

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2003**

OF THE **EI Paso First Health Plans, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 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 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
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	38,662	220	0	0	20,272	0	0	0	18,170	0	0
2. MEMBER MONTHS.....	114,856	645	0	0	59,469	0	0	0	54,742	0	0
3. Premiums.....	11,865,383	130,983	0	0	8,101,835	0	0	XXXXXXXX	3,632,565	0	XXXXXXXX
4. Change in Unearn. Prem. Resrv & Resrv for Rate Credits..	0	0	0	0	0	0	0	0	0	0	0
5. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
6. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
7. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
8. TOTAL HEALTHCARE RELATED REVENUES(L3 to L7)	11,865,383	130,983	0	0	8,101,835	0	0	0	3,632,565	0	0
9. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L8 to L9).....	11,865,383	130,983	0	0	8,101,835	0	0	0	3,632,565	0	0
MEDICAL AND HOSPITAL:											
11. Hospital/Medical Benefits.....	6,916,480	80,463	0	0	4,847,772	0	0	0	1,988,245	0	0
12. Other Professional Services.....	1,152,746	13,410	0	0	807,962	0	0	0	331,374	0	0
13. Outside Referrals.....	1,362,337	15,849	0	0	954,864	0	0	0	391,624	0	0
14. Emergency Room and Out-of-Area.....	1,047,951	12,191	0	0	734,511	0	XXXXXXXX	0	301,249	0	0
15. Other Medical & Hospital.....	0	0	0	0	0	0	0	0	0	0	0
16. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
17. SUBTOTAL MED & HOSP (L11 to L16).....	10,479,514	121,913	0	0	7,345,109	0	0	0	3,012,492	0	0
18. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
19. TOTAL MEDICAL & HOSP (L17 less L18).....	10,479,514	121,913	0	0	7,345,109	0	0	0	3,012,492	0	0
20. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
21. General Administrative Expenses.....	1,148,560	6,450	0	0	594,690	0	0	0	547,420	0	0
22. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)....	11,628,074	128,363	0	0	7,939,799	0	0	0	3,559,912	0	0
24. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	237,309	2,620	0	0	162,036	0	0	0	72,653	0	0
25. Net Investment Income Earned.....	7,975	88	0	0	5,444	0	0	0	2,443	0	0
26. Net Realized Capital Gains/(Losses).....	0	0	0	0	0	0	0	0	0	0	0
27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	7,975	88	0	0	5,444	0	0	0	2,443	0	0
28. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0
29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L28)	245,284	2,708	0	0	167,480	0	0	0	75,096	0	0
30. Extraordinary Items & Federal income taxes.....	0	0	0	0	0	0	0	0	0	0	0
31. NET INCOME (LOSS) (L29 less L30).....	245,284	2,708	0	0	167,480	0	0	0	75,096	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)								

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**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	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	38,662	220	0	0	20,272	0	0	0	18,170	0	0
2. MEMBER MONTHS.....	321,593	645	0	0	154,924	0	0	0	166,024	0	0
3. Premiums.....	31,641,900	130,983	0	0	20,525,848	0	0	XXXXXXXX	10,985,069	0	XXXXXXXX
4. Change in Unearn. Prem. Resrv & Resrv for Rate Credits..	0	0	0	0	0	0	0	0	0	0	0
5. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
6. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
7. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
8. TOTAL HEALTHCARE RELATED REVENUES(L3 to L7)	31,641,900	130,983	0	0	20,525,848	0	0	0	10,985,069	0	0
9. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L8 to L9).....	31,641,900	130,983	0	0	20,525,848	0	0	0	10,985,069	0	0
MEDICAL AND HOSPITAL:											
11. Hospital/Medical Benefits.....	18,341,531	80,462	0	0	12,251,685	0	0	0	6,009,384	0	0
12. Other Professional Services.....	3,056,922	13,411	0	0	2,041,947	0	0	0	1,001,564	0	0
13. Outside Referrals.....	3,612,726	15,849	0	0	2,413,211	0	0	0	1,183,666	0	0
14. Emergency Room and Out-of-Area.....	2,779,020	12,191	0	0	1,856,316	0	XXXXXXXX	0	910,513	0	0
15. Other Medical & Hospital.....	0	0	0	0	0	0	0	0	0	0	0
16. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
17. SUBTOTAL MED & HOSP (L11 to L16).....	27,790,199	121,913	0	0	18,563,159	0	0	0	9,105,127	0	0
18. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
19. TOTAL MEDICAL & HOSP (L17 less L18).....	27,790,199	121,913	0	0	18,563,159	0	0	0	9,105,127	0	0
20. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
21. General Administrative Expenses.....	3,215,930	6,450	0	0	1,549,240	0	0	0	1,660,240	0	0
22. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)....	31,006,129	128,363	0	0	20,112,399	0	0	0	10,765,367	0	0
24. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	635,771	2,620	0	0	413,449	0	0	0	219,702	0	0
25. Net Investment Income Earned.....	25,904	88	0	0	16,201	0	0	0	9,615	0	0
26. Net Realized Capital Gains/(Losses).....	0	0	0	0	0	0	0	0	0	0	0
27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	25,904	88	0	0	16,201	0	0	0	9,615	0	0
28. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0
29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L28)	661,675	2,708	0	0	429,650	0	0	0	229,317	0	0
30. Extraordinary Items & Federal income taxes.....	0	0	0	0	0	0	0	0	0	0	0
31. NET INCOME (LOSS) (L29 less L30).....	661,675	2,708	0	0	429,650	0	0	0	229,317	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)								