

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	40,077	960	0	0	26,485	0	0	0	12,632	0	0
2. MEMBER MONTHS.....	120,404	2,833	0	0	78,968	0	0	0	38,603	0	0
3. Direct Premium.....	14,675,591	686,512	0	0	11,573,136	0	0	XXXXXXXX	2,415,943	0	XXXXXXXX
4. Premiums.....	14,675,591	686,512	0	0	11,573,136	0	0	XXXXXXXX	2,415,943	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)	14,675,591	686,512	0	0	11,573,136	0	0	0	2,415,943	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).....	14,675,591	686,512	0	0	11,573,136	0	0	0	2,415,943	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	8,889,051	432,227	0	0	7,117,081	0	0	0	1,339,743	0	0
13. Other Professional Services.....	1,481,508	72,038	0	0	1,186,180	0	0	0	223,290	0	0
14. Outside Referrals.....	1,750,874	85,136	0	0	1,401,849	0	0	0	263,889	0	0
15. Emergency Room and Out-of-Area.....	1,346,826	65,489	0	0	1,078,346	0	XXXXXXXX	0	202,991	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).....	13,468,259	654,890	0	0	10,783,456	0	0	0	2,029,913	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).....	13,468,259	654,890	0	0	10,783,456	0	0	0	2,029,913	0	0
21. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,207,332	31,622	0	0	789,680	0	0	0	386,030	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)....	14,675,591	686,512	0	0	11,573,136	0	0	0	2,415,943	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.....	7,408	544	0	0	6,325	0	0	0	539	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).....	7,408	544	0	0	6,325	0	0	0	539	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	7,408	544	0	0	6,325	0	0	0	539	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).....	7,408	544	0	0	6,325	0	0	0	539	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.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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: 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.....	40,077	960	0	0	26,485	0	0	0	12,632	0	0
2. MEMBER MONTHS.....	354,363	7,707	0	0	223,206	0	0	0	123,450	0	0
3. Direct Premium.....	41,855,158	1,796,120	0	0	32,341,390	0	0	XXXXXXXX	7,717,648	0	XXXXXXXX
4. Premiums.....	41,855,158	1,796,120	0	0	32,341,390	0	0	XXXXXXXX	7,717,648	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)	41,855,158	1,796,120	0	0	32,341,390	0	0	0	7,717,648	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).....	41,855,158	1,796,120	0	0	32,341,390	0	0	0	7,717,648	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	25,283,438	1,132,402	0	0	19,872,158	0	0	0	4,278,878	0	0
13. Other Professional Services.....	4,213,905	188,733	0	0	3,312,026	0	0	0	713,146	0	0
14. Outside Referrals.....	4,980,071	223,049	0	0	3,914,213	0	0	0	842,809	0	0
15. Emergency Room and Out-of-Area.....	3,830,824	171,576	0	0	3,010,933	0	XXXXXXXX	0	648,315	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).....	38,308,238	1,715,760	0	0	30,109,330	0	0	0	6,483,148	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).....	38,308,238	1,715,760	0	0	30,109,330	0	0	0	6,483,148	0	0
21. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	3,546,920	80,360	0	0	2,232,060	0	0	0	1,234,500	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)....	41,855,158	1,796,120	0	0	32,341,390	0	0	0	7,717,648	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.....	17,898	788	0	0	13,835	0	0	0	3,275	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).....	17,898	788	0	0	13,835	0	0	0	3,275	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	17,898	788	0	0	13,835	0	0	0	3,275	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).....	17,898	788	0	0	13,835	0	0	0	3,275	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.)									