TEXAS HMO SUPPLEMENT OF THE EI Paso First Health Plans, Inc.

STATEMENT FOR THE PERIOD ENDING SEPTEMBER 30, 2004

(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

bit Pro-Service (gross revenues). Subsci (gross revenues). <t< th=""><th></th><th colspan="10">Indicate Reporting Period: Current Quarter X</th><th></th></t<>		Indicate Reporting Period: Current Quarter X										
LenkolLEEs AT THE END OF REPT PERIOD 40.07 600 0 818K 0.051 0 0 0 2. MEMBER MONTIS. 100.04 2.0.01 0 0 0.00 0 0.00 0 0.00 0 0.00 0 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 0.00 0.000 0.00 0.000 <			COMMERCIAL RISK (Omit Provider	MEDICARE		MEDICAID		POINT OF SERVICE RIDER	ASSUMED RISK	CHILDREN'S HEALTH	PUBLICLY SUPPORTED	
2 MARCHE MONTHS 10 0 <			,	RISK	COST	RISK	COST				-	
S Deet Premium \$121190 \$2422.33 \$50.00 \$19.665 \$50.00 \$10.00 \$50.000 \$50.00	1. ENROLLEES AT THE END OF REPT PERIOD	40,077	960	0	0	26,485	0	0	0	12,632	0	0
4 Personanta 9121-80 9242-33 9000 9146-56 9000 9000 90000 90000000000 9000 90000 9000 <td>2. MEMBER MONTHS</td> <td>120,404</td> <td>2,833</td> <td>0</td> <td>0</td> <td>78,968</td> <td>0</td> <td>0</td> <td>0</td> <td>38,603</td> <td>0</td> <td>0</td>	2. MEMBER MONTHS	120,404	2,833	0	0	78,968	0	0	0	38,603	0	0
5 Cbj nursamet plam. reserve for rate oredis. 9 00 500 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 900 9000 <th< td=""><td>3. Direct Premium</td><td>\$121.89</td><td>\$242.33</td><td>\$0.00</td><td>\$0.00</td><td>\$146.55</td><td>\$0.00</td><td>\$0.00</td><td>XXXXXXXX</td><td>\$62.58</td><td>\$0.00</td><td>XXXXXXXX</td></th<>	3. Direct Premium	\$121.89	\$242.33	\$0.00	\$0.00	\$146.55	\$0.00	\$0.00	XXXXXXXX	\$62.58	\$0.00	XXXXXXXX
bits Stand	4. Premiums	\$121.89	\$242.33	\$0.00	\$0.00	\$146.55	\$0.00	\$0.00	XXXXXXXX	\$62.58	\$0.00	XXXXXXXX
T. Risk Resenue. Storo	5. Chg in unearned prem. reserve & reserve for rate credits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
B. Other Healm Relationd Revolues: S0:00 S0:00 <ths0:00< th=""> S0:00 S0:00</ths0:00<>	6. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8) \$12189 \$242.33 \$50.00 \$51.46.55 \$50.00	7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
10. Other Revenues (excluding investment income) \$0.00 <th< td=""><td>8. Other Health Related Revenues</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><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td><td>\$0.00</td></th<>	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	\$0.00
11. TOTAL REVENUE (L9 to L10) \$121.88 \$242.33 \$0.00 \$10.00	9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	\$121.89	\$242.33	\$0.00	\$0.00	\$146.55	\$0.00	\$0.00	\$0.00	\$62.58	\$0.00	\$0.00
MEDICAL AND HOSPITAL: \$73.83 \$15.257 \$0.00 \$50.00	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	\$0.00
12. Hospital/Medical Benefits	11. TOTAL REVENUE (L9 to L10)	\$121.89	\$242.33	\$0.00	\$0.00	\$146.55	\$0.00	\$0.00	\$0.00	\$62.58	\$0.00	\$0.00
13. Other Professional Services \$12.30 \$25.43 \$0.00 \$15.02 \$0.00 \$0.00 \$5.78 \$0.00 \$0.00 14. Outside Referrals \$14.54 \$30.05 \$0.00 \$17.75 \$0.00 \$0.00 \$6.84 \$0.00 \$0.00 \$6.84 \$0.00 \$0.00 \$6.84 \$0.00 \$0.00 \$6.84 \$0.00 \$0.00 \$6.84 \$0.00 \$0.00 \$6.86 \$0.00 \$0.00 \$6.86 \$0.00 \$0.00 \$6.00 \$0.00	MEDICAL AND HOSPITAL:											
14. Outside Referrals	12. Hospital/Medical Benefits	\$73.83	\$152.57	\$0.00	\$0.00	\$90.13	\$0.00	\$0.00	\$0.00	\$34.71	\$0.00	\$0.00
15. Emergency Room and Out-of-Area \$11.19 \$223.12 \$0.00 \$0.00 \$13.66 \$0.00 <td>13. Other Professional Services</td> <td>\$12.30</td> <td>\$25.43</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$15.02</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$5.78</td> <td>\$0.00</td> <td>\$0.00</td>	13. Other Professional Services	\$12.30	\$25.43	\$0.00	\$0.00	\$15.02	\$0.00	\$0.00	\$0.00	\$5.78	\$0.00	\$0.00
16. Other Medical & Hospital. \$0.00	14. Outside Referrals	\$14.54	\$30.05	\$0.00	\$0.00	\$17.75	\$0.00	\$0.00	\$0.00	\$6.84	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	15. Emergency Room and Out-of-Area	\$11.19	\$23.12	\$0.00	\$0.00	\$13.66	\$0.00	XXXXXXXX	\$0.00	\$5.26	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17)	16. Other Medical & Hospital	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	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	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L19) \$111.86 \$231.16 \$0.00 \$10.00 \$10.00 \$10.00 \$0.00 \$10.00 \$0.00 <td>18. SUBTOTAL MED & HOSP (L12 to L17)</td> <td>\$111.86</td> <td>\$231.16</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$136.55</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$52.58</td> <td>\$0.00</td> <td>\$0.00</td>	18. SUBTOTAL MED & HOSP (L12 to L17)	\$111.86	\$231.16	\$0.00	\$0.00	\$136.55	\$0.00	\$0.00	\$0.00	\$52.58	\$0.00	\$0.00
21. Claims Adjustment Expenses	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	\$0.00
22. General Administrative Expenses. \$10.03 \$11.16 \$0.00 <td>20. TOTAL MEDICAL & HOSP (L18 less L19)</td> <td>\$111.86</td> <td>\$231.16</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$136.55</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$52.58</td> <td>\$0.00</td> <td>\$0.00</td>	20. TOTAL MEDICAL & HOSP (L18 less L19)	\$111.86	\$231.16	\$0.00	\$0.00	\$136.55	\$0.00	\$0.00	\$0.00	\$52.58	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	21. Claims Adjustment Expenses	\$0.00	\$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) \$121.89 \$242.33 \$0.00 \$0.00 \$146.55 \$0.00	22. General Administrative Expenses	\$10.03	\$11.16	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24) \$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	\$0.00
26. Net Investment Income Earned. \$0.06 \$0.19 \$0.00	24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$121.89	\$242.33	\$0.00	\$0.00	\$146.55	\$0.00	\$0.00	\$0.00	\$62.58	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses) \$0.00 </td <td>25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)</td> <td>\$0.00</td>	25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27) \$0.06 \$0.19 \$0.00	26. Net Investment Income Earned	\$0.06	\$0.19	\$0.00	\$0.00	\$0.08	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00
29. Other Expenses	27. Net Realized Capital Gains/(Losses)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L \$0.06 \$0.19 \$0.00	28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$0.06	\$0.19	\$0.00	\$0.00	\$0.08	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	29. Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (L30 less L31)	30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L	\$0.06	\$0.19	\$0.00	\$0.00	\$0.08	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES	31. Extraordinary Items & Federal income taxes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	32. NET INCOME (LOSS) (L30 less L31)	\$0.06	\$0.19	\$0.00	\$0.00	\$0.08	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00
33b NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0 of Texas enrollees and Federal employees)	33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		. 0	(Examples of nor	n-taxable enrollees a	are State						
	33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		. 0	of Texas enrollee	es and Federal empl	oyees.)						

TEXAS HMO SUPPLEMENT

OF THE El Paso First Health Plans, Inc.

STATEMENT FOR THE PERIOD ENDING SEPTEMBER 30, 2004

(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	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
		,,	RISK	COST	RISK	COST			PLAN		
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	\$118.11	\$233.05	\$0.00	\$0.00	\$144.89	\$0.00	\$0.00	XXXXXXXX	\$62.52	\$0.00	XXXXXXXX
4. Premiums	\$118.11	\$233.05	\$0.00	\$0.00	\$144.89	\$0.00	\$0.00	XXXXXXXX	\$62.52	\$0.00	XXXXXXXX
5. Chg in unearned prem. reserve & reserve for rate credits	\$0.00	\$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	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	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	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	\$118.11	\$233.05	\$0.00	\$0.00	\$144.89	\$0.00	\$0.00	\$0.00	\$62.52	\$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	\$0.00
11. TOTAL REVENUE (L9 to L10)	\$118.11	\$233.05	\$0.00	\$0.00	\$144.89	\$0.00	\$0.00	\$0.00	\$62.52	\$0.00	\$0.00
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$71.35	\$146.93	\$0.00	\$0.00	\$89.03	\$0.00	\$0.00	\$0.00	\$34.66	\$0.00	\$0.00
13. Other Professional Services	\$11.89	\$24.49	\$0.00	\$0.00	\$14.84	\$0.00	\$0.00	\$0.00	\$5.78	\$0.00	\$0.00
14. Outside Referrals	\$14.05	\$28.94	\$0.00	\$0.00	\$17.54	\$0.00	\$0.00	\$0.00	\$6.83	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$10.81	\$22.26	\$0.00	\$0.00	\$13.49	\$0.00	XXXXXXXX	\$0.00	\$5.25	\$0.00	\$0.00
16. Other Medical & Hospital	\$0.00	\$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	\$0.00	\$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)	\$108.10	\$222.62	\$0.00	\$0.00	\$134.89	\$0.00	\$0.00	\$0.00	\$52.52	\$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	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L19)	\$108.10	\$222.62	\$0.00	\$0.00	\$134.89	\$0.00	\$0.00	\$0.00	\$52.52	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$10.01	\$10.43	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00	\$0.00	\$10.00	\$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	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$118.11	\$233.05	\$0.00	\$0.00	\$144.89	\$0.00	\$0.00	\$0.00	\$62.52	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	\$0.00	\$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	\$0.05	\$0.10	\$0.00	\$0.00	\$0.06	\$0.00	\$0.00	\$0.00	\$0.03	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$0.05	\$0.10	\$0.00	\$0.00	\$0.06	\$0.00	\$0.00	\$0.00	\$0.03	\$0.00	\$0.00
29. Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L	\$0.05	\$0.10	\$0.00	\$0.00	\$0.06	\$0.00	\$0.00	\$0.00	\$0.03	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME (LOSS) (L30 less L31)	\$0.05	\$0.10	\$0.00	\$0.00	\$0.06	\$0.00	\$0.00	\$0.00	\$0.03	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		. 0	(Examples of nor	-taxable enrollees a	are State						
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		0	of Texas enrollee	s and Federal emp	oyees.)						