

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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..... | 94,667 | 72,231 | 22,436 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 295,362 | 227,755 | 67,607 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium..... | 123,412,251 | 64,322,567 | 59,089,683 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX |
| 4. Premiums..... | 123,412,251 | 64,322,567 | 59,089,683 | 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) | 123,412,251 | 64,322,567 | 59,089,683 | 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)..... | 123,412,251 | 64,322,567 | 59,089,683 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEDICAL AND HOSPITAL: | | | | | | | | | | | |
| 12. Hospital/Medical Benefits..... | 78,995,447 | 45,221,522 | 33,773,925 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Other Professional Services..... | 1,765,407 | 398,773 | 1,366,634 | 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..... | 3,963,361 | 2,682,612 | 1,280,749 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | 0 | 0 |
| 16. Other Medical & Hospital..... | 11,138,928 | 7,282,481 | 3,856,447 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incentive Pool & Withhold Adjustments..... | 1,119,067 | (38,404) | 1,157,471 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. SUBTOTAL MED & HOSP (L12 to L17)..... | 96,982,210 | 55,546,984 | 41,435,227 | 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)..... | 96,982,210 | 55,546,984 | 41,435,227 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Claims Adjustment Expenses..... | 2,735,667 | 1,509,185 | 1,226,483 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. General Administrative Expenses..... | 16,190,986 | 11,205,735 | 4,985,252 | 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).... | 115,908,864 | 68,261,903 | 47,646,961 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)..... | 7,503,387 | (3,939,336) | 11,442,723 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Net Investment Income Earned..... | 1,465,910 | 727,547 | 738,363 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Net Realized Capital Gains/(Losses)..... | 29,386 | 11,422 | 17,964 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)..... | 1,495,296 | 738,969 | 756,327 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. Other Expenses..... | (84,774) | (43,254) | (41,520) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L10+L25+L2 | 9,083,457 | (3,157,113) | 12,240,570 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Extraordinary Items & Federal income taxes..... | 2,970,782 | (940,932) | 3,911,713 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. NET INCOME (LOSS) (L30 less L31)..... | 6,112,676 | (2,216,181) | 8,328,857 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 23,230 | (Examples of non-taxable enrollees are State | | | | | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 69,919 | of Texas enrollees and Federal employees.) | | | | | | | | |

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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..... | 94,667 | 72,231 | 22,436 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 988,932 | 788,335 | 200,597 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium..... | 383,620,880 | 217,517,540 | 166,103,340 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX |
| 4. Premiums..... | 383,620,880 | 217,517,540 | 166,103,340 | 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) | 383,620,880 | 217,517,540 | 166,103,340 | 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)..... | 383,620,880 | 217,517,540 | 166,103,340 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEDICAL AND HOSPITAL: | | | | | | | | | | | |
| 12. Hospital/Medical Benefits..... | 259,935,033 | 156,215,780 | 103,719,252 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Other Professional Services..... | 5,116,440 | 1,303,738 | 3,812,702 | 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..... | 11,770,136 | 7,466,731 | 4,303,405 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | 0 | 0 |
| 16. Other Medical & Hospital..... | 33,401,066 | 22,957,974 | 10,443,092 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incentive Pool & Withhold Adjustments..... | 4,731,442 | 34,000 | 4,697,442 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. SUBTOTAL MED & HOSP (L12 to L17)..... | 314,954,117 | 187,978,224 | 126,975,893 | 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)..... | 314,954,117 | 187,978,224 | 126,975,893 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Claims Adjustment Expenses..... | 9,119,701 | 5,361,215 | 3,758,486 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. General Administrative Expenses..... | 45,036,724 | 31,871,229 | 13,165,496 | 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).... | 369,110,542 | 225,210,667 | 143,899,875 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)..... | 14,510,338 | (7,693,127) | 22,203,465 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Net Investment Income Earned..... | 4,189,152 | 2,289,112 | 1,900,041 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Net Realized Capital Gains/(Losses)..... | 150,613 | 76,336 | 74,277 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)..... | 4,339,766 | 2,365,448 | 1,974,318 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. Other Expenses..... | (235,912) | (131,841) | (104,071) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L10+L25+L2 | 19,086,015 | (5,195,839) | 24,281,854 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Extraordinary Items & Federal income taxes..... | 4,902,879 | (1,334,741) | 6,237,620 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. NET INCOME (LOSS) (L30 less L31)..... | 14,183,137 | (3,861,097) | 18,044,234 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 23,230 | (Examples of non-taxable enrollees are State | | | | | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 212,131 | of Texas enrollees and Federal employees.) | | | | | | | | |

STATEMENT AS OF **SEPTEMBER 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 | 0 | | | | | | | | | | | | |
| 4. Third Quarter | 10,625 | 28 | 2,139 | 0 | 0 | 0 | 0 | 8,458 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 0 | | | | | | | | | | | | |
| 6. Current Year Member Months | 97,360 | 264 | 20,498 | 0 | 0 | 0 | 0 | 76,598 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | |
| 7. Physician | 81,422 | 104 | 8,081 | 0 | 0 | 0 | 0 | 73,237 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 18,393 | 24 | 1,862 | 0 | 0 | 0 | 0 | 16,507 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 99,815 | 128 | 9,943 | 0 | 0 | 0 | 0 | 89,744 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 10,392 | 5 | 423 | 0 | 0 | 0 | 0 | 9,964 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 1,731 | 1 | 99 | 0 | 0 | 0 | 0 | 1,631 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written | 67,614,887 | 79,232 | 4,806,026 | 0 | 0 | 0 | 0 | 62,729,629 | 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 | 67,614,887 | 79,232 | 4,806,026 | 0 | 0 | 0 | 0 | 62,729,629 | 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 | 45,941,898 | 26,669 | 3,019,545 | 0 | 0 | 0 | 0 | 42,895,684 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 45,135,209 | 26,446 | 2,935,423 | 0 | 0 | 0 | 0 | 42,173,340 | 0 | 0 | 0 | 0 | 0 |

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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..... | 10,625 | 2,167 | 8,458 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 32,358 | 6,669 | 25,689 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium..... | 23,018,032 | 1,565,211 | 21,452,821 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX |
| 4. Premiums..... | 23,018,032 | 1,565,211 | 21,452,821 | 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)..... | 23,018,032 | 1,565,211 | 21,452,821 | 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)..... | 23,018,032 | 1,565,211 | 21,452,821 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEDICAL AND HOSPITAL: | | | | | | | | | | | |
| 12. Hospital/Medical Benefits..... | 11,552,544 | 766,578 | 10,785,966 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Other Professional Services..... | 692,494 | 3,965 | 688,529 | 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..... | 114,448 | 28,221 | 86,227 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | 0 | 0 |
| 16. Other Medical & Hospital..... | 1,074,813 | 123,757 | 951,056 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incentive Pool & Withhold Adjustments..... | 347,730 | (38,404) | 386,135 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. SUBTOTAL MED & HOSP (L12 to L17)..... | 13,782,029 | 884,116 | 12,897,913 | 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)..... | 13,782,029 | 884,116 | 12,897,913 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Claims Adjustment Expenses..... | 383,025 | 1,247 | 381,778 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. General Administrative Expenses..... | 3,105,467 | 1,090,806 | 2,014,661 | 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)..... | 17,270,521 | 1,976,169 | 15,294,352 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)..... | 5,747,512 | (410,958) | 6,158,470 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Net Investment Income Earned..... | 190,195 | 13,314 | 176,881 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Net Realized Capital Gains/(Losses)..... | (938) | (66) | (872) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)..... | 189,257 | 13,248 | 176,009 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. Other Expenses..... | (13,480) | (944) | (12,537) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)..... | 5,950,248 | (396,767) | 6,347,015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Extraordinary Items & Federal income taxes..... | 2,085,239 | (67,613) | 2,152,851 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. NET INCOME (LOSS) (Lines 29 minus 30)..... | 3,865,010 | (329,154) | 4,194,164 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 824 | (Examples of non-taxable enrollees are State | | | | | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 2,559 | of Texas enrollees and Federal employees.) | | | | | | | | |

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING SEPTEMBER 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..... | 10,625 | 2,167 | 8,458 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 97,360 | 20,762 | 76,598 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium..... | 67,614,887 | 4,885,258 | 62,729,629 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX |
| 4. Premiums..... | 67,614,887 | 4,885,258 | 62,729,629 | 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)..... | 67,614,887 | 4,885,258 | 62,729,629 | 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)..... | 67,614,887 | 4,885,258 | 62,729,629 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEDICAL AND HOSPITAL: | | | | | | | | | | | |
| 12. Hospital/Medical Benefits..... | 37,203,400 | 2,417,458 | 34,785,942 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Other Professional Services..... | 2,010,457 | 59,962 | 1,950,495 | 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..... | 1,643,186 | 66,663 | 1,576,523 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | 0 | 0 |
| 16. Other Medical & Hospital..... | 3,016,230 | 383,786 | 2,632,444 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incentive Pool & Withhold Adjustments..... | 1,261,936 | 34,000 | 1,227,936 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. SUBTOTAL MED & HOSP (L12 to L17)..... | 45,135,209 | 2,961,869 | 42,173,340 | 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)..... | 45,135,209 | 2,961,869 | 42,173,340 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Claims Adjustment Expenses..... | 1,289,630 | 41,299 | 1,248,331 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. General Administrative Expenses..... | 7,122,019 | 1,783,739 | 5,338,280 | 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)..... | 53,546,859 | 4,786,908 | 48,759,951 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)..... | 14,068,028 | 98,351 | 13,969,678 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Net Investment Income Earned..... | 571,350 | 39,994 | 531,355 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Net Realized Capital Gains/(Losses)..... | 8,297 | 581 | 7,716 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)..... | 579,647 | 40,575 | 539,071 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. Other Expenses..... | (39,057) | (2,734) | (36,323) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)..... | 14,686,732 | 141,660 | 14,545,072 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Extraordinary Items & Federal income taxes..... | 3,772,786 | 36,390 | 3,736,396 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. NET INCOME (LOSS) (Lines 29 minus 30)..... | 10,913,946 | 105,270 | 10,808,676 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 824 | (Examples of non-taxable enrollees are State | | | | | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 7,850 | of Texas enrollees and Federal employees.) | | | | | | | | |

TEXAS HMO SUPPLEMENT

STATEMENT AS OF **SEPTEMBER 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 | 0 | | | | | | | | | | | | |
| 4. Third Quarter | 24,563 | 0 | 24,563 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 0 | | | | | | | | | | | | |
| 6. Current Year Member Months | 329,539 | 0 | 329,539 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | |
| 7. Physician | 136,717 | 0 | 136,717 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 51,967 | 0 | 51,967 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 188,684 | 0 | 188,684 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 9,099 | 0 | 9,099 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 2,330 | 0 | 2,330 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written | 88,085,159 | 0 | 88,085,159 | 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 | 88,085,159 | 0 | 88,085,159 | 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 | 84,128,463 | 0 | 84,128,463 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 76,628,723 | 0 | 76,628,723 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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..... | 24,563 | 24,563 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 78,419 | 78,419 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium..... | 22,262,300 | 22,262,300 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX |
| 4. Premiums..... | 22,262,300 | 22,262,300 | 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)..... | 22,262,300 | 22,262,300 | 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)..... | 22,262,300 | 22,262,300 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEDICAL AND HOSPITAL: | | | | | | | | | | | |
| 12. Hospital/Medical Benefits..... | 17,330,596 | 17,330,596 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Other Professional Services..... | 125,326 | 125,326 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Outside Referrals..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Emergency Room and Out-of-Area..... | 1,456,231 | 1,456,231 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | 0 | 0 |
| 16. Other Medical & Hospital..... | 2,019,317 | 2,019,317 | 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)..... | 20,931,471 | 20,931,471 | 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)..... | 20,931,471 | 20,931,471 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Claims Adjustment Expenses..... | 594,377 | 594,377 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. General Administrative Expenses..... | 4,044,639 | 4,044,639 | 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)..... | 25,570,487 | 25,570,487 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)..... | (3,308,187) | (3,308,187) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Net Investment Income Earned..... | 183,636 | 183,636 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Net Realized Capital Gains/(Losses)..... | (1,787) | (1,787) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)..... | 181,849 | 181,849 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. Other Expenses..... | (13,243) | (13,243) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)..... | (3,113,095) | (3,113,095) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Extraordinary Items & Federal income taxes..... | (791,257) | (791,257) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. NET INCOME (LOSS) (Lines 29 minus 30)..... | (2,321,838) | (2,321,838) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 458 | (Examples of non-taxable enrollees are State | | | | | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 1,372 | of Texas enrollees and Federal employees.) | | | | | | | | |

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING SEPTEMBER 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..... | 24,563 | 24,563 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 329,539 | 329,539 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium..... | 88,085,159 | 88,085,159 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX |
| 4. Premiums..... | 88,085,159 | 88,085,159 | 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)..... | 88,085,159 | 88,085,159 | 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)..... | 88,085,159 | 88,085,159 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEDICAL AND HOSPITAL: | | | | | | | | | | | |
| 12. Hospital/Medical Benefits..... | 64,994,559 | 64,994,559 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Other Professional Services..... | 468,736 | 468,736 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Outside Referrals..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Emergency Room and Out-of-Area..... | 4,152,884 | 4,152,884 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | 0 | 0 |
| 16. Other Medical & Hospital..... | 7,012,544 | 7,012,544 | 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)..... | 76,628,723 | 76,628,723 | 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)..... | 76,628,723 | 76,628,723 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Claims Adjustment Expenses..... | 2,252,953 | 2,252,953 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. General Administrative Expenses..... | 12,990,184 | 12,990,184 | 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)..... | 91,871,860 | 91,871,860 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)..... | (3,786,701) | (3,786,701) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Net Investment Income Earned..... | 745,238 | 745,238 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Net Realized Capital Gains/(Losses)..... | 10,822 | 10,822 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)..... | 756,060 | 756,060 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. Other Expenses..... | (50,114) | (50,114) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)..... | (2,980,527) | (2,980,527) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Extraordinary Items & Federal income taxes..... | (765,650) | (765,650) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. NET INCOME (LOSS) (Lines 29 minus 30)..... | (2,214,878) | (2,214,878) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 458 | (Examples of non-taxable enrollees are State | | | | | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 4,033 | of Texas enrollees and Federal employees.) | | | | | | | | |

TEXAS HMO SUPPLEMENT

STATEMENT AS OF **SEPTEMBER 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 | 0 | | | | | | | | | | | | |
| 4. Third Quarter | 50,013 | 5 | 16,401 | 0 | 0 | 0 | 19,629 | 13,978 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 0 | | | | | | | | | | | | |
| 6. Current Year Member Months | 460,432 | 54 | 156,918 | 0 | 0 | 0 | 179,461 | 123,999 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | |
| 7. Physician | 330,050 | 23 | 66,522 | 0 | 0 | 0 | 123,916 | 139,589 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 197,440 | 14 | 41,064 | 0 | 0 | 0 | 62,734 | 93,628 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 527,490 | 37 | 107,586 | 0 | 0 | 0 | 186,650 | 233,217 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 29,640 | 1 | 3,118 | 0 | 0 | 0 | 6,558 | 19,963 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 5,774 | 0 | 565 | 0 | 0 | 0 | 1,683 | 3,526 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written | 199,498,618 | 60,370 | 40,812,261 | 0 | 0 | 0 | 55,252,276 | 103,373,711 | 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 | 199,498,618 | 60,370 | 40,812,261 | 0 | 0 | 0 | 55,252,276 | 103,373,711 | 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 | 171,897,797 | 62,772 | 38,528,837 | 0 | 0 | 0 | 48,018,159 | 85,288,029 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 169,582,827 | 53,362 | 36,978,006 | 0 | 0 | 0 | 47,748,906 | 84,802,553 | 0 | 0 | 0 | 0 | 0 |

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING SEPTEMBER 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..... | 50,013 | 36,035 | 13,978 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 152,636 | 110,718 | 41,918 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium..... | 69,115,644 | 31,478,782 | 37,636,862 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX |
| 4. Premiums..... | 69,115,644 | 31,478,782 | 37,636,862 | 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)..... | 69,115,644 | 31,478,782 | 37,636,862 | 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)..... | 69,115,644 | 31,478,782 | 37,636,862 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEDICAL AND HOSPITAL: | | | | | | | | | | | |
| 12. Hospital/Medical Benefits..... | 44,863,970 | 21,876,012 | 22,987,959 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Other Professional Services..... | 916,194 | 238,089 | 678,105 | 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..... | 1,848,747 | 654,224 | 1,194,523 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | 0 | 0 |
| 16. Other Medical & Hospital..... | 6,966,270 | 4,060,879 | 2,905,391 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incentive Pool & Withhold Adjustments..... | 771,337 | 0 | 771,337 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. SUBTOTAL MED & HOSP (L12 to L17)..... | 55,366,518 | 26,829,204 | 28,537,314 | 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)..... | 55,366,518 | 26,829,204 | 28,537,314 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Claims Adjustment Expenses..... | 1,561,643 | 716,939 | 844,704 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. General Administrative Expenses..... | 7,769,563 | 4,798,972 | 2,970,591 | 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)..... | 64,697,724 | 32,345,115 | 32,352,609 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)..... | 4,417,919 | (866,334) | 5,284,253 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Net Investment Income Earned..... | 1,017,681 | 456,199 | 561,482 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Net Realized Capital Gains/(Losses)..... | 32,553 | 13,716 | 18,836 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)..... | 1,050,234 | 469,915 | 580,319 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. Other Expenses..... | (52,756) | (23,772) | (28,984) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)..... | 5,520,908 | (372,647) | 5,893,555 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Extraordinary Items & Federal income taxes..... | 1,501,994 | (256,868) | 1,758,862 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. NET INCOME (LOSS) (Lines 29 minus 30)..... | 4,018,914 | (115,779) | 4,134,693 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 21,198 | (Examples of non-taxable enrollees are State | | | | | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 63,746 | of Texas enrollees and Federal employees.) | | | | | | | | |

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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..... | 50,013 | 36,035 | 13,978 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 460,432 | 336,433 | 123,999 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium..... | 199,498,618 | 96,124,907 | 103,373,711 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX |
| 4. Premiums..... | 199,498,618 | 96,124,907 | 103,373,711 | 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)..... | 199,498,618 | 96,124,907 | 103,373,711 | 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)..... | 199,498,618 | 96,124,907 | 103,373,711 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEDICAL AND HOSPITAL: | | | | | | | | | | | |
| 12. Hospital/Medical Benefits..... | 138,848,673 | 69,915,363 | 68,933,310 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Other Professional Services..... | 2,538,398 | 676,191 | 1,862,207 | 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..... | 4,860,466 | 2,133,584 | 2,726,882 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | 0 | 0 |
| 16. Other Medical & Hospital..... | 19,865,784 | 12,055,136 | 7,810,648 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incentive Pool & Withhold Adjustments..... | 3,469,506 | 0 | 3,469,506 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. SUBTOTAL MED & HOSP (L12 to L17)..... | 169,582,827 | 84,780,274 | 84,802,553 | 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)..... | 169,582,827 | 84,780,274 | 84,802,553 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Claims Adjustment Expenses..... | 4,883,043 | 2,372,887 | 2,510,156 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. General Administrative Expenses..... | 21,087,657 | 13,260,442 | 7,827,216 | 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)..... | 195,553,527 | 100,413,603 | 95,139,924 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)..... | 3,945,091 | (4,288,696) | 8,233,787 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Net Investment Income Earned..... | 2,632,088 | 1,263,402 | 1,368,686 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Net Realized Capital Gains/(Losses)..... | 128,002 | 61,441 | 66,561 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)..... | 2,760,090 | 1,324,843 | 1,435,247 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. Other Expenses..... | (130,285) | (62,537) | (67,748) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28). | 6,835,466 | (2,901,316) | 9,736,782 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Extraordinary Items & Federal income taxes..... | 1,755,908 | (745,315) | 2,501,224 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. NET INCOME (LOSS) (Lines 29 minus 30)..... | 5,079,557 | (2,156,001) | 7,235,558 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 21,198 | (Examples of non-taxable enrollees are State | | | | | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 193,638 | of Texas enrollees and Federal employees.) | | | | | | | | |

TEXAS HMO SUPPLEMENT

STATEMENT AS OF **SEPTEMBER 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 | 0 | | | | | | | | | | | | |
| 4. Third Quarter | 9,466 | 5 | 9,461 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Current Year | 0 | | | | | | | | | | | | |
| 6. Current Year Member Months | 101,601 | 45 | 101,556 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | |
| 7. Physician | 77,160 | 27 | 77,133 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 27,157 | 10 | 27,147 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 104,317 | 37 | 104,280 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 1,655 | 1 | 1,654 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 473 | 0 | 473 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written | 28,422,216 | 30,723 | 28,391,493 | 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 | 28,422,216 | 30,723 | 28,391,493 | 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 | 26,540,072 | 19,651 | 26,520,421 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 23,607,357 | 18,649 | 23,588,708 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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..... | 9,466 | 9,466 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 31,949 | 31,949 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium..... | 9,016,274 | 9,016,274 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX |
| 4. Premiums..... | 9,016,274 | 9,016,274 | 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)..... | 9,016,274 | 9,016,274 | 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)..... | 9,016,274 | 9,016,274 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEDICAL AND HOSPITAL: | | | | | | | | | | | |
| 12. Hospital/Medical Benefits..... | 5,248,336 | 5,248,336 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Other Professional Services..... | 31,393 | 31,393 | 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..... | 543,935 | 543,935 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | 0 | 0 |
| 16. Other Medical & Hospital..... | 1,078,528 | 1,078,528 | 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)..... | 6,902,192 | 6,902,192 | 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)..... | 6,902,192 | 6,902,192 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Claims Adjustment Expenses..... | 196,622 | 196,622 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. General Administrative Expenses..... | 1,271,317 | 1,271,317 | 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)..... | 8,370,132 | 8,370,132 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)..... | 646,143 | 646,143 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Net Investment Income Earned..... | 74,399 | 74,399 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Net Realized Capital Gains/(Losses)..... | (442) | (442) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)..... | 73,957 | 73,957 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. Other Expenses..... | (5,296) | (5,296) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28)..... | 725,396 | 725,396 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Extraordinary Items & Federal income taxes..... | 174,805 | 174,805 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. NET INCOME (LOSS) (Lines 29 minus 30)..... | 550,590 | 550,590 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 750 | (Examples of non-taxable enrollees are State | | | | | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 2,242 | of Texas enrollees and Federal employees.) | | | | | | | | |

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING SEPTEMBER 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..... | 9,466 | 9,466 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 101,601 | 101,601 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct Premium..... | 28,422,216 | 28,422,216 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX |
| 4. Premiums..... | 28,422,216 | 28,422,216 | 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)..... | 28,422,216 | 28,422,216 | 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)..... | 28,422,216 | 28,422,216 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MEDICAL AND HOSPITAL: | | | | | | | | | | | |
| 12. Hospital/Medical Benefits..... | 18,888,400 | 18,888,400 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Other Professional Services..... | 98,849 | 98,849 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Outside Referrals..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Emergency Room and Out-of-Area..... | 1,113,600 | 1,113,600 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | 0 | 0 | 0 |
| 16. Other Medical & Hospital..... | 3,506,508 | 3,506,508 | 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)..... | 23,607,357 | 23,607,357 | 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)..... | 23,607,357 | 23,607,357 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Claims Adjustment Expenses..... | 694,076 | 694,076 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. General Administrative Expenses..... | 3,836,863 | 3,836,863 | 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)..... | 28,138,296 | 28,138,296 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)..... | 283,920 | 283,920 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26. Net Investment Income Earned..... | 240,477 | 240,477 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. Net Realized Capital Gains/(Losses)..... | 3,492 | 3,492 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)..... | 243,969 | 243,969 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29. Other Expenses..... | (16,456) | (16,456) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30. INCOME (LOSS) BEFORE FIT & EXP ITEMS (Lines 9 + 24 + 27 -28). | 544,345 | 544,345 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31. Extraordinary Items & Federal income taxes..... | 139,834 | 139,834 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. NET INCOME (LOSS) (Lines 29 minus 30)..... | 404,512 | 404,512 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 750 | (Examples of non-taxable enrollees are State | | | | | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 6,610 | of Texas enrollees and Federal employees.) | | | | | | | | |