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

	Indicate Reporting Period: Current Quarter X										
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	MEDI (Omit Provider	3. ICARE HMO Business)	4. MEDICAID (Omit Provider HMO E	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK	
			RISK	COST	RISK			PLAN			
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	\$487.04	\$315.95	\$928.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	
4. Net Premium	\$487.04	\$315.95	\$928.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	
5. Change in unearned premium reserve and reserve for rate cre-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00	
7. Risk Revenue	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	
8. Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	\$487.04	\$315.95	\$928.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
11. TOTAL REVENUE (L9 to L10)	\$487.04	\$315.95	\$928.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$319.47	\$216.43	\$585.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
13. Other Professional Services	\$4.52	\$2.07	\$10.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
15. Emergency Room and Out-of-Area	\$9.42	\$8.05	\$12.98	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00	
16. Other Medical & Hospital	\$47.07	\$32.46	\$84.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
17. Incentive Pool & Withhold Adjustments	\$8.26	\$0.20	\$29.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
18. SUBTOTAL MED & HOSP (L12 to L17)	\$388.76	\$259.21	\$723.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
20. TOTAL MEDICAL & HOSP (L18 less L19)	\$388.76	\$259.21	\$723.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21. Claims Adjustment Expenses	\$9.66	\$7.16	\$16.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
22. General Administrative Expenses	\$43.89	\$26.77	\$88.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23)	\$442.31	\$293.14	\$827.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25. NET UNDERWRITING GAIN/LOSS (L9 less L24)	\$44.73	\$22.81	\$101.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
26. Net Investment Income Earned	\$5.34	\$3.38	\$10.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
27. Net Realized Capital Gains/Losses	\$0.10	\$0.06	\$0.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
28. NET INVESTMENT GAINS/LOSSES (L26 to L27)	\$5.44	\$3.44	\$10.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
29. Other Expenses	(\$0.29)	(\$0.21)	(\$0.49)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L2	\$50.45	\$26.46	\$112.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
31. Extraordinary Items & Federal income taxes	\$14.11	\$7.40	\$31.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
32. NET INCOME/LOSS (L30 less L31)	\$36.34	\$19.06	\$80.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		17,429 52,560	(Examples of nor	n-taxable enrollees es and Federal emp	are State	0			+		

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

=						Indicate Reporting Period: Year-to-Date X						
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	MEDI	3. CARE HMO Business)	4. MEDICAID (Omit Provider HMO E	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK		
		,	RISK	COST	RISK			PLAN	-			
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	\$487.04	\$315.95	\$928.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX		
4. Net Premium	\$487.04	\$315.95	\$928.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX		
5. Change in unearned premium reserve and reserve for rate cre-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00		
7. Risk Revenue	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX		
8. Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)	\$487.04	\$315.95	\$928.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
11. TOTAL REVENUE (L9 to L10)	\$487.04	\$315.95	\$928.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
MEDICAL AND HOSPITAL:												
12. Hospital/Medical Benefits	\$319.47	\$216.43	\$585.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
13. Other Professional Services	\$4.52	\$2.07	\$10.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
15. Emergency Room and Out-of-Area	\$9.42	\$8.05	\$12.98	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00		
16. Other Medical & Hospital	\$47.07	\$32.46	\$84.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
17. Incentive Pool & Withhold Adjustments	\$8.26	\$0.20	\$29.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
18. SUBTOTAL MED & HOSP (L12 to L17)	\$388.76	\$259.21	\$723.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
20. TOTAL MEDICAL & HOSP (L18 less L19)	\$388.76	\$259.21	\$723.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
21. Claims Adjustment Expenses	\$9.66	\$7.16	\$16.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
22. General Administrative Expenses	\$43.89	\$26.77	\$88.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23)	\$442.31	\$293.14	\$827.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
25. NET UNDERWRITING GAIN/LOSS (L9 less L24)	\$44.73	\$22.81	\$101.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
26. Net Investment Income Earned	\$5.34	\$3.38	\$10.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
27. Net Realized Capital Gains/Losses	\$0.10	\$0.06	\$0.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
28. NET INVESTMENT GAINS/LOSSES (L26 to L27)	\$5.44	\$3.44	\$10.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
29. Other Expenses	(\$0.29)	(\$0.21)	(\$0.49)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L2	\$50.45	\$26.46	\$112.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
31. Extraordinary Items & Federal income taxes	\$14.11	\$7.40	\$31.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
32. NET INCOME/LOSS (L30 less L31)	\$36.34	\$19.06	\$80.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		17,429	· ·	n-taxable enrollees		0						
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		52,560	of Texas enrollee	es and Federal emp	loyees.)	0						

OF THE 3

(Location)

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2006

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Corpus Christi

	Indicate Reporting Period: Current Quarter X											
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDI (Omit Provider I	CARE 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	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK		
			BASIC	PART D				PLAN				
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	\$798.03	\$245.07	\$921.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX		
4. Premiums	\$798.03	\$245.07	\$921.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX		
5. Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00		
7. Risk Revenue	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX		
8. Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	\$798.03	\$245.07	\$921.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
11. TOTAL REVENUE (L8 to L9)	\$798.03	\$245.07	\$921.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
MEDICAL AND HOSPITAL:												
12. Hospital/Medical Benefits	\$488.98	\$168.96	\$560.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
13. Other Professional Services	\$3.28	\$1.03	\$3.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
15. Emergency Room and Out-of-Area	\$12.39	\$2.66	\$14.56	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00		
16. Other Medical & Hospital	\$72.79	\$19.18	\$84.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
17. Incentive Pool & Withhold Adjustments	\$20.51	\$6.12	\$23.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
18. SUBTOTAL MED & HOSP (L11 to L16)	\$597.96	\$197.94	\$687.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
20. TOTAL MEDICAL & HOSP (L17 less L18)	\$597.96	\$197.94	\$687.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
21. Claims Adjustment Expenses	\$14.64	\$5.60	\$16.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
22. General Administrative Expenses	\$99.71	\$109.05	\$97.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	\$712.30	\$312.60	\$801.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	\$85.73	(\$67.53)	\$119.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
26. Net Investment Income Earned	\$7.50	\$2.46	\$8.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
27. Net Realized Capital Gains/(Losses)	(\$0.06)	(\$0.02)	(\$0.07)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	\$7.44	\$2.44	\$8.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
29. Other Expenses	(\$0.40)	(\$0.13)	(\$0.46)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28).	\$93.57	(\$64.96)	\$129.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
31. Extraordinary Items & Federal income taxes	\$26.18	(\$18.17)	\$36.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
32. NET INCOME (LOSS) (L29 less L30)	\$67.39	(\$46.78)	\$92.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES		482	(Examples of nor	n-taxable enrollees	s are State	0			. <u> </u>			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		1,457	· ·	es and Federal em		0	-					

OF THE 3

(Location)

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2006

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Corpus Christi

	Indicate Reporting Period: Year-to-Date X										
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDI (Omit Provider I	CARE HMO Business)	4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	HEALTH	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK	
			BASIC	PART D				PLAN			
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	\$798.03	\$245.07	\$921.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	
4. Premiums	\$798.03	\$245.07	\$921.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	
5. Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00	
7. Risk Revenue	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	
8. Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	\$798.03	\$245.07	\$921.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
11. TOTAL REVENUE (L8 to L9)	\$798.03	\$245.07	\$921.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$488.98	\$168.96	\$560.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
13. Other Professional Services	\$3.28	\$1.03	\$3.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
15. Emergency Room and Out-of-Area	\$12.39	\$2.66	\$14.56	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00	
16. Other Medical & Hospital	\$72.79	\$19.18	\$84.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
17. Incentive Pool & Withhold Adjustments	\$20.51	\$6.12	\$23.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
18. SUBTOTAL MED & HOSP (L11 to L16)	\$597.96	\$197.94	\$687.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
20. TOTAL MEDICAL & HOSP (L17 less L18)	\$597.96	\$197.94	\$687.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21. Claims Adjustment Expenses	\$14.64	\$5.60	\$16.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
22. General Administrative Expenses	\$99.71	\$109.05	\$97.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	\$712.30	\$312.60	\$801.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	\$85.73	(\$67.53)	\$119.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
26. Net Investment Income Earned	\$7.50	\$2.46	\$8.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
27. Net Realized Capital Gains/(Losses)	(\$0.06)	(\$0.02)	(\$0.07)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	\$7.44	\$2.44	\$8.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
29. Other Expenses	(\$0.40)	(\$0.13)	(\$0.46)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28	\$93.57	(\$64.96)	\$129.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
31. Extraordinary Items & Federal income taxes	\$26.18	(\$18.17)	\$36.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
32. NET INCOME (LOSS) (L29 less L30)	\$67.39	(\$46.78)	\$92.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES		482	(Examples of nor	n-taxable enrollees	s are State	0					
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		1,457	of Texas enrollee	es and Federal em	ployees.)	0	-				

OF THE 4

(Location)

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2006

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Houston

EXHIBIT II (Filed Annually and Quarterly) ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES Indicate Reporting Period: Current Quarter X

1. Draft Park 2. Contractional methods between the part of the							Indicate Rep	orting Period: C	urrent Quarter	<u>X</u>	
1 ENCLLES AT THE END OF REPT PENDO. 17,800 1 17,800 0 <th></th> <th></th> <th>COMMERCIAL RISK (Omit Provider</th> <th>MEDI</th> <th>CARE</th> <th>MEDICAID (Omit Provider</th> <th>POINT OF SERVICE RIDER</th> <th>ASSUMED RISK</th> <th>CHILDREN'S HEALTH</th> <th>PUBLICLY SUPPORTED</th> <th>•</th>			COMMERCIAL RISK (Omit Provider	MEDI	CARE	MEDICAID (Omit Provider	POINT OF SERVICE RIDER	ASSUMED RISK	CHILDREN'S HEALTH	PUBLICLY SUPPORTED	•
2 Status 53.02 0				BASIC	PART D	,			PLAN		
3. Drest Prenium. 5339.74 5339.74 5339.74 5339.74 530.00 5	1. ENROLLEES AT THE END OF REPT PERIOD	17,890	17,890	0	0	0	0	0	0	0	0
4. Penaltinal \$3207.4 \$329.74 \$30.00 \$0.00 </td <td>2. MEMBER MONTHS</td> <td>53,922</td> <td>53,922</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td>	2. MEMBER MONTHS	53,922	53,922	0	0	0	0	0	0	0	0
5. Change in unearred premium reserve and reserve for rate credits. \$30.00 \$50.00	3. Direct Premium	\$329.74	\$329.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
6. Feed-or-Service (prostravenues). (\$10.00 \$XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	4. Premiums	\$329.74	\$329.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
7. Risk Revenue. \$0.00 <td>5. Change in unearned premium reserve and reserve for rate credits</td> <td>\$0.00</td>	5. Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S. Other Health Related Revenues. S0.00	6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L5) \$328.74 \$328.74 \$30.00 \$	7. Risk Revenue	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
10. Other Revenues (excluding investment income)	8. Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (LB to L9)	9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	\$329.74	\$329.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL: \$224.71 \$2.00 \$0.0	10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12. Hospital/Medical Benefits	11. TOTAL REVENUE (L8 to L9)	\$329.74	\$329.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services \$1.23 \$1.23 \$0.00	MEDICAL AND HOSPITAL:										
14. Outside Referrals \$0.00 \$0.0	12. Hospital/Medical Benefits	\$224.71	\$224.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area. \$7.88 \$7.88 \$0.00	13. Other Professional Services	\$1.23	\$1.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	15. Emergency Room and Out-of-Area	\$7.88	\$7.88	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L11 to L16)	16. Other Medical & Hospital	\$24.53	\$24.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	17. Incentive Pool & Withhold Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L17 less L18) \$258.34 \$200.0 \$0.00	18. SUBTOTAL MED & HOSP (L11 to L16)	\$258.34	\$258.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses. \$6.58 \$0.00	19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses. \$36.64 \$30.64 \$0.00 <td>20. TOTAL MEDICAL & HOSP (L17 less L18)</td> <td>\$258.34</td> <td>\$258.34</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td>	20. TOTAL MEDICAL & HOSP (L17 less L18)	\$258.34	\$258.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	21. Claims Adjustment Expenses	\$6.58	\$6.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	22. General Administrative Expenses	\$36.64	\$36.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	\$301.57	\$301.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	\$28.17	\$28.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	26. Net Investment Income Earned	\$2.94	\$2.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	27. Net Realized Capital Gains/(Losses)	(\$0.03)	(\$0.03)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28). \$31.37 \$31.37 \$0.00 \$0.0	28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	\$2.92	\$2.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	29. Other Expenses	(\$0.28)	(\$0.28)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (L29 less L30) \$22.59 \$0.00 \$0		\$31.37	\$31.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES	31. Extraordinary Items & Federal income taxes	\$8.78	\$8.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	32. NET INCOME (LOSS) (L29 less L30)	\$22.59	\$22.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	33. NON-TAXABLE COMMERCIAL RISK ENROLLEES		34	(Examples of no	n-taxable enrollee	s are State	0				
			95	· · ·			0	-			

OF THE 4

(Location)

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2006

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Houston

							Reporting Perio		<u>x</u>	
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDI (Omit Provider H	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
		,	BASIC	PART D	,			PLAN	-	
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	\$329.74	\$329.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
4. Premiums	\$329.74	\$329.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	\$329.74	\$329.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L8 to L9)	\$329.74	\$329.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits	\$224.71	\$224.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$1.23	\$1.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$7.88	\$7.88	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$24.53	\$24.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L11 to L16)	\$258.34	\$258.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L17 less L18)	\$258.34	\$258.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$6.58	\$6.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$36.64	\$36.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	\$301.57	\$301.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	\$28.17	\$28.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$2.94	\$2.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	(\$0.03)	(\$0.03)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	\$2.92	\$2.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	(\$0.28)	(\$0.28)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28	\$31.37	\$31.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$8.78	\$8.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (L29 less L30)	\$22.59	\$22.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES			34 (Examples of non-taxable enrollees are State			0		•		
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS			95 of Texas enrollees and Federal employees.)			0	-			
		- 30			10,000./	0	-			

OF THE 5

(Location)

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2006

(Name of Company)

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

TotalCOMMERCIAL RISK (Omit Provider HMO Business)MEDICAID (Omit Provider HMO Business)POINT OF SERVICE RIDER (Omit Provider HMO Business)ASSUMED RISK (as Provider HMO) (as Provider HMO)CHILDREN'S HEALTH INSURANCE PLANPUBLICLY SUPPORTED HEALTH CARENON SUPPORTED HEALTH CARE1. ENROLLEES AT THE END OF REPT PERIOD.47,04632,51814,528000 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>orting Period: C</th> <th></th> <th>X</th> <th></th>								orting Period: C		X	
LencolLEEs AT THE END OF REPT PERIOD Image of the			COMMERCIAL RISK (Omit Provider	MEDI	CARE	MEDICAID (Omit Provider	SERVICE RIDER		HEALTH	PUBLICLY SUPPORTED	9. NON-RISK
2 MEMBER NONTHS				BASIC	PART D	,				-	
3. Direct Premium 5302.74 \$313.33 \$933.50 \$0.0	1. ENROLLEES AT THE END OF REPT PERIOD	47,046	32,518	14,528	0	0	0	0	0	0	0
4 Premiums \$502.74 \$313.33 \$583.50 \$5.00	2. MEMBER MONTHS	141,141	98,034	43,107	0	0	0	0	0	0	0
S Change in uneared prenium reserve and reserve for rate credits. \$0.00	3. Direct Premium	\$502.74	\$313.33	\$933.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
6 Fee-for-Service (gross revenues) S0.00 X000000X \$0.00 \$0.00 \$0.00 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.000 \$0.00 \$0.000 \$0.00 \$	4. Premiums	\$502.74	\$313.33	\$933.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
7. Risk Revenue \$0.00 XXXXXXX \$0.00	5. Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8. Other Health Related Revenues. 50.00 \$0.00	6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (I.3 to L8)	7. Risk Revenue	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
10. Other Revenues (excluding investment income) \$0.00 \$0	8. Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L8 to L9)	9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	\$502.74	\$313.33	\$933.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL: S336.20 S219.64 S601.26 S0.00	10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12. Hospital/Medical Benefits	11. TOTAL REVENUE (L8 to L9)	\$502.74	\$313.33	\$933.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services \$6.60 \$2.78 \$15.27 \$0.00	MEDICAL AND HOSPITAL:										
14. Outside Referrals \$0.00 \$0.0	12. Hospital/Medical Benefits	\$336.20	\$219.64	\$601.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	13. Other Professional Services	\$6.60	\$2.78	\$15.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments. \$9.90 \$0.00 \$32.42 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 18. SUBTOTAL MED & HOSP (L11 to L16). \$412.34 \$265.73 \$745.79 \$0.00 <td>15. Emergency Room and Out-of-Area</td> <td>\$8.48</td> <td>\$6.93</td> <td>\$12.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>XXXXXXXX</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td>	15. Emergency Room and Out-of-Area	\$8.48	\$6.93	\$12.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L11 to L16)	16. Other Medical & Hospital	\$51.17	\$36.37	\$84.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred. \$0.00	17. Incentive Pool & Withhold Adjustments	\$9.90	\$0.00	\$32.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L17 less L18)	18. SUBTOTAL MED & HOSP (L11 to L16)	\$412.34	\$265.73	\$745.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses. \$10.21 \$7.76 \$15.80 \$0.00	19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses. \$34.93 \$14.15 \$82.19 \$0.00 </td <td>20. TOTAL MEDICAL & HOSP (L17 less L18)</td> <td>\$412.34</td> <td>\$265.73</td> <td>\$745.79</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td>	20. TOTAL MEDICAL & HOSP (L17 less L18)	\$412.34	\$265.73	\$745.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	21. Claims Adjustment Expenses	\$10.21	\$7.76	\$15.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	22. General Administrative Expenses	\$34.93	\$14.15	\$82.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	\$457.49	\$287.64	\$843.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	\$45.25	\$25.69	\$89.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	26. Net Investment Income Earned	\$6.15	\$3.81	\$11.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	27. Net Realized Capital Gains/(Losses)	\$0.21	\$0.13	\$0.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28). \$51.88 \$29.79 \$102.10 \$0.00 \$0	28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	\$6.36	\$3.93	\$11.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28). \$51.88 \$29.79 \$102.10 \$0.00 \$0	29. Other Expenses	(\$0.27)	(\$0.17)	(\$0.51)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (L29 less L30)			, ,			\$0.00					\$0.00
32. NET INCOME (LOSS) (L29 less L30)	31. Extraordinary Items & Federal income taxes	\$14.51	\$8.34	\$28.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	-										\$0.00
			16.844	(Examples of nor	n-taxable enrollees	s are State	. 0		U		ı
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS				· ·				-			

OF THE 5

(Location)

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2006

(Name of Company)

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

			-				Reporting Period		X	
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDI (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
		-	BASIC	PART D				PLAN		
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	\$502.74	\$313.33	\$933.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
4. Premiums	\$502.74	\$313.33	\$933.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	\$502.74	\$313.33	\$933.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L8 to L9)	\$502.74	\$313.33	\$933.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits	\$336.20	\$219.64	\$601.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$6.60	\$2.78	\$15.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$8.48	\$6.93	\$12.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$51.17	\$36.37	\$84.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$9.90	\$0.00	\$32.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L11 to L16)	\$412.34	\$265.73	\$745.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L17 less L18)	\$412.34	\$265.73	\$745.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$10.21	\$7.76	\$15.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$34.93	\$14.15	\$82.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	\$457.49	\$287.64	\$843.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	\$45.25	\$25.69	\$89.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$6.15	\$3.81	\$11.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.21	\$0.13	\$0.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	\$6.36	\$3.93	\$11.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	(\$0.27)	(\$0.17)	(\$0.51)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28	\$51.88	\$29.79	\$102.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$14.51	\$8.34	\$28.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (L29 less L30)	\$37.36	\$21.46	\$73.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES		16,844	6,844 (Examples of non-taxable enrollees are State			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		50.798				0	-			
33. NON-TAABLE COMMERCIAL RISK MEINDER MONTHS		50,796		es anu reueral eff	ipioyees.)	0	_			

OF THE 6

(Location)

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2006

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Austin

]	1.				Indicate Reporting Period: Current Quarter X											
	Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDI (Omit Provider)	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						
			BASIC	PART D	,			PLAN								
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	\$313.25	\$313.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX						
4. Premiums	\$313.25	\$313.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX						
5. Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00						
7. Risk Revenue	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX						
8. Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	\$313.25	\$313.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
11. TOTAL REVENUE (L8 to L9)	\$313.25	\$313.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
MEDICAL AND HOSPITAL:																
12. Hospital/Medical Benefits	\$195.39	\$195.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
13. Other Professional Services	\$1.26	\$1.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
15. Emergency Room and Out-of-Area	\$14.70	\$14.70	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00						
16. Other Medical & Hospital	\$37.97	\$37.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
17. Incentive Pool & Withhold Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
18. SUBTOTAL MED & HOSP (L11 to L16)	\$249.32	\$249.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
20. TOTAL MEDICAL & HOSP (L17 less L18)	\$249.32	\$249.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
21. Claims Adjustment Expenses	\$6.35	\$6.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
22. General Administrative Expenses	\$36.07	\$36.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	\$291.75	\$291.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	\$21.50	\$21.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
26. Net Investment Income Earned	\$2.84	\$2.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
27. Net Realized Capital Gains/(Losses)	(\$0.02)	(\$0.02)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	\$2.81	\$2.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
29. Other Expenses	(\$0.23)	(\$0.23)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28).	\$24.55	\$24.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
31. Extraordinary Items & Federal income taxes	\$6.87	\$6.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
32. NET INCOME (LOSS) (L29 less L30)	\$17.68	\$17.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00						
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES		69	(Examples of no	n-taxable enrollees	s are State	0	•		-							
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		210	· ·	es and Federal em		0	-									

OF THE 6

(Location)

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2006

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Austin

EXHIBIT II (Filed Annually and Quarterly) ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES Indicate Reporting Period: Year-to-Date X

	Indicate Reporting Period: Year-to-Date X									
	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3 MEDIC (Omit Provider H	CARE IMO Business)	4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	HEALTH	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			BASIC	PART D				PLAN		
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	\$313.25	\$313.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
4. Premiums	\$313.25	\$313.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L3 to L8)	\$313.25	\$313.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. Other Revenues (excluding investment income)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L8 to L9)	\$313.25	\$313.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits	\$195.39	\$195.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$1.26	\$1.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$14.70	\$14.70	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$37.97	\$37.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L11 to L16)	\$249.32	\$249.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L17 less L18)	\$249.32	\$249.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$6.35	\$6.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$36.07	\$36.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	\$291.75	\$291.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	\$21.50	\$21.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$2.84	\$2.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	(\$0.02)	(\$0.02)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	\$2.81	\$2.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	(\$0.23)	(\$0.23)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L9+L24+L27 less L28	\$24.55	\$24.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$6.87	\$6.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (L29 less L30)	\$17.68	\$17.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES			69 (Examples of non-taxable enrollees are State							
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		210	of Texas enrollee			0	-			
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