

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	112,856	90,090	22,766	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	339,997	272,473	67,524	0	0	0	0	0	0	0	0
3. Direct Premium.....	129,352,984	74,822,130	54,530,855	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	129,352,984	74,822,130	54,530,855	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)	129,352,984	74,822,130	54,530,855	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).....	129,352,984	74,822,130	54,530,855	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	87,009,537	51,005,987	36,003,550	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,648,660	412,509	1,236,151	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	4,813,836	3,273,284	1,540,552	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	10,905,006	7,494,620	3,410,386	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	(752,669)	(86,549)	(666,120)	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	103,624,370	62,099,851	41,524,519	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).....	103,624,370	62,099,851	41,524,519	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	3,128,552	1,944,729	1,183,823	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	16,644,493	11,742,663	4,901,830	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)....	123,397,415	75,787,243	47,610,172	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	5,955,569	(965,114)	6,920,683	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,340,958	766,854	574,104	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	21,591	8,744	12,847	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	1,362,549	775,598	586,951	0	0	0	0	0	0	0	0
29. Other Expenses.....	(155,098)	(84,404)	(70,694)	0	0	0	0	0	0	0	0
30. <b>INCOME (LOSS) BEFORE FIT &amp; EX ITEMS(L10+L25+L2</b>	<b>7,473,216</b>	<b>(105,112)</b>	<b>7,578,328</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31. Extraordinary Items & Federal income taxes.....	672,559	569,076	103,484	0	0	0	0	0	0	0	0
32. <b>NET INCOME (LOSS) (L30 less L31).....</b>	<b>6,800,657</b>	<b>(674,187)</b>	<b>7,474,844</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		23,424	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		70,565	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	112,856	90,090	22,766	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	693,570	560,580	132,990	0	0	0	0	0	0	0	0
3. Direct Premium.....	260,208,629	153,194,973	107,013,656	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	260,208,629	153,194,973	107,013,656	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)	260,208,629	153,194,973	107,013,656	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).....	260,208,629	153,194,973	107,013,656	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	180,939,585	110,994,258	69,945,327	0	0	0	0	0	0	0	0
13. Other Professional Services.....	3,351,033	904,965	2,446,068	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.....	7,806,775	4,784,119	3,022,656	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	22,262,138	15,675,493	6,586,645	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	3,612,375	72,404	3,539,971	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	217,971,906	132,431,240	85,540,666	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).....	217,971,906	132,431,240	85,540,666	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	6,384,034	3,852,030	2,532,004	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	28,845,738	20,665,494	8,180,244	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)....	253,201,678	156,948,764	96,252,914	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	7,006,951	(3,753,792)	10,760,742	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	2,723,242	1,561,565	1,161,678	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	121,227	64,914	56,313	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	2,844,469	1,626,479	1,217,991	0	0	0	0	0	0	0	0
29. Other Expenses.....	(151,138)	(88,587)	(62,551)	0	0	0	0	0	0	0	0
30. <b>INCOME (LOSS) BEFORE FIT &amp; EX ITEMS(L10+L25+L2</b>	<b>10,002,558</b>	<b>(2,038,726)</b>	<b>12,041,284</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31. Extraordinary Items & Federal income taxes.....	1,932,097	(393,810)	2,325,906	0	0	0	0	0	0	0	0
32. <b>NET INCOME (LOSS) (L30 less L31).....</b>	<b>8,070,461</b>	<b>(1,644,917)</b>	<b>9,715,378</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
33a. <b>NON-TAXABLE COMMERCIAL RISK ENROLLEES.....</b>		23,424	(Examples of non-taxable enrollees are State								
33b. <b>NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....</b>		142,212	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	11,062	30	2,261	0	0	0	0	8,771	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	65,002	178	13,915	0	0	0	0	50,909	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	54,917	73	5,732	0	0	0	0	49,112	0	0	0	0	0
8. Non-Physician	12,584	17	1,351	0	0	0	0	11,216	0	0	0	0	0
9. Total	67,501	90	7,083	0	0	0	0	60,328	0	0	0	0	0
10. Hospital Patient Days Incurred	6,907	4	293	0	0	0	0	6,610	0	0	0	0	0
11. Number of Inpatient Admissions	1,163	1	71	0	0	0	0	1,091	0	0	0	0	0
12. Health Premiums Written	44,596,854	53,133	3,266,914	0	0	0	0	41,276,807	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	44,596,854	53,133	3,266,914	0	0	0	0	41,276,807	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	31,292,733	15,988	1,989,302	0	0	0	0	29,287,443	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	31,353,181	15,655	2,062,098	0	0	0	0	29,275,428	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	11,062	2,291	8,771	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	32,961	6,977	25,984	0	0	0	0	0	0	0	0
3. Direct Premium.....	22,748,019	1,668,306	21,079,713	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	22,748,019	1,668,306	21,079,713	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).....	22,748,019	1,668,306	21,079,713	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).....	22,748,019	1,668,306	21,079,713	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	12,111,785	930,893	11,180,892	0	0	0	0	0	0	0	0
13. Other Professional Services.....	654,884	19,991	634,893	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.....	695,866	17,532	678,334	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	1,075,487	132,955	942,532	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	(150,487)	(86,549)	(63,937)	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	14,387,536	1,014,821	13,372,715	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).....	14,387,536	1,014,821	13,372,715	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	435,937	38,116	397,821	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,333,810	359,198	1,974,613	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).....	17,157,283	1,412,135	15,745,148	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	5,590,736	256,172	5,334,565	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	203,977	12,507	191,470	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(1,631)	(223)	(1,409)	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	202,345	12,284	190,061	0	0	0	0	0	0	0	0
29. Other Expenses.....	(15,239)	(963)	(14,276)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	5,808,321	269,419	5,538,902	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	229,409	(29,954)	259,363	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	5,578,912	299,372	5,279,539	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		871	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,630	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	11,062	2,291	8,771	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	65,002	14,093	50,909	0	0	0	0	0	0	0	0
3. Direct Premium.....	44,596,855	3,320,047	41,276,807	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	44,596,855	3,320,047	41,276,807	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).....	44,596,855	3,320,047	41,276,807	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).....	44,596,855	3,320,047	41,276,807	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	25,650,856	1,650,880	23,999,976	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,317,963	55,997	1,261,966	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.....	1,528,738	38,442	1,490,296	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	1,941,417	260,029	1,681,388	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	914,206	72,404	841,802	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	31,353,180	2,077,753	29,275,428	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).....	31,353,180	2,077,753	29,275,428	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	906,605	40,053	866,553	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	4,016,553	692,933	3,323,619	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).....	36,276,338	2,810,738	33,465,600	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	8,320,517	509,309	7,811,208	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	381,155	26,681	354,474	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	9,235	646	8,589	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	390,390	27,327	363,063	0	0	0	0	0	0	0	0
29. Other Expenses.....	(25,577)	(1,790)	(23,787)	0	0	0	0	0	0	0	0
30. <b>INCOME (LOSS) BEFORE FIT &amp; EXP ITEMS (Lines 9 + 24 + 27 -28).</b>	<b>8,736,484</b>	<b>538,427</b>	<b>8,198,057</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31. Extraordinary Items & Federal income taxes.....	1,687,548	104,003	1,583,545	0	0	0	0	0	0	0	0
32. <b>NET INCOME (LOSS) (Lines 29 minus 30).....</b>	<b>7,048,936</b>	<b>434,424</b>	<b>6,614,512</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
33a. <b>NON-TAXABLE COMMERCIAL RISK ENROLLEES.....</b>		871	(Examples of non-taxable enrollees are State								
33b. <b>NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....</b>		5,291	of Texas enrollees and Federal employees.)								

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	39,302	0	39,302	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	251,120	0	251,120	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	103,252	0	103,252	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	39,312	0	39,312	0	0	0	0	0	0	0	0	0	0
9. Total	142,564	0	142,564	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	6,795	0	6,795	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,781	0	1,781	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	65,822,859	0	65,822,859	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	65,822,859	0	65,822,859	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	58,687,433	0	58,687,433	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	55,697,253	0	55,697,253	0	0	0	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	39,302	39,302	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	119,491	119,491	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	31,429,051	31,429,051	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	31,429,051	31,429,051	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).....	31,429,051	31,429,051	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).....	31,429,051	31,429,051	0	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	20,717,807	20,717,807	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	144,909	144,909	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	2,009,500	2,009,500	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	2,229,497	2,229,497	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).....	25,101,713	25,101,713	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).....	25,101,713	25,101,713	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	752,948	752,948	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	5,101,937	5,101,937	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).....	30,956,598	30,956,598	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	472,453	472,453	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	284,304	284,304	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(4,398)	(4,398)	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	279,907	279,907	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(20,477)	(20,477)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	772,837	772,837	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	344,442	344,442	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	428,395	428,395	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		445	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,338	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	39,302	39,302	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	251,120	251,120	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	65,822,859	65,822,859	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	65,822,859	65,822,859	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).....	65,822,859	65,822,859	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).....	65,822,859	65,822,859	0	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	47,663,963	47,663,963	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	343,410	343,410	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	2,696,653	2,696,653	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	4,993,227	4,993,227	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).....	55,697,253	55,697,253	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).....	55,697,253	55,697,253	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,658,576	1,658,576	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	8,945,545	8,945,545	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).....	66,301,374	66,301,374	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(478,515)	(478,515)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	561,602	561,602	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	12,609	12,609	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	574,211	574,211	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(36,871)	(36,871)	0	0	0	0	0	0	0	0	0
30. <b>INCOME (LOSS) BEFORE FIT &amp; EXP ITEMS (Lines 9 + 24 + 27 -28).</b>	<b>132,568</b>	<b>132,568</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31. Extraordinary Items & Federal income taxes.....	25,607	25,607	0	0	0	0	0	0	0	0	0
32. <b>NET INCOME (LOSS) (Lines 29 minus 30).....</b>	<b>106,961</b>	<b>106,961</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
33a. <b>NON-TAXABLE COMMERCIAL RISK ENROLLEES.....</b>		445	(Examples of non-taxable enrollees are State								
33b. <b>NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....</b>		2,661	of Texas enrollees and Federal employees.)								



TEXAS HMO SUPPLEMENT

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	51,090	6	17,290	0	0	0	19,799	13,995	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	307,796	39	105,255	0	0	0	120,421	82,081	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	222,715	16	43,937	0	0	0	86,357	92,405	0	0	0	0	0
8. Non-Physician	132,836	10	27,527	0	0	0	42,509	62,790	0	0	0	0	0
9. Total	355,551	26	71,464	0	0	0	128,866	155,195	0	0	0	0	0
10. Hospital Patient Days Incurred	20,358	1	2,063	0	0	0	4,591	13,703	0	0	0	0	0
11. Number of Inpatient Admissions	3,992	0	351	0	0	0	1,196	2,445	0	0	0	0	0
12. Health Premiums Written	130,382,974	43,717	28,125,819	0	0	0	36,476,589	65,736,849	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	130,382,974	43,717	28,125,819	0	0	0	36,476,589	65,736,849	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	113,423,947	58,755	25,856,642	0	0	0	31,626,854	55,881,696	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	114,216,309	58,432	26,360,011	0	0	0	31,532,627	56,265,239	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	51,090	37,095	13,995	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	153,145	111,605	41,540	0	0	0	0	0	0	0	0
3. Direct Premium.....	65,444,648	31,993,506	33,451,142	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	65,444,648	31,993,506	33,451,142	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).....	65,444,648	31,993,506	33,451,142	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).....	65,444,648	31,993,506	33,451,142	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	47,435,964	22,613,306	24,822,658	0	0	0	0	0	0	0	0
13. Other Professional Services.....	821,516	220,258	601,258	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.....	1,794,435	932,218	862,218	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	6,399,707	3,931,854	2,467,854	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	(602,182)	0	(602,182)	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	55,849,439	27,697,635	28,151,804	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).....	55,849,439	27,697,635	28,151,804	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,691,431	905,428	786,002	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	7,675,449	4,748,232	2,927,217	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).....	65,216,319	33,351,296	31,865,023	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	228,329	(1,357,790)	1,586,118	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	765,268	382,634	382,634	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	28,511	14,255	14,255	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	793,779	396,890	396,890	0	0	0	0	0	0	0	0
29. Other Expenses.....	(112,836)	(56,418)	(56,418)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	1,134,944	(904,482)	2,039,426	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	164,472	320,351	(155,879)	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	970,472	(1,224,833)	2,195,305	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		21,365	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		64,402	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	51,090	37,095	13,995	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	307,796	225,715	82,081	0	0	0	0	0	0	0	0
3. Direct Premium.....	130,382,974	64,646,125	65,736,849	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	130,382,974	64,646,125	65,736,849	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).....	130,382,974	64,646,125	65,736,849	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).....	130,382,974	64,646,125	65,736,849	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	93,984,703	48,039,351	45,945,351	0	0	0	0	0	0	0	0
13. Other Professional Services.....	1,622,204	438,102	1,184,102	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	3,011,719	1,479,360	1,532,360	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	12,899,514	7,994,257	4,905,257	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	2,698,169	0	2,698,169	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	114,216,309	57,951,070	56,265,239	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).....	114,216,309	57,951,070	56,265,239	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	3,321,400	1,655,948	1,665,451	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	13,318,094	8,461,469	4,856,625	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).....	130,855,802	68,068,488	62,787,315	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(472,828)	(3,422,362)	2,949,535	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,614,407	807,203	807,203	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	95,449	47,725	47,725	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	1,709,856	854,928	854,928	0	0	0	0	0	0	0	0
29. Other Expenses.....	(77,529)	(38,765)	(38,765)	0	0	0	0	0	0	0	0
30. <b>INCOME (LOSS) BEFORE FIT &amp; EXP ITEMS (Lines 9 + 24 + 27 -28).</b>	<b>1,314,557</b>	<b>(2,528,670)</b>	<b>3,843,227</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31. Extraordinary Items & Federal income taxes.....	253,914	(488,448)	742,362	0	0	0	0	0	0	0	0
32. <b>NET INCOME (LOSS) (Lines 29 minus 30).....</b>	<b>1,060,643</b>	<b>(2,040,222)</b>	<b>3,100,865</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
33a. <b>NON-TAXABLE COMMERCIAL RISK ENROLLEES.....</b>		21,365	(Examples of non-taxable enrollees are State								
33b. <b>NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....</b>		129,892	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	11,402	5	11,397	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	69,652	30	69,622	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	53,324	18	53,306	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	19,262	7	19,255	0	0	0	0	0	0	0	0	0	0
9. Total	72,586	25	72,561	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,235	0	1,235	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	337	0	337	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	19,405,941	20,218	19,385,723	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	19,405,941	20,218	19,385,723	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	18,354,356	8,683	18,345,673	0	0	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	16,705,165	7,304	16,697,861	0	0	0	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2005**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Austin**

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)		5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,402	11,402	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,400	34,400	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	9,731,267	9,731,267	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	9,731,267	9,731,267	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).....	9,731,267	9,731,267	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).....	9,731,267	9,731,267	0	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	6,743,981	6,743,981	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	27,351	27,351	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.....	314,035	314,035	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	1,200,315	1,200,315	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).....	8,285,682	8,285,682	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).....	8,285,682	8,285,682	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	248,237	248,237	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,533,297	1,533,297	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).....	10,067,215	10,067,215	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(335,949)	(335,949)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	87,409	87,409	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	(891)	(891)	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	86,518	86,518	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(6,546)	(6,546)	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28).....	(242,885)	(242,885)	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	(65,764)	(65,764)	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (Lines 29 minus 30).....	(177,121)	(177,121)	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		743	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,195	of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	11,402	11,402	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	69,652	69,652	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	19,405,941	19,405,941	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	19,405,941	19,405,941	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).....	19,405,941	19,405,941	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).....	19,405,941	19,405,941	0	0	0	0	0	0	0	0	0
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	13,640,064	13,640,064	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	67,456	67,456	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.....	569,665	569,665	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	2,427,980	2,427,980	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).....	16,705,165	16,705,165	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).....	16,705,165	16,705,165	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	497,454	497,454	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,565,546	2,565,546	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).....	19,768,164	19,768,164	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	(362,223)	(362,223)	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	166,079	166,079	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	3,934	3,934	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	170,012	170,012	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	(11,161)	(11,161)	0	0	0	0	0	0	0	0	0
30. <b>INCOME (LOSS) BEFORE FIT &amp; EXP ITEMS (Lines 9 + 24 + 27 -28).</b>	<b>(181,050)</b>	<b>(181,050)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
31. Extraordinary Items & Federal income taxes.....	(34,972)	(34,972)	0	0	0	0	0	0	0	0	0
32. <b>NET INCOME (LOSS) (Lines 29 minus 30).....</b>	<b>(146,079)</b>	<b>(146,079)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
33a. <b>NON-TAXABLE COMMERCIAL RISK ENROLLEES.....</b>		743	(Examples of non-taxable enrollees are State								
33b. <b>NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....</b>		4,368	of Texas enrollees and Federal employees.)								