

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**

	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.....	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
8. 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 are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		71,647	of Texas enrollees and Federal employees.)								

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: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	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
8. 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 are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Medicare	9 Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	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
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
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 for Year:													
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
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	16,030,180	7,133	1,049,263	0	0	0	0	14,973,784	0	0	0	0	0
18. 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**

	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.....	10,692	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
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	21,848,835	1,651,741	20,197,094	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	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	XXXXXXXX	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 non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,661	of Texas enrollees and Federal employees.)								

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: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	10,692	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
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	21,848,835	1,651,741	20,197,094	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	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	XXXXXXXX	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
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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 non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,661	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT AS OF **MARCH 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 Medicare	9 Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	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
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	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**

	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.....	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
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	34,393,808	34,393,808	0	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	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 non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,323	of Texas enrollees and Federal employees.)								

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: 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.....	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
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	34,393,808	34,393,808	0	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	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 non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,323	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **MARCH 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 Medicare	9 Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	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
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. 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
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	55,331,999	12,692	16,572,981	0	0	0	11,710,229	27,036,097	0	0	0	0	0
18. 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**

	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.....	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
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	64,938,327	32,652,619	32,285,707	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	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								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		65,490	of Texas enrollees and Federal employees.)								

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: 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.....	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
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	64,938,327	32,652,619	32,285,707	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	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								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		65,490	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT AS OF **MARCH 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 Medicare	9 Medicaid	10 Stop Loss	11 Disability Income	12 Long-Term Care	13 Other
		2 Individual	3 Group										
Total Members at end of:													
1. Prior Year	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
3. 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
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	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

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,682	11,682	0	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
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	9,674,675	9,674,675	0	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	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 non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,173	of Texas enrollees and Federal employees.)								

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: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,682	11,682	0	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
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	9,674,675	9,674,675	0	0	0	0	0	0	0	0	0
1. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	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 non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,173	of Texas enrollees and Federal employees.)								