STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

OF THE Humana Health Plan of Texas, Inc. (Name of Company)

CONSOLIDATED REPORT FOR :1. CORPORATION / 2. DIVISIONATION / 2. DIVISION

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

Indicate Reporting Period: Current Quarter X 2. 5. 8. 1. 3. 4. 6. 7. 9 Total COMMERCIAL RISK MEDICARE MEDICAID POINT OF ASSUMED RISK CHILDREN'S PUBLICLY NON-RISK (Omit Provider HMO Business) SERVICE RIDER (as Provider HMO) HEALTH SUPPORTED (Omit Provider Omit Provider HMO HMO Business) INSURANCE HEALTH CARE COVERAGE RISK COST RISK PLAN 1. ENROLLEES AT THE END OF REPT PERIOD..... 83,248 58,714 24,534 0 0 0 0 0 0 2. MEMBER MONTHS..... 249.304 176.833 72,471 0 0 0 0 0 0 \$500.71 \$323.06 \$934.19 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 XXXXXXXX Direct Premium.... XXXXXXXX \$500.71 \$323.06 \$934.19 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 4. Net Premium..... \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 5. Change in unearned premium reserve and reserve for rate cre \$0.00 \$0.00 \$0.00 \$0.00 XXXXXXXX \$0.00 \$0.00 \$0.00 XXXXXXXX XXXXXXXX XXXXXXXX \$0.00 6. Fee-for-Service (gross revenues)..... \$0.00 \$0.00 XXXXXXXX \$0.00 \$0.00 XXXXXXXX XXXXXXXX \$0.00 XXXXXXXX XXXXXXXX XXXXXXXX 7. Risk Revenue..... \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 8. Other Health Related Revenues..... 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 \$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 \$500.71 \$323.06 \$934.19 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 11. TOTAL REVENUE (L9 to L10)..... 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 \$46.77 \$32.05 \$82.69 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 16. Other Medical & Hospital... 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 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 20. \$10.88 \$7.12 \$20.06 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 21. Claims Adjustment Expenses..... \$58.90 \$0.00 \$0.00 22. General Administrative Expenses..... \$39.29 \$31.26 \$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 \$432.20 \$0.00 \$0.00 24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23)...... \$296.52 \$763.29 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$68.51 \$26.55 \$170.90 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 25. NET UNDERWRITING GAIN/LOSS (L9 less L24)..... 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 \$0.04 \$0.15 \$0.00 \$0.00 \$0.00 27. Net Realized Capital Gains/Losses..... \$0.07 \$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 \$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 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 0 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.... 51.426 of Texas enrollees and Federal employees.) 0

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

(Name of Company)

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

| _ | | | | | | Indicat | e Reporting Peric | od: Year-to-Date | <u> </u> | |
|---|-------------|--|------------------------------|--------------------|--|---|---|---|--|----------------|
| | 1. Total | 2. COMMERCIAL RISK (Omit Provider HMO Business) | 3 MEDI (Omit Provider) | CARE | 4. MEDICAID (Omit Provider HMO E | 5. POINT OF SERVICE RIDER COVERAGE | 6. ASSUMED RISK (as Provider HMO) | 7. CHILDREN'S HEALTH INSURANCE | 8. PUBLICLY SUPPORTED HEALTH CARE | 9. NON-RISK |
| | | | RISK | COST | RISK | | | PLAN | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD | 83,248 | 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 | \$493.86 | \$319.47 | \$931.61 | \$0.00 | \$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 | \$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) | \$493.86 | \$319.47 | \$931.61 | \$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 (L9 to L10) | \$493.86 | \$319.47 | \$931.61 | \$0.00 | \$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 | \$0.00 |
| 13. Other Professional Services | \$4.33 | \$1.97 | \$10.24 | \$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 | \$8.71 | \$7.52 | \$11.69 | \$0.00 | \$0.00 | XXXXXXXX | \$0.00 | \$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 | \$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 | \$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 | \$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) | \$385.40 | \$258.68 | \$703.51 | \$0.00 | \$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 | \$0.00 |
| 22. General Administrative Expenses | \$41.60 | \$28.99 | \$73.24 | \$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) | \$437.27 | \$294.81 | \$794.88 | \$0.00 | \$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 | \$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 | \$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 | \$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 | \$0.00 |
| 29. Other Expenses | (\$0.19) | (\$0.12) | (\$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-L2 | \$62.88 | \$28.66 | \$148.80 | \$0.00 | \$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 | \$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 | \$0.00 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES | | 17,063 | · · | -taxable enrollees | | 0 | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS | | 103,986 | of Texas enrollee | s and Federal emp | loyees.) | 0 | | | | |

TEXAS HMO SUPPLEMENT OF THE Corpus Christi

(Location)

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

(Name of Company)

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

| | Indicate Reporting Period: Current Quarter X | | | | | | | | | | | |
|--|--|--|-------------------------------|---------------------|---|---|---|---|--|----------------|--|--|
| Γ | 1. Total | 2. COMMERCIAL RISK (Omit Provider HMO Business) | 3 MEDI (Omit Provider I | CARE | 4. MEDICAID (Omit Provider HMO Business) | 5. POINT OF SERVICE RIDER COVERAGE | 6. ASSUMED RISK (as Provider HMO) | 7. CHILDREN'S HEALTH INSURANCE | 8. PUBLICLY SUPPORTED HEALTH CARE | 9. NON-RISK | | |
| | | , | BASIC | PART D | , | | | PLAN | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD | 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 nor | n-taxable enrollee: | s are State | 0 | | | | | | |
| 33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS | | 1,453 | · · | es and Federal em | | 0 | - | | | | | |

TEXAS HMO SUPPLEMENT OF THE Corpus Christi

(Location)

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

(Name of Company)

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

| 1. 2. 3. 4. 5. 5. 7. 8.< | | Indicate Reporting Period: Year-to-Date X | | | | | | | | | | | |
|--|--|---|-----------------------------------|------------------|---------------------|----------------------------|---------------------------|----------|----------|-----------------------|----------|--|--|
| 1 LINQLES AT THE BOO PREPT PERIOD. 11/42 17.18 9.803 0 <th></th> <th></th> <th>COMMERCIAL RISK (Omit Provider</th> <th>MEDIO</th> <th>CARE</th> <th>MEDICAID (Omit Provider</th> <th>POINT OF SERVICE RIDER</th> <th></th> <th>HEALTH</th> <th>PUBLICLY SUPPORTED</th> <th></th> | | | COMMERCIAL RISK (Omit Provider | MEDIO | CARE | MEDICAID (Omit Provider | POINT OF SERVICE RIDER | | HEALTH | PUBLICLY SUPPORTED | | | |
| 2 400,744 11,328 55,410 | | | | BASIC | PART D | , | | | | - | | | |
| 9 9 9 9 9 9 9 9 0 9 0 9 0 9 0 | 1. ENROLLEES AT THE END OF REPT PERIOD | 11,424 | 1,761 | 9,663 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4. Net Permium | 2. MEMBER MONTHS | 66,744 | 11,328 | 55,416 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 5. Charge is unsamed promium reserve for rate credits. \$3.00 \$0.00 \$3.00 | 3. Direct Premium | \$805.81 | \$250.06 | \$919.41 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | XXXXXXXX | | |
| b Feator Service (gross revenues). 90.00 VXXXXXXX \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | 4. Net Premium | \$805.81 | \$250.06 | \$919.41 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | XXXXXXXX | | |
| 7. Risk Revenue. \$0.00 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 5. Change in unearned premium reserve and reserve for rate credits | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 8. Other Health Related Revenues. 50.00 \$0.00 | 6. Fee-for-Service (gross revenues) | \$0.00 | XXXXXXXX | \$0.00 | \$0.00 | \$0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | \$0.00 | \$0.00 | | |
| 9. OTAL HEALTHCARE RELATED REVENUES (L4 to L8). \$805.81 \$225.06 \$819.41 \$0.00 \$0. | 7. Risk Revenue | \$0.00 | XXXXXXXX | \$0.00 | \$0.00 | XXXXXXXX | XXXXXXXX | \$0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | | |
| 10. Other Revenues (excluding investment income) | 8. Other Health Related Revenues | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 11. TOTAL REVENUE (19 to L10) | 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 | | |
| MEDICAL AND HOSPITAL: \$486.06 \$137.0 \$560.30 \$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 | | |
| 12. Hospital/Medical Benefits | 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 | | |
| 13. Other Professional Services | MEDICAL AND HOSPITAL: | | | | | | | | | | | | |
| 14. Outside Referrals. \$0.00 \$0. | 12. Hospital/Medical Benefits | \$498.08 | \$193.70 | \$560.30 | \$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 \$XXXXXXXX \$0.00 </td <td>13. Other Professional Services</td> <td>\$3.20</td> <td>\$1.93</td> <td>\$3.46</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> | 13. Other Professional Services | \$3.20 | \$1.93 | \$3.46 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 16. Other Medical & Hospital | 14. Outside Referrals | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 17. Incentive Pool & Withhold Adjustments \$11.20 \$2.93 \$12.88 \$0.00 \$0. | 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 | | |
| 18. SUBTOTAL MED & HOSP (L12 to L17) | 16. Other Medical & Hospital | \$74.66 | \$18.92 | \$86.05 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 19. Net Reins Recoveries Incurred | 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 | | |
| 20. TOTAL MEDICAL & HOSP (L18 less L19) \$\$696.00 \$\$218.71 \$\$673.13 \$0.00 <td>18. SUBTOTAL MED & HOSP (L12 to L17)</td> <td>\$596.00</td> <td>\$218.71</td> <td>\$673.13</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> | 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 | | |
| 21. Claims Adjustment Expenses. \$15.72 \$4.78 \$17.96 \$0.00 | 19. Net Reins Recoveries Incurred | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 22. General Administrative Expenses. \$61.02 \$20.10 \$69.38 \$0.00 </td <td>20. TOTAL MEDICAL & HOSP (L18 less L19)</td> <td>\$596.00</td> <td>\$218.71</td> <td>\$673.13</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> | 20. TOTAL MEDICAL & HOSP (L18 less L19) | \$596.00 | \$218.71 | \$673.13 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 23. Increase in Reserves for A&H contracts | 21. Claims Adjustment Expenses | \$15.72 | \$4.78 | \$17.96 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23) | 22. General Administrative Expenses | \$61.02 | \$20.10 | \$69.38 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 25. NET UNDERWRITING GAIN/LOSS (L9 less L24) | 23. Increase in Reserves for A&H contracts | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 26. Net Investment Income Earned | 24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23) | \$672.74 | \$243.59 | \$760.47 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 27. Net Realized Capital Gains/Losses | 25. NET UNDERWRITING GAIN/LOSS (L9 less L24) | \$133.06 | \$6.48 | \$158.94 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 27. Net Realized Capital Gains/Losses | 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 | | |
| 28. NET INVESTMENT GAINS/LOSSES (L26 to L27) \$7.52 \$2.22 \$8.61 \$0.00 | | (\$0.08) | (\$0.02) | (\$0.10) | \$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 </td <td>28. NET INVESTMENT GAINS/LOSSES (L26 to L27)</td> <td>\$7.52</td> <td>\$2.22</td> <td>\$8.61</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> | 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 | | |
| 30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L29) \$140.90 \$8.79 \$167.90 \$0.00 </td <td>29. Other Expenses</td> <td>(\$0.31)</td> <td>(\$0.09)</td> <td>(\$0.36)</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> | 29. Other Expenses | (\$0.31) | (\$0.09) | (\$0.36) | \$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. | | \$140.90 | \$8.79 | \$167.90 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 33. NON-TAXABLE COMMERCIAL RISK ENROLLEES | 31. Extraordinary Items & Federal income taxes | \$42.88 | \$2.67 | \$51.10 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | |
| 33. NON-TAXABLE COMMERCIAL RISK ENROLLEES | 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 nor | n-taxable enrollee: | s are State | 0 | • | | | | | |
| | | | 2.910 | | | | 0 | - | | | | | |

OF THE 4

(Location)

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Houston

| | | | | | INUES AND E | | orting Period: C | | <u>x</u> | |
|--|-------------|--|------------------------------|---------------------|---|---|---|---|--|----------------|
| | 1. Total | 2. COMMERCIAL RISK (Omit Provider HMO Business) | 3 MEDI (Omit Provider) | - | 4. MEDICAID (Omit Provider HMO Business) | 5. POINT OF SERVICE RIDER COVERAGE | 6. ASSUMED RISK (as Provider HMO) | 7. CHILDREN'S HEALTH INSURANCE | 8. PUBLICLY SUPPORTED HEALTH CARE | 9. NON-RISK |
| | | | BASIC | PART D | | | | PLAN | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD | 17,356 | 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 no | n-taxable enrollees | s are State | 0 | • | | | |
| 33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS | | 80 | | es and Federal em | | 0 | - | | | |

OF THE 4

(Location)

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Houston

| | Indicate Reporting Period: Year-to-Date X | | | | | | | | | | |
|--|---|--|--------------------------------|--------------------|---|---|---|---|--|----------------|--|
| Γ | 1. Total | 2. COMMERCIAL RISK (Omit Provider HMO Business) | 3 MEDIO (Omit Provider F | CARE | 4. MEDICAID (Omit Provider HMO Business) | 5. POINT OF SERVICE RIDER COVERAGE | 6. ASSUMED RISK (as Provider HMO) | 7. CHILDREN'S HEALTH INSURANCE | 8. PUBLICLY SUPPORTED HEALTH CARE | 9. NON-RISK | |
| | | | BASIC | PART D | | 001214102 | | PLAN | | 1 | |
| 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 nor | -taxable enrollees | s are State | 0 | | | | | |
| 33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS | | 175 | of Texas enrollee | s and Federal em | ployees.) | 0 | - - | | | | |

OF THE 5

(Location)

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

(Name of Company)

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

| | Indicate Reporting Period: Current Quarter X | | | | | | | | | | | |
|--|--|--|-------------------------------|---------------------|---|---|---|---|--|----------------|--|--|
| Γ | 1. Total | 2. COMMERCIAL RISK (Omit Provider HMO Business) | 3 MEDI (Omit Provider I | CARE | 4. MEDICAID (Omit Provider HMO Business) | 5. POINT OF SERVICE RIDER COVERAGE | 6. ASSUMED RISK (as Provider HMO) | 7. CHILDREN'S HEALTH INSURANCE | 8. PUBLICLY SUPPORTED HEALTH CARE | 9. NON-RISK | | |
| | | , | BASIC | PART D | , | | | PLAN | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD | 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 nor | n-taxable enrollees | s are State | 0 | · · | | | | | |
| 33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS | | 49,689 | · · | es and Federal em | | 0 | - | | | | | |

OF THE 5

(Location)

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

(Name of Company)

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

| ft 2 3 4 5 6 7 8 9 1 ENGLESS AT THE END OF REPT PERIOD. 44.001 320.00 14.001 0 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Reporting Perio</th><th></th><th>х</th><th></th></t<> | | | | | | | | Reporting Perio | | х | |
|---|--|----------|-----------------------------------|-----------------|--------------------|----------------------------|---------------------------------|--------------------|----------------------------|-----------------------------|----------|
| LINKOLLEES AT THE END OF REPT PERIOD. 0 | | | COMMERCIAL RISK (Omit Provider | MEDI | CARE | MEDICAID (Omit Provider | 5. POINT OF SERVICE RIDER | 6. ASSUMED RISK | 7. CHILDREN'S HEALTH | 8. PUBLICLY SUPPORTED | - |
| 2 919.427 95.92 0 <td< th=""><th></th><th></th><th>,</th><th>BASIC</th><th>PART D</th><th>,</th><th></th><th></th><th>PLAN</th><th></th><th></th></td<> | | | , | BASIC | PART D | , | | | PLAN | | |
| 3. Direct Premium. 5509.75 5317.56 5898.98 50.00 50. | 1. ENROLLEES AT THE END OF REPT PERIOD | 46,921 | 32,050 | 14,871 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. No Permun | 2. MEMBER MONTHS | 281,452 | 194,470 | 86,982 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Change in unearned pornium reserve for rate credits. \$0.00 | 3. Direct Premium | \$509.75 | \$317.58 | \$939.39 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | XXXXXXXX |
| 6. Febro-Service (press revenues) | 4. Net Premium | \$509.75 | \$317.58 | \$939.39 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | XXXXXXXX |
| 7. Risk Revenue. \$0.00 XXXXXXXX \$0.00< | 5. Change in unearned premium reserve and reserve for rate credits | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 8. Other Health Related Revenues. 50.00 \$0.00 | 6. Fee-for-Service (gross revenues) | \$0.00 | XXXXXXXX | \$0.00 | \$0.00 | \$0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | \$0.00 | \$0.00 |
| 9. OTAL HEALTHCARE RELATED REVENUES (L4 to L8). \$509.75 \$317.55 \$599.33 \$0.00 \$0. | 7. Risk Revenue | \$0.00 | XXXXXXXX | \$0.00 | \$0.00 | XXXXXXXX | XXXXXXXX | \$0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX |
| 10. Other Revenues (excluding investment income) | 8. Other Health Related Revenues | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 11. TOTAL REVENUE (19 to L10) | 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 | \$0.00 |
| MEDICAL AND HOSPITAL: \$338.14 \$220.77 \$600.56 \$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 |
| 12. Hospital/Medical Benefits | 11. TOTAL REVENUE (L9 to L10) | \$509.75 | \$317.58 | \$939.39 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 13. Other Professional Sarvices | MEDICAL AND HOSPITAL: | | | | | | | | | | |
| 14. Outside Referrals. \$0.00 \$0. | 12. Hospital/Medical Benefits | \$338.14 | \$220.77 | \$600.56 | \$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 | 13. Other Professional Services | \$6.41 | \$2.76 | \$14.56 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 16. Other Medical & Hospital | 14. Outside Referrals | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 17. Incentive Pool & Withhold Adjustments | 15. Emergency Room and Out-of-Area | \$9.86 | \$8.69 | \$12.49 | \$0.00 | \$0.00 | XXXXXXXX | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 18. SUBTOTAL MED & HOSP (L12 to L17) | 16. Other Medical & Hospital | \$50.20 | \$35.86 | \$82.26 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 19. Net Reins Recoveries Incurred | 17. Incentive Pool & Withhold Adjustments | \$4.01 | \$0.00 | \$12.99 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 20. TOTAL MEDICAL & HOSP (L18 less L19) \$408.63 \$288.08 \$722.86 \$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 | \$0.00 |
| 21. Claims Adjustment Expenses. \$10.89 \$7.60 \$18.24 \$0.00 | 19. Net Reins Recoveries Incurred | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 22. General Administrative Expenses. \$39,13 \$22.76 \$75.70 \$0.00 </td <td>20. TOTAL MEDICAL & HOSP (L18 less L19)</td> <td>\$408.63</td> <td>\$268.08</td> <td>\$722.86</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> | 20. TOTAL MEDICAL & HOSP (L18 less L19) | \$408.63 | \$268.08 | \$722.86 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 23. Increase in Reserves for A&H contracts | 21. Claims Adjustment Expenses | \$10.89 | \$7.60 | \$18.24 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23) | 22. General Administrative Expenses | \$39.13 | \$22.76 | \$75.70 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 25. NET UNDERWRITING GAIN/LOSS (L9 less L24) | 23. Increase in Reserves for A&H contracts | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 26. Net Investment Income Earned | 24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23) | \$458.64 | \$298.44 | \$816.80 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 27. Net Realized Capital Gains/Losses | 25. NET UNDERWRITING GAIN/LOSS (L9 less L24) | \$51.11 | \$19.14 | \$122.59 | \$0.00 | \$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 | 26. Net Investment Income Earned | \$7.22 | \$4.49 | \$13.31 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 29. Other Expenses | 27. Net Realized Capital Gains/Losses | \$0.19 | \$0.12 | \$0.35 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 29. Other Expenses | | \$7.41 | \$4.61 | \$13.67 | \$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) \$58.72 \$23.87 \$136.62 \$0.00 </td <td>29. Other Expenses</td> <td>(\$0.20)</td> <td>(\$0.12)</td> <td>(\$0.37)</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> | 29. Other Expenses | (\$0.20) | (\$0.12) | (\$0.37) | \$0.00 | \$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 | | (· / | (. , | (. , | | | | | | | |
| 32. NET INCOME/LOSS (L30 less L31) | | \$17.87 | \$7.27 | \$41.58 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 33. NON-TAXABLE COMMERCIAL RISK ENROLLEES | 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 | \$0.00 |
| | | | 16,481 | (Examples of no | n-taxable enrollee | s are State | . 0 | • | | • | |
| | | | 100.487 | | | | 0 | - | | | |

OF THE 6

(Location)

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Austin

| | Indicate Reporting Period: Current Quarter X | | | | | | | | | | | |
|--|--|--|-------------------------------|---------------------|---|---|---|---|--|----------------|--|--|
| Γ | 1. Total | 2. COMMERCIAL RISK (Omit Provider HMO Business) | 3 MEDI (Omit Provider I | CARE | 4. MEDICAID (Omit Provider HMO Business) | 5. POINT OF SERVICE RIDER COVERAGE | 6. ASSUMED RISK (as Provider HMO) | 7. CHILDREN'S HEALTH INSURANCE | 8. PUBLICLY SUPPORTED HEALTH CARE | 9. NON-RISK | | |
| | | | BASIC | PART D | , | | | PLAN | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD | 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 nor | n-taxable enrollees | s are State | 0 | | | | | | |
| 33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS | | 204 | · · | es and Federal em | | 0 | _ | | | | | |

OF THE 6

(Location)

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2006

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Austin

| | | | - | | | | Reporting Period | | X | |
|--|-------------|--|-------------------------------|-----------------------|---|---|---|---|--|----------------|
| | 1. Total | 2. COMMERCIAL RISK (Omit Provider HMO Business) | 3 MEDI (Omit Provider I | CARE HMO Business) | 4. MEDICAID (Omit Provider HMO Business) | 5. POINT OF SERVICE RIDER COVERAGE | 6. ASSUMED RISK (as Provider HMO) | 7. CHILDREN'S HEALTH INSURANCE | 8. PUBLICLY SUPPORTED HEALTH CARE | 9. NON-RISK |
| _ | | | BASIC | PART D | | | | PLAN | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD | 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 |
| 3. Direct Premium | \$314.74 | \$314.74 | \$0.00 | \$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 | \$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) | \$314.74 | \$314.74 | \$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 (L9 to L10) | \$314.74 | \$314.74 | \$0.00 | \$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 | \$0.00 |
| 13. Other Professional Services | \$0.94 | \$0.94 | \$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 | \$9.33 | \$9.33 | \$0.00 | \$0.00 | \$0.00 | XXXXXXXX | \$0.00 | \$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 | \$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) | \$248.48 | \$248.48 | \$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) | \$248.48 | \$248.48 | \$0.00 | \$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 | \$0.00 |
| 22. General Administrative Expenses | \$36.17 | \$36.17 | \$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) | \$291.34 | \$291.34 | \$0.00 | \$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 | \$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 | \$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) | \$2.94 | \$2.94 | \$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) | \$26.47 | \$26.47 | \$0.00 | \$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 | \$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 | \$0.00 |
| 33. NON-TAXABLE COMMERCIAL RISK ENROLLEES | | 68 | (Examples of nor | n-taxable enrollee | s are State | 0 | | | | |
| 33. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS | | . 414 | of Texas enrollee | es and Federal em | ployees.) | 0 | _ | | | |