#### STATEMENT FOR THE PERIOD ENDING MARCH 31, 2006

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

OF THE Humana Health Plan of Texas, Inc.

(Location)

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION ATION / 2. DIVISION

CONSOLIDATED

**EXHIBIT II (Filed Annually and Quarterly)** 

# ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

						maioate it	cporting i criod.	Current Quarter _X_		
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)		B. CARE HMO Business)  COST	4. MEDICAID (Omit Provider HMO E	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
1. ENROLLEES AT THE END OF REPT PERIOD	83.664	59,962	23,702	0	0	0	0	0	0	0
		,	,		_	0	0			0
2. MEMBER MONTHS	250,548	180,621	69,927	0	0	_		0	0	V0000000
3. Direct Premium	122,025,768	57,067,509	64,958,259	0	0	0	0	0	0	XXXXXXXX
4. Net Premium	122,025,768	57,067,509	64,958,259	0	0	0		0	0	XXXXXXXX
Change in unearned premium reserve and reserve for rate crei	0	0	0	0	0	0		0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	122,025,768	57,067,509	64,958,259	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10)	122,025,768	57,067,509	64,958,259	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits	80,043,188	39,092,004	40,951,185	0	0	0	0	0	0	0
13. Other Professional Services	1,133,484	373,541	759,943	0	0	0	0	0	0	0
14. Outside Referrals	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area	2,361,396	1,453,568	907,828	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	11,794,183	5,863,505	5,930,678	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	2,070,497	36,680	2,033,817	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17)	97,402,748	46,819,298	50,583,450	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19)	97,402,748	46,819,298	50,583,450	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	2,421,115	1,293,371	1,127,744	0	0	0	0	0	0	0
22. General Administrative Expenses	10,996,144	4,834,837	6,161,307	0	0	0	_	0	0	0
23. Increase in Reserves for A&H contracts	10,550,144	0	0,101,307	0	0	0	-	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23)	110,820,007	52,947,506	57,872,501	0	0	0		0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24)	11,205,761	4,120,002	7,085,758	0	0	0		0	0	0
· · · · · · · · · · · · · · · · · · ·						0		0	0	0
26. Net Investment Income Earned	1,337,323	611,103	726,220	0	0					0
27. Net Realized Capital Gains/Losses	25,013	10,404	14,609	0	0	0	_	0	0	0
28. NET INVESTMENT GAINS/LOSSES (L26 to L27)	1,362,336	621,506	740,829	0	0	0		0	0	0
29. Other Expenses	(72,310)	(37,925)	(34,385)	0	0	0	_	0	0	0
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L2	12,640,407	4,779,434	7,860,973	0	0	0	_	0	0	0
31. Extraordinary Items & Federal income taxes	3,536,475	1,337,163	2,199,312	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31)	9,103,932	3,442,271	5,661,661	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		17,429	` '	-taxable enrollees			# of Enrollees in			

of Texas enrollees and Federal employees.)

3

52,560

0 # of Member Months in

#### STATEMENT FOR THE PERIOD ENDING MARCH 31, 2006

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

OF THE Humana Health Plan of Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION ATION / 2. DIVISION

CONSOLIDATED

EXHIBIT II (Filed Annually and Quarterly)

## ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date X 2. Total COMMERCIAL RISK MEDICARE MEDICAID POINT OF ASSUMED RISK CHILDREN'S PUBLICLY NON-RISK SUPPORTED (Omit Provider (Omit Provider HMO Business) Omit Provider HMO E SERVICE RIDER (as Provider HMO) HEALTH HMO Business) COVERAGE INSURANCE HEALTH CARE RISK COST RISK PLAN 1. ENROLLEES AT THE END OF REPT PERIOD...... 83.664 59.962 23.702 0 0 0 0 0 0 250,548 180,621 69,927 0 0 0 0 2. MEMBER MONTHS..... 0 122,025,768 64,958,259 0 0 0 0 XXXXXXXX 3. Direct Premium..... 57,067,509 0 0 4. Net Premium. 122,025,768 57,067,509 64.958.259 0 XXXXXXXX 0 0 5. Change in unearned premium reserve and reserve for rate cre 0 6. Fee-for-Service (gross revenues)..... 0 XXXXXXXX Λ 0 XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX 0 XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX Other Health Related Revenues..... 0 0 0 0 9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).. 122.025.768 57.067.509 64.958.259 0 0 0 0 10. Other Revenues (excluding investment income)..... 0 0 0 0 0 0 122,025,768 57,067,509 64.958.259 11. TOTAL REVENUE (L9 to L10)..... 0 0 0 0 MEDICAL AND HOSPITAL: 12. Hospital/Medical Benefits.... 80.043.188 39.092.004 40.951.185 0 0 13. Other Professional Services..... 1.133.484 373.541 759.943 0 0 0 0 0 0 0 0 0 14. Outside Referrals..... 0 2,361,396 907.828 0 XXXXXXXX 0 15. Emergency Room and Out-of-Area..... 1,453,568 0 11,794,183 5.863.505 5.930.678 0 0 0 16. Other Medical & Hospital. 2,033,817 0 0 17. Incentive Pool & Withhold Adjustments..... 2,070,497 36,680 0 0 Ω 0 50,583,450 0 97,402,748 46,819,298 0 0 18. SUBTOTAL MED & HOSP (L12 to L17)..... 0 0 0 0 0 19. Net Reins Recoveries Incurred..... 0 0 0 20. TOTAL MEDICAL & HOSP (L18 less L19)..... 97,402,748 46,819,298 50,583,450 2.421.115 1.293.371 1.127.744 0 0 0 0 0 0 21. Claims Adjustment Expenses..... 22. General Administrative Expenses..... 0 0 0 0 10.996.144 4,834,837 6.161.307 Ω 0 0 0 23. Increase in Reserves for A&H contracts..... Λ 0 24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23)...... 110,820,007 52.947.506 57.872.501 0 0 0 0 0 25. NET UNDERWRITING GAIN/LOSS (L9 less L24)..... 11,205,761 4,120,002 7.085.758 0 0 1.337.323 611.103 726.220 0 0 0 0 0 0 26. Net Investment Income Earned..... 10.404 14.609 0 0 0 0 27. Net Realized Capital Gains/Losses..... 25.013 0 0 28. NET INVESTMENT GAINS/LOSSES (L26 to L27)..... 1,362,336 621,506 740,829 0 0 0 (72,310) (34,385) 0 0 0 29. Other Expenses..... (37,925)0 0 30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L2 12,640,407 4.779.434 7.860.973 0 0 0 31. Extraordinary Items & Federal income taxes..... 3,536,475 1,337,163 2,199,312 0 0 0 32. NET INCOME/LOSS (L30 less L31)..... 9.103.932 3.442.271 5.661.661 0 0 0 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES...... 17,429 (Examples of non-taxable enrollees are State 0 # of Enrollees in

of Texas enrollees and Federal employees.)

52,560

0 # of Member Months in

### STATEMENT AS OF **MARCH 31, 2006**

OF THE Humana Health Plan of Texas, Inc.

REPORT FOR DIVISION: Corpus Christi

(Location)

	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal						i l
				Medicare	Vision	Dental	Employees Health				Disability	Long-Term	1
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Stop Loss	Income	Care	Other
Total Members at end of:													1
1. Prior Year	50,162	5	16,478	0	0	0	19,409	14,270	0	0	0	0	0
2. First Quarter	47,046	4	15,598	0	0	0	16,916	14,528	0	0	0	0	0
Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	141,141	12	47,003	0	0	0	51,019	43,107	0	0	0	0	0
Total Member Ambulatory Encounters													i
for Year:													1
7. Physician	74,079	3	12,300	0	0	0	26,765	35,011	0	0	0	0	0
8. Non-Physician	46,946	4	0	0	0	0	14,332	32,610	0	0	0	0	0
9. Total	135,593	7	26,868	0	0	0	41,097	67,621	0	0	0	0	0
10. Hospital Patient Days Incurred	10,211	0	1,873	0	0	0	985	7,353	0	0	0	0	0
11. Number of Inpatient Admissions	2,091	0	327	0	0	0	331	1,433	0	0	0	0	0
12. Health Premiums Written	70,957,212	12,591	12,397,510	0	0	0	18,306,553	40,240,558	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	70,957,212	12,591	12,397,510	0	0	0	18,306,553	40,240,558	0	0	0	0	0
Property/Casualty													
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	57,413,093	5,986	10,462,268	0	0	0	14,523,525	32,421,314	0	0	0	0	0
18. Amount Incurred for Provision of	37,413,093	3,900	10,402,200	0	0	0	14,525,525	52,421,514	0	0		•	
Health Care Services	58,198,736	6,682	11,024,426	0	0	0	15,019,017	32,148,611	0	0	0	0	0

Page 7 Health Quarterly 2006

### STATEMENT FOR THE PERIOD ENDING **JUNE 30**, **2006**

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 Rep	orting Period: C	urrent Quarter	<u>X</u>	
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDIO (Omit Provider I	CARE	4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
		Tiwo Business)	BASIC	PART D	Time Basiness)	OOVERAGE		PLAN	neaem oake	
1. ENROLLEES AT THE END OF REPT PERIOD	11,143	1,969	9,174	0	0	0	0	0	0	0
2. MEMBER MONTHS	32,814	5,994	26,820	0	0	0	0	0	0	0
3. Direct Premium	26,186,630	1,468,929	24,717,701	0	0	0	0	0	0	XXXXXXXX
4. Premiums	26,186,630	1,468,929	24,717,701	0	0	0	0	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	XXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue	0	XXXXXXXX	0	0	XXXXXXX	XXXXXXX	0	XXXXXXXX	XXXXXXX	XXXXXXXX
8. Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	26,186,630	1,468,929	24,717,701	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9)	26,186,630	1,468,929	24,717,701	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits	16,045,446	1,012,747	15,032,699	0	0	0	0	0	0	0
13. Other Professional Services	107,753	6,145	101,608	0	0	0	0	0	0	0
14. Outside Referrals	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area	406,556	15,933	390,623	0	0	XXXXXXX	0	0	0	0
16. Other Medical & Hospital	2,388,558	114,973	2,273,584	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	673,005	36,680	636,325	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L11 to L16)	19,621,318	1,186,479	18,434,839	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18)	19,621,318	1,186,479	18,434,839	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	480,242	33,574	446,668	0	0	0	0	0	0	0
22. General Administrative Expenses	3,271,983	653,657	2,618,327	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
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	23,373,543	1,873,710	21,499,833	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	2,813,087	(404,781)	3,217,868	0	0	0	0	0	0	0
26. Net Investment Income Earned	246,220	14,773	231,447	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	(2,033)	(122)	(1,911)	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	244,186	14,651	229,535	0	0	0	0	0	0	0
29. Other Expenses	(13,156)	(789)	(12,367)	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28).	3,070,429	(389,340)	3,459,770	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	859,032	(108,928)	967,961	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L29 less L30)	2,211,397	(280,412)	2,491,809	0	0	0	0	0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES		482		n-taxable enrollee	s are State	0	# of Enrollees in		<u> </u>	
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		1,457		es and Federal em			# of Member Mont	hs in		

#### STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

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 COMMERCIAL RISK **MEDICARE** MEDICAID ASSUMED RISK Total POINT OF CHILDREN'S PUBLICLY NON-RISK (Omit Provider (Omit Provider HMO Business) (Omit Provider SERVICE RIDER (as Provider HMO) HEALTH SUPPORTED HMO Business) HMO Business) COVERAGE INSURANCE HEALTH CARE BASIC PART D PLAN 1. ENROLLEES AT THE END OF REPT PERIOD...... 11.143 1.969 9.174 0 0 0 0 2. MEMBER MONTHS...... 32.814 5.994 26,820 0 3. Direct Premium. 26,186,630 1,468,929 24,717,701 0 0 XXXXXXXX 4. Premiums..... 26,186,630 1.468.929 24,717,701 0 0 0 XXXXXXXX 5. Change in unearned premium reserve and reserve for rate credits... 0 6. Fee-for-Service (gross revenues)..... XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX 7. Risk Revenue..... XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX 8. Other Health Related Revenues..... 0 9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)......... 26.186.630 1.468.929 24,717,701 0 0 0 10. Other Revenues (excluding investment income)..... 0 0 26,186,630 1.468.929 24,717,701 11. TOTAL REVENUE (L8 to L9)..... MEDICAL AND HOSPITAL: 12. Hospital/Medical Benefits..... 16.045.446 1,012,747 15.032.699 107,753 6,145 101.608 0 0 13. Other Professional Services..... 0 0 14. Outside Referrals..... 0 0 0 0 0 15. Emergency Room and Out-of-Area..... 406.556 15,933 390,623 XXXXXXXX 0 0 16. Other Medical & Hospital..... 2.388.558 114.973 2.273.584 0 0 0 0 17. Incentive Pool & Withhold Adjustments..... 673.005 36.680 636.325 0 0 19.621.318 18.434.839 18. SUBTOTAL MED & HOSP (L11 to L16)..... 1,186,479 0 0 0 0 0 0 19. Net Reins Recoveries Incurred..... 0 0 0 0 0 Ω 20. TOTAL MEDICAL & HOSP (L17 less L18)..... 19.621.318 1,186,479 18.434.839 480.242 33.574 446.668 0 21. Claims Adjustment Expenses..... 0 0 0 0 0 0 3,271,983 2,618,327 0 653,657 Λ 0 Λ 0 0 22. General Administrative Expenses..... 0 23. Increase in Reserves for A&H contracts....... 0 0 24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)..... 23.373.543 1.873.710 21,499,833 2,813,087 (404,781 3,217,868 NET UNDERWRITING GAIN/(LOSS) (L8 less L23)..... 0 26. Net Investment Income Earned.. 246,220 14,773 231,447 0 0 0 0 0 (1,911 0 27. Net Realized Capital Gains/(Losses)..... (2.033)(122 0 0 28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)..... 244.186 14.651 229,535 29. Other Expenses..... (13,156 (789 (12,367 0 0 0 0 30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28 3,070,429 (389.340) 3,459,770 0 0 0 859,032 (108,928 967,961 31. Extraordinary Items & Federal income taxes..... 0 0 0 0 0 0 2,211,397 (280,412) 2,491,809 32. NET INCOME (LOSS) (L29 less L30)..... 33. NON-TAXABLE COMMERCIAL RISK ENROLLEES... 482 (Examples of non-taxable enrollees are State 0 # of Enrollees in 0 # of Member Months in 33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 1.457 of Texas enrollees and Federal employees.)

### STATEMENT AS OF **MARCH 31, 2006**

OF THE Humana Health Plan of Texas, Inc.

REPORT FOR DIVISION: Houston

(Location)

Γ	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10	11	12	13
	•	2	3		ŭ		Federal	Ü	Ü	.0			
				Medicare	Vision	Dental	Employees Health				Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Stop Loss	Income	Care	Other
Total Members at end of:													
1. Prior Year	50,162	5	16,478	0	0	0	19,409	14,270	0	0	0	0	0
2. First Quarter	47,046	4	15,598	0	0	0	16,916	14,528	0	0	0	0	0
Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
Current Year Member Months	141,141	12	47,003	0	0	0	51,019	43,107	0	0	0	0	0
Total Member Ambulatory Encounters								·					
for Year:													I
7. Physician	74,079	3	12,300	0	0	0	26,765	35,011	0	0	0	0	0
8. Non-Physician	46,946	4	0	0	0	0	14,332	32,610	0	0	0	0	0
9. Total	135,593	7	26,868	0	0	0	41,097	67,621	0	0	0	0	0
10. Hospital Patient Days Incurred	10,211	0	1,873	0	0	0	985	7,353	0	0	0	0	0
11. Number of Inpatient Admissions	2,091	0	327	0	0	0	331	1,433	0	0	0	0	0
12. Health Premiums Written	70,957,212	12,591	12,397,510	0	0	0	18,306,553	40,240,558	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	70,957,212	12,591	12,397,510	0	0	0	18,306,553	40,240,558	0	0	0	0	0
Property/Casualty	,,	1_,001	,,010				. 1,111,000	, , 0 0 0					
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
Amount Paid for Provision     of Health Care Services	57,413,093	5,986	10,462,268	0	0	0	14,523,525	32,421,314	0	0	0	0	
18. Amount Incurred for Provision of	57,413,093	5,966	10,462,266	0	0	0	14,523,525	32,421,314	U	0	0	0	<u></u>
Health Care Services	58,198,736	6,682	11,024,426	0	0	0	15,019,017	32,148,611	0	0	0	0	0

Page 7 Health Quarterly 2006

### STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2006**

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 Rep	orting Period: C	urrent Quarter	<u>X</u>	
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 <b>MEDI</b> (Omit Provider I	CARE	4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
		HIVIO Busilless)	BASIC	PART D	HIVIO Business)	COVERAGE		PLAN	HEALTH CARE	
1. ENROLLEES AT THE END OF REPT PERIOD	17,890	17,890	0	0	0	0	0	0	0	0
2. MEMBER MONTHS	53,922	53,922	0	0	0	0	0	0	0	0
3. Direct Premium	17,780,232	17,780,232	0	0	0	0	0	0	0	XXXXXXX
4. Premiums	17,780,232	17,780,232	0	0	0	0	0	0	0	XXXXXXX
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue	0	XXXXXXXX	0	0	XXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXX	XXXXXXXX
8. Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	17,780,232	17,780,232	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9)	17,780,232	17,780,232	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits	12,116,983	12,116,983	0	0	0	0	0	0	0	0
13. Other Professional Services	66,116	66,116	0	0	0	0	0	0	0	0
14. Outside Referrals	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area	424,646	424,646	0	0	0	XXXXXXX	0	0	0	0
16. Other Medical & Hospital	1,322,660	1,322,660	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L11 to L16)	13,930,404	13,930,404	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18)	13,930,404	13,930,404	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	355,066	355,066	0	0	0	0	0	0	0	0
22. General Administrative Expenses	1,975,887	1,975,887	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
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	16,261,358	16,261,358	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	1,518,874	1,518,874	0	0	0	0	0	0	0	0
26. Net Investment Income Earned	158,742	158,742	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	(1,386)	(1,386)	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	157,356	157,356	0	0	0	0	0	0	0	0
29. Other Expenses	(15,276)	(15,276)	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28).	1,691,506	1,691,506	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	473,243	473,243	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L29 less L30)	1,218,263	1,218,263	0	0	0	0	ł	0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES		34	(Examples of no	n-taxable enrollee	s are State	0	# of Enrollees in		<u> </u>	
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		95		es and Federal em			# of Member Mont	hs in		

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

#### TEXAS HMO SUPPLEMENT

#### STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

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 Total COMMERCIAL RISK **MEDICARE** MEDICAID ASSUMED RISK CHILDREN'S POINT OF PUBLICLY NON-RISK (Omit Provider (Omit Provider HMO Business) (Omit Provider SERVICE RIDER (as Provider HMO) HEALTH SUPPORTED HMO Business) HMO Business) COVERAGE INSURANCE HEALTH CARE BASIC PART D PLAN 1. ENROLLEES AT THE END OF REPT PERIOD...... 17.890 17.890 0 0 0 0 2. MEMBER MONTHS...... 53,922 53,922 0 3. Direct Premium..... 17,780,232 17,780,232 0 0 XXXXXXXX 17,780,232 4. Premiums..... 17,780,232 0 0 XXXXXXXX 5. Change in unearned premium reserve and reserve for rate credits... 0 6. Fee-for-Service (gross revenues)..... XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX 7. Risk Revenue..... XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX 8. Other Health Related Revenues..... 9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)......... 17.780.232 17.780.232 0 0 0 10. Other Revenues (excluding investment income)..... 0 0 17,780,232 11. TOTAL REVENUE (L8 to L9)..... 17,780,232 MEDICAL AND HOSPITAL: 12. Hospital/Medical Benefits..... 12.116.983 12,116,983 66,116 66,116 0 13. Other Professional Services..... 0 0 14. Outside Referrals..... 0 0 0 0 0 15. Emergency Room and Out-of-Area..... 424.646 424,646 XXXXXXXX 0 0 16. Other Medical & Hospital..... 1.322.660 1.322.660 0 0 0 0 17. Incentive Pool & Withhold Adjustments..... 0 0 13.930.404 18. SUBTOTAL MED & HOSP (L11 to L16)..... 13.930.404 0 0 0 0 0 0 19. Net Reins Recoveries Incurred..... 0 0 0 0 0 0 Ω 20. TOTAL MEDICAL & HOSP (L17 less L18)..... 13.930.404 13,930,404 355.066 355.066 0 21. Claims Adjustment Expenses..... 0 0 0 0 0 1,975,887 0 1,975,887 0 Λ 0 0 22. General Administrative Expenses..... 0 23. Increase in Reserves for A&H contracts....... 0 0 24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)..... 16.261.358 16.261.358 NET UNDERWRITING GAIN/(LOSS) (L8 less L23)..... 1,518,874 1,518,874 0 158,742 158,742 0 0 0 0 0 0 26. Net Investment Income Earned... (1,386 (1,386 0 27. Net Realized Capital Gains/(Losses)..... 0 0 28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)..... 157,356 157,356 29. Other Expenses..... (15,276 (15,276) 0 0 0 30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28 1.691.506 1,691,506 0 0 0 473,243 473,243 31. Extraordinary Items & Federal income taxes..... 0 0 0 0 0 0 1,218,263 32. NET INCOME (LOSS) (L29 less L30)..... 1,218,263 33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.... 34 (Examples of non-taxable enrollees are State 0 # of Enrollees in

of Texas enrollees and Federal employees.)

0 # of Member Months in

STATEMENT AS OF **MARCH 31, 2006** 

OF THE Humana Health Plan of Texas, Inc.

REPORT FOR DIVISION: San Antonio

(Location)

	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal						i l
				Medicare	Vision	Dental	Employees Health				Disability	Long-Term	1
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Stop Loss	Income	Care	Other
Total Members at end of:													1
1. Prior Year	50,162	5	16,478	0	0	0	19,409	14,270	0	0	0	0	0
2. First Quarter	47,046	4	15,598	0	0	0	16,916	14,528	0	0	0	0	0
Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	141,141	12	47,003	0	0	0	51,019	43,107	0	0	0	0	0
Total Member Ambulatory Encounters													i
for Year:													1
7. Physician	74,079	3	12,300	0	0	0	26,765	35,011	0	0	0	0	0
8. Non-Physician	46,946	4	0	0	0	0	14,332	32,610	0	0	0	0	0
9. Total	135,593	7	26,868	0	0	0	41,097	67,621	0	0	0	0	0
10. Hospital Patient Days Incurred	10,211	0	1,873	0	0	0	985	7,353	0	0	0	0	0
11. Number of Inpatient Admissions	2,091	0	327	0	0	0	331	1,433	0	0	0	0	0
12. Health Premiums Written	70,957,212	12,591	12,397,510	0	0	0	18,306,553	40,240,558	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	70,957,212	12,591	12,397,510	0	0	0	18,306,553	40,240,558	0	0	0	0	0
Property/Casualty													
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	57,413,093	5,986	10,462,268	0	0	0	14,523,525	32,421,314	0	0	0	0	0
18. Amount Incurred for Provision of	37,413,093	3,900	10,402,200	0	0	0	14,525,525	52,421,514	0	0		•	
Health Care Services	58,198,736	6,682	11,024,426	0	0	0	15,019,017	32,148,611	0	0	0	0	0

### STATEMENT FOR THE PERIOD ENDING **JUNE 30**, **2006**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION San Antonio

(Location)

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

	1. Total	2.	2	)	4	-	•	_	•	
	Total	COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	POINT OF SERVICE RIDER COVERAGE	ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
		Tiwo Business)	BASIC	PART D	Tivio Basinoss)	OOVERAGE		PLAN	HEALITIOAKE	
1. ENROLLEES AT THE END OF REPT PERIOD	47,046	32,518	14,528	0	0	0	0	0	0	0
2. MEMBER MONTHS	141,141	98,034	43,107	0	0	0	0	0	0	0
3. Direct Premium	70,957,213	30,716,655	40,240,558	0	0	0	0	0	0	XXXXXXXX
4. Premiums	70,957,213	30,716,655	40,240,558	0	0	0	0	0	0	XXXXXXX
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXX	0	0
7. Risk Revenue	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	70,957,213	30,716,655	40,240,558	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L8 to L9)	70,957,213	30,716,655	40,240,558	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits	47,451,010	21,532,524	25,918,486	0	0	0	0	0	0	0
13. Other Professional Services	931,062	272,726	658,335	0	0	0	0	0	0	0
14. Outside Referrals	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area	1,197,009	679,804	517,205	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital	7,222,164	3,565,071	3,657,093	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments	1,397,492	0	1,397,492	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L11 to L16)	58,198,737	26,050,125	32,148,611	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L17 less L18)	58,198,737	26,050,125	32,148,611	0	0	0	0	0	0	0
21. Claims Adjustment Expenses	1,441,739	760,664	681,076	0	0	0	0	0	0	0
22. General Administrative Expenses	4,930,423	1,387,443	3,542,980	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
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	64,570,899	28,198,232	36,372,667	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	6,386,314	2,518,423	3,867,891	0	0	0	0	0	0	0
26. Net Investment Income Earned	868,024	373,250	494,774	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses)	28,983	12,463	16,520	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	897,007	385,713	511,294	0	0	0	0	0	0	0
29. Other Expenses.	(38,628)	(16,610)	(22,018)	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28).	7,321,949	2,920,746	4,401,203	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes	2,048,498	817,147	1,231,351	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L29 less L30)	5,273,451	2,103,599	3,169,852	0	0	0		0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES		16,844		n-taxable enrollees	s are State	0	# of Enrollees in	-		
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		50.798		es and Federal em	•		# of Member Mont	hs in		

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

#### TEXAS HMO SUPPLEMENT

#### STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

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 COMMERCIAL RISK **MEDICARE** MEDICAID ASSUMED RISK Total POINT OF CHILDREN'S PUBLICLY NON-RISK (Omit Provider (Omit Provider HMO Business) (Omit Provider SERVICE RIDER (as Provider HMO) HEALTH SUPPORTED HMO Business) HMO Business) COVERAGE INSURANCE HEALTH CARE BASIC PART D PLAN 1. ENROLLEES AT THE END OF REPT PERIOD...... 47.046 32.518 14.528 0 0 0 0 2. MEMBER MONTHS...... 141,141 98,034 43.107 0 3. Direct Premium..... 70,957,213 30,716,655 40,240,558 0 0 XXXXXXXX 4. Premiums..... 70,957,213 30,716,655 40,240,558 0 0 0 XXXXXXXX 5. Change in unearned premium reserve and reserve for rate credits... 0 6. Fee-for-Service (gross revenues)..... XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX 7. Risk Revenue..... XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX 8. Other Health Related Revenues..... 9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)......... 70.957.213 30.716.655 40.240.558 0 0 0 10. Other Revenues (excluding investment income)..... 0 0 70,957,213 40,240,558 11. TOTAL REVENUE (L8 to L9)..... 30,716,655 MEDICAL AND HOSPITAL: 12. Hospital/Medical Benefits..... 47.451.010 21,532,524 25.918.486 931.062 272,726 658.335 0 0 13. Other Professional Services..... 0 0 14. Outside Referrals..... 0 0 0 0 0 15. Emergency Room and Out-of-Area..... 1,197,009 517,205 XXXXXXXX 679,804 0 0 16. Other Medical & Hospital..... 7.222.164 3.565.071 3.657.093 0 0 0 0 17. Incentive Pool & Withhold Adjustments..... 1.397.492 1.397.492 0 0 58.198.737 18. SUBTOTAL MED & HOSP (L11 to L16)..... 26.050.125 32,148,611 0 0 0 0 0 0 19. Net Reins Recoveries Incurred..... 0 0 0 0 0 Ω 20. TOTAL MEDICAL & HOSP (L17 less L18)..... 58,198,737 26,050,125 32,148,611 1.441.739 0 21. Claims Adjustment Expenses..... 760.664 681.076 0 0 0 0 0 0 4,930,423 0 1,387,443 3,542,980 Λ 0 Λ 0 0 22. General Administrative Expenses..... 0 23. Increase in Reserves for A&H contracts....... 0 0 24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)..... 64.570.899 28.198.232 36,372,667 6,386,314 2,518,423 3,867,891 NET UNDERWRITING GAIN/(LOSS) (L8 less L23)..... 0 26. Net Investment Income Earned.. 868,024 373,250 494,774 0 0 0 0 0 16,520 0 27. Net Realized Capital Gains/(Losses)..... 28,983 12,463 0 0 28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)..... 897.007 385.713 511.294 29. Other Expenses..... (38,628 (16,610 (22,018 0 0 0 0 30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28 7,321,949 2,920,746 4.401.203 0 0 0 2,048,498 817,147 1,231,351 31. Extraordinary Items & Federal income taxes..... 0 0 0 0 0 0 5,273,451 2,103,599 3,169,852 32. NET INCOME (LOSS) (L29 less L30)..... 33. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 16.844 (Examples of non-taxable enrollees are State 0 # of Enrollees in 0 # of Member Months in

of Texas enrollees and Federal employees.)

50.798

STATEMENT AS OF **MARCH 31, 2006** 

OF THE Humana Health Plan of Texas, Inc.

REPORT FOR DIVISION: Austin

(Location)

	1	Comprehensive (Ho	ospital & Medical)	4	5	6	7	8	9	10	11	12	13
		2	3				Federal						
				Medicare	Vision	Dental	Employees Health				Disability	Long-Term	
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Stop Loss	Income	Care	Other
Total Members at end of:													
1. Prior Year	50,162	5	16,478	0	0	0	19,409	14,270	0	0	0	0	0
2. First Quarter	47,046	4	15,598	0	0	0	16,916	14,528	0	0	0	0	0
3. Second Quarter	0												
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	141,141	12	47,003	0	0	0	51,019	43,107	0	0	0	0	0
Total Member Ambulatory Encounters													
for Year:													
7. Physician	74,079	3	12,300	0	0	0	26,765	35,011	0	0	0	0	0
8. Non-Physician	46,946	4	0	0	0	0	14,332	32,610	0	0	0	0	0
9. Total	135,593	7	26,868	0	0	0	41,097	67,621	0	0	0	0	0
10. Hospital Patient Days Incurred	10,211	0	1,873	0	0	0	985	7,353	0	0	0	0	0
11. Number of Inpatient Admissions	2,091	0	327	0	0	0	331	1,433	0	0	0	0	0
12. Health Premiums Written	70,957,212	12,591	12,397,510	0	0	0	18,306,553	40,240,558	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	70,957,212	12,591	12,397,510	0	0	0	18,306,553	40,240,558	0	0	0	0	0
Property/Casualty 16. Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision	U	U	0	U	U	0	U	U	U	U	U	U	U
of Health Care Services	57,413,093	5,986	10,462,268	0	0	0	14,523,525	32,421,314	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	58,198,736	6,682	11,024,426	0	0	0	15,019,017	32,148,611	0	0	0	0	0

### STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2006**

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 Rep	orting Period: C	urrent Quarter	X		
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 <b>MEDI</b> (Omit Provider I	CARE	4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK	
<u> </u>		Tiwo Business)	BASIC	PART D	Tivio Basinoss)	OOVERAGE		PLAN	HEALITIOAKE		
1. ENROLLEES AT THE END OF REPT PERIOD	7,585	7,585	0	0	0	0	0	0	0	0	
2. MEMBER MONTHS	22,671	22,671	0	0	0	0	0	0	0	0	
3. Direct Premium	7,101,693	7,101,693	0	0	0	0	0	0	0	XXXXXXXX	
4. Premiums	7,101,693	7,101,693	0	0	0	0	0	0	0	XXXXXXX	
5. Change in unearned premium reserve and reserve for rate credits	0	0	0	0	0	0	0	0	0	0	
6. Fee-for-Service (gross revenues)	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXX	0	0	
7. Risk Revenue	0	XXXXXXXX	0	0	XXXXXXX	XXXXXXXX	0	XXXXXXX	XXXXXXX	XXXXXXX	
Other Health Related Revenues	0	0	0	0	0	0	0	0	0	0	
9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	7,101,693	7,101,693	0	0	0	0	0	0	0	0	
10. Other Revenues (excluding investment income)	0	0	0	0	0	0	0	0	0	0	
11. TOTAL REVENUE (L8 to L9)	7,101,693	7,101,693	0	0	0	0	0	0	0	0	
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	4,429,750	4,429,750	0	0	0	0	0	0	0	0	
13. Other Professional Services	28,554	28,554	0	0	0	0	0	0	0	0	
14. Outside Referrals	0	0	0	0	0	0	0	0	0	0	
15. Emergency Room and Out-of-Area	333,185	333,185	0	0	0	XXXXXXXX	0	0	0	0	
16. Other Medical & Hospital	860,801	860,801	0	0	0	0	0	0	0	0	
17. Incentive Pool & Withhold Adjustments	0	0	0	0	0	0	0	0	0	0	
18. SUBTOTAL MED & HOSP (L11 to L16)	5,652,290	5,652,290	0	0	0	0	0	0	0	0	
19. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0	
20. TOTAL MEDICAL & HOSP (L17 less L18)	5,652,290	5,652,290	0	0	0	0	0	0	0	0	
21. Claims Adjustment Expenses	144,067	144,067	0	0	0	0	0	0	0	0	
22. General Administrative Expenses	817,850	817,850	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	
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	6,614,207	6,614,207	0	0	0	0	0	0	0	0	
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	487,486	487,486	0	0	0	0	0	0	0	0	
26. Net Investment Income Earned.	64,337	64,337	0	0	0	0	0	0	0	0	
27. Net Realized Capital Gains/(Losses)	(552)	(552)	0	0	0	0	0	0	0	0	
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	63,786	63,786	0	0	0	0	0	0	0	0	
29. Other Expenses.	(5,250)	(5,250)	0	0	0	0	0	0	0	0	
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28).	556,522	556,522	0	0	0	0	0	0	0	0	
31. Extraordinary Items & Federal income taxes	155,702	155,702	0	0	0	0	0	0	0	0	
32. NET INCOME (LOSS) (L29 less L30)	400,821	400,821	0	0	0	0		0	0	0	
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES		69	(Examples of no	n-taxable enrollees	s are State	0	# of Enrollees in	-			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		210		es and Federal em		0 # of Member Months in					

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

#### TEXAS HMO SUPPLEMENT

#### STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

OF THE Humana Health Plan of Texas, Inc.

(Name of Company)

REPORT FOR: 1. CORPORATION / 2. DIVISION Austin

(Location)

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

Indicate Reporting Period: Year-to-Date X Total COMMERCIAL RISK **MEDICARE** MEDICAID ASSUMED RISK CHILDREN'S POINT OF PUBLICLY NON-RISK (Omit Provider (Omit Provider HMO Business) (Omit Provider SERVICE RIDER (as Provider HMO) HEALTH SUPPORTED HMO Business) HMO Business) COVERAGE INSURANCE HEALTH CARE BASIC PART D PLAN 1. ENROLLEES AT THE END OF REPT PERIOD...... 7.585 7.585 0 0 0 0 2. MEMBER MONTHS..... 22.671 22,671 0 3. Direct Premium. 7,101,693 7,101,693 0 0 XXXXXXXX 4. Premiums..... 7,101,693 7,101,693 0 0 XXXXXXXX 5. Change in unearned premium reserve and reserve for rate credits... 0 6. Fee-for-Service (gross revenues)..... XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX 7. Risk Revenue..... XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX 8. Other Health Related Revenues..... 9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)...... 7,101,693 7,101,693 0 0 0 10. Other Revenues (excluding investment income)..... 0 0 7,101,693 11. TOTAL REVENUE (L8 to L9)..... 7,101,693 MEDICAL AND HOSPITAL: 12. Hospital/Medical Benefits..... 4.429.750 4.429.750 13. Other Professional Services..... 28.554 28.554 0 0 0 14. Outside Referrals..... 0 0 0 0 0 15. Emergency Room and Out-of-Area..... 333,185 XXXXXXXX 333,185 0 0 16. Other Medical & Hospital..... 860.801 860.801 0 0 0 0 17. Incentive Pool & Withhold Adjustments..... 0 0 18. SUBTOTAL MED & HOSP (L11 to L16)..... 5.652.290 5.652.290 0 0 0 0 0 0 19. Net Reins Recoveries Incurred..... 0 0 0 0 0 0 Ω 20. TOTAL MEDICAL & HOSP (L17 less L18)..... 5.652.290 5.652.290 144.067 144.067 0 21. Claims Adjustment Expenses..... 0 0 0 0 0 817,850 0 817,850 0 Λ 0 0 22. General Administrative Expenses..... 0 23. Increase in Reserves for A&H contracts...... 0 0 24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)..... 6.614.207 6.614.207 NET UNDERWRITING GAIN/(LOSS) (L8 less L23)..... 487,486 487,486 64,337 64,337 0 0 0 0 0 0 0 26. Net Investment Income Earned... (552 (552 0 27. Net Realized Capital Gains/(Losses)..... 0 0 28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)..... 63.786 63.786 29. Other Expenses..... (5,250)(5,250 0 0 0 0 556.522 30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28 556.522 0 0 0 155,702 155,702 31. Extraordinary Items & Federal income taxes..... 0 0 0 0 0 0 400.821 32. NET INCOME (LOSS) (L29 less L30)..... 400.821 33. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 69 (Examples of non-taxable enrollees are State 0 # of Enrollees in 0 # of Member Months in

of Texas enrollees and Federal employees.)