

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.....	\$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
<b>MEDICAL AND HOSPITAL:</b>										
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	(Examples of non-taxable enrollees are State			0				
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		52,560	of Texas enrollees and Federal employees.)			0				

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.....	\$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
<b>MEDICAL AND HOSPITAL:</b>										
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
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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
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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
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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	(Examples of non-taxable enrollees are State			0				
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		52,560	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **3**

(Name of Company)

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

(Location)

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

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			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.....	\$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
<b>MEDICAL AND HOSPITAL:</b>										
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 non-taxable enrollees are State			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,457	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **3**

(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.....	\$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
<b>MEDICAL AND HOSPITAL:</b>										
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. <b>INCOME (LOSS) BEFORE FIT &amp; EX ITEMS(L9+L24+L27 less L28)</b>	\$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. <b>NET INCOME (LOSS) (L29 less L30).....</b>	\$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 non-taxable enrollees are State			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,457	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **4**

(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.....	\$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	
<b>MEDICAL AND HOSPITAL:</b>											
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					

TEXAS HMO SUPPLEMENT

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

OF THE **4**

(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.....	\$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
<b>MEDICAL AND HOSPITAL:</b>										
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. <b>INCOME (LOSS) BEFORE FIT &amp; EX ITEMS(L9+L24+L27 less L28)</b> .....	\$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. <b>NET INCOME (LOSS) (L29 less L30).....</b>	\$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				

TEXAS HMO SUPPLEMENT

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

OF THE **5**

(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.....	\$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
<b>MEDICAL AND HOSPITAL:</b>										
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	(Examples of non-taxable enrollees are State			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		50,798	of Texas enrollees and Federal employees.)			0				



TEXAS HMO SUPPLEMENT

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

OF THE **5**

(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.....	\$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
<b>MEDICAL AND HOSPITAL:</b>										
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. <b>INCOME (LOSS) BEFORE FIT &amp; EX ITEMS(L9+L24+L27 less L28)</b> .....	\$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. <b>NET INCOME (LOSS) (L29 less L30).....</b>	\$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	(Examples of non-taxable enrollees are State			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		50,798	of Texas enrollees and Federal employees.)			0				



TEXAS HMO SUPPLEMENT

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

OF THE **6**

(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.....	\$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
<b>MEDICAL AND HOSPITAL:</b>										
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			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		210	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **6**

(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.....	\$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
<b>MEDICAL AND HOSPITAL:</b>										
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. <b>INCOME (LOSS) BEFORE FIT &amp; EX ITEMS(L9+L24+L27 less L28)</b> .....	\$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. <b>NET INCOME (LOSS) (L29 less L30).....</b>	\$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			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		210	of Texas enrollees and Federal employees.)			0				