	7,490	7,726	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	45,987	22,682	23,305	0	0	0	0	0	0	0	0
4. Premiums.....	19,217,599	4,594,863	14,622,736	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).....	19,217,599	4,594,863	14,622,736	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).....	19,217,599	4,594,863	14,622,736	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	13,092,035	3,578,608	9,513,427	0	0	0	0	0	0	0	0
13. Other Professional Services.....	987,846	83,683	904,163	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.....	732,352	94,884	637,468	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	625,669	368,161	257,508	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	54,494	12,439	42,055	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L11 to L16).....	15,492,396	4,137,775	11,354,621	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).....	15,492,396	4,137,775	11,354,621	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	523,931	136,706	387,225	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,526,998	440,251	1,086,747	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(2,139)	(513)	(1,625)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	17,541,186	4,714,219	12,826,967	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	1,676,413	(119,356)	1,795,769	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	72,575	17,418	55,157	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	18,478	4,435	14,043	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	91,052	21,853	69,200	0	0	0	0	0	0	0	0
29. Other Expenses.....	(7)	(2)	(5)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	1,767,472	(97,502)	1,864,974	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(479,638)	(115,113)	(364,525)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	2,247,110	17,611	2,229,498	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		741	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,495	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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

	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.....	15,216	7,490	7,726	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	142,503	70,349	72,154	0	0	0	0	0	0	0	0
4. Premiums.....	59,273,475	14,117,742	45,155,733	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).....	59,273,475	14,117,742	45,155,733	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).....	59,273,475	14,117,742	45,155,733	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	39,388,522	9,507,885	29,880,637	0	0	0	0	0	0	0	0
13. Other Professional Services.....	2,497,192	225,766	2,271,426	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.....	2,081,385	338,212	1,743,173	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	1,938,370	1,209,089	729,281	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	173,278	45,907	127,371	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L11 to L16).....	46,078,747	11,326,859	34,751,888	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).....	46,078,747	11,326,859	34,751,888	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,427,376	346,592	1,080,784	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	5,255,922	1,785,008	3,470,914	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	112,187	26,925	85,262	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	52,874,232	13,485,384	39,388,848	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	6,399,243	632,358	5,766,885	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	266,558	63,974	202,584	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	57,818	13,876	43,942	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	324,376	77,850	246,526	0	0	0	0	0	0	0	0
29. Other Expenses.....	178	43	135	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	6,723,441	710,166	6,013,275	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(559,319)	(134,236)	(425,082)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	7,282,760	844,402	6,438,358	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		741	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		7,754	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **SEPTEMBER 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												
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	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
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 SEPTEMBER 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 SEPTEMBER 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 **SEPTEMBER 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	0												
4. Third Quarter	93,672	3	93,669	0	0	0	0	0	0	0	0	0	0
5. Current Year	0												
6. Current Year Member Months	833,836	57	833,779	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	312,308	21	312,193	0	0	0	0	0	94	0	0	0	0
8. Non-Physician	89,727	6	89,679	0	0	0	0	0	42	0	0	0	0
9. Total	402,035	27	401,872	0	0	0	0	0	136	0	0	0	0
10. Hospital Patient Days Incurred	24,878	2	24,876	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	5,944	1	5,943	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	174,064,783	31,170	171,884,119	0	0	0	(19,827)	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	177,520,791	31,170	175,387,414	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	168,996,983	12,378	147,935,688	0	0	0	21,052,377	0	(3,460)	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	173,473,970	27,960	151,841,529	0	0	0	21,604,481	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	93,672	93,672	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	281,061	281,061	0	0	0	0	0	0	0	0	0
4. Premiums.....	60,230,638	60,230,638	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).....	60,230,638	60,230,638	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).....	60,230,638	60,230,638	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	57,110,373	57,110,373	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	407,128	407,128	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.....	1,048,851	1,048,851	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	5,213,731	5,213,731	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).....	63,780,083	63,780,083	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).....	63,780,083	63,780,083	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	2,268,766	2,268,766	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	5,923,432	5,923,432	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	12,340	12,340	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	71,984,621	71,984,621	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	(11,753,983)	(11,753,983)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	230,455	230,455	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	58,007	58,007	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	288,462	288,462	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(978)	(978)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	(11,464,544)	(11,464,544)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(1,441,536)	(1,412,705)	(28,831)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(10,023,008)	(10,051,838)	28,831	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26,388	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		81,037	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	93,672	93,672	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	833,836	833,836	0	0	0	0	0	0	0	0	0
4. Premiums.....	177,520,791	175,418,584	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).....	177,520,791	175,418,584	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).....	177,520,791	175,418,584	2,102,207	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	152,882,226	152,882,226	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,304,713	1,304,713	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.....	3,722,586	3,722,586	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	15,564,445	15,564,445	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).....	173,473,970	173,473,970	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).....	173,473,970	173,473,970	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	5,395,043	5,395,043	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	20,811,415	20,811,415	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	422,355	422,355	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	200,102,782	200,102,782	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	(22,581,991)	(24,684,198)	2,102,207	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	799,135	799,135	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	173,338	173,338	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	972,473	972,473	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(974)	(974)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	(21,608,544)	(23,710,751)	2,102,207	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(1,675,129)	(1,641,626)	(33,503)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(19,933,416)	(22,069,125)	2,135,710	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26,388	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		246,887	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **SEPTEMBER 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	0												
4. Third Quarter	85,065	15	49,897	0	0	0	21,831	13,322	0	0	0	0	0
5. Current Year	0												
6. Current Year Member Months	768,692	221	445,645	0	0	0	198,603	124,223	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	445,564	158	317,454	0	0	0	12,860	115,090	2	0	0	0	0
8. Non-Physician	212,325	24	48,441	0	0	0	102,460	61,388	12	0	0	0	0
9. Total	657,889	182	365,895	0	0	0	115,320	176,478	14	0	0	0	0
10. Hospital Patient Days Incurred	36,467	6	11,231	0	0	0	4,512	20,718	0	0	0	0	0
11. Number of Inpatient Admissions	7,663	1	2,676	0	0	0	1,402	3,584	0	0	0	0	0
12. Health Premiums Written	204,472,781	130,298	88,972,173	0	0	0	48,811,095	66,470,364	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	216,784,105	130,298	91,347,713	0	0	0	50,484,709	74,821,385	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	177,701,230	248,694	102,731,740	0	0	0	14,651,806	60,069,068	(78)	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	181,607,015	249,391	104,850,706	0	0	0	14,951,213	61,555,705	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	85,065	71,743	13,322	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	256,988	216,860	40,128	0	0	0	0	0	0	0	0
4. Premiums.....	72,224,413	48,095,323	24,129,090	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).....	72,224,413	48,095,323	24,129,090	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).....	72,224,413	48,095,323	24,129,090	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	52,092,520	34,177,088	17,915,432	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,369,244	515,059	854,186	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.....	1,444,654	1,043,775	400,879	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	6,367,912	6,025,943	341,969	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).....	61,274,331	41,761,865	19,512,466	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).....	61,274,331	41,761,865	19,512,466	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	2,218,502	1,502,352	716,150	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	5,611,156	3,885,546	1,725,610	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(7,625)	(4,956)	(2,669)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	69,096,364	47,144,807	21,951,557	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	3,128,049	950,516	2,177,533	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	534,827	347,638	187,190	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	69,757	45,342	24,415	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	604,584	392,980	211,604	0	0	0	0	0	0	0	0
29. Other Expenses.....	(3,810)	(2,477)	(1,334)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	3,736,444	1,345,973	2,390,471	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(1,758,053)	(1,142,735)	(615,319)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	5,494,497	2,488,707	3,005,790	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		27,760	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		83,960	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	85,065	71,743	13,322	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	768,692	644,469	124,223	0	0	0	0	0	0	0	0
4. Premiums.....	216,784,105	141,962,720	74,821,385	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).....	216,784,105	141,962,720	74,821,385	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).....	216,784,105	141,962,720	74,821,385	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	155,112,533	98,287,196	56,825,336	0	0	0	0	0	0	0	0
13. Other Professional Services.....	4,135,726	1,789,272	2,346,454	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	3,653,724	2,289,821	1,363,903	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	18,705,032	17,685,021	1,020,011	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).....	181,607,015	120,051,310	61,555,705	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).....	181,607,015	120,051,310	61,555,705	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	5,648,039	3,733,656	1,914,382	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	20,237,598	14,600,437	5,637,161	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	442,157	287,402	154,755	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	207,934,808	138,672,805	69,262,003	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	8,849,297	3,289,915	5,559,382	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	2,514,739	1,634,580	880,159	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	211,739	137,630	74,109	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	2,726,478	1,772,211	954,267	0	0	0	0	0	0	0	0
29. Other Expenses.....	(639)	(415)	(224)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	11,576,414	5,062,541	6,513,873	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(2,045,627)	(1,329,657)	(715,969)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	13,622,041	6,392,199	7,229,842	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		27,760	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		254,810	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **SEPTEMBER 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	0												
4. Third Quarter	36,780	15	36,765	0	0	0	0	0	0	0	0	0	0
5. Current Year	0												
6. Current Year Member Months	336,099	266	335,833	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	193,524	153	193,355	0	0	0	0	0	16	0	0	0	0
8. Non-Physician	55,981	44	55,931	0	0	0	0	0	6	0	0	0	0
9. Total	249,505	197	249,286	0	0	0	0	0	22	0	0	0	0
10. Hospital Patient Days Incurred	5,678	4	5,674	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,616	1	1,615	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	72,958,789	135,298	72,699,351	0	0	0	93,886	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	73,869,766	135,298	73,734,468	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	61,785,986	222,386	53,871,166	0	0	0	7,692,932	0	(498)	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	61,733,049	98,014	53,946,789	0	0	0	7,688,246	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	36,780	36,780	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	110,017	110,017	0	0	0	0	0	0	0	0	0
4. Premiums.....	24,646,503	24,646,503	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).....	24,646,503	24,646,503	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).....	24,646,503	24,646,503	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	16,940,753	16,940,753	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	145,079	145,079	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.....	436,133	436,133	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	3,310,943	3,310,943	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).....	20,832,908	20,832,908	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).....	20,832,908	20,832,908	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	789,641	789,641	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,193,218	2,193,218	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(2,576)	(2,576)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	23,813,191	23,813,191	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	833,312	833,312	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	93,859	93,859	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	23,724	23,724	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	117,582	117,582	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(125)	(125)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	951,020	951,020	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(599,038)	(599,038)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	1,550,058	1,550,058	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,527	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		40,537	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	36,780	36,780	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	336,099	336,099	0	0	0	0	0	0	0	0	0
4. Premiums.....	73,869,766	73,869,766	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).....	73,869,766	73,869,766	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).....	73,869,766	73,869,766	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	50,086,555	50,086,555	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	685,338	685,338	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.....	1,051,268	1,051,268	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	9,909,887	9,909,887	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).....	61,733,049	61,733,049	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).....	61,733,049	61,733,049	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,920,119	1,920,119	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	8,846,605	8,846,605	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	150,301	150,301	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).....	72,650,074	72,650,074	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	1,219,692	1,219,692	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	332,475	332,475	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	72,116	72,116	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	404,591	404,591	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(540)	(540)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	1,624,823	1,624,823	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(697,053)	(697,053)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	2,321,876	2,321,876	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,527	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		123,362	of Texas enrollees and Federal employees.)								