

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISIONATION / 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 B	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						
1. ENROLLEES AT THE END OF REPT PERIOD.....	83,664	59,962	23,702	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	250,548	180,621	69,927	0	0	0	0	0	0	0
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	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	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	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. 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	0
23. Increase in Reserves for A&H contracts.....	0	0	0	0	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	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
26. Net Investment Income Earned.....	1,337,323	611,103	726,220	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	25,013	10,404	14,609	0	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	0
29. Other Expenses.....	(72,310)	(37,925)	(34,385)	0	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	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	(Examples of non-taxable enrollees are State			0 # of Enrollees in				
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		52,560	of Texas enrollees and Federal employees.)			0 # of Member Months in				

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISIONATION / 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 B	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						
1. ENROLLEES AT THE END OF REPT PERIOD.....	83,664	59,962	23,702	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	250,548	180,621	69,927	0	0	0	0	0	0	0
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	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	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	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. 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	0
23. Increase in Reserves for A&H contracts.....	0	0	0	0	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	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
26. Net Investment Income Earned.....	1,337,323	611,103	726,220	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	25,013	10,404	14,609	0	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	0
29. Other Expenses.....	(72,310)	(37,925)	(34,385)	0	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	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	(Examples of non-taxable enrollees are State				0 # of Enrollees in			
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		52,560	of Texas enrollees and Federal employees.)				0 # of Member Months in			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2006**

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	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
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	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

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 **Corpus Christi**

(Location)

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

Indicate Reporting Period: Current Quarter

	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
			BASIC	PART D						
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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	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).....	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	XXXXXXXX	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	(Examples of non-taxable enrollees are State			0	# of Enrollees in			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,457	of Texas enrollees and Federal employees.)			0	# of Member Months in			

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 **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
			BASIC	PART D						
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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	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).....	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	XXXXXXXX	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
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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	(Examples of non-taxable enrollees are State			0	# of Enrollees in			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,457	of Texas enrollees and Federal employees.)			0	# of Member Months in			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2006**

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	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
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	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

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: 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
			BASIC	PART D						
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	XXXXXXXX
4. Premiums.....	17,780,232	17,780,232	0	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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	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).....	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	XXXXXXXX	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	0	0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		34	(Examples of non-taxable enrollees are State			0	# of Enrollees in			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		95	of Texas enrollees and Federal employees.)			0	# of Member Months in			

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

	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
			BASIC	PART D						
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	XXXXXXXX
4. Premiums.....	17,780,232	17,780,232	0	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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	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).....	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	XXXXXXXX	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	0	0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		34	(Examples of non-taxable enrollees are State			0	# of Enrollees in			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		95	of Texas enrollees and Federal employees.)			0	# of Member Months in			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2006**

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	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
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	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

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: 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
			BASIC	PART D						
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	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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	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	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		16,844	(Examples of non-taxable enrollees are State			0	# of Enrollees in			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		50,798	of Texas enrollees and Federal employees.)			0	# of Member Months in			

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

	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
			BASIC	PART D						
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	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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	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	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		16,844	(Examples of non-taxable enrollees are State			0	# of Enrollees in			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		50,798	of Texas enrollees and Federal employees.)			0	# of Member Months in			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2006**

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	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
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	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

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: 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
			BASIC	PART D						
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	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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	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).....	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	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		69	(Examples of non-taxable enrollees are State			0		# of Enrollees in		
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		210	of Texas enrollees and Federal employees.)			0		# of Member Months in		

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

	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
			BASIC	PART D						
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	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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	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).....	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	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		69	(Examples of non-taxable enrollees are State			0	# of Enrollees in			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		210	of Texas enrollees and Federal employees.)			0	# of Member Months in			