

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2004**

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.....	39,735	916	0	0	25,790	0	0	0	13,029	0	0
2. MEMBER MONTHS.....	117,924	2,688	0	0	74,929	0	0	0	40,307	0	0
3. Direct Premium.....	13,766,558	600,398	0	0	10,643,687	0	0	XXXXXXXX	2,522,473	0	XXXXXXXX
4. Premiums.....	13,766,558	600,398	0	0	10,643,687	0	0	XXXXXXXX	2,522,473	0	XXXXXXXX
5. Chg in unearned prem. reserve & reserve for rate credits...	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	13,766,558	600,398	0	0	10,643,687	0	0	0	2,522,473	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	13,766,558	600,398	0	0	10,643,687	0	0	0	2,522,473	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	8,307,631	378,523	0	0	6,530,302	0	0	0	1,398,806	0	0
13. Other Professional Services.....	1,384,605	63,087	0	0	1,088,384	0	0	0	233,134	0	0
14. Outside Referrals.....	1,636,351	74,557	0	0	1,286,272	0	0	0	275,522	0	0
15. Emergency Room and Out-of-Area.....	1,258,731	57,351	0	0	989,439	0	XXXXXXXX	0	211,941	0	0
16. Other Medical & Hospital.....	0	0	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	12,587,318	573,518	0	0	9,894,397	0	0	0	2,119,403	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	12,587,318	573,518	0	0	9,894,397	0	0	0	2,119,403	0	0
21. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,179,240	26,880	0	0	749,290	0	0	0	403,070	0	0
23. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)....	13,766,558	600,398	0	0	10,643,687	0	0	0	2,522,473	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	0	0	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	4,050	179	0	0	3,131	0	0	0	740	0	0
27. Net Realized Capital Gains/(Losses).....	0	0	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	4,050	179	0	0	3,131	0	0	0	740	0	0
29. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L26+L27+L28+L29)	4,050	179	0	0	3,131	0	0	0	740	0	0
31. Extraordinary Items & Federal income taxes.....	0	0	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	4,050	179	0	0	3,131	0	0	0	740	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)								

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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.....	39,735	916	0	0	25,790	0	0	0	13,029	0	0
2. MEMBER MONTHS.....	233,959	4,874	0	0	144,238	0	0	0	84,847	0	0
3. Direct Premium.....	27,179,567	1,109,608	0	0	20,768,254	0	0	XXXXXXXX	5,301,705	0	XXXXXXXX
4. Premiums.....	27,179,567	1,109,608	0	0	20,768,254	0	0	XXXXXXXX	5,301,705	0	XXXXXXXX
5. Chg in unearned prem. reserve & reserve for rate credits...	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	27,179,567	1,109,608	0	0	20,768,254	0	0	0	5,301,705	0	0
10. Other Revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	27,179,567	1,109,608	0	0	20,768,254	0	0	0	5,301,705	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	16,394,386	700,174	0	0	12,755,077	0	0	0	2,939,135	0	0
13. Other Professional Services.....	2,732,397	116,696	0	0	2,125,846	0	0	0	489,855	0	0
14. Outside Referrals.....	3,229,198	137,913	0	0	2,512,364	0	0	0	578,921	0	0
15. Emergency Room and Out-of-Area.....	2,483,996	106,085	0	0	1,932,587	0	XXXXXXXX	0	445,324	0	0
16. Other Medical & Hospital.....	0	0	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	24,839,977	1,060,868	0	0	19,325,874	0	0	0	4,453,235	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	24,839,977	1,060,868	0	0	19,325,874	0	0	0	4,453,235	0	0
21. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	2,339,590	48,740	0	0	1,442,380	0	0	0	848,470	0	0
23. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)....	27,179,567	1,109,608	0	0	20,768,254	0	0	0	5,301,705	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	0	0	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	10,490	244	0	0	7,510	0	0	0	2,736	0	0
27. Net Realized Capital Gains/(Losses).....	0	0	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	10,490	244	0	0	7,510	0	0	0	2,736	0	0
29. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L	10,490	244	0	0	7,510	0	0	0	2,736	0	0
31. Extraordinary Items & Federal income taxes.....	0	0	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	10,490	244	0	0	7,510	0	0	0	2,736	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)								