#### TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2005 OF THE Humana Health Plan of Texas, Inc.

71,647

(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

_	Indicate Reporting Period: Current Quarter X										
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)		B. CARE HMO Business)	4. <b>MEDI</b> (Omit Provider F	CAID	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
		Tiwio Business)	RISK	COST	RISK	COST	OOVERAGE		PLAN	HEALTH GARE	
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	\$370.10	\$272.03	\$801.68	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
4. Premiums	\$370.10	\$272.03	\$801.68	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXX
5. Chg in unearned prem. reserve & reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	\$370.10	\$272.03	\$801.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L9 to L10)	\$370.10	\$272.03	\$801.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$265.66	\$208.22	\$518.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$4.81	\$1.71	\$18.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$8.46	\$5.24	\$22.64	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$32.12	\$28.40	\$48.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$12.35	\$0.55	\$64.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17)	\$323.41	\$244.12	\$672.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L19)	\$323.41	\$244.12	\$672.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$9.21	\$6.62	\$20.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$34.51	\$30.97	\$50.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$367.12	\$281.71	\$743.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	\$2.97	(\$9.68)	\$58.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$3.91	\$2.76	\$8.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.28	\$0.19	\$0.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$4.19	\$2.95	\$9.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	\$0.01	(\$0.01)	\$0.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L10+L25+L2	\$7.15	(\$6.71)	\$68.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$3.56	(\$3.34)	\$33.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (L30 less L31)	\$3.59	(\$3.37)	\$34.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		. 23,827	(Examples of nor	n-taxable enrollees a	are State						

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 CONSOLIDATED

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

(Location)

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

Indicate Reporting Period: Year-to-Date X

<u>-</u>	Indicate Reporting Period: Year-to-Date X										
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)		B. CARE HMO Business)	4. <b>MEDI</b> (Omit Provider F	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
		Time Basilloss,	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	\$370.10	\$272.03	\$801.68	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXX
4. Premiums	\$370.10	\$272.03	\$801.68	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXX
5. Chg in unearned prem. reserve & reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXX
Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	\$370.10	\$272.03	\$801.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L9 to L10)	\$370.10	\$272.03	\$801.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$265.66	\$208.22	\$518.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$4.81	\$1.71	\$18.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$8.46	\$5.24	\$22.64	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$32.12	\$28.40	\$48.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$12.35	\$0.55	\$64.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17)	\$323.41	\$244.12	\$672.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L19)	\$323.41	\$244.12	\$672.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$9.21	\$6.62	\$20.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$34.51	\$30.97	\$50.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$367.12	\$281.71	\$743.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	\$2.97	(\$9.68)	\$58.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$3.91	\$2.76	\$8.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.28	\$0.19	\$0.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$4.19	\$2.95	\$9.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	\$0.01	(\$0.01)	\$0.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L10+L25+L2	\$7.15	(\$6.71)	\$68.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$3.56	(\$3.34)	\$33.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (L30 less L31)	\$3.59	(\$3.37)	\$34.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		23,827	(Examples of non	n-taxable enrollees a	re State						

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 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 <b>MEDI</b> ( (Omit Provider I	CARE	4 MEDI (Omit Provider I	CAID	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	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	\$681.90	\$232.12	\$810.31	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXX
4. Premiums	\$681.90	\$232.12	\$810.31	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXX
Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXX	\$0.00	XXXXXXX	XXXXXXXX	XXXXXXX
Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	\$681.90	\$232.12	\$810.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L9 to L10)	\$681.90	\$232.12	\$810.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$422.55	\$101.18	\$514.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$20.69	\$5.06	\$25.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$25.99	\$2.94	\$32.58	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$27.03	\$17.86	\$29.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$33.23	\$22.34	\$36.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17)	\$529.50	\$149.37	\$638.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L20)	\$529.50	\$149.37	\$638.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$14.69	\$0.27	\$18.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$52.52	\$46.90	\$54.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$596.71	\$196.54	\$710.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	\$85.20	\$35.57	\$99.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$5.53	\$1.99	\$6.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.34	\$0.12	\$0.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$5.87	\$2.11	\$6.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	(\$0.32)	(\$0.12)	(\$0.38)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)	\$91.39	\$37.80	\$106.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$45.51	\$18.82	\$53.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (Lines 29 minus 30)	\$45.88	\$18.98	\$53.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		887	(Examples of nor	n-taxable enrollees	are State						

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

_	Indicate Reporting Period: Year-to-Date X										
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	(Omit Provider I	CARE HMO Business)	4 MEDI (Omit Provider I	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	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	\$681.90	\$232.12	\$810.31	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
4. Premiums	\$681.90	\$232.12	\$810.31	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	\$0.00	XXXXXXX	XXXXXXXX	XXXXXXXX
Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	\$681.90	\$232.12	\$810.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L9 to L10)	\$681.90	\$232.12	\$810.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$422.55	\$101.18	\$514.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$20.69	\$5.06	\$25.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$25.99	\$2.94	\$32.58	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$27.03	\$17.86	\$29.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$33.23	\$22.34	\$36.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17)	\$529.50	\$149.37	\$638.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L20)	\$529.50	\$149.37	\$638.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$14.69	\$0.27	\$18.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$52.52	\$46.90	\$54.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$596.71	\$196.54	\$710.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	\$85.20	\$35.57	\$99.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$5.53	\$1.99	\$6.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.34	\$0.12	\$0.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$5.87	\$2.11	\$6.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	(\$0.32)	(\$0.12)	(\$0.38)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	\$91.39	\$37.80	\$106.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$45.51	\$18.82	\$53.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (Lines 29 minus 30)	\$45.88	\$18.98	\$53.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		887	(Examples of nor	n-taxable enrollees	are State						

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 Houston

(Location)

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

Indicate Reporting Period: Current Quarter X

_						maicate Rep	orting renou.	Juneni Quanter			
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDIO (Omit Provider I	CARE HMO Business)	MEDI (Omit Provider	ICAID 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	\$261.29	\$261.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
4. Premiums	\$261.29	\$261.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	\$0.00	XXXXXXX	XXXXXXXX	XXXXXXXX
Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	\$261.29	\$261.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L9 to L10)	\$261.29	\$261.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$204.71	\$204.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$1.51	\$1.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$5.22	\$5.22	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$21.00	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17)	\$232.44	\$232.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L20)	\$232.44	\$232.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$6.88	\$6.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$29.20	\$29.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$268.52	\$268.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(\$7.22)	(\$7.22)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$2.11	\$2.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.13	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$2.24	\$2.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	(\$0.12)	(\$0.12)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)	(\$4.86)	(\$4.86)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	(\$2.42)	(\$2.42)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (Lines 29 minus 30)	(\$2.44)	(\$2.44)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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 Reporting Period: Year-to-Date X

_	Indicate Reporting Period: Year-to-Date X										
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDI (Omit Provider RISK	CARE	4 MEDI (Omit Provider I	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	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	\$261.29	\$261.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
4. Premiums	\$261.29	\$261.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	\$261.29	\$261.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L9 to L10)	\$261.29	\$261.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$204.71	\$204.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$1.51	\$1.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$5.22	\$5.22	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$21.00	\$21.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17)	\$232.44	\$232.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L20)	\$232.44	\$232.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$6.88	\$6.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$29.20	\$29.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$268.52	\$268.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(\$7.22)	(\$7.22)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$2.11	\$2.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.13	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$2.24	\$2.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	(\$0.12)	(\$0.12)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	(\$4.86)	(\$4.86)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	(\$2.42)	(\$2.42)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (Lines 29 minus 30)	(\$2.44)	(\$2.44)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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 enrolled	es and Federal emp	oloyees.)						

#### 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

-	Indicate Reporting Period: Current Quarter X										
	1. Total	2. COMMERCIAL RISK	MEDI	CARE	4 MEDI		5. POINT OF	6. ASSUMED RISK	7. CHILDREN'S	8. PUBLICLY	9. NON-RISK
	Iotai	(Omit Provider	(Omit Provider I		(Omit Provider I		SERVICE RIDER	(as Provider HMO)	HEALTH	SUPPORTED	NON-KISK
		HMO Business)	RISK	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	\$419.90	\$286.15	\$796.37	\$0.00	\$0.00	\$0.00	\$0.00	xxxxxxxx	\$0.00	\$0.00	XXXXXXXX
4. Premiums	\$419.90	\$286.15	\$796.37	\$0.00	\$0.00	\$0.00	\$0.00	xxxxxxxx	\$0.00	\$0.00	XXXXXXXX
Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	xxxxxxxx	xxxxxxxx	xxxxxxxx	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	xxxxxxxx	XXXXXXXX
Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	\$419.90	\$286.15	\$796.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L9 to L10)	\$419.90	\$286.15	\$796.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$300.99	\$222.82	\$521.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$5.18	\$1.91	\$14.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$7.87	\$4.79	\$16.53	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$42.03	\$35.60	\$60.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$21.34	\$0.00	\$81.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17)	\$377.41	\$265.13	\$693.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L20)	\$377.41	\$265.13	\$693.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$10.54	\$6.58	\$21.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$36.49	\$32.54	\$47.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$424.44	\$304.24	\$762.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(\$4.53)	(\$18.09)	\$33.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$5.49	\$3.72	\$10.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.43	\$0.29	\$0.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$5.92	\$4.01	\$11.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	\$0.23	\$0.15	\$0.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)	\$1.16	(\$14.23)	\$44.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$0.58	(\$7.09)	\$22.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (Lines 29 minus 30)	\$0.58	(\$7.15)	\$22.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		. 21,770	(Examples of nor	n-taxable enrollees	are State						
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		. 65,490	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 San Antonio

(Location)

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

Indicate Reporting Period: Year-to-Date X

								a: Year-to-Date			
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	<b>MEDI</b> (Omit Provider	CARE HMO Business)	MEDI (Omit Provider	CAID HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
4 FNDOLLEGO AT THE END OF BERT BERIOD	E4 407	07.047	RISK	COST	RISK	COST			PLAN	0	0
1. ENROLLEES AT THE END OF REPT PERIOD	51,427	37,817	13,610	0	0	0	0		0	0	0
2. MEMBER MONTHS	154,651	114,110	40,541		0						V0000000
3. Direct Premium	\$419.90	\$286.15	\$796.37	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
4. Premiums	\$419.90	\$286.15	\$796.37	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	\$419.90	\$286.15	\$796.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L9 to L10)  MEDICAL AND HOSPITAL:	\$419.90	\$286.15	\$796.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12. Hospital/Medical Benefits	\$300.99	\$222.82	\$521.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$5.18	\$1.91	\$14.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$7.87	\$4.79	\$16.53	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$42.03	\$35.60	\$60.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$21.34	\$0.00	\$81.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17)	\$377.41	\$265.13	\$693.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L20)	\$377.41	\$265.13	\$693.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$10.54	\$6.58	\$21.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$36.49	\$32.54	\$47.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$424.44	\$304.24	\$762.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(\$4.53)	(\$18.09)	\$33.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$5.49	\$3.72	\$10.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.43	\$0.29	\$0.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$5.92	\$4.01	\$11.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	\$0.23	\$0.15	\$0.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	\$1.16	(\$14.23)	\$44.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$0.58	(\$7.09)	\$22.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (Lines 29 minus 30)	\$0.58	(\$7.15)	\$22.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		21,770	(Examples of no	n-taxable enrollees	are State						
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		65,490	of Texas enrolle	es and Federal em	ployees.)						
		22,.00			. , , ,,						

#### 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	MEDI	CARE	4 MEDI	-	5. POINT OF	6. ASSUMED RISK	7. CHILDREN'S	8. PUBLICLY	9. NON-RISK
	Total	(Omit Provider	(Omit Provider I	-	(Omit Provider I	-	SERVICE RIDER	(as Provider HMO)	HEALTH	SUPPORTED	NON-KIOK
		HMO Business)	RISK	COST	RISK	COST	COVERAGE		INSURANCE PLAN	HEALTH CARE	,
1. ENROLLEES AT THE END OF REPT PERIOD	11,682	11,682	0	0	0	0	0	0	PLAN 0	0	0
2. MEMBER MONTHS	35,252	35,252	0	0	0	0	0	0	0	0	
3. Direct Premium	\$274.44	\$274.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
4. Premiums	\$274.44	\$274.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	\$274.44	\$274.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L9 to L10)	\$274.44	\$274.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$195.62	\$195.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$1.14	\$1.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$7.25	\$7.25	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$34.83	\$34.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17)	\$238.84	\$238.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L20)	\$238.84	\$238.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$7.07	\$7.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$29.28	\$29.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$275.19	\$275.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(\$0.75)	(\$0.75)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$2.23	\$2.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.14	\$0.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$2.37	\$2.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	(\$0.13)	(\$0.13)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)	\$1.75	\$1.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$0.87	\$0.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (Lines 29 minus 30)	\$0.88	\$0.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		735	(Examples of nor	n-taxable enrollees	are State						

2,173 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 Austin

(Location)

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

Indicate Reporting Period: Year-to-Date X

Total   COMMERCIAL, RISK   COMMERCIAL, RISK   COMMERCIAL, RISK   COMMERCIAL   CO	_						Indicate F	Reporting Perio	d: Year-to-Date	<u>X</u>		
1. INDICALES AT THE ROY OF REPT PERIOD.   11,002   11,002   0   0   0   0   0   0   0   0   0			COMMERCIAL RISK (Omit Provider	MEDI (Omit Provider	CARE HMO Business)	MEDI (Omit Provider	CAID HMO Business)	POINT OF SERVICE RIDER	ASSUMED RISK	CHILDREN'S HEALTH INSURANCE	PUBLICLY SUPPORTED	9. NON-RISK
2. MIRMER MONTHS.	1 ENROLLEES AT THE END OF REPT PERIOD	11 682	11 682					0	0		0	0
Spring   S	<b>-</b>	•	, , , , , , , , , , , , , , , , , , ,					•	-			
Seminaries	The state of the		, ,									XXXXXXXX
5. Chargo in unsamed primum reserve and reserve for rate credits   \$0.00   \$							· · · · · · · · · · · · · · · · · · ·		1	•		XXXXXXXX
September   Sept	<b> </b>	*		• • • • • • • • • • • • • • • • • • • •	*	*	*	*		*	*	\$0.00
Part	,		*	*	*		*	*	1	*		\$0.00
8. Oher Health Rolated Revenues. \$5.00 \$5.	,										*	XXXXXXXX
Other Revenues (excluding investment income)	<b> </b>											\$0.00
Other Revenues (excluding investment income)	9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	\$274.44	\$274.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1. TOTAL REVENUE (19 to L10)   \$274.44   \$274.44   \$0.00   \$	` ' '	•					****			****	1	\$0.00
MEDICAL AND HOSPITAL:	· · · · · · · · · · · · · · · · · · ·	\$274.44	\$274.44	\$0.00	\$0.00		\$0.00	\$0.00	+	\$0.00	\$0.00	\$0.00
13. Other Professional Services.   \$1.14   \$1.14   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$0.00   \$1.00   \$	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	<u> </u>		<u> </u>	·	·	·	·		<u> </u>		
14. Outside Referrals   \$0.00   \$0.0	12. Hospital/Medical Benefits	\$195.62	\$195.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	13. Other Professional Services	\$1.14	\$1.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	15. Emergency Room and Out-of-Area	\$7.25	\$7.25	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17)	16. Other Medical & Hospital	\$34.83	\$34.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	17. Incentive Pool & Withhold Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L20)	18. SUBTOTAL MED & HOSP (L12 to L17)	\$238.84	\$238.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	20. TOTAL MEDICAL & HOSP (L18 less L20)	\$238.84	\$238.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	21. Claims Adjustment Expenses	\$7.07	\$7.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	22. General Administrative Expenses	\$29.28	\$29.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$275.19	\$275.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	(\$0.75)	(\$0.75)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	26. Net Investment Income Earned	\$2.23	\$2.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	27. Net Realized Capital Gains/(Losses)	\$0.14	\$0.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 - 28).  \$1.75    \$0.00	28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$2.37	\$2.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes.       \$0.87       \$0.00 <td< td=""><td>29. Other Expenses</td><td>(\$0.13)</td><td>(\$0.13)</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></td<>	29. Other Expenses	(\$0.13)	(\$0.13)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (Lines 29 minus 30)	30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).	\$1.75	\$1.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES	31. Extraordinary Items & Federal income taxes	\$0.87	\$0.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	32. NET INCOME (LOSS) (Lines 29 minus 30)	\$0.88	\$0.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
NON TAXABLE CONNEROUS DOCUMENTOS MONTHS	33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		735	(Examples of no	n-taxable enrollees	are State						
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS	33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		2,173	of Texas enrolled	es and Federal em	ployees.)						