### TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2005

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

-		-						Current Quarter		_	
	1. Total	2. COMMERCIAL RISK	3 MEDI	-	4. MEDIO		5. POINT OF	6. ASSUMED RISK	7. CHILDREN'S	8. PUBLICLY	9. NON-RISK
		(Omit Provider	(Omit Provider I	-	(Omit Provider H		SERVICE RIDER	(as Provider HMO)	HEALTH	SUPPORTED	
		HMO Business)	RISK	COST	RISK	COST	COVERAGE		INSURANCE PLAN	HEALTH CARE	
1. ENROLLEES AT THE END OF REPT PERIOD	116,367	94,319	22,048	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	353,573	288,107	65,466	0	0	0	0	0	0	0	0
3. Direct Premium	130,855,645	78,372,843	52,482,802	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums	130,855,645	78,372,843	52,482,802	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
Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	130,855,645	78,372,843	52,482,802	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)	130,855,645	78,372,843	52,482,802	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	93,930,048	59,988,271	33,941,777	0	0	0	0	0	0	0	0
13. Other Professional Services	1,702,373	492,456	1,209,917	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	2,992,939	1,510,835	1,482,104	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	11,357,132	8,180,873	3,176,259	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	4,365,044	158,954	4,206,090	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	114,347,536	70,331,389	44,016,147	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)	114,347,536	70,331,389	44,016,147	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	3,255,482	1,907,301	1,348,181	0	0	0	0	0	0	0	0
22. General Administrative Expenses	12,201,245	8,922,831	3,278,414	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	129,804,263	81,161,521	48,642,743	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	1,051,381	(2,788,678)	3,840,059	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	1,382,284	794,711	587,573	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	99,636	56,170	43,466	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	1,481,921	850,881	631,040	0	0	0	0	0	0	0	0
29. Other Expenses	3,960	(4,183)	8,143	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L10+L25+L2	2,529,342	(1,933,614)	4,462,956	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	1,259,538	(962,885)	2,222,423	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31)	1,269,804	(970,729)	2,240,533	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		23,827	(Examples of non	-taxable enrollees a	re State						

of Texas enrollees and Federal employees.)

71,647

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2005

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

_						Indicat	e Reporting Peri	od: Year-to-Date	<u>X</u>		
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 <b>MEDI</b> (Omit Provider I	CARE	4. MEDIC (Omit Provider H	CAID	5. POINT OF SERVICE RIDER	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
		ŕ	RISK	COST	RISK	COST			PLAN		
1. ENROLLEES AT THE END OF REPT PERIOD	116,367	94,319	22,048	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	353,573	288,107	65,466	0	0	0	0	0	0	0	0
3. Direct Premium	130,855,645	78,372,843	52,482,802	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums	130,855,645	78,372,843	52,482,802	0	0	0	0	XXXXXXXX	0	0	XXXXXXX
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	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	0	0
7. Risk Revenue	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	0	XXXXXXX	XXXXXXXX	XXXXXXX
Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	130,855,645	78,372,843	52,482,802	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)	130,855,645	78,372,843	52,482,802	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	93,930,048	59,988,271	33,941,777	0	0	0	0	0	0	0	0
13. Other Professional Services	1,702,373	492,456	1,209,917	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	2,992,939	1,510,835	1,482,104	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	11,357,132	8,180,873	3,176,259	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	4,365,044	158,954	4,206,090	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	114,347,536	70,331,389	44,016,147	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)	114,347,536	70,331,389	44,016,147	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	3,255,482	1,907,301	1,348,181	0	0	0	0	0	0	0	0
22. General Administrative Expenses	12,201,245	8,922,831	3,278,414	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	129,804,263	81,161,521	48,642,743	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	1,051,381	(2,788,678)	3,840,059	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	1,382,284	794,711	587,573	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	99,636	56,170	43,466	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	1,481,921	850,881	631,040	0	0	0	0	0	0	0	0
29. Other Expenses	3,960	(4,183)	8,143	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L10+L25+L2	2,529,342	(1,933,614)	4,462,956	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	1,259,538	(962,885)	2,222,423	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31)	1,269,804	(970,729)	2,240,533	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		23,827	(Examples of non	-taxable enrollees a	re State						

3

71,647 of Texas enrollees and Federal employees.)

STATEMENT AS OF MARCH 31, 2005

OF THE Humana Health Plan of Texas, Inc.

REPORT FOR DIVISION: Corpus Christi

(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:													
Prior Year	10,836	27	2,692	0	0	0	0	8,117	0	0	0	0	0
2. First Quarter	10,692	31	2,223	0	0	0	0	8,438	0	0	0	0	0
Second Quarter	0												
4. Third Quarter	0												ĺ
5. Current Year	0												ĺ
6. Current Year Member Months	32,041	90	7,026	0	0	0	0	24,925	0	0	0	0	0
Total Member Ambulatory Encounters													l
for Year:													İ
7. Physician	106,880	204	15,951	0	0	0	0	90,725	0	0	0	0	0
8. Non-Physician	18,835	42	3,288	0	0	0	0	15,505	0	0	0	0	0
9. Total	125,715	246	19,239	0	0	0	0	106,230	0	0	0	0	0
10. Hospital Patient Days Incurred	4,036	2	144	0	0	0	0	3,890	0	0	0	0	0
11. Number of Inpatient Admissions	678	0	37	0	0	0	0	641	0	0	0	0	0
12. Health Premiums Written	21,848,835	26,486	1,625,255	0	0	0	0	20,197,094	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	21,848,835	26,486	1,625,255	0	0	0	0	20,197,094	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			Ů	Ü	-			0	-	0			l
of Health Care Services	16,030,180	7,133	1,049,263	0	0	0	0	14,973,784	0	0	0	0	0
Amount Incurred for Provision of     Health Care Services	16,965,645	8,240	1,054,692	0	0	0	0	15,902,713	0	0	0	0	0

### TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING MARCH 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

Fig.   Part									Jurrent Quarter			
Comment   Comm		1. Total		•	•	-	-	_	-		-	~ -
		IOlai			-							NON-KISK
1.000   1.000   2.294   8.488   0   0   0   0   0   0   0   0   0			HMO Business)		,		•	COVERAGE			HEALTH CARE	
2. MERISER MONTHS.												
1, 1548   1, 1657   1, 1		*		,		_						0
21,848,035   1,851,741   20,197.08   0   0   0   0   0   0   0   0   0	2. MEMBER MONTHS	32,041	7,116	24,925	0		0	0	0	0	0	0
5. Change in unamed premium reserve and reserve for rate credits.   0	3. Direct Premium	21,848,835	1,651,741	20,197,094			0	0	XXXXXXXX	0	0	XXXXXXXX
Fig. Fee-for-Service (gross revenues).	4. Premiums	21,848,835	1,651,741	20,197,094		0	0		XXXXXXXX	0	0	XXXXXXXX
7. Risk Revenue	,	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	6. Fee-for-Service (gross revenues)	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8). 21,848,835 1,651,741 20,197,094 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 L8)	21,848,835	1,651,741	20,197,094	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:   13,539,071   719,987   12,819,088   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
13. Hospital/Medical Benefits. 13.539,071 719,987 719,	11. TOTAL REVENUE (L9 to L10)	21,848,835	1,651,741	20,197,094	0	0	0	0	0	0	0	0
13. Other Professional Services. 663.079 36.006 627.073 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MEDICAL AND HOSPITAL:											
14. Outside Referrals	12. Hospital/Medical Benefits	13,539,071	719,987	12,819,083	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area	13. Other Professional Services	663,079	36,006	627,073	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	832,872	20,910	811,962	0	0	0	XXXXXXXX	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	16. Other Medical & Hospital	865,930	127,074	738,856	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred	17. Incentive Pool & Withhold Adjustments	1,064,693	158,954	905,739	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L20)	18. SUBTOTAL MED & HOSP (L12 to L17)	16,965,644	1,062,932	15,902,713	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.       1,682,743       333,736       1,349,007       0 </td <td>20. TOTAL MEDICAL &amp; HOSP (L18 less L20)</td> <td>16,965,644</td> <td>1,062,932</td> <td>15,902,713</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)	16,965,644	1,062,932	15,902,713	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	21. Claims Adjustment Expenses	470,668	1,936	468,732	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	22. General Administrative Expenses	1,682,743	333,736	1,349,007	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	23. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	19,119,055	1,398,604	17,720,451	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)       10,866       869       9,997       0	25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	2,729,780	253,137	2,476,643	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	26. Net Investment Income Earned	177,179	14,174	163,004	0	0	0	0	0	0	0	0
29. Other Expenses	27. Net Realized Capital Gains/(Losses)	10,866	869	9,997	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)	188,045	15,044	173,001	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 - 28)	29. Other Expenses	(10,338)	(827)	(9,511)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)		2,928,163	269,008	2,659,155	0	0	0	0	0	0	0	0
	31. Extraordinary Items & Federal income taxes	1,458,139	133,957	1,324,182	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES	32. NET INCOME (LOSS) (Lines 29 minus 30)	1,470,024	135,051	1,334,973	0	0	0	0	0	0	0	0
	33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		887	(Examples of nor	n-taxable enrollees	are State						

2,661 of Texas enrollees and Federal employees.)

STATEMENT FOR THE PERIOD ENDING MARCH 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

							Reporting Perio				
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	MEDI	B. CARE HMO Business) COST	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	10,692	2,254	8,438	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	32,041	7,116	24,925	0	0	0	0	0	0	0	0
3. Direct Premium	21,848,835	1,651,741	20,197,094	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums	21,848,835	1,651,741	20,197,094	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	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)	21,848,835	1,651,741	20,197,094	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)	21,848,835	1,651,741	20,197,094	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	13,539,071	719,987	12,819,083	0	0	0	0	0	0	0	0
13. Other Professional Services	663,079	36,006	627,073	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	832,872	20,910	811,962	0	0	0	XXXXXXX	0	0	0	0
16. Other Medical & Hospital	865,930	127,074	738,856	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	1,064,693	158,954	905,739	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	16,965,644	1,062,932	15,902,713	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)	16,965,644	1,062,932	15,902,713	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	470,668	1,936	468,732	0	0	0	0	0	0	0	0
22. General Administrative Expenses	1,682,743	333,736	1,349,007	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	19,119,055	1,398,604	17,720,451	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	2,729,780	253,137	2,476,643	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	177,179	14,174	163,004	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	10,866	869	9,997	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	188,045	15,044	173,001	0	0	0	0	0	0	0	0
29. Other Expenses	(10,338)	(827)	(9,511)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	2,928,163	269,008	2,659,155	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	1,458,139	133,957	1,324,182	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)	1,470,024	135,051	1,334,973	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		887	(Examples of no	n-taxable enrollees	are State						
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		2,661	of Texas enrolle	es and Federal emp	oloyees.)						

STATEMENT AS OF MARCH 31, 2005

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	1
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Stop Loss	Income	Care	Other
Total Members at end of:													l
Prior Year	49,438	0	49,438	0	0	0	0	0	0	0	0	0	0
2. First Quarter	42,566	0	42,566	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	131,629	0	131,629	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	362,013	0	362,013	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	127,371	0	127,371	0	0	0	0	0	0	0	0	0	0
9. Total	489,384	0	489,384	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3,397	0	3,397	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	861	0	861	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	34,393,808	0	34,393,808	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	34,393,808	0	34,393,808	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	34,525,660	0	34,525,660	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	30,595,540	0	30,595,540	0	0	0	0	0	0	0	0	0	0

### TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING MARCH 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

								urrent Quarter			
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDIO (Omit Provider F	CARE HMO Business)	4. MEDIO (Omit Provider F	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	42,566	42,566	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	131,629	131,629	0	0	0	0	0	0	0	0	0
3. Direct Premium	34,393,808	34,393,808	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums	34,393,808	34,393,808	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	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	34,393,808	34,393,808	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)	34,393,808	34,393,808	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	26,946,156	26,946,156	0	0	0	0	0	0	0	0	0
13. Other Professional Services	198,501	198,501	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	687,153	687,153	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	2,763,730	2,763,730	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)	30,595,540	30,595,540	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)	30,595,540	30,595,540	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	905,628	905,628	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses	3,843,608	3,843,608	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	35,344,776	35,344,776	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(950,968)	(950,968)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	277,298	277,298	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	17,007	17,007	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	294,304	294,304	0	0	0	0	0	0	0	0	0
29. Other Expenses	(16,394)	(16,394)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)	(640,269)	(640,269)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	(318,835)	(318,835)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)	(321,434)	(321,434)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		435	(Examples of nor	n-taxable enrollees	are State						

1,323 of Texas enrollees and Federal employees.)

STATEMENT FOR THE PERIOD ENDING MARCH 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 F	Reporting Perio	d: Year-to-Date	<u>X</u>		
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	<b>MEDI</b> (Omit Provider	B. CARE HMO Business)	MED (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	42,566	42,566	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	131,629	131,629	0	0	0	0	0	0	0	0	0
3. Direct Premium	34,393,808	34,393,808	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums	34,393,808	34,393,808	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	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXX
8. Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	34,393,808	34,393,808	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)	34,393,808	34,393,808	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											l
12. Hospital/Medical Benefits	26,946,156	26,946,156	0	0	0	0	0	0	0	0	0
13. Other Professional Services	198,501	198,501	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	687,153	687,153	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	2,763,730	2,763,730	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)	30,595,540	30,595,540	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)	30,595,540	30,595,540	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	905,628	905,628	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses	3,843,608	3,843,608	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	35,344,776	35,344,776	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(950,968)	(950,968)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	277,298	277,298	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	17,007	17,007	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	294,304	294,304	0	0	0	0	0	0	0	0	0
29. Other Expenses	(16,394)	(16,394)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	(640,269)	(640,269)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	(318,835)	(318,835)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)	(321,434)	(321,434)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		435	(Examples of no	n-taxable enrollees	are State						
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		1,323	of Texas enrolle	es and Federal em	ployees.)						

STATEMENT AS OF MARCH 31, 2005

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	Medicare	Vision	Dental	Federal 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	58,031	7	23,438	0	0	0	21,265	13,321	0	0	0	0	0
2. First Quarter	51,427	7	17,625	0	0	0	20,185	13,610	0	0	0	0	0
Second Quarter	0												
Third Quarter	0												
5. Current Year	0												
Current Year Member Months	154,651	21	53,340	0	0	0	60,749	40,541	0	0	0	0	0
Total Member Ambulatory Encounters													
for Year:													
7. Physician	525,806	77	194,767	0	0	0	159,513	171,449	0	0	0	0	0
8. Non-Physician	273,900	44	110,806	0	0	0	66,199	96,851	0	0	0	0	0
9. Total	799,706	121	305,573	0	0	0	225,712	268,300	0	0	0	0	0
10. Hospital Patient Days Incurred	11,945	1	3,375	0	0	0	1,342	7,227	0	0	0	0	0
11. Number of Inpatient Admissions	2,437	1	817	0	0	0	388	1,231	0	0	0	0	0
12. Health Premiums Written	64,938,326	22,354	19,004,557	0	0	0	13,625,708	32,285,707	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	64,938,326	22,354	19,004,557	0	0	0	13,625,708	32,285,707	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	55,331,999	12,692	16,572,981	0	0	0	11,710,229	27,036,097	0	0	0	0	0
Amount Incurred for Provision of Health Care Services	58,366,870	6,063	18,019,731	0	0	0	12,227,641	28,113,435	0	0	0	0	0

### TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING MARCH 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

· ·								urrent Quarter			
	1. Total	2. COMMERCIAL RISK	3. MEDIO	-	4. MEDI	=	5. POINT OF	6. ASSUMED RISK	7. CHILDREN'S	8. PUBLICLY	9. NON-RISK
	rotai	(Omit Provider	(Omit Provider F		(Omit Provider F		SERVICE RIDER	(as Provider HMO)	HEALTH	SUPPORTED	NON-KISK
		HMO Business)	RISK I	COST	RISK	COST	COVERAGE		INSURANCE PLAN	HEALTH CARE	
1. ENROLLEES AT THE END OF REPT PERIOD	51,427	37,817	13,610	0	0	0	0	0	0 0	0	
2. MEMBER MONTHS	154,651	114,110	40,541	0	0	0	0	0	0	0	0
3. Direct Premium	64,938,327	32,652,619	32,285,707	0	0	0	0	xxxxxxxx	0	0	XXXXXXXX
4. Premiums	64,938,327	32,652,619	32,285,707	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	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	xxxxxxxx	XXXXXXXX
Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	64,938,327	32,652,619	32,285,707	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)	64,938,327	32,652,619	32,285,707	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	46,548,739	25,426,045	21,122,694	0	0	0	0	0	0	0	0
13. Other Professional Services	800,688	217,844	582,844	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	1,217,284	547,142	670,142	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	6,499,807	4,062,404	2,437,404	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	3,300,351	0	3,300,351	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	58,366,869	30,253,435	28,113,435	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)	58,366,869	30,253,435	28,113,435	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	1,629,969	750,520	879,449	0	0	0	0	0	0	0	0
22. General Administrative Expenses	5,642,645	3,713,237	1,929,408	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	65,639,483	34,717,192	30,922,291	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(701,156)	(2,064,573)	1,363,416	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	849,138	424,569	424,569	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	66,938	33,469	33,469	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	916,077	458,038	458,038	0	0	0	0	0	0	0	0
29. Other Expenses	35,307	17,654	17,654	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)	179,613	(1,624,188)	1,803,801	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	89,442	(808,799)	898,241	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)	90,171	(815,389)	905,560	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		21,770	(Examples of non	-taxable enrollees	are State						

65,490 of Texas enrollees and Federal employees.)

STATEMENT FOR THE PERIOD ENDING MARCH 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

1.   COMPENSION   COMPENSION
1. ENROLLEES AT THE END OF REPT PERIOD
2. MEMBER MONTHS
3. Direct Premium
4. Premiums
5. Change in unearned premium reserve and reserve for rate credits.       0
6. Fee-for-Service (gross revenues)
7. Risk Revenue
8. Other Health Related Revenues
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)
1. Other Revenues (excluding investment income). 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
11. TOTAL REVENUE (L9 to L10)       64,938,327       32,652,619       32,285,707       0<
MEDICAL AND HOSPITAL:         46,548,739         25,426,045         21,122,694         0
12. Hospital/Medical Benefits
13. Other Professional Services.       800,688       217,844       582,844       0
14. Outside Referrals
15. Emergency Room and Out-of-Area
16. Other Medical & Hospital
5, respect
47 Januari va Bard 9 Withhold Adicategate 0 0 0 0 0 0
18. SUBTOTAL MED & HOSP (L12 to L17)
19. Net Reins Recoveries Incurred
20. TOTAL MEDICAL & HOSP (L18 less L20)
21. Claims Adjustment Expenses
22. General Administrative Expenses
23. Increase in Reserves for A&H contracts
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)
26. Net Investment Income Earned
27. Net Realized Capital Gains/(Losses)
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)
29. Other Expenses
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28). 179,613 (1,624,188) 1,803,801 0 0 0 0 0 0 0 0
31. Extraordinary Items & Federal income taxes
32. <b>NET INCOME (LOSS) (Lines 29 minus 30)</b> 90,171 (815,389) 905,560 0 0 0 0 0 0 0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS

STATEMENT AS OF MARCH 31, 2005

OF THE Humana Health Plan of Texas, Inc.

REPORT FOR DIVISION: Austin

(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	16,840	6	16,834	0	0	0	0	0	0	0	0	0	0
2. First Quarter	11,682	5	11,677	0	0	0	0	0	0	0	0	0	0
Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	35,252	15	35,237	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters													
for Year:													
7. Physician	219,814	74	219,740	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	66,348	22	66,326	0	0	0	0	0	0	0	0	0	0
9. Total	286,162	96	286,066	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	683	0	683	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	185	0	185	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	9,674,675	9,783	9,664,892	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	9,674,675	9,783	9,664,892	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	0	0	0	0	0	0	0	0	0	0	0	0	
of Health Care Services	10,648,521	3,853	10,644,668	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of													
Health Care Services	8,419,483	3,534	8,415,949	0	0	0	0	0	0	0	0	0	0

### TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING MARCH 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

-		Indicate Reporting Period: Current Quarter X									
	1. Total	2. COMMERCIAL RISK	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER	6. ASSUMED RISK (as Provider HMO)		8. PUBLICLY SUPPORTED	9. NON-RISK
	Total	(Omit Provider									
		HMO Business)	RISK	COST	RISK	COST	COVERAGE		INSURANCE PLAN	HEALTH CARE	1
1. ENROLLEES AT THE END OF REPT PERIOD	11,682	11,682	0	0		0	0	0	0	0	0
2. MEMBER MONTHS	35,252	35,252	0	0	0	0	0	0	0	0	0
3. Direct Premium	9,674,675	9,674,675	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums	9,674,675	9,674,675	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	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)	9,674,675	9,674,675	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)	9,674,675	9,674,675	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	6,896,083	6,896,083	0	0	0	0	0	0	0	0	0
13. Other Professional Services	40,105	40,105	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	255,630	255,630	0	0	0	0	XXXXXXX	0	0	0	0
16. Other Medical & Hospital	1,227,665	1,227,665	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)	8,419,483	8,419,483	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)	8,419,483	8,419,483	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	249,217	249,217	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses	1,032,250	1,032,250	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	9,700,949	9,700,949	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(26,275)	(26,275)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	78,670	78,670	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	4,825	4,825	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	83,495	83,495	0	0	0	0	0	0	0	0	0
29. Other Expenses	(4,615)	(4,615)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)	61,835	61,835	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	30,792	30,792	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)	31,043	31,043	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		735	(Examples of no	n-taxable enrollees	s are State		<del></del>				
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		2,173	of Texas enrolled	es and Federal em	ployees.)						
			•								

STATEMENT FOR THE PERIOD ENDING MARCH 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)	(Omit Provider HMO Business)		4.  MEDICAID  (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	) HEALTH INSURANCE	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
	11.000	44.000	RISK	COST	RISK	COST			PLAN	<del></del>	
1. ENROLLEES AT THE END OF REPT PERIOD	11,682	11,682	0	0	0	+	0	0	0	0	0
2. MEMBER MONTHS	35,252	35,252	0	0	0			0	0	0	0
3. Direct Premium	9,674,675	9,674,675	0	0	0	<u> </u>		XXXXXXXX	0	0	XXXXXXXX
4. Premiums	9,674,675	9,674,675	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
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
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	9,674,675	9,674,675	0	0	0	-	0	0	0	0	0
Other Revenues (excluding investment income)	0	0	0	0	0		0	0	0	0	0
11. TOTAL REVENUE (L9 to L10)	9,674,675	9,674,675	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	6,896,083	6,896,083	0	0	0	0	0	0	0	0	0
13. Other Professional Services	40,105	40,105	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	255,630	255,630	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	1,227,665	1,227,665	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)	8,419,483	8,419,483	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)	8,419,483	8,419,483	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	249,217	249,217	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses	1,032,250	1,032,250	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	9,700,949	9,700,949	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(26,275)	(26,275)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	78,670	78,670	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	4,825	4,825	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	83,495	83,495	0	0	0	0	0	0	0	0	0
29. Other Expenses	(4,615)	(4,615)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	61,835	61,835	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	30,792	30,792	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30)	31,043	31,043	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		735	(Examples of no	n-taxable enrollees	s are State	•	•	•	-		
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		2,173		es and Federal em							
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