

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2005**

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

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

**EXHIBIT II - 2005 Quarter/Annual**  
**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	90,822	67,931	22,891	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	272,112	204,377	67,735	0	0	0	0	0	0	0	0
3. Direct Premiums.....	112,754,624	58,825,304	53,929,320	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	112,754,624	58,825,304	53,929,320	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve & reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	112,754,624	58,825,304	53,929,320	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).....	112,754,624	58,825,304	53,929,320	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	79,468,751	39,763,448	39,705,303	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,095,741	349,378	746,363	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	3,247,111	2,592,625	654,486	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	11,139,229	6,677,013	4,462,216	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	(1,921,681)	8,000	(1,929,681)	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	93,029,151	49,390,464	43,638,687	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	93,029,151	49,390,464	43,638,687	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	2,767,665	1,544,206	1,223,459	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	12,412,897	6,564,219	5,848,678	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(7,644,000)	(4,403,707)	(3,240,293)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	100,565,714	53,095,182	47,470,531	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	12,188,910	5,730,122	6,458,789	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	(2,057,256)	(1,240,819)	(816,438)	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	80,358	41,599	38,759	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	(1,976,898)	(1,199,219)	(777,679)	0	0	0	0	0	0	0	0
29. Other Expenses.....	443,524	210,877	232,646	0	0	0	0	0	0	0	0
30. <b>INCOME (LOSS) BEFORE FIT &amp; EXP ITEMS (L10 + L25 +</b>	<b>9,768,489</b>	<b>4,320,025</b>	<b>5,448,464</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31. Extraordinary Items & Federal Income Taxes.....	3,114,771	1,091,376	2,023,395	0	0	0	0	0	0	0	0
32. <b>NET INCOME (LOSS) (L30 less L31).....</b>	<b>6,653,717</b>	<b>3,228,649</b>	<b>3,425,069</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		23,007	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		69,175	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2005**

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

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

**EXHIBIT II - 2005 Quarter/Annual**  
**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

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

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	90,822	67,931	22,891	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,261,044	992,712	268,332	0	0	0	0	0	0	0	0
3. Direct Premiums.....	496,375,504	276,342,844	220,032,660	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	496,375,504	276,342,844	220,032,660	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve & reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	496,375,504	276,342,844	220,032,660	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).....	496,375,504	276,342,844	220,032,660	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	339,403,784	195,979,228	143,424,556	0	0	0	0	0	0	0	0
13. Other Professional Services.....	6,212,181	1,653,116	4,559,064	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	15,017,247	10,059,356	4,957,891	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	44,540,295	29,634,988	14,905,307	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	2,809,761	42,000	2,767,761	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	407,983,268	237,368,688	170,614,580	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	407,983,268	237,368,688	170,614,580	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	11,887,366	6,905,421	4,981,946	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	57,449,622	38,435,447	19,014,174	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(7,644,000)	(4,403,707)	(3,240,293)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	469,676,256	278,305,850	191,370,406	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	26,699,248	(1,963,006)	28,662,254	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	2,131,896	1,048,293	1,083,603	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	230,971	117,935	113,036	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	2,362,867	1,166,228	1,196,639	0	0	0	0	0	0	0	0
29. Other Expenses.....	207,612	79,036	128,575	0	0	0	0	0	0	0	0
30. <b>INCOME (LOSS) BEFORE FIT &amp; EXP ITEMS (L10 + L25 +</b>	<b>28,854,504</b>	<b>(875,814)</b>	<b>29,730,318</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31. Extraordinary Items & Federal Income Taxes.....	8,017,650	(243,365)	8,261,015	0	0	0	0	0	0	0	0
32. <b>NET INCOME (LOSS) (L30 less L31).....</b>	<b>20,836,854</b>	<b>(632,449)</b>	<b>21,469,303</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
33a. <b>NON-TAXABLE COMMERCIAL RISK ENROLLEES.....</b>		23,007	(Examples of non-taxable enrollees are State								
33b. <b>NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....</b>		281,306	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **DECEMBER 31, 2005**

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

REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	10,836	27	2,692	0	0	0	0	8,117	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	10,839	4	2,214	0	0	0	0	8,621	0	0	0	0	0
6. Current Year Member Months	129,516	48	27,288	0	0	0	0	102,180	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	96,909	16	9,184	0	0	0	0	87,709	0	0	0	0	0
8. Non-Physician	50,988	7	3,942	0	0	0	0	47,039	0	0	0	0	0
9. Total	147,897	23	13,126	0	0	0	0	134,748	0	0	0	0	0
10. Hospital Patient Days Incurred	14,938	1	538	0	0	0	0	14,399	0	0	0	0	0
11. Number of Inpatient Admissions	2,493	0	136	0	0	0	0	2,357	0	0	0	0	0
12. Health Premiums Written	89,556,379	23,562	6,497,239	0	0	0	0	83,035,578	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	89,556,379	23,562	6,497,239	0	0	0	0	83,035,578	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	61,497,237	7,655	3,864,845	0	0	0	0	57,624,737	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	61,207,828	6,120	3,773,432	0	0	0	0	57,428,276	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2005**

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.....	76,552	67,931	8,621	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	32,156	6,574	25,582	0	0	0	0	0	0	0	0
3. Direct Premiums.....	21,941,492	1,635,543	20,305,949	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	21,941,492	1,635,543	20,305,949	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	21,941,492	1,635,543	20,305,949	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).....	21,941,492	1,635,543	20,305,949	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	14,593,754	688,653	13,905,101	0	0	0	0	0	0	0	0
13. Other Professional Services.....	195,396	2,028	193,368	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.....	312,707	4,309	308,398	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	1,255,328	114,693	1,140,635	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	(284,565)	8,000	(292,565)	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	16,072,619	817,683	15,254,936	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	16,072,619	817,683	15,254,936	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	509,236	80,662	428,575	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	4,019,032	737,806	3,281,226	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(1,165,264)	(81,568)	(1,083,695)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	19,435,624	1,554,582	17,881,041	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	2,505,868	80,960	2,424,908	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	(512,109)	(35,848)	(476,261)	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	8,466	593	7,873	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	(503,643)	(35,255)	(468,388)	0	0	0	0	0	0	0	0
29. Other Expenses.....	(11,063)	(774)	(10,288)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28 I	2,013,288	46,480	1,966,808	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	867,565	15,887	851,677	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	1,145,723	30,593	1,115,131	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		832	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,482	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2005**

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

REPORT FOR :1. CORPORATION / 2. DIVISION **Corpus Christi**

(Location)

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

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	10,839	2,218	8,621	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	129,516	27,336	102,180	0	0	0	0	0	0	0	0
3. Direct Premiums.....	89,556,379	6,520,801	83,035,578	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	89,556,379	6,520,801	83,035,578	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	89,556,379	6,520,801	83,035,578	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).....	89,556,379	6,520,801	83,035,578	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	51,797,154	3,106,111	48,691,043	0	0	0	0	0	0	0	0
13. Other Professional Services.....	2,205,853	61,990	2,143,863	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.....	1,955,893	70,973	1,884,920	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	4,271,558	498,479	3,773,078	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	977,371	42,000	935,371	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	61,207,828	3,779,552	57,428,276	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	61,207,828	3,779,552	57,428,276	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,798,867	121,961	1,676,906	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	11,141,051	2,521,545	8,619,506	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(1,165,264)	(81,568)	(1,083,695)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	72,982,482	6,341,490	66,640,993	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	16,573,896	179,311	16,394,585	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	59,241	4,147	55,094	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	16,763	1,173	15,589	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	76,004	5,320	70,683	0	0	0	0	0	0	0	0
29. Other Expenses.....	(50,120)	(3,508)	(46,611)	0	0	0	0	0	0	0	0
30. <b>INCOME (LOSS) BEFORE FIT &amp; EXP ITEMS(L10+L25+L28)</b>	<b>16,700,020</b>	<b>188,140</b>	<b>16,511,880</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31. Extraordinary Items & Federal Income Taxes.....	4,640,351	52,277	4,588,074	0	0	0	0	0	0	0	0
32. <b>NET INCOME (LOSS) (L30 less L31).....</b>	<b>12,059,669</b>	<b>135,862</b>	<b>11,923,806</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31a. <b>NON-TAXABLE COMMERCIAL RISK ENROLLEES.....</b>		832	(Examples of non-taxable enrollees are State			0					
31b. <b>NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....</b>		10,332	of Texas enrollees and Federal employees.)			0					

STATEMENT AS OF **DECEMBER 31, 2005**

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

REPORT FOR DIVISION: **Houston**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	49,438	0	49,438	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	20,509	0	20,509	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	391,644	0	391,644	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	127,351	0	127,351	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	77,841	0	77,841	0	0	0	0	0	0	0	0	0	0
9. Total	205,192	0	205,192	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	11,570	0	11,570	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	2,989	0	2,989	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	106,478,676	0	106,478,676	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	106,478,676	0	106,478,676	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	100,146,523	0	100,146,523	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	91,930,385	0	91,930,385	0	0	0	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2005**

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.....	67,931	67,931	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	62,105	62,105	0	0	0	0	0	0	0	0	0
3. Direct Premiums.....	18,393,517	18,393,517	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	18,393,517	18,393,517	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	18,393,517	18,393,517	0	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	18,393,517	18,393,517	0	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	13,335,653	13,335,653	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	75,177	75,177	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.....	404,971	404,971	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	1,485,861	1,485,861	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).....	15,301,662	15,301,662	0	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	15,301,662	15,301,662	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	491,652	491,652	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,558,403	2,558,403	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(1,748,825)	(1,748,825)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	16,602,892	16,602,892	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	1,790,625	1,790,625	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	(674,711)	(674,711)	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	9,134	9,134	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	(665,577)	(665,577)	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(8,584)	(8,584)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28 I	1,133,631	1,133,631	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	252,462	252,462	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	881,169	881,169	0	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		459	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,378	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2005**

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.....	20,509	20,509		0	0	0	0	0	0	0	0	
2. MEMBER MONTHS.....	391,644	391,644		0	0	0	0	0	0	0	0	
3. Direct Premiums.....	106,478,676	106,478,676	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
4. Net Premiums.....	106,478,676	106,478,676	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0	
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0	
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	106,478,676	106,478,676	0	0	0	0	0	0	0	0	0	
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0	
11. TOTAL REVENUE (L9 to L10).....	106,478,676	106,478,676	0	0	0	0	0	0	0	0	0	
<b>MEDICAL AND HOSPITAL:</b>												
12. Hospital/Medical Benefits.....	78,330,212	78,330,212	0	0	0	0	0	0	0	0	0	
13. Other Professional Services.....	543,914	543,914	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.....	4,557,855	4,557,855	0	0	0	0	XXXXXXXX	0	0	0	0	
16. Other Medical & Hospital.....	8,498,405	8,498,405	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).....	91,930,385	91,930,385	0	0	0	0	0	0	0	0	0	
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0	
20. TOTAL MEDICAL & HOSP (L18 less L19).....	91,930,385	91,930,385	0	0	0	0	0	0	0	0	0	
21. Claims Adjustment Expenses.....	2,744,605	2,744,605	0	0	0	0	0	0	0	0	0	
22. General Administrative Expenses.....	15,548,587	15,548,587	0	0	0	0	0	0	0	0	0	
23. Increase in Reserves for A&H contracts.....	(1,748,825)	(1,748,825)	0	0	0	0	0	0	0	0	0	
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	108,474,753	108,474,753	0	0	0	0	0	0	0	0	0	
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(1,996,077)	(1,996,077)	0	0	0	0	0	0	0	0	0	
26. Net Investment Income Earned.....	70,527	70,527	0	0	0	0	0	0	0	0	0	
27. Net Realized Capital Gains/(Losses).....	19,956	19,956	0	0	0	0	0	0	0	0	0	
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	90,483	90,483	0	0	0	0	0	0	0	0	0	
29. Other Expenses.....	(58,698)	(58,698)	0	0	0	0	0	0	0	0	0	
30. <b>INCOME (LOSS) BEFORE FIT &amp; EXP ITEMS(L10+L25+L28</b>	<b>(1,846,896)</b>	<b>(1,846,896)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
31. Extraordinary Items & Federal Income Taxes.....	(513,188)	(513,188)	0	0	0	0	0	0	0	0	0	
32. <b>NET INCOME (LOSS) (L30 less L31).....</b>	<b>(1,333,708)</b>	<b>(1,333,708)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
31a. <b>NON-TAXABLE COMMERCIAL RISK ENROLLEES.....</b>		459	(Examples of non-taxable enrollees are State				0					
31b. <b>NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....</b>		5,411	of Texas enrollees and Federal employees.)				0					

STATEMENT AS OF **DECEMBER 31, 2005**

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

REPORT FOR DIVISION: **San Antonio**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	58,031	7	23,438	0	0	0	21,265	13,321	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	50,162	5	16,478	0	0	0	19,409	14,270	0	0	0	0	0
6. Current Year Member Months	610,404	69	206,317	0	0	0	237,866	166,152	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	360,063	18	54,523	0	0	0	149,175	156,347	0	0	0	0	0
8. Non-Physician	301,544	26	77,745	0	0	0	77,716	146,057	0	0	0	0	0
9. Total	661,607	44	132,268	0	0	0	226,891	302,404	0	0	0	0	0
10. Hospital Patient Days Incurred	39,147	2	5,980	0	0	0	6,689	26,476	0	0	0	0	0
11. Number of Inpatient Admissions	7,674	0	1,130	0	0	0	1,810	4,734	0	0	0	0	0
12. Health Premiums Written	263,748,895	77,022	54,321,075	0	0	0	72,353,716	136,997,082	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	263,748,895	77,022	54,321,075	0	0	0	72,353,716	136,997,082	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	226,253,715	163,763	50,180,666	0	0	0	63,051,275	112,858,011	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	224,143,223	154,413	48,653,235	0	0	0	62,149,272	113,186,303	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2005**

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.....	82,201	67,931	14,270	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	149,972	107,819	42,153	0	0	0	0	0	0	0	0
3. Direct Premiums.....	64,250,277	30,626,906	33,623,371	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	64,250,277	30,626,906	33,623,371	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	64,250,277	30,626,906	33,623,371	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).....	64,250,277	30,626,906	33,623,371	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	46,650,851	20,850,648	25,800,202	0	0	0	0	0	0	0	0
13. Other Professional Services.....	799,990	246,995	552,995	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.....	1,330,401	984,312	346,089	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	7,416,272	4,094,690	3,321,581	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	(1,637,116)	0	(1,637,116)	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	54,560,397	26,176,646	28,383,751	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	54,560,397	26,176,646	28,383,751	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,544,291	749,407	794,885	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	4,288,736	1,721,283	2,567,453	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(4,147,304)	(1,990,706)	(2,156,598)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	56,246,120	26,656,630	29,589,490	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	8,004,158	3,970,277	4,033,881	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	(654,185)	(314,009)	(340,176)	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	59,395	28,510	30,886	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	(594,790)	(285,499)	(309,291)	0	0	0	0	0	0	0	0
29. Other Expenses.....	467,181	224,247	242,934	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28 I	6,942,186	3,460,530	3,481,656	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	2,072,412	900,694	1,171,718	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	4,869,774	2,559,836	2,309,938	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		20,967	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		63,077	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2005**

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.....	50,162	35,892	14,270	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	610,404	444,252	166,152	0	0	0	0	0	0	0	0
3. Direct Premiums.....	263,748,896	126,751,814	136,997,082	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	263,748,896	126,751,814	136,997,082	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	263,748,896	126,751,814	136,997,082	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).....	263,748,896	126,751,814	136,997,082	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	185,499,524	90,766,012	94,733,513	0	0	0	0	0	0	0	0
13. Other Professional Services.....	3,338,387	923,186	2,415,201	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.....	6,190,867	3,117,896	3,072,971	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	27,282,056	16,149,827	11,132,229	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	1,832,390	0	1,832,390	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	224,143,224	110,956,920	113,186,303	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	224,143,224	110,956,920	113,186,303	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	6,427,334	3,122,294	3,305,040	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	25,376,393	14,981,725	10,394,668	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(4,147,304)	(1,990,706)	(2,156,598)	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	251,799,646	127,070,233	124,729,414	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	11,949,249	(318,419)	12,267,668	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,977,902	949,393	1,028,509	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	187,397	89,951	97,447	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	2,165,300	1,039,344	1,125,956	0	0	0	0	0	0	0	0
29. Other Expenses.....	336,897	161,710	175,186	0	0	0	0	0	0	0	0
30. <b>INCOME (LOSS) BEFORE FIT &amp; EXP ITEMS(L10+L25+L28)</b>	<b>13,777,652</b>	<b>559,214</b>	<b>13,218,438</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31. Extraordinary Items & Federal Income Taxes.....	3,828,320	155,379	3,672,941	0	0	0	0	0	0	0	0
32. <b>NET INCOME (LOSS) (L30 less L31).....</b>	<b>9,949,332</b>	<b>403,835</b>	<b>9,545,497</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31a. <b>NON-TAXABLE COMMERCIAL RISK ENROLLEES.....</b>		20,967	(Examples of non-taxable enrollees are State			0					
31b. <b>NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....</b>		256,715	of Texas enrollees and Federal employees.)			0					

STATEMENT AS OF **DECEMBER 31, 2005**

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

REPORT FOR DIVISION: **Austin**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Stop Loss	11. Disability Income	12. Long-Term Care	13. Other
		2. Individual	3. Group										
Total Members at end of:													
1. Prior Year	16,840	6	16,834	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	9,312	5	9,307	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	129,480	60	129,420	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	66,906	24	66,882	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	32,154	12	32,142	0	0	0	0	0	0	0	0	0	0
9. Total	99,060	36	99,024	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,123	1	2,122	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	648	0	648	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	36,591,554	41,668	36,549,886	0	0	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	36,591,554	41,668	36,549,886	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	33,654,422	62,558	33,591,864	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	30,701,830	60,508	30,641,322	0	0	0	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2005**

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.....	67,931	67,931	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	27,879	27,879	0	0	0	0	0	0	0	0	0
3. Direct Premiums.....	8,169,338	8,169,338	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Net Premiums.....	8,169,338	8,169,338	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	8,169,338	8,169,338	0	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	8,169,338	8,169,338	0	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	4,888,494	4,888,494	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	25,178	25,178	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.....	1,199,032	1,199,032	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	981,769	981,769	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).....	7,094,473	7,094,473	0	0	0	0	0	0	0	0	0
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	7,094,473	7,094,473	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	222,486	222,486	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,546,727	1,546,727	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	(582,607)	(582,607)	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	8,281,078	8,281,078	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(111,740)	(111,740)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	(216,251)	(216,251)	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	3,363	3,363	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	(212,888)	(212,888)	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(4,012)	(4,012)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L28 I	(320,617)	(320,617)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal Income Taxes.....	(77,667)	(77,667)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	(242,949)	(242,949)	0	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		749	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,238	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2005**

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.....	9,312	9,312	0	0	0	0	0	0	0	0	0	
2. MEMBER MONTHS.....	129,480	129,480	0	0	0	0	0	0	0	0	0	
3. Direct Premiums.....	36,591,554	36,591,554	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
4. Net Premiums.....	36,591,554	36,591,554	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0	0	
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0	
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)...	36,591,554	36,591,554	0	0	0	0	0	0	0	0	0	
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0	
11. TOTAL REVENUE (L9 to L10).....	36,591,554	36,591,554	0	0	0	0	0	0	0	0	0	
<b>MEDICAL AND HOSPITAL:</b>												
12. Hospital/Medical Benefits.....	23,776,894	23,776,894	0	0	0	0	0	0	0	0	0	
13. Other Professional Services.....	124,027	124,027	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.....	2,312,632	2,312,632	0	0	0	0	XXXXXXXX	0	0	0	0	
16. Other Medical & Hospital.....	4,488,277	4,488,277	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).....	30,701,830	30,701,830	0	0	0	0	0	0	0	0	0	
19. Net Reins Claims Incurred.....	0	0	0	0	0	0	0	0	0	0	0	
20. TOTAL MEDICAL & HOSP (L18 less L19).....	30,701,830	30,701,830	0	0	0	0	0	0	0	0	0	
21. Claims Adjustment Expenses.....	916,561	916,561	0	0	0	0	0	0	0	0	0	
22. General Administrative Expenses.....	5,383,590	5,383,590	0	0	0	0	0	0	0	0	0	
23. Increase in Reserves for A&H contracts.....	(582,607)	(582,607)	0	0	0	0	0	0	0	0	0	
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23).....	36,419,374	36,419,374	0	0	0	0	0	0	0	0	0	
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	172,180	172,180	0	0	0	0	0	0	0	0	0	
26. Net Investment Income Earned.....	24,226	24,226	0	0	0	0	0	0	0	0	0	
27. Net Realized Capital Gains/(Losses).....	6,855	6,855	0	0	0	0	0	0	0	0	0	
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	31,081	31,081	0	0	0	0	0	0	0	0	0	
29. Other Expenses.....	(20,468)	(20,468)	0	0	0	0	0	0	0	0	0	
30. <b>INCOME (LOSS) BEFORE FIT &amp; EXP ITEMS(L10+L25+L28)</b>	<b>223,728</b>	<b>223,728</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
31. Extraordinary Items & Federal Income Taxes.....	62,166	62,166	0	0	0	0	0	0	0	0	0	
32. <b>NET INCOME (LOSS) (L30 less L31).....</b>	<b>161,562</b>	<b>161,562</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
31a. <b>NON-TAXABLE COMMERCIAL RISK ENROLLEES.....</b>		749	(Examples of non-taxable enrollees are State				0					
31b. <b>NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....</b>		8,848	of Texas enrollees and Federal employees.)				0					