

TEXAS HMO SUPPLEMENT

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

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.....	211,411	190,413	20,998	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	639,761	576,761	63,000	0	0	0	0	0	0	0	0
3. Direct Premium.....	184,677,267	138,720,553	45,956,714	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	184,677,267	138,720,553	45,956,714	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Chg in unearned prem. reserve & 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(L4 to L8)	184,677,267	138,720,553	45,956,714	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).....	184,677,267	138,720,553	45,956,714	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	136,194,853	105,150,532	31,044,320	0	0	0	0	0	0	0	0
13. Other Professional Services.....	2,211,533	740,979	1,470,554	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.....	4,542,658	2,894,493	1,648,165	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	17,978,173	16,282,308	1,695,865	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	196,157	4,935	191,222	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	161,123,374	125,073,248	36,050,126	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 (L18 less L19).....	161,123,374	125,073,248	36,050,126	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	5,004,836	3,883,671	1,121,165	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	14,871,407	11,994,338	2,877,069	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(40,000)	(30,953)	(9,047)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)....	180,959,618	140,920,304	40,039,313	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	3,717,649	(2,199,751)	5,917,401	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,007,989	736,877	271,112	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(7,961)	(10,894)	2,933	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	1,000,029	725,984	274,045	0	0	0	0	0	0	0	0
29. Other Expenses.....	(25)	(13)	(11)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L26+L27+L28+L29)	4,717,703	(1,473,754)	6,191,457	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	785,468	590,830	194,638	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	3,932,235	(2,064,584)	5,996,819	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		69,860	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		209,821	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

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

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.....	211,411	190,413	20,998	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	639,761	576,761	63,000	0	0	0	0	0	0	0	0
3. Direct Premium.....	184,677,267	138,720,553	45,956,714	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	184,677,267	138,720,553	45,956,714	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Chg in unearned prem. reserve & 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(L4 to L8)	184,677,267	138,720,553	45,956,714	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).....	184,677,267	138,720,553	45,956,714	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	136,194,853	105,150,532	31,044,320	0	0	0	0	0	0	0	0
13. Other Professional Services.....	2,211,533	740,979	1,470,554	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.....	4,542,658	2,894,493	1,648,165	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	17,978,173	16,282,308	1,695,865	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	196,157	4,935	191,222	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	161,123,374	125,073,248	36,050,126	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 (L18 less L19).....	161,123,374	125,073,248	36,050,126	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	5,004,836	3,883,671	1,121,165	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	14,871,407	11,994,338	2,877,069	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(40,000)	(30,953)	(9,047)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)....	180,959,618	140,920,304	40,039,313	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	3,717,649	(2,199,751)	5,917,401	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,007,989	736,877	271,112	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(7,961)	(10,894)	2,933	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	1,000,029	725,984	274,045	0	0	0	0	0	0	0	0
29. Other Expenses.....	(25)	(13)	(11)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L	4,717,703	(1,473,754)	6,191,457	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	785,468	590,830	194,638	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	3,932,235	(2,064,584)	5,996,819	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		69,860	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		209,821	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **MARCH 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 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	13,914	6	6,343	0	0	0	0	7,565	0	0	0	0	0
2. First Quarter	11,280	32	3,680	0	0	0	0	7,568	0	0	0	0	0
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	34,221	89	11,522	0	0	0	0	22,610	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	19,068	30	3,850	0	0	0	0	15,188	0	0	0	0	0
8. Non-Physician	3,005	6	762	0	0	0	0	2,237	0	0	0	0	0
9. Total	22,073	36	4,612	0	0	0	0	17,425	0	0	0	0	0
10. Hospital Patient Days Incurred	3,684	2	317	0	0	0	0	3,365	0	0	0	0	0
11. Number of Inpatient Admissions	633	1	89	0	0	0	0	543	0	0	0	0	0
12. Health Premiums Written	14,035,602	24,709	2,495,996	0	0	0	0	11,514,897	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	19,251,572	24,709	2,484,452	0	0	0	0	16,742,411	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	14,533,155	13,335	2,302,543	0	0	0	363,485	11,853,792	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	14,552,277	23,717	1,650,794	0	0	0	276,275	12,601,491	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	11,280	3,712	7,568	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,221	11,611	22,610	0	0	0	0	0	0	0	0
3. Direct Premium.....	19,251,571	2,509,161	16,742,411	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	19,251,571	2,509,161	16,742,411	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 (L4 to L7).....	19,251,571	2,509,161	16,742,411	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 (L9 to L10).....	19,251,571	2,509,161	16,742,411	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	12,335,701	1,634,921	10,700,780	0	0	0	0	0	0	0	0
13. Other Professional Services.....	832,736	50,966	781,771	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.....	567,532	46,989	520,543	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	750,808	212,975	537,833	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	65,500	4,935	60,565	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	14,552,277	1,950,786	12,601,491	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 (L18 less L20).....	14,552,277	1,950,786	12,601,491	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	450,539	58,632	391,906	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,276,928	212,245	1,064,683	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(3,613)	(470)	(3,143)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	16,276,131	2,221,194	14,054,938	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	2,975,440	287,967	2,687,473	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	89,424	11,625	77,799	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(4,425)	(575)	(3,850)	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	84,999	11,050	73,949	0	0	0	0	0	0	0	0
29. Other Expenses.....	(7)	(1)	(6)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	3,060,446	299,018	2,761,429	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	81,881	10,644	71,236	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	2,978,566	288,373	2,690,192	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,046	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		3,108	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	11,280	3,712	7,568	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,221	11,611	22,610	0	0	0	0	0	0	0	0
3. Direct Premium.....	19,251,571	2,509,161	16,742,411	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	19,251,571	2,509,161	16,742,411	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 (L4 to L7).....	19,251,571	2,509,161	16,742,411	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 (L9 to L10).....	19,251,571	2,509,161	16,742,411	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	12,335,701	1,634,921	10,700,780	0	0	0	0	0	0	0	0
13. Other Professional Services.....	832,736	50,966	781,771	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.....	567,532	46,989	520,543	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	750,808	212,975	537,833	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	65,500	4,935	60,565	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	14,552,277	1,950,786	12,601,491	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 (L18 less L20).....	14,552,277	1,950,786	12,601,491	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	450,539	58,632	391,906	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,276,928	212,245	1,064,683	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(3,613)	(470)	(3,143)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	16,276,131	2,221,194	14,054,938	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	2,975,440	287,967	2,687,473	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	89,424	11,625	77,799	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(4,425)	(575)	(3,850)	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	84,999	11,050	73,949	0	0	0	0	0	0	0	0
29. Other Expenses.....	(7)	(1)	(6)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 - 28).	3,060,446	299,018	2,761,429	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	81,881	10,644	71,236	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	2,978,566	288,373	2,690,192	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,046	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		3,108	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT AS OF **MARCH 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 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	95,429	2	95,427	0	0	0	0	0	0	0	0	0	0
2. First Quarter	95,453	1	95,452	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	289,580	4	289,576	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	70,117	1	70,116	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	20,656	0	20,656	0	0	0	0	0	0	0	0	0	0
9. Total	90,773	1	90,772	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	8,615	0	8,615	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	2,114	0	2,114	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	63,073,452	2,729	63,081,280	0	0	0	(10,557)	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	66,382,978	2,729	66,380,249	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	59,965,353	59	51,425,899	0	0	0	8,539,395	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	63,971,444	309	54,911,347	0	0	0	9,059,788	0	0	0	0	0	0

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	95,453	95,453	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	289,580	289,580	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	66,382,978	66,382,978	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	66,382,978	66,382,978	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 (L4 to L7).....	66,382,978	66,382,978	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 (L9 to L10).....	66,382,978	66,382,978	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	55,395,977	55,395,977	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	275,760	275,760	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.....	1,676,682	1,676,682	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	6,623,026	6,623,026	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).....	63,971,444	63,971,444	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 (L18 less L20).....	63,971,444	63,971,444	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,989,512	1,989,512	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	6,575,385	6,575,385	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(15,881)	(15,881)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	72,520,460	72,520,460	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(6,137,482)	(6,137,482)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	308,365	308,365	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(15,260)	(15,260)	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	293,105	293,105	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).....	(5,844,373)	(5,844,373)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	282,340	282,340	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(6,126,712)	(6,126,712)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26,473	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		79,487	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	95,453	95,453	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	289,580	289,580	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	66,382,978	66,382,978	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	66,382,978	66,382,978	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 (L4 to L7).....	66,382,978	66,382,978	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 (L9 to L10).....	66,382,978	66,382,978	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	55,395,977	55,395,977	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	275,760	275,760	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.....	1,676,682	1,676,682	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	6,623,026	6,623,026	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).....	63,971,444	63,971,444	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 (L18 less L20).....	63,971,444	63,971,444	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,989,512	1,989,512	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	6,575,385	6,575,385	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(15,881)	(15,881)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	72,520,460	72,520,460	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(6,137,482)	(6,137,482)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	308,365	308,365	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(15,260)	(15,260)	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	293,105	293,105	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).	(5,844,373)	(5,844,373)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	282,340	282,340	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(6,126,712)	(6,126,712)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26,473	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		79,487	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **MARCH 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 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	81,815	12	46,378	0	0	0	21,646	13,779	0	0	0	0	0
2. First Quarter	70,453	8	34,999	0	0	0	22,016	13,430	0	0	0	0	0
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	212,953	29	106,197	0	0	0	66,337	40,390	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	95,572	14	51,547	0	0	0	15,776	28,235	0	0	0	0	0
8. Non-Physician	45,302	7	25,211	0	0	0	5,536	14,548	0	0	0	0	0
9. Total	140,874	21	76,758	0	0	0	21,312	42,783	0	0	0	0	0
10. Hospital Patient Days Incurred	12,175	1	4,111	0	0	0	783	7,280	0	0	0	0	0
11. Number of Inpatient Admissions	2,516	0	1,009	0	0	0	222	1,285	0	0	0	0	0
12. Health Premiums Written	67,907,833	26,307	26,805,883	0	0	0	20,587,232	20,488,411	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	74,394,907	26,307	25,508,362	0	0	0	19,645,935	29,214,303	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	59,810,019	30,316	32,763,297	0	0	0	5,370,023	21,646,383	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	60,980,089	51,198	32,164,962	0	0	0	5,315,294	23,448,635	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	70,453	57,023	13,430	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	212,953	172,563	40,390	0	0	0	0	0	0	0	0
3. Direct Premium.....	74,394,907	45,180,604	29,214,303	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	74,394,907	45,180,604	29,214,303	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 (L4 to L7).....	74,394,907	45,180,604	29,214,303	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 (L9 to L10).....	74,394,907	45,180,604	29,214,303	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	50,953,002	30,609,461	20,343,541	0	0	0	0	0	0	0	0
13. Other Professional Services.....	968,444	279,661	688,783	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.....	1,919,903	792,281	1,127,622	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	7,008,083	5,850,051	1,158,032	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	130,657	0	130,657	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	60,980,089	37,531,453	23,448,635	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 (L18 less L20).....	60,980,089	37,531,453	23,448,635	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,892,417	1,163,158	729,259	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	4,911,621	3,099,236	1,812,385	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(15,139)	(9,235)	(5,904)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	67,768,988	41,784,613	25,984,376	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	6,625,918	3,395,991	3,229,928	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	495,674	302,361	193,313	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	17,393	10,609	6,783	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	513,066	312,970	200,096	0	0	0	0	0	0	0	0
29. Other Expenses.....	(13)	(8)	(5)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	7,138,997	3,708,969	3,430,028	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	316,416	193,014	123,402	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	6,822,581	3,515,955	3,306,626	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		28,728	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		86,489	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	70,453	57,023	13,430	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	212,953	172,563	40,390	0	0	0	0	0	0	0	0
3. Direct Premium.....	74,394,907	45,180,604	29,214,303	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	74,394,907	45,180,604	29,214,303	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 (L4 to L7).....	74,394,907	45,180,604	29,214,303	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 (L9 to L10).....	74,394,907	45,180,604	29,214,303	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	50,953,002	30,609,461	20,343,541	0	0	0	0	0	0	0	0
13. Other Professional Services.....	968,444	279,661	688,783	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.....	1,919,903	792,281	1,127,622	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	7,008,083	5,850,051	1,158,032	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	130,657	0	130,657	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	60,980,089	37,531,453	23,448,635	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 (L18 less L20).....	60,980,089	37,531,453	23,448,635	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,892,417	1,163,158	729,259	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	4,911,621	3,099,236	1,812,385	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(15,139)	(9,235)	(5,904)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	67,768,988	41,784,613	25,984,376	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	6,625,918	3,395,991	3,229,928	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	495,674	302,361	193,313	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	17,393	10,609	6,783	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	513,066	312,970	200,096	0	0	0	0	0	0	0	0
29. Other Expenses.....	(13)	(8)	(5)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	7,138,997	3,708,969	3,430,028	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	316,416	193,014	123,402	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	6,822,581	3,515,955	3,306,626	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		28,728	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		86,489	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **MARCH 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 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	35,856	13	35,843	0	0	0	0	0	0	0	0	0	0
2. First Quarter	34,225	10	34,215	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	103,007	38	102,969	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	43,735	16	43,719	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	11,493	4	11,489	0	0	0	0	0	0	0	0	0	0
9. Total	55,228	20	55,208	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,941	1	1,940	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	515	0	515	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	25,113,470	24,609	25,103,837	0	0	0	(14,976)	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	24,647,811	24,609	24,623,202	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	21,021,861	6,910	18,037,350	0	0	0	2,977,601	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	21,619,564	6,283	18,551,467	0	0	0	3,061,814	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	34,225	34,225	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	103,007	103,007	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	24,647,811	24,647,811	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	24,647,811	24,647,811	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 (L4 to L7).....	24,647,811	24,647,811	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 (L9 to L10).....	24,647,811	24,647,811	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	17,510,174	17,510,174	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	134,592	134,592	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.....	378,541	378,541	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	3,596,257	3,596,257	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).....	21,619,564	21,619,564	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 (L18 less L20).....	21,619,564	21,619,564	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	672,368	672,368	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,107,473	2,107,473	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(5,367)	(5,367)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	24,394,038	24,394,038	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	253,773	253,773	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	114,526	114,526	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(5,668)	(5,668)	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	108,858	108,858	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(1)	(1)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	362,632	362,632	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	104,832	104,832	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	257,800	257,800	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,613	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		40,737	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	34,225	34,225	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	103,007	103,007	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	24,647,811	24,647,811	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	24,647,811	24,647,811	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 (L4 to L7).....	24,647,811	24,647,811	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 (L9 to L10).....	24,647,811	24,647,811	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	17,510,174	17,510,174	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	134,592	134,592	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.....	378,541	378,541	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	3,596,257	3,596,257	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).....	21,619,564	21,619,564	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 (L18 less L20).....	21,619,564	21,619,564	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	672,368	672,368	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,107,473	2,107,473	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(5,367)	(5,367)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	24,394,038	24,394,038	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	253,773	253,773	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	114,526	114,526	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(5,668)	(5,668)	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	108,858	108,858	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(1)	(1)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	362,632	362,632	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	104,832	104,832	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	257,800	257,800	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,613	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		40,737	of Texas enrollees and Federal employees.)								