

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. 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.....	83,248	58,714	24,534	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	249,304	176,833	72,471	0	0	0	0	0	0	0
3. Direct Premium.....	124,830,090	57,128,526	67,701,564	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	124,830,090	57,128,526	67,701,564	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)....	124,830,090	57,128,526	67,701,564	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).....	124,830,090	57,128,526	67,701,564	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	80,751,390	38,414,922	42,336,468	0	0	0	0	0	0	0
13. Other Professional Services.....	1,029,823	331,999	697,824	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.....	1,993,121	1,236,249	756,872	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	11,660,988	5,668,138	5,992,850	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	(193,096)	(3,498)	(189,598)	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	95,242,226	45,647,810	49,594,416	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).....	95,242,226	45,647,810	49,594,416	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	2,712,126	1,258,433	1,453,693	0	0	0	0	0	0	0
22. General Administrative Expenses.....	9,795,924	5,527,437	4,268,488	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).....	107,750,277	52,433,680	55,316,597	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	17,079,813	4,694,847	12,384,967	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,671,369	757,437	913,932	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	18,455	7,469	10,986	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	1,689,824	764,906	924,918	0	0	0	0	0	0	0
29. Other Expenses.....	(23,089)	(5,768)	(17,320)	0	0	0	0	0	0	0
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L2	18,792,726	5,465,521	13,327,206	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	6,029,880	1,780,802	4,249,077	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	12,762,846	3,684,718	9,078,128	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		17,063	(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)			0 # of Enrollees in C3-Pt D included in C3-Basic				
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		51,426				0 # of Member Months in C3-Pt D included in C3-Basic				

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. 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.....	83,248	58,714	24,534	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	499,852	357,454	142,398	0	0	0	0	0	0	0
3. Direct Premium.....	246,855,858	114,196,035	132,659,823	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	246,855,858	114,196,035	132,659,823	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)....	246,855,858	114,196,035	132,659,823	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).....	246,855,858	114,196,035	132,659,823	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	160,794,579	77,506,926	83,287,653	0	0	0	0	0	0	0
13. Other Professional Services.....	2,163,307	705,540	1,457,767	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.....	4,354,517	2,689,817	1,664,700	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	23,455,170	11,531,643	11,923,528	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	1,877,401	33,183	1,844,218	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	192,644,975	92,467,108	100,177,866	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).....	192,644,975	92,467,108	100,177,866	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	5,133,241	2,551,804	2,581,437	0	0	0	0	0	0	0
22. General Administrative Expenses.....	20,792,068	10,362,274	10,429,795	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).....	218,570,284	105,381,186	113,189,098	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	28,285,574	8,814,849	19,470,725	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	3,008,692	1,368,540	1,640,152	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	43,468	17,872	25,595	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	3,052,160	1,386,412	1,665,748	0	0	0	0	0	0	0
29. Other Expenses.....	(95,399)	(43,693)	(51,705)	0	0	0	0	0	0	0
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	31,433,133	10,244,955	21,188,178	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	9,566,354	3,117,965	6,448,389	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	21,866,778	7,126,989	14,739,789	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		17,063	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		103,986	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	46,921	4	15,492	0	0	0	16,554	14,871	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	281,452	24	93,515	0	0	0	100,931	86,982	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	159,273	6	24,953	0	0	0	59,129	75,185	0	0	0	0	0
8. Non-Physician	105,741	9	0	0	0	0	32,220	73,512	0	0	0	0	0
9. Total	298,919	15	58,858	0	0	0	91,349	148,697	0	0	0	0	0
10. Hospital Patient Days Incurred	20,121	1	3,150	0	0	0	2,562	14,408	0	0	0	0	0
11. Number of Inpatient Admissions	3,784	0	581	0	0	0	750	2,453	0	0	0	0	0
12. Health Premiums Written	143,468,784	26,482	25,702,108	0	0	0	36,030,525	81,709,669	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	143,468,784	26,482	25,702,108	0	0	0	36,030,525	81,709,669	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	113,428,453	9,301	22,288,985	0	0	0	29,561,398	61,568,769	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	115,008,517	8,789	22,949,361	0	0	0	29,174,570	62,875,797	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 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.....	11,424	1,761	9,663	0	0	0	0	0	0	
2. MEMBER MONTHS.....	33,930	5,334	28,596	0	0	0	0	0	0	
3. Direct Premium.....	27,596,253	1,363,799	26,232,453	0	0	0	0	0	XXXXXXXX	
4. Net Premium.....	27,596,253	1,363,799	26,232,453	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	
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
7. Risk Revenue.....	0	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	27,596,253	1,363,799	26,232,453	0	0	0	0	0	0	
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	
11. TOTAL REVENUE (L9 to L10).....	27,596,253	1,363,799	26,232,453	0	0	0	0	0	0	
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	17,198,093	1,181,480	16,016,613	0	0	0	0	0	0	
13. Other Professional Services.....	105,686	15,677	90,009	0	0	0	0	0	0	
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	
15. Emergency Room and Out-of-Area.....	185,323	(1,939)	187,262	0	0	XXXXXXXX	0	0	0	
16. Other Medical & Hospital.....	2,594,534	99,331	2,495,203	0	0	0	0	0	0	
17. Incentive Pool & Withhold Adjustments.....	74,645	(3,498)	78,143	0	0	0	0	0	0	
18. SUBTOTAL MED & HOSP (L12 to L17).....	20,158,282	1,291,051	18,867,231	0	0	0	0	0	0	
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	
20. TOTAL MEDICAL & HOSP (L18 less L19).....	20,158,282	1,291,051	18,867,231	0	0	0	0	0	0	
21. Claims Adjustment Expenses.....	569,202	20,561	548,641	0	0	0	0	0	0	
22. General Administrative Expenses.....	800,658	(425,971)	1,226,628	0	0	0	0	0	0	
23. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	
24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23).....	21,528,141	885,641	20,642,501	0	0	0	0	0	0	
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	6,068,112	478,159	5,589,953	0	0	0	0	0	0	
26. Net Investment Income Earned.....	261,340	10,605	250,736	0	0	0	0	0	0	
27. Net Realized Capital Gains/Losses.....	(3,523)	(156)	(3,367)	0	0	0	0	0	0	
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	257,817	10,449	247,368	0	0	0	0	0	0	
29. Other Expenses.....	(7,788)	(258)	(7,530)	0	0	0	0	0	0	
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	6,333,717	488,865	5,844,852	0	0	0	0	0	0	
31. Extraordinary Items & Federal income taxes.....	2,003,016	139,217	1,863,799	0	0	0	0	0	0	
32. NET INCOME/LOSS (L30 less L31).....	4,330,701	349,648	3,981,053	0	0	0	0	0	0	
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		488	(Examples of non-taxable enrollees are State			0 # of Enrollees in C3 (Part D) also included in C3 (Basic)				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,453	of Texas enrollees and Federal employees.)			0 # of Member Months in C3 (Part D) also included in C3 (Basic)				

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.....	11,424	1,761	9,663	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	66,744	11,328	55,416	0	0	0	0	0	0	0
3. Direct Premium.....	53,782,883	2,832,728	50,950,155	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	53,782,883	2,832,728	50,950,155	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 (L4 to L8).....	53,782,883	2,832,728	50,950,155	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).....	53,782,883	2,832,728	50,950,155	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	33,243,539	2,194,227	31,049,312	0	0	0	0	0	0	0
13. Other Professional Services.....	213,439	21,822	191,617	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.....	591,879	13,994	577,885	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	4,983,092	214,305	4,768,787	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	747,651	33,183	714,468	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	39,779,599	2,477,530	37,302,069	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).....	39,779,599	2,477,530	37,302,069	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,049,445	54,135	995,310	0	0	0	0	0	0	0
22. General Administrative Expenses.....	4,072,641	227,686	3,844,955	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).....	44,901,685	2,759,351	42,142,334	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	8,881,198	73,378	8,807,821	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	507,560	25,378	482,182	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	(5,556)	(278)	(5,278)	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	502,004	25,100	476,904	0	0	0	0	0	0	0
29. Other Expenses.....	(20,945)	(1,047)	(19,897)	0	0	0	0	0	0	0
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	9,404,147	99,525	9,304,622	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	2,862,049	30,289	2,831,759	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	6,542,098	69,236	6,472,862	0	0	0	0	0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		488	(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)			0	# of Enrollees in C3 (Part D) also included in C3 (Basic)			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,910				0	# of Member Months in C3 (Part D) also included in C3 (Basic)			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	46,921	4	15,492	0	0	0	16,554	14,871	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	281,452	24	93,515	0	0	0	100,931	86,982	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	159,273	6	24,953	0	0	0	59,129	75,185	0	0	0	0	0
8. Non-Physician	105,741	9	0	0	0	0	32,220	73,512	0	0	0	0	0
9. Total	298,919	15	58,858	0	0	0	91,349	148,697	0	0	0	0	0
10. Hospital Patient Days Incurred	20,121	1	3,150	0	0	0	2,562	14,408	0	0	0	0	0
11. Number of Inpatient Admissions	3,784	0	581	0	0	0	750	2,453	0	0	0	0	0
12. Health Premiums Written	143,468,784	26,482	25,702,108	0	0	0	36,030,525	81,709,669	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	143,468,784	26,482	25,702,108	0	0	0	36,030,525	81,709,669	0	0	0	0	0
16. Premiums Earned Property/Casualty	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	113,428,453	9,301	22,288,985	0	0	0	29,561,398	61,568,769	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	115,008,517	8,789	22,949,361	0	0	0	29,174,570	62,875,797	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.....	17,356	17,356	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	52,386	52,386	0	0	0	0	0	0	0	0
3. Direct Premium.....	17,551,093	17,551,093	0	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	17,551,093	17,551,093	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 (L4 to L8).....	17,551,093	17,551,093	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 (L9 to L10).....	17,551,093	17,551,093	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	11,176,691	11,176,691	0	0	0	0	0	0	0	0
13. Other Professional Services.....	37,860	37,860	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.....	139,090	139,090	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	1,304,887	1,304,887	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 (L12 to L17).....	12,658,528	12,658,528	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 (L18 less L19).....	12,658,528	12,658,528	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	361,170	361,170	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,091,568	2,091,568	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 (L20 to L23).....	15,111,266	15,111,266	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	2,439,827	2,439,827	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	175,957	175,957	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	(2,278)	(2,278)	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	173,679	173,679	0	0	0	0	0	0	0	0
29. Other Expenses.....	2,112	2,112	0	0	0	0	0	0	0	0
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	2,611,395	2,611,395	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	836,298	836,298	0	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	1,775,097	1,775,097	0	0	0	0	0	0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26	(Examples of non-taxable enrollees are State							0
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		80	of Texas enrollees and Federal employees.)							0
										# of Enrollees in C3 (Part D) also included in C3 (Basic)
										# of Member Months in C3 (Part D) also included in C3 (Basic)

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.....	17,356	17,356	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	106,308	106,308	0	0	0	0	0	0	0	0
3. Direct Premium.....	35,331,325	35,331,325	0	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	35,331,325	35,331,325	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 (L4 to L8).....	35,331,325	35,331,325	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 (L9 to L10).....	35,331,325	35,331,325	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	23,293,674	23,293,674	0	0	0	0	0	0	0	0
13. Other Professional Services.....	103,976	103,976	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.....	563,736	563,736	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	2,627,547	2,627,547	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 (L12 to L17).....	26,588,933	26,588,933	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 (L18 less L19).....	26,588,933	26,588,933	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	716,236	716,236	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	4,067,455	4,067,455	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 (L20 to L23).....	31,372,624	31,372,624	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	3,958,701	3,958,701	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	334,699	334,699	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	(3,664)	(3,664)	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	331,035	331,035	0	0	0	0	0	0	0	0
29. Other Expenses.....	(13,164)	(13,164)	0	0	0	0	0	0	0	0
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	4,302,901	4,302,901	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	1,309,541	1,309,541	0	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	2,993,360	2,993,360	0	0	0	0	0	0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3 (Part D) also included in C3 (Basic)			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		175	of Texas enrollees and Federal employees.)			0	# of Member Months in C3 (Part D) also included in C3 (Basic)			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	46,921	4	15,492	0	0	0	16,554	14,871	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	281,452	24	93,515	0	0	0	100,931	86,982	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	159,273	6	24,953	0	0	0	59,129	75,185	0	0	0	0	0
8. Non-Physician	105,741	9	0	0	0	0	32,220	73,512	0	0	0	0	0
9. Total	298,919	15	58,858	0	0	0	91,349	148,697	0	0	0	0	0
10. Hospital Patient Days Incurred	20,121	1	3,150	0	0	0	2,562	14,408	0	0	0	0	0
11. Number of Inpatient Admissions	3,784	0	581	0	0	0	750	2,453	0	0	0	0	0
12. Health Premiums Written	143,468,784	26,482	25,702,108	0	0	0	36,030,525	81,709,669	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	143,468,784	26,482	25,702,108	0	0	0	36,030,525	81,709,669	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	113,428,453	9,301	22,288,985	0	0	0	29,561,398	61,568,769	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	115,008,517	8,789	22,949,361	0	0	0	29,174,570	62,875,797	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.....	46,921	32,050	14,871	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	140,311	96,436	43,875	0	0	0	0	0	0	0
3. Direct Premium.....	72,511,571	31,042,460	41,469,111	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	72,511,571	31,042,460	41,469,111	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 (L4 to L8).....	72,511,571	31,042,460	41,469,111	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).....	72,511,571	31,042,460	41,469,111	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	47,719,553	21,399,698	26,319,855	0	0	0	0	0	0	0
13. Other Professional Services.....	872,115	264,299	607,815	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.....	1,578,947	1,009,337	569,610	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	6,906,907	3,409,260	3,497,647	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	(267,741)	0	(267,741)	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	56,809,780	26,082,594	30,727,186	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).....	56,809,780	26,082,594	30,727,186	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	1,622,293	717,241	905,052	0	0	0	0	0	0	0
22. General Administrative Expenses.....	6,081,400	3,039,540	3,041,859	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).....	64,513,472	29,839,375	34,674,097	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	7,998,099	1,203,085	6,795,014	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	1,163,503	500,306	663,196	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	25,182	10,828	14,354	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	1,188,684	511,134	677,550	0	0	0	0	0	0	0
29. Other Expenses.....	(17,175)	(7,385)	(9,790)	0	0	0	0	0	0	0
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	9,203,958	1,721,604	7,482,354	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	2,981,006	595,728	2,385,279	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	6,222,952	1,125,877	5,097,075	0	0	0	0	0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		16,481	(Examples of non-taxable enrollees are State			0 # of Enrollees in C3 (Part D) also included in C3 (Basic)				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		49,689	of Texas enrollees and Federal employees.)			0 # of Member Months in C3 (Part D) also included in C3 (Basic)				

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.....	46,921	32,050	14,871	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	281,452	194,470	86,982	0	0	0	0	0	0	0
3. Direct Premium.....	143,468,784	61,759,115	81,709,669	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	143,468,784	61,759,115	81,709,669	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 (L4 to L8).....	143,468,784	61,759,115	81,709,669	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).....	143,468,784	61,759,115	81,709,669	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	95,170,563	42,932,222	52,238,341	0	0	0	0	0	0	0
13. Other Professional Services.....	1,803,176	537,026	1,266,151	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.....	2,775,956	1,689,141	1,086,815	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	14,129,071	6,974,330	7,154,740	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	1,129,750	0	1,129,750	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	115,008,516	52,132,719	62,875,797	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).....	115,008,516	52,132,719	62,875,797	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	3,064,032	1,477,905	1,586,127	0	0	0	0	0	0	0
22. General Administrative Expenses.....	11,011,823	4,426,983	6,584,839	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).....	129,084,371	58,037,607	71,046,764	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	14,384,412	3,721,508	10,662,905	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	2,031,527	873,557	1,157,970	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	54,165	23,291	30,874	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	2,085,691	896,847	1,188,844	0	0	0	0	0	0	0
29. Other Expenses.....	(55,803)	(23,995)	(31,808)	0	0	0	0	0	0	0
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	16,525,907	4,642,350	11,883,557	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	5,029,504	1,412,874	3,616,630	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	11,496,403	3,229,476	8,266,927	0	0	0	0	0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		16,481	(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)			0	# of Enrollees in C3 (Part D) also included in C3 (Basic)			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		100,487				0	# of Member Months in C3 (Part D) also included in C3 (Basic)			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	0												
3. Second Quarter	46,921	4	15,492	0	0	0	16,554	14,871	0	0	0	0	0
4. Third Quarter	0												
5. Current Year	0												
6. Current Year Member Months	281,452	24	93,515	0	0	0	100,931	86,982	0	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician	159,273	6	24,953	0	0	0	59,129	75,185	0	0	0	0	0
8. Non-Physician	105,741	9	0	0	0	0	32,220	73,512	0	0	0	0	0
9. Total	298,919	15	58,858	0	0	0	91,349	148,697	0	0	0	0	0
10. Hospital Patient Days Incurred	20,121	1	3,150	0	0	0	2,562	14,408	0	0	0	0	0
11. Number of Inpatient Admissions	3,784	0	581	0	0	0	750	2,453	0	0	0	0	0
12. Health Premiums Written	143,468,784	26,482	25,702,108	0	0	0	36,030,525	81,709,669	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	143,468,784	26,482	25,702,108	0	0	0	36,030,525	81,709,669	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	113,428,453	9,301	22,288,985	0	0	0	29,561,398	61,568,769	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	115,008,517	8,789	22,949,361	0	0	0	29,174,570	62,875,797	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.....	7,547	7,547	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	22,677	22,677	0	0	0	0	0	0	0	0
3. Direct Premium.....	7,171,173	7,171,173	0	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	7,171,173	7,171,173	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 (L4 to L8).....	7,171,173	7,171,173	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 (L9 to L10).....	7,171,173	7,171,173	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	4,657,053	4,657,053	0	0	0	0	0	0	0	0
13. Other Professional Services.....	14,163	14,163	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.....	89,761	89,761	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	854,660	854,660	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 (L12 to L17).....	5,615,637	5,615,637	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 (L18 less L19).....	5,615,637	5,615,637	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	159,462	159,462	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	822,299	822,299	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 (L20 to L23).....	6,597,397	6,597,397	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	573,776	573,776	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	70,569	70,569	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	(925)	(925)	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	69,644	69,644	0	0	0	0	0	0	0	0
29. Other Expenses.....	(237)	(237)	0	0	0	0	0	0	0	0
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	643,656	643,656	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	209,560	209,560	0	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	434,097	434,097	0	0	0	0	0	0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		68	(Examples of non-taxable enrollees are State							0 # of Enrollees in C3 (Part D) also included in C3 (Basic)
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		204	of Texas enrollees and Federal employees.)							0 # of Member Months in C3 (Part D) also included in C3 (Basic)

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.....	7,547	7,547	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	45,348	45,348	0	0	0	0	0	0	0	0
3. Direct Premium.....	14,272,867	14,272,867	0	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	14,272,867	14,272,867	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 (L4 to L8).....	14,272,867	14,272,867	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 (L9 to L10).....	14,272,867	14,272,867	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	9,086,803	9,086,803	0	0	0	0	0	0	0	0
13. Other Professional Services.....	42,717	42,717	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.....	422,946	422,946	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	1,715,461	1,715,461	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 (L12 to L17).....	11,267,926	11,267,926	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 (L18 less L19).....	11,267,926	11,267,926	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	303,528	303,528	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,640,150	1,640,150	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 (L20 to L23).....	13,211,604	13,211,604	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	1,061,262	1,061,262	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	134,906	134,906	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	(1,477)	(1,477)	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	133,429	133,429	0	0	0	0	0	0	0	0
29. Other Expenses.....	(5,487)	(5,487)	0	0	0	0	0	0	0	0
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	1,200,178	1,200,178	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	365,261	365,261	0	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	834,917	834,917	0	0	0	0	0	0	0	0
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		68	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3 (Part D) also included in C3 (Basic)			
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		414	of Texas enrollees and Federal employees.)			0	# of Member Months in C3 (Part D) also included in C3 (Basic)			