

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	199,170	178,242	20,928	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	609,553	546,950	62,603	0	0	0	0	0	0	0	0
3. Direct Premium.....	176,225,310	131,834,007	44,391,302	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	176,225,310	131,834,007	44,391,302	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)	176,225,310	131,834,007	44,391,302	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).....	176,225,310	131,834,007	44,391,302	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	138,446,445	107,195,784	31,250,661	0	0	0	0	0	0	0	0
13. Other Professional Services.....	2,139,455	707,655	1,431,800	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.....	4,395,978	2,626,810	1,769,168	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	17,712,565	15,500,480	2,212,085	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	50,122	9,065	41,057	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	162,744,565	126,039,793	36,704,772	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).....	162,744,565	126,039,793	36,704,772	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	5,059,797	3,918,285	1,141,512	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	13,607,292	10,969,238	2,638,054	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(8,495,000)	(6,565,324)	(1,929,676)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)....	172,916,654	134,361,993	38,554,661	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	3,308,655	(2,527,985)	5,836,641	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,091,724	789,656	302,068	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	192,042	139,383	52,660	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	1,283,767	929,039	354,728	0	0	0	0	0	0	0	0
29. Other Expenses.....	551	576	(25)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L	4,591,871	(1,599,523)	6,191,394	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(3,673,154)	(2,758,701)	(914,453)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	8,265,025	1,159,179	7,105,846	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		69,749	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		209,363	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	199,170	178,242	20,928	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,249,314	1,123,711	125,603	0	0	0	0	0	0	0	0
3. Direct Premium.....	360,902,576	270,554,560	90,348,016	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	360,902,576	270,554,560	90,348,016	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)	360,902,576	270,554,560	90,348,016	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).....	360,902,576	270,554,560	90,348,016	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	274,641,298	212,346,316	62,294,982	0	0	0	0	0	0	0	0
13. Other Professional Services.....	4,350,988	1,448,634	2,902,353	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.....	8,938,636	5,521,303	3,417,333	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	35,690,738	31,782,788	3,907,950	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	246,279	14,000	232,279	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	323,867,939	251,113,041	72,754,898	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).....	323,867,939	251,113,041	72,754,898	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	10,064,634	7,801,956	2,262,677	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	28,478,699	22,963,576	5,515,123	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(8,535,000)	(6,596,277)	(1,938,723)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)....	353,876,272	275,282,297	78,593,975	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	7,026,305	(4,727,737)	11,754,042	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	2,099,714	1,526,533	573,180	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	184,082	128,489	55,593	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	2,283,795	1,655,022	628,773	0	0	0	0	0	0	0	0
29. Other Expenses.....	527	563	(36)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L	9,309,574	(3,073,277)	12,382,851	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(2,887,686)	(2,167,872)	(719,814)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	12,197,260	(905,405)	13,102,665	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		69,749	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		419,184	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	10,978	34	3,174	0	0	0	0	7,770	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	67,350	188	21,467	0	0	0	0	45,695	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	53,841	82	9,285	0	0	0	0	44,474	0	0	0	0	0
8. Non-Physician	10,424	18	2,087	0	0	0	0	8,319	0	0	0	0	0
9. Total	64,265	100	11,372	0	0	0	0	52,793	0	0	0	0	0
10. Hospital Patient Days Incurred	6,791	4	437	0	0	0	0	6,350	0	0	0	0	0
11. Number of Inpatient Admissions	1,153	1	129	0	0	0	0	1,023	0	0	0	0	0
12. Health Premiums Written	37,658,164	53,172	4,614,148	0	0	0	0	32,990,844	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	37,658,164	53,172	4,614,148	0	0	0	0	32,990,844	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	28,487,503	28,380	3,468,194	0	0	0	567,158	24,423,771	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	27,973,331	40,492	2,650,546	0	0	0	457,102	24,825,191	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	10,978	3,208	7,770	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,129	10,044	23,085	0	0	0	0	0	0	0	0
3. Direct Premium.....	18,406,593	2,158,159	16,248,433	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	18,406,593	2,158,159	16,248,433	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).....	18,406,593	2,158,159	16,248,433	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).....	18,406,593	2,158,159	16,248,433	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	11,454,170	990,943	10,463,227	0	0	0	0	0	0	0	0
13. Other Professional Services.....	799,094	38,014	761,080	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.....	353,386	(4,719)	358,105	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	715,403	164,050	551,353	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	99,000	9,065	89,935	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	13,421,054	1,197,354	12,223,700	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).....	13,421,054	1,197,354	12,223,700	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	414,316	34,159	380,157	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,135,468	184,488	950,980	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(733,578)	(87,993)	(645,585)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	14,237,259	1,328,007	12,909,252	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	4,169,333	830,152	3,339,181	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	92,705	10,230	82,475	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	16,433	2,016	14,417	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	109,138	12,247	96,891	0	0	0	0	0	0	0	0
29. Other Expenses.....	(15)	(2)	(13)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	4,278,486	842,400	3,436,086	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(383,195)	(46,802)	(336,392)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	4,661,680	889,202	3,772,478	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,028	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		3,109	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	10,978	3,208	7,770	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	67,350	21,655	45,695	0	0	0	0	0	0	0	0
3. Direct Premium.....	37,658,164	4,667,320	32,990,844	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	37,658,164	4,667,320	32,990,844	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).....	37,658,164	4,667,320	32,990,844	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).....	37,658,164	4,667,320	32,990,844	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	23,789,871	2,625,865	21,164,007	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,631,831	88,980	1,542,851	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.....	920,918	42,270	878,648	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	1,466,210	377,025	1,089,185	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	164,500	14,000	150,500	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	27,973,330	3,148,140	24,825,191	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).....	27,973,330	3,148,140	24,825,191	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	864,855	92,791	772,063	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,412,396	396,733	2,015,663	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(737,191)	(88,463)	(648,728)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	30,513,390	3,549,201	26,964,189	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	7,144,774	1,118,119	6,026,655	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	182,130	21,856	160,274	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	12,007	1,441	10,567	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	194,137	23,296	170,841	0	0	0	0	0	0	0	0
29. Other Expenses.....	(22)	(3)	(19)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	7,338,932	1,141,418	6,197,514	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(301,314)	(36,158)	(265,156)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	7,640,246	1,177,576	6,462,671	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,028	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		6,217	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	87,653	1	87,652	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	559,665	7	559,658	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	215,272	3	215,256	0	0	0	0	13	0	0	0	0	0
8. Non-Physician	69,728	1	69,701	0	0	0	0	26	0	0	0	0	0
9. Total	285,000	4	284,957	0	0	0	0	39	0	0	0	0	0
10. Hospital Patient Days Incurred	16,268	0	16,268	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	4,188	0	4,188	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	129,018,114	5,159	129,012,955	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	129,018,114	5,159	129,012,955	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	123,108,382	141	105,174,017	0	0	0	17,934,224	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	126,835,050	298	108,418,615	0	0	0	18,416,137	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	87,653	87,653	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	270,085	270,085	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	62,635,136	62,635,136	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	62,635,136	62,635,136	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).....	62,635,136	62,635,136	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).....	62,635,136	62,635,136	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	55,809,202	55,809,202	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	252,773	252,773	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.....	692,119	692,119	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	6,109,511	6,109,511	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).....	62,863,605	62,863,605	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).....	62,863,605	62,863,605	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,955,058	1,955,058	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	5,993,005	5,993,005	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(3,326,645)	(3,326,645)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	67,485,023	67,485,023	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(4,849,888)	(4,849,888)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	315,655	315,655	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	56,401	56,401	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	372,056	372,056	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	611	611	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	(4,478,443)	(4,478,443)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(1,314,651)	(1,314,651)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(3,163,792)	(3,163,792)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26,590	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		79,654	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	87,653	87,653	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	559,665	559,665	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	129,018,114	129,018,114	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	129,018,114	129,018,114	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).....	129,018,114	129,018,114	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).....	129,018,114	129,018,114	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	111,205,179	111,205,179	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	528,533	528,533	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	2,368,801	2,368,801	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	12,732,537	12,732,537	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).....	126,835,049	126,835,049	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 (L18 less L20).....	126,835,049	126,835,049	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	3,944,570	3,944,570	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	12,568,390	12,568,390	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(3,342,526)	(3,342,526)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	140,005,483	140,005,483	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(10,987,370)	(10,987,370)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	624,020	624,020	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	41,140	41,140	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	665,161	665,161	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	607	607	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	(10,322,815)	(10,322,815)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(1,032,311)	(1,032,311)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(9,290,504)	(9,290,504)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26,590	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		159,141	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	67,815	8	32,867	0	0	0	21,782	13,158	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	419,597	53	207,785	0	0	0	131,851	79,908	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	272,736	31	123,260	0	0	0	66,538	82,907	0	0	0	0	0
8. Non-Physician	142,007	16	61,859	0	0	0	33,179	46,953	0	0	0	0	0
9. Total	414,743	47	185,119	0	0	0	99,717	129,860	0	0	0	0	0
10. Hospital Patient Days Incurred	24,116	2	6,965	0	0	0	2,509	14,640	0	0	0	0	0
11. Number of Inpatient Admissions	4,950	0	1,627	0	0	0	825	2,498	0	0	0	0	0
12. Health Premiums Written	145,700,242	51,502	49,007,712	0	0	0	39,283,856	57,357,172	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	145,700,242	51,502	49,007,712	0	0	0	39,283,856	57,357,172	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	123,993,769	72,482	66,272,139	0	0	0	11,246,714	46,402,434	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	125,512,825	89,412	66,228,828	0	0	0	11,264,878	47,929,707	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING JUNE 30, 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.....	67,815	54,657	13,158	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	206,644	167,126	39,518	0	0	0	0	0	0	0	0
3. Direct Premium.....	71,305,335	43,162,466	28,142,869	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	71,305,335	43,162,466	28,142,869	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).....	71,305,335	43,162,466	28,142,869	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).....	71,305,335	43,162,466	28,142,869	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	53,403,063	32,615,628	20,787,435	0	0	0	0	0	0	0	0
13. Other Professional Services.....	978,280	307,561	670,719	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.....	2,844,957	1,433,894	1,411,063	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	7,355,314	5,694,582	1,660,732	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	(48,878)	0	(48,878)	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	64,532,736	40,051,665	24,481,072	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).....	64,532,736	40,051,665	24,481,072	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	2,008,488	1,247,133	761,355	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	4,463,343	2,776,268	1,687,075	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(3,292,543)	(2,008,451)	(1,284,092)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	67,712,025	42,066,615	25,645,410	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	3,593,310	1,095,850	2,497,460	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	563,060	343,467	219,593	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	98,060	59,816	38,243	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	661,120	403,283	257,837	0	0	0	0	0	0	0	0
29. Other Expenses.....	(31)	(19)	(12)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	4,254,461	1,499,152	2,755,308	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(1,482,206)	(904,145)	(578,060)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	5,736,666	2,403,298	3,333,369	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		28,562	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		85,788	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	67,815	54,657	13,158	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	419,597	339,689	79,908	0	0	0	0	0	0	0	0
3. Direct Premium.....	145,700,242	88,343,069	57,357,172	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	145,700,242	88,343,069	57,357,172	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).....	145,700,242	88,343,069	57,357,172	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).....	145,700,242	88,343,069	57,357,172	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	104,356,065	63,225,089	41,130,975	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,946,724	587,222	1,359,502	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.....	4,764,860	2,226,175	2,538,685	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	14,363,397	11,544,632	2,818,765	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	81,779	0	81,779	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	125,512,825	77,583,118	47,929,707	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).....	125,512,825	77,583,118	47,929,707	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	3,900,906	2,410,292	1,490,614	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	9,374,964	5,875,504	3,499,460	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(3,307,681)	(2,017,686)	(1,289,996)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	135,481,013	83,851,228	51,629,785	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	10,219,229	4,491,841	5,727,387	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,058,734	645,828	412,906	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	115,452	70,426	45,026	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	1,174,186	716,254	457,933	0	0	0	0	0	0	0	0
29. Other Expenses.....	(43)	(26)	(17)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	11,393,458	5,208,121	6,185,337	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(1,165,790)	(711,132)	(454,658)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	12,559,248	5,919,253	6,639,995	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		28,562	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		172,277	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	32,724	7	32,717	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	202,702	61	202,641	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	128,333	39	128,294	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	37,381	11	37,370	0	0	0	0	0	0	0	0	0	0
9. Total	165,714	50	165,664	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3,628	1	3,627	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	973	0	973	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	48,526,057	40,800	48,485,257	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	48,526,057	40,800	48,485,257	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	42,874,487	20,401	36,622,955	0	0	0	6,231,131	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	43,546,733	14,840	37,209,015	0	0	0	6,322,878	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	32,724	32,724	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	99,695	99,695	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	23,878,247	23,878,247	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	23,878,247	23,878,247	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).....	23,878,247	23,878,247	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).....	23,878,247	23,878,247	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	17,780,010	17,780,010	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	109,307	109,307	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.....	505,516	505,516	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	3,532,337	3,532,337	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).....	21,927,170	21,927,170	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).....	21,927,170	21,927,170	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	681,935	681,935	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,015,476	2,015,476	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(1,142,234)	(1,142,234)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	23,482,347	23,482,347	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	395,900	395,900	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	120,304	120,304	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	21,149	21,149	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	141,453	141,453	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(14)	(14)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	537,367	537,367	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(493,103)	(493,103)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	1,030,470	1,030,470	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,569	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		40,812	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	32,724	32,724	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	202,702	202,702	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	48,526,057	48,526,057	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	48,526,057	48,526,057	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).....	48,526,057	48,526,057	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).....	48,526,057	48,526,057	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	35,290,184	35,290,184	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	243,899	243,899	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.....	884,057	884,057	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	7,128,594	7,128,594	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).....	43,546,734	43,546,734	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).....	43,546,734	43,546,734	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,354,303	1,354,303	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	4,122,949	4,122,949	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(1,147,602)	(1,147,602)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	47,876,385	47,876,385	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	649,672	649,672	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	234,830	234,830	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	15,482	15,482	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	250,312	250,312	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(15)	(15)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	899,999	899,999	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(388,271)	(388,271)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).	1,288,270	1,288,270	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		13,569	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		81,549	of Texas enrollees and Federal employees.)								