

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.....	\$500.71	\$323.06	\$934.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
4. Net Premium.....	\$500.71	\$323.06	\$934.19	\$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)....	\$500.71	\$323.06	\$934.19	\$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).....	\$500.71	\$323.06	\$934.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$323.91	\$217.24	\$584.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services.....	\$4.13	\$1.88	\$9.63	\$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.....	\$7.99	\$6.99	\$10.44	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital.....	\$46.77	\$32.05	\$82.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments.....	(\$0.77)	(\$0.02)	(\$2.62)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17).....	\$382.03	\$258.14	\$684.33	\$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).....	\$382.03	\$258.14	\$684.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses.....	\$10.88	\$7.12	\$20.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses.....	\$39.29	\$31.26	\$58.90	\$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).....	\$432.20	\$296.52	\$763.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$68.51	\$26.55	\$170.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned.....	\$6.70	\$4.28	\$12.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/Losses.....	\$0.07	\$0.04	\$0.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	\$6.78	\$4.33	\$12.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses.....	(\$0.09)	(\$0.03)	(\$0.24)	\$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	\$75.38	\$30.91	\$183.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes.....	\$24.19	\$10.07	\$58.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME/LOSS (L30 less L31).....	\$51.19	\$20.84	\$125.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		17,063	(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)			0				
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		51,426				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. 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	
2. MEMBER MONTHS.....	499,852	357,454	142,398	0	0	0	0	0	0	
3. Direct Premium.....	\$493.86	\$319.47	\$931.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	
4. Net Premium.....	\$493.86	\$319.47	\$931.61	\$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	
6. Fee-for-Service (gross revenues).....	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	
7. Risk Revenue.....	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	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	
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)....	\$493.86	\$319.47	\$931.61	\$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	
11. TOTAL REVENUE (L9 to L10).....	\$493.86	\$319.47	\$931.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$321.68	\$216.83	\$584.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
13. Other Professional Services.....	\$4.33	\$1.97	\$10.24	\$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	
15. Emergency Room and Out-of-Area.....	\$8.71	\$7.52	\$11.69	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	
16. Other Medical & Hospital.....	\$46.92	\$32.26	\$83.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
17. Incentive Pool & Withhold Adjustments.....	\$3.76	\$0.09	\$12.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
18. SUBTOTAL MED & HOSP (L12 to L17).....	\$385.40	\$258.68	\$703.51	\$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	
20. TOTAL MEDICAL & HOSP (L18 less L19).....	\$385.40	\$258.68	\$703.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21. Claims Adjustment Expenses.....	\$10.27	\$7.14	\$18.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
22. General Administrative Expenses.....	\$41.60	\$28.99	\$73.24	\$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	
24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23).....	\$437.27	\$294.81	\$794.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$56.59	\$24.66	\$136.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
26. Net Investment Income Earned.....	\$6.02	\$3.83	\$11.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
27. Net Realized Capital Gains/Losses.....	\$0.09	\$0.05	\$0.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	\$6.11	\$3.88	\$11.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
29. Other Expenses.....	(\$0.19)	(\$0.12)	(\$0.36)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	\$62.88	\$28.66	\$148.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
31. Extraordinary Items & Federal income taxes.....	\$19.14	\$8.72	\$45.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
32. NET INCOME/LOSS (L30 less L31).....	\$43.75	\$19.94	\$103.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		17,063	(Examples of non-taxable enrollees are State			0				
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		103,986	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Corpus Christi**

(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	0
2. MEMBER MONTHS.....	33,930	5,334	28,596	0	0	0	0	0	0	0
3. Direct Premium.....	\$813.33	\$255.68	\$917.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
4. Net Premium.....	\$813.33	\$255.68	\$917.35	\$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 (L4 to L8).....	\$813.33	\$255.68	\$917.35	\$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).....	\$813.33	\$255.68	\$917.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$506.87	\$221.50	\$560.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services.....	\$3.11	\$2.94	\$3.15	\$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.....	\$5.46	(\$0.36)	\$6.55	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital.....	\$76.47	\$18.62	\$87.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments.....	\$2.20	(\$0.66)	\$2.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17).....	\$594.11	\$242.04	\$659.79	\$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 (L18 less L19).....	\$594.11	\$242.04	\$659.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses.....	\$16.78	\$3.85	\$19.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses.....	\$23.60	(\$79.86)	\$42.90	\$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).....	\$634.49	\$166.04	\$721.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$178.84	\$89.64	\$195.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned.....	\$7.70	\$1.99	\$8.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/Losses.....	(\$0.10)	(\$0.03)	(\$0.12)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	\$7.60	\$1.96	\$8.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses.....	(\$0.23)	(\$0.05)	(\$0.26)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	\$186.67	\$91.65	\$204.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes.....	\$59.03	\$26.10	\$65.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME/LOSS (L30 less L31).....	\$127.64	\$65.55	\$139.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		488	(Examples of non-taxable enrollees are State			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,453	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Corpus Christi**

(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.....	\$805.81	\$250.06	\$919.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
4. Net Premium.....	\$805.81	\$250.06	\$919.41	\$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 (L4 to L8).....	\$805.81	\$250.06	\$919.41	\$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).....	\$805.81	\$250.06	\$919.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$498.08	\$193.70	\$560.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services.....	\$3.20	\$1.93	\$3.46	\$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.....	\$8.87	\$1.24	\$10.43	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital.....	\$74.66	\$18.92	\$86.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments.....	\$11.20	\$2.93	\$12.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17).....	\$596.00	\$218.71	\$673.13	\$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).....	\$596.00	\$218.71	\$673.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses.....	\$15.72	\$4.78	\$17.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses.....	\$61.02	\$20.10	\$69.38	\$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).....	\$672.74	\$243.59	\$760.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$133.06	\$6.48	\$158.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned.....	\$7.60	\$2.24	\$8.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/Losses.....	(\$0.08)	(\$0.02)	(\$0.10)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	\$7.52	\$2.22	\$8.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses.....	(\$0.31)	(\$0.09)	(\$0.36)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	\$140.90	\$8.79	\$167.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes.....	\$42.88	\$2.67	\$51.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME/LOSS (L30 less L31).....	\$98.02	\$6.11	\$116.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		488	(Examples of non-taxable enrollees are State			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,910	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	17,356	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.....	\$335.03	\$335.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
4. Net Premium.....	\$335.03	\$335.03	\$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 (L4 to L8).....	\$335.03	\$335.03	\$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 (L9 to L10).....	\$335.03	\$335.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$213.35	\$213.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services.....	\$0.72	\$0.72	\$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.....	\$2.66	\$2.66	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital.....	\$24.91	\$24.91	\$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 (L12 to L17).....	\$241.64	\$241.64	\$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 (L18 less L19).....	\$241.64	\$241.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses.....	\$6.89	\$6.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses.....	\$39.93	\$39.93	\$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 (L20 to L23).....	\$288.46	\$288.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$46.57	\$46.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned.....	\$3.36	\$3.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/Losses.....	(\$0.04)	(\$0.04)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	\$3.32	\$3.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses.....	\$0.04	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	\$49.85	\$49.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes.....	\$15.96	\$15.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME/LOSS (L30 less L31).....	\$33.88	\$33.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	17,356	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.....	\$332.35	\$332.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
4. Net Premium.....	\$332.35	\$332.35	\$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 (L4 to L8).....	\$332.35	\$332.35	\$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 (L9 to L10).....	\$332.35	\$332.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$219.11	\$219.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services.....	\$0.98	\$0.98	\$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.....	\$5.30	\$5.30	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital.....	\$24.72	\$24.72	\$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 (L12 to L17).....	\$250.11	\$250.11	\$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 (L18 less L19).....	\$250.11	\$250.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses.....	\$6.74	\$6.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses.....	\$38.26	\$38.26	\$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 (L20 to L23).....	\$295.11	\$295.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$37.24	\$37.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned.....	\$3.15	\$3.15	\$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 (L26 to L27).....	\$3.11	\$3.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses.....	(\$0.12)	(\$0.12)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	\$40.48	\$40.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes.....	\$12.32	\$12.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME/LOSS (L30 less L31).....	\$28.16	\$28.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26	(Examples of non-taxable enrollees are State			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		175	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	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.....	\$516.79	\$321.90	\$945.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
4. Net Premium.....	\$516.79	\$321.90	\$945.16	\$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 (L4 to L8).....	\$516.79	\$321.90	\$945.16	\$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).....	\$516.79	\$321.90	\$945.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$340.10	\$221.91	\$599.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services.....	\$6.22	\$2.74	\$13.85	\$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.....	\$11.25	\$10.47	\$12.98	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital.....	\$49.23	\$35.35	\$79.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments.....	(\$1.91)	\$0.00	(\$6.10)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17).....	\$404.88	\$270.47	\$700.33	\$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).....	\$404.88	\$270.47	\$700.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses.....	\$11.56	\$7.44	\$20.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses.....	\$43.34	\$31.52	\$69.33	\$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).....	\$459.79	\$309.42	\$790.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$57.00	\$12.48	\$154.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned.....	\$8.29	\$5.19	\$15.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/Losses.....	\$0.18	\$0.11	\$0.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	\$8.47	\$5.30	\$15.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses.....	(\$0.12)	(\$0.08)	(\$0.22)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	\$65.60	\$17.85	\$170.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes.....	\$21.25	\$6.18	\$54.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME/LOSS (L30 less L31).....	\$44.35	\$11.67	\$116.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		16,481	(Examples of non-taxable enrollees are State			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		49,689	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	46,921	32,050	14,871	0	0	0	0	0	0	
2. MEMBER MONTHS.....	281,452	194,470	86,982	0	0	0	0	0	0	
3. Direct Premium.....	\$509.75	\$317.58	\$939.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	
4. Net Premium.....	\$509.75	\$317.58	\$939.39	\$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	
6. Fee-for-Service (gross revenues).....	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00	
7. Risk Revenue.....	\$0.00	XXXXXXXX	\$0.00	\$0.00	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	
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	\$509.75	\$317.58	\$939.39	\$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	
11. TOTAL REVENUE (L9 to L10).....	\$509.75	\$317.58	\$939.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$338.14	\$220.77	\$600.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
13. Other Professional Services.....	\$6.41	\$2.76	\$14.56	\$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	
15. Emergency Room and Out-of-Area.....	\$9.86	\$8.69	\$12.49	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	
16. Other Medical & Hospital.....	\$50.20	\$35.86	\$82.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
17. Incentive Pool & Withhold Adjustments.....	\$4.01	\$0.00	\$12.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
18. SUBTOTAL MED & HOSP (L12 to L17).....	\$408.63	\$268.08	\$722.86	\$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	
20. TOTAL MEDICAL & HOSP (L18 less L19).....	\$408.63	\$268.08	\$722.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21. Claims Adjustment Expenses.....	\$10.89	\$7.60	\$18.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
22. General Administrative Expenses.....	\$39.13	\$22.76	\$75.70	\$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	
24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23).....	\$458.64	\$298.44	\$816.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$51.11	\$19.14	\$122.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
26. Net Investment Income Earned.....	\$7.22	\$4.49	\$13.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
27. Net Realized Capital Gains/Losses.....	\$0.19	\$0.12	\$0.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	\$7.41	\$4.61	\$13.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
29. Other Expenses.....	(\$0.20)	(\$0.12)	(\$0.37)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	\$58.72	\$23.87	\$136.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
31. Extraordinary Items & Federal income taxes.....	\$17.87	\$7.27	\$41.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
32. NET INCOME/LOSS (L30 less L31).....	\$40.85	\$16.61	\$95.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		16,481	(Examples of non-taxable enrollees are State		0					
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		100,487	of Texas enrollees and Federal employees.)		0					

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	7,547	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.....	\$316.23	\$316.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
4. Net Premium.....	\$316.23	\$316.23	\$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 (L4 to L8).....	\$316.23	\$316.23	\$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 (L9 to L10).....	\$316.23	\$316.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$205.36	\$205.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services.....	\$0.62	\$0.62	\$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.....	\$3.96	\$3.96	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital.....	\$37.69	\$37.69	\$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 (L12 to L17).....	\$247.64	\$247.64	\$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 (L18 less L19).....	\$247.64	\$247.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses.....	\$7.03	\$7.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses.....	\$36.26	\$36.26	\$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 (L20 to L23).....	\$290.93	\$290.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$25.30	\$25.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned.....	\$3.11	\$3.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/Losses.....	(\$0.04)	(\$0.04)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	\$3.07	\$3.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses.....	(\$0.01)	(\$0.01)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	\$28.38	\$28.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes.....	\$9.24	\$9.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME/LOSS (L30 less L31).....	\$19.14	\$19.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		68	(Examples of non-taxable enrollees are State			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		204	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	7,547	7,547	0	0	0	0	0	0	0	
2. MEMBER MONTHS.....	45,348	45,348	0	0	0	0	0	0	0	
3. Direct Premium.....	\$314.74	\$314.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	
4. Net Premium.....	\$314.74	\$314.74	\$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	
6. Fee-for-Service (gross revenues).....	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00	
7. Risk Revenue.....	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	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	
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).....	\$314.74	\$314.74	\$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	
11. TOTAL REVENUE (L9 to L10).....	\$314.74	\$314.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$200.38	\$200.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
13. Other Professional Services.....	\$0.94	\$0.94	\$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	
15. Emergency Room and Out-of-Area.....	\$9.33	\$9.33	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	
16. Other Medical & Hospital.....	\$37.83	\$37.83	\$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	
18. SUBTOTAL MED & HOSP (L12 to L17).....	\$248.48	\$248.48	\$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	
20. TOTAL MEDICAL & HOSP (L18 less L19).....	\$248.48	\$248.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21. Claims Adjustment Expenses.....	\$6.69	\$6.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
22. General Administrative Expenses.....	\$36.17	\$36.17	\$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	
24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23).....	\$291.34	\$291.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$23.40	\$23.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
26. Net Investment Income Earned.....	\$2.97	\$2.97	\$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	
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	\$2.94	\$2.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
29. Other Expenses.....	(\$0.12)	(\$0.12)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29).....	\$26.47	\$26.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
31. Extraordinary Items & Federal income taxes.....	\$8.05	\$8.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
32. NET INCOME/LOSS (L30 less L31).....	\$18.41	\$18.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
33. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		68	(Examples of non-taxable enrollees are State			0				
33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		414	of Texas enrollees and Federal employees.)			0				