STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2004**

33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS...

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

-		-					eporting Period:			_	
	1.	2.	3	-	4.		5.	6.	7.	8.	9.
	Total	COMMERCIAL RISK	MEDIO	-	MEDIC		POINT OF	ASSUMED RISK	CHILDREN'S	PUBLICLY SUPPORTED	NON-RISK
		(Omit Provider HMO Business)	(Omit Provider I	HIVIO Business)	(Omit Provider H	IMO Business)	SERVICE RIDER COVERAGE	(as Provider HMO)	HEALTH INSURANCE	HEALTH CARE	
		Tiwo Business)	RISK	COST	RISK	COST	COVERAGE		PLAN	HEAETH OAKE	
1. ENROLLEES AT THE END OF REPT PERIOD	139,471	118,311	21,160	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	532,262	468,968	63,294	0	0	0	0	0	0	0	0
3. Direct Premium	168,203,922	116,089,709	52,114,214	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums	168,203,922	116,089,709	52,114,214	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	XXXXXXX	0	0
7. Risk Revenue	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	0	XXXXXXX	XXXXXXX	XXXXXXX
Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	168,203,922	116,089,709	52,114,214	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)	168,203,922	116,089,709	52,114,214	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	123,124,530	88,903,435	34,221,094	0	0	0	0	0	0	0	0
13. Other Professional Services	2,562,065	882,705	1,679,360	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	4,276,208	3,139,014	1,137,194	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	16,380,156	13,737,586	2,642,570	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	257,000	12,000	245,000	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	146,599,959	106,674,740	39,925,219	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)	146,599,959	106,674,740	39,925,219	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	4,661,324	3,419,649	1,241,674	0	0	0	0	0	0	0	0
22. General Administrative Expenses	14,468,565	11,224,900	3,243,665	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	53,800	194,390	(140,590)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	165,783,647	121,513,679	44,269,968	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	2,420,275	(5,423,970)	7,844,245	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	1,253,818	751,872	501,946	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	797,393	574,289	223,104	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	2,051,211	1,326,162	725,049	0	0	0	0	0	0	0	0
29. Other Expenses	(25)	(16)	(10)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L	4,471,511	(4,097,793)	8,569,304	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	880,742	700,732	180,010	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31)	3,590,769	(4,798,525)	8,389,294	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		24,590	(Examples of non	-taxable enrollees a	re State						

of Texas enrollees and Federal employees.)

164,008

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2004**

33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....

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

_								od: Year-to-Date			
	1.	2.	3	-	4.		5.	6.	7.	8.	9.
	Total	COMMERCIAL RISK (Omit Provider	MEDIO (Omit Provider I	_	MEDIO (Omit Provider H		POINT OF SERVICE RIDER	(as Provider HMO)	CHILDREN'S HEALTH	PUBLICLY SUPPORTED	NON-RISK
		HMO Business)	(Onne i Tovidor i	iivio Buoiricoo)	(Office Tovidor I	iivio Buoiness)	OERVIOL RIDER	(do i lovidoi livio)	INSURANCE	HEALTH CARE	
		ŕ	RISK	COST	RISK	COST			PLAN		
1. ENROLLEES AT THE END OF REPT PERIOD	139,471	118,311	21,160	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	1,781,576	1,592,679	188,897	0	0	0	0	0	0	0	0
3. Direct Premium	529,106,499	386,644,269	142,462,230	0	0	0	0	XXXXXXXX	0	0	XXXXXXX
4. Premiums	529,106,499	386,644,269	142,462,230	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
Fee-for-Service (gross revenues)	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	0	0
7. Risk Revenue	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXX	XXXXXXX	XXXXXXX
Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	529,106,499	386,644,269	142,462,230	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)	529,106,499	386,644,269	142,462,230	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	397,765,828	301,249,751	96,516,076	0	0	0	0	0	0	0	0
13. Other Professional Services	6,913,053	2,331,339	4,581,714	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	13,214,844	8,660,316	4,554,527	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	52,070,895	45,520,374	6,550,520	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	503,279	26,000	477,279	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	470,467,898	357,787,781	112,680,117	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)	470,467,898	357,787,781	112,680,117	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	14,725,957	11,221,606	3,504,352	0	0	0	0	0	0	0	0
22. General Administrative Expenses	42,947,264	34,188,476	8,758,788	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	(8,481,200)	(6,401,887)	(2,079,313)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	519,659,919	396,795,976	122,863,943	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	9,446,580	(10,151,707)	19,598,287	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	3,353,531	2,278,405	1,075,126	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	981,475	702,778	278,696	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	4,335,006	2,981,184	1,353,823	0	0	0	0	0	0	0	0
29. Other Expenses	501	547	(46)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L	13,781,085	(7,171,070)	20,952,155	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	(2,006,944)	(1,467,140)	(539,804)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31)	15,788,029	(5,703,931)	21,491,959	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		24,590	(Examples of non	-taxable enrollees a	re State						

583,192 of Texas enrollees and Federal employees.)

STATEMENT AS OF **SEPTEMBER 30, 2004**

OF THE Humana Health Plan of Texas, Inc.

REPORT FOR DIVISION: Corpus Christi

(Location)

Total Individual Group Medicare Vision Dental Employees Health Medicare Medicare Medicare Medicare Medicare Medicare Medicare Medicare Care Other		1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10	11	12	13
Total Individual Group Medicare Vision Dental Employees Health Benefit Plan Medicare Medicaid Stop Loss Disability Long-Term Individual Care Chter		-		· · · · · · · · · · · · · · · · · · ·				Federal	-	-				
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 7.565 0 0 0 0 0 0 2. First Quarter 0 0 0 0 0 0 7.565 0 0 0 0 0 0 4. Third Quarter 10.822 28 2.873 0 0 0 0 0 7.921 0 0 0 0 0 0 0 5. Current Year 0 0 0 0 0 0 0 0 0 0 0 0 0 0 6. Current Year Member Months 100.163 279 30.570 0 0 0 0 0 0 0 0 0 0 0 0 7. Physician 7. Physician 7. Physician 7. Physician 7. Physician 14.334 25 2.756 0 0 0 0 0 0 0 0 0 0 0 0 0 0 9. Total 9. Total 9. Halfs 9. Halfs 10. Half					Medicare	Vision	Dental					Disability	Long-Term	
1. Prior Year		Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Stop Loss	Income	Care	Other
2. First Quarter 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Total Members at end of:													
3. Second Quarter 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. Prior Year	13,914	6	6,343	0	0	0	0	7,565	0	0	0	0	0
4. Third Quarter 10,822 28 2,873 0 0 0 0 0 7,921 0 0 0 0 0 0 0 5 . Current Year 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. First Quarter	0												
5. Current Year 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Second Quarter	0												
6. Current Year Member Months 100,163 279 30,570 0 0 0 0 0 68,314 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Third Quarter	10,822	28	2,873	0	0	0	0	7,921	0	0	0	0	0
Total Member Ambulatory Encounters for Year: 7. Physician 79,828 119 12,896 0 0 0 0 0 66,813 0 0 0 0 0 0 8. Non-Physician 14,334 25 2,766 0 0 0 0 0 11,553 0 0 0 0 0 0 9. Total 94,162 144 15,652 0 0 0 0 0 78,366 0 0 0 0 0 0 0 10. Hospital Patient Days Incurred 10,343 6 6615 0 0 0 0 0 78,366 0 0 0 0 0 0 0 11. Number of Inpatient Admissions 1,736 2 177 0 0 0 0 0 1,557 0 0 0 0 0 0 12. Health Premiums Written 59,118,846 79,79 6,609,321 0 0 0 0 0 0 52,429,786 0 0 0 0 0 0 0 13. Life Premiums Written 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5. Current Year	0												
for Year: 7. Physician 79,828 119 12,896 0 0 0 0 66,813 0	6. Current Year Member Months	100,163	279	30,570	0	0	0	0	69,314	0	0	0	0	0
7. Physician 79,828 119 12,896 0 0 0 0 66,813 0 0 0 0 8. Non-Physician 14,334 25 2,756 0 0 0 0 11,553 0	Total Member Ambulatory Encounters													
8. Non-Physician 14,334 25 2,756 0 0 0 0 0 11,553 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	for Year:													
9. Total 94,162 144 15,652 0 0 0 0 0 78,366 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7. Physician	79,828	119	12,896	0	0	0	0	66,813	0	0	0	0	0
10. Hospital Patient Days Incurred 10,343 6 615 0 0 0 0 0 9,722 0 0 0 0 0 0 0 0 1. Number of Inpatient Admissions 1,736 2 177 0 0 0 0 0 1,557 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8. Non-Physician	14,334	25	2,756	0	0	0	0	11,553	0	0	0	0	0
11. Number of Inpatient Admissions 1,736 2 177 0 0 0 0 1,557 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9. Total	94,162	144	15,652	0	0	0	0	78,366	0	0	0	0	0
12. Health Premiums Written 59,118,846 79,739 6,609,321 0 0 0 0 52,429,786 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 0 0 0 0 0 0	10. Hospital Patient Days Incurred	10,343	6	615	0	0	0	0	9,722	0	0	0	0	0
13. Life Premiums Direct 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11. Number of Inpatient Admissions	1,736	2	177	0	0	0	0	1,557	0	0	0	0	0
14. Property & Casualty Premiums Written 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12. Health Premiums Written	59,118,846	79,739	6,609,321	0	0	0	0	52,429,786	0	0	0	0	0
Premiums Written 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
Property/Casualty 16. Premiums Earned 0 0 0 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
16. Premiums Earned 0 0 0 0 0 0 0 0 0 0 0 0	15. Health Premiums Earned	59,118,846	79,739	6,609,321	0	0	0	0	52,429,786	0	0	0	0	0
17. Amount Paid for Provision		0	0	0	0	0	0	0	0	0	0	0	0	0
of Health Care Services 43,907,421 23,599 4,532,042 0 0 0 763,382 38,588,398 0 0 0 0		43,907,421	23,599	4,532,042	0	0	0	763,382	38,588,398	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services 43,165,335 24,587 3,523,620 0 0 0 646,185 38,970,943 0 0 0 0 0		43 165 335	24 597	3 523 620	0	0	0	646 185	38 970 943	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING SEPTEMBER 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

Fig. Part	F								Jurrent Quarter		_	
Institution Property Proper		1. Total		•	•	-	-	_			-	
New Notice Set Title END OF REPT PERDO		Total			-		-					NON-RISK
1. NOLLEES AT THE END OF REPT PERNOD. 10.00 10.00 0.00			,		,		,		,	INSURANCE		
2. MERISER MONTHS.										PLAN		
2.1 1.400 655 2.007 740 15.438 987 0 0 0 0 0 0 0 0 0	1. ENROLLEES AT THE END OF REPT PERIOD	10,822	2,901	7,921		_	0		-	0	0	0
21,480,685 2,021,740 19,438,482 0 0 0 0 0 0 0 0 0	2. MEMBER MONTHS	32,813	9,194	23,619	0	0	0	0	0	0	0	0
5. Change in uneamed premium reserve and reserve for rate credits	3. Direct Premium	21,460,682	2,021,740	19,438,942	0	0	0	0	XXXXXXXX	0	0	XXXXXXX
Fee-For-Service (gross revenues).	4. Premiums	21,460,682	2,021,740	19,438,942	0	0	0	0	XXXXXXXX	0	0	XXXXXXX
7. Risk Revenue	Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0	0
8. Other Health Related Revenues. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Fee-for-Service (gross revenues)	0	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L7)	7. Risk Revenue	0	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	0	XXXXXXX	XXXXXXX	XXXXXXX
1. Other Revenues (excluding investment income)	Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (19 to L10)	9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L7)	21,460,682	2,021,740	19,438,942	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL: 12.972.230	Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0	0
12. Hospital/Medical Benefits.	11. TOTAL REVENUE (L9 to L10)	21,460,682	2,021,740	19,438,942	0	0	0	0	0	0	0	0
13. Other Professional Services 820,409 35,057 785,352 0 0 0 0 0 0 0 0 0	MEDICAL AND HOSPITAL:											
14. Outside Referrals	12. Hospital/Medical Benefits	12,972,230	800,787	12,171,443	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area	13. Other Professional Services	820,409	35,057	785,352	0	0	0	0	0	0	0	0
16. Other Medical & Hospital. 817,160 155,735 661,424 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14. Outside Referrals	0	0	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	15. Emergency Room and Out-of-Area	480,205	42,673	437,532	0	0	0	XXXXXXXX	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	16. Other Medical & Hospital	817,160	155,735	661,424	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred	17. Incentive Pool & Withhold Adjustments	102,000	12,000	90,000	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L20)	18. SUBTOTAL MED & HOSP (L12 to L17)	15,192,004	1,046,252	14,145,752	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	19. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses. 1,216,726 14,069 1,202,658 0 <td>20. TOTAL MEDICAL & HOSP (L18 less L20)</td> <td>15,192,004</td> <td>1,046,252</td> <td>14,145,752</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td>	20. TOTAL MEDICAL & HOSP (L18 less L20)	15,192,004	1,046,252	14,145,752	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	21. Claims Adjustment Expenses	479,345	39,412	439,933	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	22. General Administrative Expenses	1,216,726	14,069	1,202,658	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	23. Increase in Reserves for A&H contracts	(40,958)	2,867	(43,824)	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	16,847,118	1,102,600	15,744,518	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses) 86,087 9,349 76,737 0	25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	4,613,564	919,140	3,694,424	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	26. Net Investment Income Earned	55,614	4,296	51,318	0	0	0	0	0	0	0	0
29. Other Expenses	27. Net Realized Capital Gains/(Losses)	86,087	9,349	76,737	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 - 28)	28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	141,701	13,646	128,055	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 - 28)	29. Other Expenses	(3)	(0)	(3)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)		4,755,268	932,786	3,822,482	0	0	0	0	0	0	0	0
	31. Extraordinary Items & Federal income taxes	77,071	11,491	65,580	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES	32. NET INCOME (LOSS) (Lines 29 minus 30)	4,678,197	921,295	3,756,901	0	0	0	0	0	0	0	0
	33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		844	(Examples of nor	n-taxable enrollees	are State						-

2,872 of Texas enrollees and Federal employees.)

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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: Y								<u> </u>		
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDI (Omit Provider RISK	CARE	MEDI (Omit Provider	CAID	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
1. ENROLLEES AT THE END OF REPT PERIOD	10,822	2,901	7,921	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	100,163	30,849	69,314	0	0	0	0		0	0	
3. Direct Premium	59,118,846	6,689,060	52,429,786	0	0	0	0		0	0	XXXXXXXX
4. Premiums	59,118,846	6,689,060	52,429,786	0	0	0	0		0	0	XXXXXXXX
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)	59,118,846	6,689,060	52,429,786	0	0	0	0	0	0	0	0
Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10)	59,118,846	6,689,060	52,429,786	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	36,762,101	3,426,651	33,335,450	0	0	0	0	0	0	0	0
13. Other Professional Services	2,452,240	124,036	2,328,203	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	1,401,123	84,944	1,316,179	0	0	0	XXXXXXX	0	0	0	0
16. Other Medical & Hospital	2,283,370	532,761	1,750,610	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	266,500	26,000	240,500	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	43,165,334	4,194,392	38,970,943	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred	0	0	0	0	0	0	0		0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L20)	43,165,334	4,194,392	38,970,943	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	1,344,200	132,204	1,211,996	0	0	0	0	0	0	0	0
22. General Administrative Expenses	3,629,122	410,802	3,218,321	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	(778,148)	(85,596)	(692,552)	0	0	0	0		0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	47,360,508	4,651,801	42,708,707	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	11,758,338	2,037,259	9,721,078	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	237,744	26,152	211,592	0	0	0	0	1	0	0	0
27. Net Realized Capital Gains/(Losses)	98,094	10,790	87,304	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	335,838	36,942	298,896	0	0	0	0	0	0	0	0
29. Other Expenses	(24)	(3)	(22)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	12,094,200	2,074,204	10,019,996	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	(224,243)	(24,667)	(199,576)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)	12,318,442	2,098,871	10,219,572	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES	844	(Examples of no	n-taxable enrollees	are State							
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		9,089	of Texas enrolled	es and Federal emp	oloyees.)						

STATEMENT AS OF **SEPTEMBER 30, 2004**

OF THE Humana Health Plan of Texas, Inc.

REPORT FOR DIVISION: Houston

(Location)

	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal						
				Medicare	Vision	Dental	Employees Health				Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Stop Loss	Income	Care	Other
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												
Second Quarter	0												
Third Quarter	50,608	1	50,607	0	0	0	0	0	0	0	0	0	0
5. Current Year	0												
6. Current Year Member Months	783,650	10	783,640	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters													
for Year:													
7. Physician	302,706	4	302,702	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	104,913	1	104,912	0	0	0	0	0	0	0	0	0	0
9. Total	407,619	5	407,614	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	22,131	0	22,131	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	5,704	0	5,704	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	182,713,074	7,589	182,705,485	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	182,713,074	7,589	182,705,485	0	0	0	0	0	0	0	0	0	0
Property/Casualty	•	_	_		^	0		_	_		_	0	
Premiums Earned Amount Paid for Provision	0	0	0	0	0	0	0	0	0	0	0	0	0
of Health Care Services	181,637,420	3,038	154,534,396	0	0	0	27,099,986	0	0	0	0	0	0
18. Amount Incurred for Provision of	,	5,000	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	,,,,,,,,,						
Health Care Services	178,450,427	128	150,958,367	0	0	0	27,491,932	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING SEPTEMBER 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

,								urrent Quarter			
	1. Total	2. COMMERCIAL RISK	3 MEDI	•	4 MEDI	-	5. POINT OF	6. ASSUMED RISK	7. CHILDREN'S	8. PUBLICLY	9. NON-RISK
	Total	(Omit Provider	(Omit Provider I	-	(Omit Provider	-	SERVICE RIDER	(as Provider HMO)	HEALTH	SUPPORTED	NON-KIOK
		HMO Business)	RISK	COST	RISK	COST	COVERAGE		INSURANCE PLAN	HEALTH CARE	
1. ENROLLEES AT THE END OF REPT PERIOD	50,608	50,608	0	0	0	0	0	0	PLAN 0	0	0
	223,985	223,985	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS		,	0		0						V/////////////////////////////////////
3. Direct Premium	53,694,960	53,694,960	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums	53,694,960	53,694,960	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
Change in unearned premium reserve and reserve for rate credits	0	0	•			•	_	Ů		0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	Ů	0
7. Risk Revenue	0	XXXXXXXX	XXXXXXXX	XXXXXXXX 0	XXXXXXXX	XXXXXXXX	XXXXXXXX 0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
		50.004.000	0	0	0	0		Ů	•	· ·	0
TOTAL HEALTHCARE RELATED REVENUES (L4 to L7)	53,694,960	53,694,960	0		0	0	0	0	0	0	0
Other Revenues (excluding investment income)		50.004.000		0	0	0	0	Ů	0	Ů	0
11. TOTAL REVENUE (L9 to L10) MEDICAL AND HOSPITAL:	53,694,960	53,694,960	0	0	0	U	0	0	0	0	0
	44.007.555	44.007.555	0	0	0	0	0	0	0	0	0
12. Hospital/Medical Benefits	44,287,555 358,619	44,287,555 358,619	0	0	0	0	0	0	0	0	0
13. Other Professional Services	358,619	358,619	0	0	0	0	0	0		0	0
14. Outside Referrals		4.040.470	0	0	0	0	_	0	0	0	0
15. Emergency Room and Out-of-Area	1,816,178	1,816,178	0	0	0	0	XXXXXXXX	0		0	0
16. Other Medical & Hospital	5,153,026	5,153,026	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	51,615,378	51,615,378	0	0	0	0	0	0	0	0	0
` '		0	0	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred	51,615,378	51,615,378	0	0	0	0	0	0	0	0	0
` ´				-		0		ŭ		ŭ	0
21. Claims Adjustment Expenses	1,647,028	1,647,028	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses	6,119,957	6,119,957	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	125,572 59,507,934	125,572 59,507,934	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	(5,812,974)	(5,812,974)	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(, , , ,	(, , , ,				•					0
26. Net Investment Income Earned	110,199 261,803	110,199 261,803	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	372,002	372,002	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	,	,				•				-	0
29. Other Expenses.	(5)	(5)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)	(5,440,967)	(5,440,967)	0	0	0	0	0	_			0
31. Extraordinary Items & Federal income taxes	339,266	339,266	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)		(5,780,233)	ŭ			0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		357	(Examples of nor	n-taxable enrollees	are State						

53,795 of Texas enrollees and Federal employees.)

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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)	MEDI (Omit Provider	B. CARE HMO Business)	MEDI (Omit Provider	CAID HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST			PLAN		
1. ENROLLEES AT THE END OF REPT PERIOD	50,608	50,608	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	783,650	783,650	0	0	0	0	0	0	0	0	0
3. Direct Premium	182,713,074	182,713,074	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums	182,713,074	182,713,074	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
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	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue	0	XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	0	XXXXXXX	XXXXXXX	XXXXXXX
Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L7)	182,713,074	182,713,074	0	0	0	0	0	0	0	0	0
Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10)	182,713,074	182,713,074	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	155,492,733	155,492,733	0	0	0	0	0	0	0	0	0
13. Other Professional Services	887,152	887,152	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	4,184,979	4,184,979	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	17,885,562	17,885,562	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)	178,450,427	178,450,427	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)	178,450,427	178,450,427	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	5,591,598	5,591,598	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses	18,688,347	18,688,347	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	(3,216,954)	(3,216,954)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	199,513,418	199,513,418	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(16,800,344)	(16,800,344)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	734,220	734,220	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	302,943	302,943	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	1,037,163	1,037,163	0	0	0	0	0	0	0	0	0
29. Other Expenses	602	602	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	(15,763,783)	(15,763,783)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	(693,046)	(693,046)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)	(15,070,737)	(15,070,737)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		357	(Examples of no	n-taxable enrollees	are State						
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		212,936	of Texas enrolle	es and Federal em	ployees.)						
		=:=,000			.,,						

STATEMENT AS OF **SEPTEMBER 30, 2004**

OF THE Humana Health Plan of Texas, Inc.

REPORT FOR DIVISION: San Antonio

(Location)

	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal						
				Medicare	Vision	Dental	Employees Health				Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Stop Loss	Income	Care	Other
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												
Second Quarter	0												
4. Third Quarter	60,199	8	25,409	0	0	0	21,543	13,239	0	0	0	0	0
5. Current Year	0												
6. Current Year Member Months	613,345	77	297,018	0	0	0	196,667	119,583	0	0	0	0	0
Total Member Ambulatory Encounters													
for Year:													
7. Physician	402,373	44	170,615	0	0	0	105,211	126,503	0	0	0	0	0
8. Non-Physician	208,286	24	87,134	0	0	0	51,941	69,187	0	0	0	0	0
9. Total	610,659	68	257,749	0	0	0	157,152	195,690	0	0	0	0	0
10. Hospital Patient Days Incurred	34,823	3	9,459	0	0	0	4,362	20,999	0	0	0	0	0
11. Number of Inpatient Admissions	7,036	1	2,814	0	0	0	578	3,643	0	0	0	0	0
12. Health Premiums Written	218,773,284	76,698	69,098,030	0	0	0	59,566,112	90,032,444	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	218,773,284	76,698	69,098,030	0	0	0	59,566,112	90,032,444	0	0	0	0	0
Property/Casualty 16. Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	189,738,271	94,661	99,731,210	0	0	0	17,487,142	72,425,258	0	0	0	0	0
Amount Incurred for Provision of Health Care Services	187,624,888		96,254,523	0	0	0	17,549,765	73,709,174	0	, and the second	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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

Fig. Part									urrent Quarter			
Contribution Cont		1. Total		•	•	-	-	-			-	~ -
		Iotai					-					NON-KISK
1. NOLLEES AT THE BNO FREP FERIOD. 61 10 46,800 13,200 0 0 0 0 0 0 0 0 0			HMO Business)		,		,	COVERAGE			HEALTH CARE	
1937 1937 1937 1937 1938 1937 1938 1937 1938 1937 1938 1937 1938												
3, Description			· · · · · · · · · · · · · · · · · · ·	,		_						0
4 Penilhams	2. MEMBER MONTHS	193,748	154,073	39,675	0		0	0	0	0	0	0
5. Change in unamed premium reserve and reserve for rate credits	3. Direct Premium	73,073,043	40,397,771	32,675,272			0	0	XXXXXXXX	0	0	XXXXXXXX
Fig. Fee-for-Service (gross revenues).	4. Premiums	73,073,043	40,397,771	32,675,272		0	0		XXXXXXXX	0	0	XXXXXXXX
7. Risk Revenue	,	0	0	0	0	0	0	0	0	0	0	0
8. Oher Health Related Revenues. 9 0 0 0 0 0 0 0 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		0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L7). 73,073,043 40,397,771 32,675,272 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7. Risk Revenue	0	XXXXXXXX				XXXXXXXX		0	XXXXXXX	XXXXXXX	XXXXXXXX
1. Other Revenues (excluding investment income)	Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (19 to L10)	9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L7)	73,073,043	40,397,771	32,675,272	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:	Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0	0
12. Hospital/Medical Benefits.	11. TOTAL REVENUE (L9 to L10)	73,073,043	40,397,771	32,675,272	0	0	0	0	0	0	0	0
13. Other Professional Services.	MEDICAL AND HOSPITAL:											
14. Outside Referrals	12. Hospital/Medical Benefits	51,538,341	29,488,690	22,049,651	0	0	0	0	0	0	0	0
1.6 Emergency Room and Out-of-Area	13. Other Professional Services	1,241,985	347,976	894,008	0	0	0	0	0	0	0	0
16. Other Medical & Hospital	14. Outside Referrals	0	0	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	15. Emergency Room and Out-of-Area	1,683,086	983,423	699,662	0	0	0	XXXXXXX	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	16. Other Medical & Hospital	7,493,653	5,512,507	1,981,146	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred	17. Incentive Pool & Withhold Adjustments	155,000	0	155,000	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L20)	18. SUBTOTAL MED & HOSP (L12 to L17)	62,112,064	36,332,597	25,779,467	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	19. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses	20. TOTAL MEDICAL & HOSP (L18 less L20)	62,112,064	36,332,597	25,779,467	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	21. Claims Adjustment Expenses	1,970,748	1,169,006	801,741	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	22. General Administrative Expenses	5,109,430	3,068,423	2,041,007	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	23. Increase in Reserves for A&H contracts	(74,662)	22,103	(96,765)	0	0	0	0	0	0	0	0
26. Net Investment Income Earned. 1,047,447 596,819 450,628 0	24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	69,117,579	40,592,129	28,525,450	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses) 351,359 204,993 146,366 0 <td>25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)</td> <td>3,955,464</td> <td>(194,358)</td> <td>4,149,821</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td>	25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	3,955,464	(194,358)	4,149,821	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	26. Net Investment Income Earned	1,047,447	596,819	450,628	0	0	0	0	0	0	0	0
29. Other Expenses	27. Net Realized Capital Gains/(Losses)	351,359	204,993	146,366	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 - 28)	28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	1,398,806	801,812	596,994	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 - 28)	29. Other Expenses	(16)	(8)	(7)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)		5,354,285	607,463	4,746,823	0	0	0	0	0	0	0	0
	31. Extraordinary Items & Federal income taxes	335,965	221,535	114,430	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES	32. NET INCOME (LOSS) (Lines 29 minus 30)	5,018,320	385,928	4,632,393	0	0	0	0	0	0	0	0
	33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		22,981	(Examples of nor	n-taxable enrollees	are State						

79,951 of Texas enrollees and Federal employees.)

STATEMENT FOR THE PERIOD ENDING SEPTEMBER 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

<u>-</u>	Indicate Reporting Period: Y								<u>X</u>		
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDI (Omit Provider I RISK	CARE	MEDI (Omit Provider	CAID	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
1. ENROLLEES AT THE END OF REPT PERIOD	60.199	46,960	13,239	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	613,345	493,762	119,583	0	0	0	0		0	0	0
3. Direct Premium	218,773,285	128,740,841	90,032,444	0	0	0	0	xxxxxxxx	0	0	XXXXXXXX
4. Premiums	218,773,285	128,740,841	90.032.444	0	0	0	0		0	0	XXXXXXXX
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)	218,773,285	128,740,841	90,032,444	0	0	0	0	0	0	0	0
Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10)	218,773,285	128,740,841	90,032,444	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	155,894,405	92,713,779	63,180,626	0	0	0	0	0	0	0	0
13. Other Professional Services	3,188,709	935,198	2,253,511	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	6,447,946	3,209,598	3,238,348	0	0	0	XXXXXXX	0	0	0	0
16. Other Medical & Hospital	21,857,050	17,057,140	4,799,911	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	236,779	0	236,779	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	187,624,889	113,915,715	73,709,174	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred	0	0	0	0	0	0	0		0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L20)	187,624,889	113,915,715	73,709,174	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	5,871,653	3,579,298	2,292,355	0	0	0	0	0	0	0	0
22. General Administrative Expenses	14,484,394	8,943,927	5,540,467	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	(3,382,344)	(1,995,583)	(1,386,761)	0	0	0	0		0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	204,598,592	124,443,357	80,155,236	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	14,174,692	4,297,484	9,877,208	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	2,106,181	1,242,647	863,534	0	0	0	0	1	0	0	0
27. Net Realized Capital Gains/(Losses)	466,811	275,419	191,393	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	2,572,992	1,518,065	1,054,927	0	0	0	0	0	0	0	0
29. Other Expenses	(59)	(35)	(24)	0	0	0	0	•	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	16,747,743	5,815,584	10,932,159	0	0	0	0		0	0	0
31. Extraordinary Items & Federal income taxes	(829,825)	(489,597)	(340,228)	0	0	0	0		0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)	17,577,568	6,305,181	11,272,388	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		22,981	(Examples of nor	n-taxable enrollees	are State						
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		252,228	of Texas enrolled	es and Federal emp	oloyees.)						

STATEMENT AS OF **SEPTEMBER 30, 2004**

OF THE Humana Health Plan of Texas, Inc.

REPORT FOR DIVISION: Austin

(Location)

	1	Comprehensive (Ho	nenital & Medical)	4	5	6	7	8	9	10	11	12	13
	'	2	3	-	3	o o	, Federal	Ü	3	10		12	15
		_		Medicare	Vision	Dental	Employees Health				Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Stop Loss	Income	Care	Other
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												
Second Quarter	0												
4. Third Quarter	17,842	6	17,836	0	0	0	0	0	0	0	0	0	0
5. Current Year	0												
6. Current Year Member Months	284,418	79	284,339	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters													
for Year:													
7. Physician	183,431	51	183,380	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	55,720	15	55,705	0	0	0	0	0	0	0	0	0	0
9. Total	239,151	66	239,085	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	5,347	1	5,346	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,370	0	1,370	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	68,501,295	53,886	68,447,409	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	68,501,295	53,886	68,447,409	0	0	0	0	0	0	0	0	0	0
Property/Casualty 16. Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	63,109,023	15,644	53,720,764	0	0	0	9,372,615	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	61,227,248	8,901	51,785,725	0	0	0	9,432,622	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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

PRIORITION PRI	-		Indicate Reporting Period: Current Quarter X										
New Notation New			(Omit Provider					SERVICE RIDER		HEALTH	SUPPORTED	9. NON-RISK	
1 1 1 1 1 1 1 1 1 1				RISK	COST	RISK	COST	5572.0.02					
8. Direct Premium	1. ENROLLEES AT THE END OF REPT PERIOD	17,842	17,842	0	0	0	0	0	0	0	0	0	
A Prefixed Series 18,975,237 19,975,237 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2. MEMBER MONTHS	81,716	81,716	0	0	0	0	0	0	0	0	0	
C. Change in unestined premium reserve and reserve for rate credits 0	3. Direct Premium	19,975,237	19,975,237	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
Review Service (gross revenues)	4. Premiums	19,975,237	19,975,237	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
R. Revenue. 0 XXXXXXXXX XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0	0	
S. Other Health Related Revenues. 0	6. Fee-for-Service (gross revenues)	0	XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
8. TOTAL HEALTHCARE RELATED REVENUES (14 to L7)	7. Risk Revenue	0	XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	
1. Other Revenues (excluding investment income). 1. TOTAL REVENUE (12 to 1.10). 19,375,237 19,375,237 10,000 0,000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,0000 0,00000 0,00000 0,00000 0,00000 0,00000 0,00000 0,00000 0,000000	Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	0	
11. TOTAL REVENUE (19 to 1.10)	9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L7)	19,975,237	19,975,237	0	0	0	0	0	0	0	0	0	
MEDICAL AND HOSPITAL:	Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0	0	
14 Hospital/Medical Benefits	11. TOTAL REVENUE (L9 to L10)	19,975,237	19,975,237	0	0	0	0	0	0	0	0	0	
13. Other Professional Services	MEDICAL AND HOSPITAL:												
14. Outside Referrals	12. Hospital/Medical Benefits	14,326,404	14,326,404	0	0	0	0	0	0	0	0	0	
15. Emergency Room and Out-of-Area	13. Other Professional Services	141,053	141,053	0	0	0	0	0	0	0	0	0	
16. Other Medical & Hospital	14. Outside Referrals	0	0	0	0	0	0	0	0	0	0	0	
17. Incentive Pool & Withhold Adjustments	15. Emergency Room and Out-of-Area	296,739	296,739	0	0	0	0	XXXXXXXX	0	0	0	0	
18. SUBTOTAL MED & HOSP (L12 to L17)	16. Other Medical & Hospital	2,916,318	2,916,318	0	0	0	0	0	0	0	0	0	
19. Net Reins Recoveries Incurred	17. Incentive Pool & Withhold Adjustments	0	0	0	0	0	0	0	0	0	0	0	
20. TOTAL MEDICAL & HOSP (L18 less L20)	18. SUBTOTAL MED & HOSP (L12 to L17)	17,680,514	17,680,514	0	0	0	0	0	0	0	0	0	
21. Claims Adjustment Expenses	19. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0	0	
22. General Administrative Expenses	20. TOTAL MEDICAL & HOSP (L18 less L20)	17,680,514	17,680,514	0	0	0	0	0	0	0	0	0	
23. Increase in Reserves for A&H contracts. 43,848 43,848 0 0 0 0 0 0 0 0 0 0 0 0 0	21. Claims Adjustment Expenses	564,202	564,202	0	0	0	0	0	0	0	0	0	
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	22. General Administrative Expenses	2,022,452	2,022,452	0	0	0	0	0	0	0	0	0	
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	23. Increase in Reserves for A&H contracts	43,848	43,848	0	0	0	0	0	0	0	0	0	
26. Net Investment Income Earned	24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	20,311,016	20,311,016	0	0	0	0	0	0	0	0	0	
27. Net Realized Capital Gains/(Losses)	25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(335,779)	(335,779)	0	0	0	0	0	0	0	0	0	
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	26. Net Investment Income Earned	40,557	40,557	0	0	0	0	0	0	0	0	0	
29. Other Expenses	27. Net Realized Capital Gains/(Losses)	98,144	98,144	0	0	0	0	0	0	0	0	0	
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)	28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	138,702	138,702	0	0	0	0	0	0	0	0	0	
31. Extraordinary Items & Federal income taxes	29. Other Expenses	(2)	(2)	0	0	0	0	0	0	0	0	0	
32. NET INCOME (LOSS) (Lines 29 minus 30)	30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)	(197,075)	(197,075)	0	0	0	0	0	0	0	0	0	
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES	31. Extraordinary Items & Federal income taxes	128,440	128,440	0	0	0	0	0	0	0	0	0	
	32. NET INCOME (LOSS) (Lines 29 minus 30)	(325,515)	(325,515)	0	0	0	0	0	0	0	0	0	
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS	33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		408	(Examples of non-taxable enrollees		are State							
	33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		27,390	of Texas enrollee	s and Federal em	ployees.)							

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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 F	Reporting Perio	d: Year-to-Date	<u>X</u>		
	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)		8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST			PLAN		
1. ENROLLEES AT THE END OF REPT PERIOD	17,842	17,842	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	284,418	284,418	0	0	0	0	0	0	0	0	0
3. Direct Premium	68,501,295	68,501,295	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums	68,501,295	68,501,295	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
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	XXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXX	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)	68,501,295	68,501,295	0	0	0	0	0	0	0	0	0
Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10)	68,501,295	68,501,295	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	49,616,588	49,616,588	0	0	0	0	0	0	0	0	0
13. Other Professional Services	384,952	384,952	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	1,180,796	1,180,796	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	10,044,912	10,044,912	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)	61,227,248	61,227,248	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)	61,227,248	61,227,248	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	1,918,506	1,918,506	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses	6,145,401	6,145,401	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	(1,103,753)	(1,103,753)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	68,187,401	68,187,401	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	313,894	313,894	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	275,387	275,387	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	113,626	113,626	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	389,013	389,013	0	0	0	0	0	0	0	0	0
29. Other Expenses	(17)	(17)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	702,924	702,924	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	(259,831)	(259,831)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)	962,755	962,755	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		408	(Examples of non-taxable enrollees		are State						
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		108,939	of Texas enrolle	es and Federal em	ployees.)						