

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2004**

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

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

EXHIBIT II - 2004 Quarter/Annual
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	135,145	113,707	21,438	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	407,228	343,272	63,956	0	0	0	0	0	0	0	0
3. Direct Premiums.....	135,139,973	88,851,589	46,288,384	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	135,139,973	88,851,589	46,288,384	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve & reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	135,139,973	88,851,589	46,288,384	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	135,139,973	88,851,589	46,288,384	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	94,571,875	61,380,225	33,191,650	0	0	0	0	0	0	0	0
13. Other Professional Services.....	(794,275)	(1,172,145)	377,869	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.....	1,967,934	1,484,649	483,285	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	13,024,143	10,274,280	2,749,863	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	157,000	12,000	145,000	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	108,926,676	71,979,009	36,947,667	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	108,926,676	71,979,009	36,947,667	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	2,385,713	1,236,636	1,149,076	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	14,946,580	12,111,626	2,834,954	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(4,999,800)	(3,522,175)	(1,477,625)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	121,259,168	81,805,096	39,454,072	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	13,880,804	7,046,493	6,834,312	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,199,459	837,487	361,973	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(258,508)	(204,116)	(54,392)	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	940,951	633,370	307,580	0	0	0	0	0	0	0	0
29. Other Expenses.....	(297,041)	(212,587)	(84,454)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (L10 + L25 +	15,118,796	7,892,450	7,226,346	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	1,592,667	1,170,695	421,972	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	13,526,129	6,721,755	6,804,374	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		24,490	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		73,607	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2004**

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

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

EXHIBIT II - 2004 Quarter/Annual
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	135,145	113,707	21,438	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,188,804	1,935,951	252,853	0	0	0	0	0	0	0	0
3. Direct Premiums.....	664,246,471	475,495,858	188,750,614	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	664,246,471	475,495,858	188,750,614	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve & reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).	664,246,471	475,495,858	188,750,614	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	664,246,471	475,495,858	188,750,614	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	492,337,702	362,629,976	129,707,726	0	0	0	0	0	0	0	0
13. Other Professional Services.....	6,118,777	1,159,194	4,959,583	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.....	15,182,778	10,144,966	5,037,812	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	65,095,037	55,794,654	9,300,383	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	660,279	38,000	622,279	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	579,394,574	429,766,790	149,627,784	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	579,394,574	429,766,790	149,627,784	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	17,111,670	12,458,242	4,653,428	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	57,893,844	46,300,102	11,593,742	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(13,481,000)	(9,924,062)	(3,556,938)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	640,919,087	478,601,072	162,318,015	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	23,327,384	(3,105,215)	26,432,598	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	4,552,991	3,115,892	1,437,099	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	722,966	498,662	224,304	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	5,275,957	3,614,554	1,661,403	0	0	0	0	0	0	0	0
29. Other Expenses.....	(296,540)	(212,040)	(84,500)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (L10 + L25 +	28,899,881	721,379	28,178,501	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	(414,277)	(296,445)	(117,832)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	29,314,157	1,017,824	28,296,333	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		24,490	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		656,799	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **DECEMBER 31, 2004**

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

REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	13,914	6	6,343	0	0	0	0	7,565	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	10,836	27	2,692	0	0	0	0	8,117	0	0	0	0	0
6. Current Year Member Months	132,382	354	38,621	0	0	0	0	93,407	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	106,880	147	16,008	0	0	0	0	90,725	0	0	0	0	0
8. Non-Physician	18,835	30	3,300	0	0	0	0	15,505	0	0	0	0	0
9. Total	125,715	177	19,308	0	0	0	0	106,230	0	0	0	0	0
10. Hospital Patient Days Incurred	14,002	8	900	0	0	0	0	13,094	0	0	0	0	0
11. Number of Inpatient Admissions	2,286	2	214	0	0	0	0	2,070	0	0	0	0	0
12. Health Premiums Collected	78,123,745	102,534	8,367,799	0	0	0	0	69,653,412	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	78,123,745	102,534	8,367,799	0	0	0	0	69,653,412	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	57,373,786	67,252	6,364,475	0	0	0	0	50,942,059	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	57,714,775	65,771	5,284,559	0	0	0	0	52,364,445	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2004**

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.....	121,824	113,707	8,117	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	32,219	8,126	24,093	0	0	0	0	0	0	0	0
3. Direct Premiums.....	19,004,900	1,781,274	17,223,626	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	19,004,900	1,781,274	17,223,626	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	19,004,900	1,781,274	17,223,626	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	19,004,900	1,781,274	17,223,626	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	13,120,998	1,021,850	12,099,148	0	0	0	0	0	0	0	0
13. Other Professional Services.....	341,719	(27,611)	369,330	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.....	256,499	22,745	233,754	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	728,224	126,955	601,270	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	102,000	12,000	90,000	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	14,549,441	1,155,938	13,393,502	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	14,549,441	1,155,938	13,393,502	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	363,540	(52,998)	416,538	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,845,618	806,760	1,038,859	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(578,013)	(63,581)	(514,431)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	16,180,586	1,846,119	14,334,467	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	2,824,314	(64,845)	2,889,159	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	174,478	19,193	155,285	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(29,262)	(3,219)	(26,043)	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	145,216	15,974	129,242	0	0	0	0	0	0	0	0
29. Other Expenses.....	(34,956)	(3,845)	(31,111)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28 I	3,004,486	(45,026)	3,049,512	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	175,518	19,307	156,211	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	2,828,968	(64,333)	2,893,301	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		880	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,578	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2004**

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.....	10,836	2,719	8,117	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	132,382	38,975	93,407	0	0	0	0	0	0	0	0
3. Direct Premiums.....	78,123,746	8,470,333	69,653,412	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	78,123,746	8,470,333	69,653,412	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	78,123,746	8,470,333	69,653,412	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	78,123,746	8,470,333	69,653,412	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	49,883,099	4,448,501	45,434,598	0	0	0	0	0	0	0	0
13. Other Professional Services.....	2,793,959	96,425	2,697,533	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.....	1,657,622	107,688	1,549,934	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	3,011,595	659,715	2,351,879	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	368,500	38,000	330,500	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	57,714,775	5,350,330	52,364,445	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	57,714,775	5,350,330	52,364,445	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,707,739	79,205	1,628,534	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	5,474,741	1,217,562	4,257,179	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(1,356,161)	(149,178)	(1,206,983)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	63,541,094	6,497,919	57,043,175	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	14,582,652	1,972,414	12,610,237	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	412,221	45,344	366,877	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	68,833	7,572	61,261	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	481,054	52,916	428,138	0	0	0	0	0	0	0	0
29. Other Expenses.....	(34,981)	(3,848)	(31,133)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	15,098,686	2,029,178	13,069,508	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	(48,724)	(5,360)	(43,364)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	15,147,410	2,034,538	13,112,872	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		880	(Examples of non-taxable enrollees are State			0					
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		11,667	of Texas enrollees and Federal employees.)			0					

STATEMENT AS OF **DECEMBER 31, 2004**

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

REPORT FOR DIVISION: **Houston**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	95,429	2	95,427	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	49,438	0	49,438	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	932,948	10	932,938	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	362,013	4	362,009	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	127,371	1	127,370	0	0	0	0	0	0	0	0	0	0
9. Total	489,384	5	489,379	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	25,449	0	25,449	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	6,560	0	6,560	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Collected	220,166,336	7,589	220,158,747	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	220,166,336	7,589	220,158,747	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	215,783,694	3,127	215,780,567	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	207,509,306	82	207,509,224	0	0	0	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2004**

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.....	113,707	113,707	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	149,298	149,298	0	0	0	0	0	0	0	0	0
3. Direct Premiums.....	37,453,262	37,453,262	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	37,453,262	37,453,262	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	37,453,262	37,453,262	0	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	37,453,262	37,453,262	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	25,515,080	25,515,080	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	(197,608)	(197,608)	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.....	718,554	718,554	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	3,022,853	3,022,853	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	29,058,879	29,058,879	0	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	29,058,879	29,058,879	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	587,450	587,450	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	4,425,451	4,425,451	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(1,629,628)	(1,629,628)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	32,442,153	32,442,153	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	5,011,109	5,011,109	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	427,650	427,650	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(108,934)	(108,934)	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	318,716	318,716	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(98,545)	(98,545)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28 I	5,428,370	5,428,370	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	555,732	555,732	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	4,872,638	4,872,638	0	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		392	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,152	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2004**

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.....	49,438	49,438	0	0	0	0	0	0	0	0	0	
2. MEMBER MONTHS.....	932,948	932,948	0	0	0	0	0	0	0	0	0	
3. Direct Premiums.....	220,166,336	220,166,336	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
4. Net Premiums.....	220,166,336	220,166,336	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0	
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0	
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	220,166,336	220,166,336	0	0	0	0	0	0	0	0	0	
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0	
11. TOTAL REVENUE (L9 to L10).....	220,166,336	220,166,336	0	0	0	0	0	0	0	0	0	
MEDICAL AND HOSPITAL:												
12. Hospital/Medical Benefits.....	181,007,814	181,007,814	0	0	0	0	0	0	0	0	0	
13. Other Professional Services.....	689,544	689,544	0	0	0	0	0	0	0	0	0	
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0	
15. Emergency Room and Out-of-Area.....	4,903,533	4,903,533	0	0	0	0	XXXXXXXX	0	0	0	0	
16. Other Medical & Hospital.....	20,908,415	20,908,415	0	0	0	0	0	0	0	0	0	
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0	
18. SUBTOTAL MED & HOSP (L12 to L17).....	207,509,306	207,509,306	0	0	0	0	0	0	0	0	0	
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0	
20. TOTAL MEDICAL & HOSP (L18 less L19).....	207,509,306	207,509,306	0	0	0	0	0	0	0	0	0	
21. Claims Adjustment Expenses.....	6,179,048	6,179,048	0	0	0	0	0	0	0	0	0	
22. General Administrative Expenses.....	23,113,798	23,113,798	0	0	0	0	0	0	0	0	0	
23. Increase in Reserves for A&H contracts.....	(4,846,582)	(4,846,582)	0	0	0	0	0	0	0	0	0	
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	231,955,570	231,955,570	0	0	0	0	0	0	0	0	0	
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(11,789,235)	(11,789,235)	0	0	0	0	0	0	0	0	0	
26. Net Investment Income Earned.....	1,161,870	1,161,870	0	0	0	0	0	0	0	0	0	
27. Net Realized Capital Gains/(Losses).....	194,009	194,009	0	0	0	0	0	0	0	0	0	
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	1,355,878	1,355,878	0	0	0	0	0	0	0	0	0	
29. Other Expenses.....	(97,944)	(97,944)	0	0	0	0	0	0	0	0	0	
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28	(10,335,413)	(10,335,413)	0	0	0	0	0	0	0	0	0	
31. Extraordinary Items & Federal Income Taxes.....	(137,313)	(137,313)	0	0	0	0	0	0	0	0	0	
32. NET INCOME (LOSS) (L30 less L31).....	(10,198,100)	(10,198,100)	0	0	0	0	0	0	0	0	0	
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		392	(Examples of non-taxable enrollees are State				0					
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		214,088	of Texas enrollees and Federal employees.)				0					

STATEMENT AS OF **DECEMBER 31, 2004**

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

REPORT FOR DIVISION: **San Antonio**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	81,815	12	46,378	0	0	0	21,646	13,779	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	58,031	7	23,438	0	0	0	21,265	13,321	0	0	0	0	0
6. Current Year Member Months	788,037	99	367,724	0	0	0	260,768	159,446	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	525,806	52	194,792	0	0	0	159,513	171,449	0	0	0	0	0
8. Non-Physician	273,900	30	110,820	0	0	0	66,199	96,851	0	0	0	0	0
9. Total	799,706	82	305,612	0	0	0	225,712	268,300	0	0	0	0	0
10. Hospital Patient Days Incurred	40,363	3	10,262	0	0	0	4,258	25,840	0	0	0	0	0
11. Number of Inpatient Admissions	8,092	1	2,455	0	0	0	1,019	4,617	0	0	0	0	0
12. Health Premiums Collected	284,286,648	100,704	86,057,375	0	0	0	79,031,368	119,097,201	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	284,286,648	100,704	86,057,375	0	0	0	79,031,368	119,097,201	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	250,614,060	21,246	84,441,297	0	0	0	71,924,744	94,226,773	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	242,158,017	249,253	73,214,608	0	0	0	71,430,817	97,263,339	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2004**

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.....	127,028	113,707	13,321	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	174,692	134,829	39,863	0	0	0	0	0	0	0	0
3. Direct Premiums.....	65,513,364	36,448,607	29,064,757	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	65,513,364	36,448,607	29,064,757	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	65,513,364	36,448,607	29,064,757	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	65,513,364	36,448,607	29,064,757	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	47,264,327	26,171,826	21,092,501	0	0	0	0	0	0	0	0
13. Other Professional Services.....	(831,018)	(839,558)	8,539	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.....	675,098	425,567	249,531	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	7,369,721	5,221,128	2,148,593	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	55,000	0	55,000	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	54,533,128	30,978,963	23,554,165	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	54,533,128	30,978,963	23,554,165	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,208,889	476,350	732,539	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	7,165,191	5,369,096	1,796,095	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(2,212,787)	(1,249,593)	(963,194)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	60,694,421	35,574,816	25,119,605	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	4,818,943	873,791	3,945,153	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	441,966	235,279	206,688	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(78,613)	(50,264)	(28,349)	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	363,353	185,015	178,338	0	0	0	0	0	0	0	0
29. Other Expenses.....	(127,007)	(73,663)	(53,343)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28 I	5,309,303	1,132,469	4,176,834	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	652,521	386,761	265,761	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	4,656,782	745,708	3,911,073	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		22,771	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		68,571	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2004**

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.....	58,031	44,710	13,321	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	788,037	628,591	159,446	0	0	0	0	0	0	0	0
3. Direct Premiums.....	284,286,649	165,189,447	119,097,201	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	284,286,649	165,189,447	119,097,201	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	284,286,649	165,189,447	119,097,201	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	284,286,649	165,189,447	119,097,201	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	203,158,732	118,885,605	84,273,128	0	0	0	0	0	0	0	0
13. Other Professional Services.....	2,357,690	95,640	2,262,050	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.....	7,123,044	3,635,165	3,487,878	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	29,226,771	22,278,267	6,948,504	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	291,779	0	291,779	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	242,158,017	144,894,678	97,263,339	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	242,158,017	144,894,678	97,263,339	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	7,080,542	4,055,648	3,024,894	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	21,649,585	14,313,023	7,336,563	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(5,595,131)	(3,245,176)	(2,349,955)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	265,293,013	160,018,173	105,274,840	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	18,993,636	5,171,275	13,822,361	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	2,548,148	1,477,926	1,070,222	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	388,198	225,155	163,043	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	2,936,345	1,703,080	1,233,265	0	0	0	0	0	0	0	0
29. Other Expenses.....	(127,065)	(73,698)	(53,367)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	22,057,046	6,948,053	15,108,994	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	(177,304)	(102,836)	(74,468)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	22,234,350	7,050,889	15,183,461	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		22,771	(Examples of non-taxable enrollees are State		0						
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		320,799	of Texas enrollees and Federal employees.)		0						

STATEMENT AS OF **DECEMBER 31, 2004**

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. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	35,856	13	35,843	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	16,840	6	16,834	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	335,437	97	335,340	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	219,814	58	219,756	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	66,348	17	66,331	0	0	0	0	0	0	0	0	0	0
9. Total	286,162	75	286,087	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	6,445	2	6,443	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,668	0	1,668	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Collected	81,669,741	66,972	81,602,769	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	81,669,741	66,972	81,602,769	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	75,502,562	10,914	75,491,648	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	72,012,476	26,374	71,986,102	0	0	0	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2004**

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.....	113,707	113,707	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	51,019	51,019	0	0	0	0	0	0	0	0	0
3. Direct Premiums.....	13,168,447	13,168,447	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	13,168,447	13,168,447	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	13,168,447	13,168,447	0	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	13,168,447	13,168,447	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	8,671,469	8,671,469	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	(107,368)	(107,368)	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.....	317,783	317,783	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	1,903,345	1,903,345	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	10,785,228	10,785,228	0	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	10,785,228	10,785,228	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	225,834	225,834	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,510,319	1,510,319	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(579,373)	(579,373)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	11,942,009	11,942,009	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	1,226,438	1,226,438	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	155,365	155,365	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(41,699)	(41,699)	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	113,666	113,666	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(36,533)	(36,533)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28 I	1,376,637	1,376,637	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	208,895	208,895	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	1,167,742	1,167,742	0	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		447	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,306	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2004**

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.....	16,840	16,840	0	0	0	0	0	0	0	0	0	
2. MEMBER MONTHS.....	335,437	335,437	0	0	0	0	0	0	0	0	0	
3. Direct Premiums.....	81,669,741	81,669,741	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
4. Net Premiums.....	81,669,741	81,669,741	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0	
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0	
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	81,669,741	81,669,741	0	0	0	0	0	0	0	0	0	
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0	
11. TOTAL REVENUE (L9 to L10).....	81,669,741	81,669,741	0	0	0	0	0	0	0	0	0	
MEDICAL AND HOSPITAL:												
12. Hospital/Medical Benefits.....	58,288,057	58,288,057	0	0	0	0	0	0	0	0	0	
13. Other Professional Services.....	277,584	277,584	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.....	1,498,579	1,498,579	0	0	0	0	XXXXXXXX	0	0	0	0	
16. Other Medical & Hospital.....	11,948,256	11,948,256	0	0	0	0	0	0	0	0	0	
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0	
18. SUBTOTAL MED & HOSP (L12 to L17).....	72,012,476	72,012,476	0	0	0	0	0	0	0	0	0	
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0	
20. TOTAL MEDICAL & HOSP (L18 less L19).....	72,012,476	72,012,476	0	0	0	0	0	0	0	0	0	
21. Claims Adjustment Expenses.....	2,144,340	2,144,340	0	0	0	0	0	0	0	0	0	
22. General Administrative Expenses.....	7,655,720	7,655,720	0	0	0	0	0	0	0	0	0	
23. Increase in Reserves for A&H contracts.....	(1,683,126)	(1,683,126)	0	0	0	0	0	0	0	0	0	
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	80,129,410	80,129,410	0	0	0	0	0	0	0	0	0	
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	1,540,332	1,540,332	0	0	0	0	0	0	0	0	0	
26. Net Investment Income Earned.....	430,752	430,752	0	0	0	0	0	0	0	0	0	
27. Net Realized Capital Gains/(Losses).....	71,927	71,927	0	0	0	0	0	0	0	0	0	
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	502,679	502,679	0	0	0	0	0	0	0	0	0	
29. Other Expenses.....	(36,550)	(36,550)	0	0	0	0	0	0	0	0	0	
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28)	2,079,561	2,079,561	0	0	0	0	0	0	0	0	0	
31. Extraordinary Items & Federal Income Taxes.....	(50,936)	(50,936)	0	0	0	0	0	0	0	0	0	
32. NET INCOME (LOSS) (L30 less L31).....	2,130,497	2,130,497	0	0	0	0	0	0	0	0	0	
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		447	(Examples of non-taxable enrollees are State				0					
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		110,245	of Texas enrollees and Federal employees.)				0					