TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2005

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

6. RevionService (gross revenues)		Indicate Reporting Period: Current Quarter X										
L Intersection Intersection <thintersection< th=""> Intersection</thintersection<>			Total COMMERCIAL RISK (Omit Provider		MEDICARE		MEDICAID		ASSUMED RISK	CHILDREN'S HEALTH	PUBLICLY SUPPORTED	
L L 10000 10000 100			,	RISK	COST	RISK	COST			PLAN		
Dens Spin 1:50 Spi	1. ENROLLEES AT THE END OF REPT PERIOD	43,508	1,529	0	0	31,062	0	0	0	10,917	0	0
d. Penulumi. Statistic	2. MEMBER MONTHS	128,700	4,574	0	0	91,052	0	0	0	33,074	0	0
6. Og hureanned pern. menere A reasere A reaser A	3. Direct Premium	\$131.53	\$221.12	\$0.00	\$0.00	\$152.20	\$0.00	\$0.00	XXXXXXXX	\$62.24	\$0.00	XXXXXXXX
6. Fe-or Service (gross revenues)	4. Premiums	\$131.53	\$221.12	\$0.00	\$0.00	\$152.20	\$0.00	\$0.00	XXXXXXXX	\$62.24	\$0.00	XXXXXXXX
17. Start S	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
0. 0.000 \$0.00 \$0	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) \$131.53 \$221.12 \$0.00 \$10.00 \$152.20 \$0.00 <	7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
10. Other Revenues (asciluting investment income) 50.00 \$0.00 <t< 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></t<>	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 (19 to L10) \$131:53 \$221:12 \$0:00 \$0:00 \$152:20 \$0:00 \$0:00 \$62:24 \$0:00 \$0:00 MEDICAL AND HOSPTAL: \$0:00 \$0:00 \$13:37 \$223:22 \$0:00 \$0:00 \$50:00 \$0:00 \$50:00 \$0:00 \$50:00 \$0:00 \$50:00 \$0:00 \$50:00	9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	\$131.53	\$221.12	\$0.00	\$0.00	\$152.20	\$0.00	\$0.00	\$0.00	\$62.24	\$0.00	\$0.00
MEDICA NAD HOSPITAL: Stand Stand </td <td></td> <td>\$0.00</td>		\$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)	\$131.53	\$221.12	\$0.00	\$0.00	\$152.20	\$0.00	\$0.00	\$0.00	\$62.24	\$0.00	\$0.00
13. Oher Professional Services. \$13.3 \$22.22 \$0.00 \$0.00 \$15.64 \$0.00 \$0.00 \$5.75 \$0.00 \$0.00 14. Outside Referrals. \$15.00 \$27.45 \$0.00 \$0.00 \$18.49 \$0.00 \$0.00 \$6.79 \$0.00 \$0.00 \$6.00	MEDICAL AND HOSPITAL:											
14. Outside Referrals. \$15.80 \$27.45 \$0.00 \$18.40 \$0.00 \$0.00 \$6.00		\$80.21	\$139.35	\$0.00	\$0.00	\$93.85	\$0.00	\$0.00	\$0.00	\$34.48	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	13. Other Professional Services	\$13.37	\$23.22	\$0.00	\$0.00	\$15.64	\$0.00	\$0.00	\$0.00	\$5.75	\$0.00	\$0.00
16. Other Medical & Hospital. S0.00	14. Outside Referrals	\$15.80	\$27.45	\$0.00	\$0.00	\$18.49	\$0.00	\$0.00	\$0.00	\$6.79	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	15. Emergency Room and Out-of-Area	\$12.15	\$21.11	\$0.00	\$0.00	\$14.22	\$0.00	XXXXXXXX	\$0.00	\$5.22	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17) \$121.53 \$211.13 \$0.00 \$0.00 \$142.20 \$0.00 \$0.00 \$52.24 \$0.00 \$0.00 19. Net Reins Recoveries Incurred. \$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
19. Net Reins Recoveries Incurred. \$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
20. TOTAL MEDICAL & HOSP (L18 less L19) \$121.53 \$211.13 \$0.00 \$0.00 \$142.20 \$0.00	18. SUBTOTAL MED & HOSP (L12 to L17)	\$121.53	\$211.13	\$0.00	\$0.00	\$142.20	\$0.00	\$0.00	\$0.00	\$52.24	\$0.00	\$0.00
21. Claims Adjustment Expenses. \$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
22. General Administrative Expenses \$10.00 \$9.95 \$0.00	20. TOTAL MEDICAL & HOSP (L18 less L19)	\$121.53	\$211.13	\$0.00	\$0.00	\$142.20	\$0.00	\$0.00	\$0.00	\$52.24	\$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) \$131.53 \$221.08 \$0.00 \$0.00 \$152.20 \$0.00	22. General Administrative Expenses	\$10.00	\$9.95	\$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 \$0.04 \$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	24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$131.53	\$221.08	\$0.00	\$0.00	\$152.20	\$0.00	\$0.00	\$0.00	\$62.24	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	\$0.00	\$0.04	\$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) \$0.10 \$0.17 \$0.00	26. Net Investment Income Earned	\$0.10	\$0.17	\$0.00	\$0.00	\$0.12	\$0.00	\$0.00	\$0.00	\$0.05	\$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 & EX ITEMS(L10+L25+L2 \$0.10 \$0.21 \$0.00	28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27)	\$0.10	\$0.17	\$0.00	\$0.00	\$0.12	\$0.00	\$0.00	\$0.00	\$0.05	\$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 & EX ITEMS(L10+L25+L2	\$0.10	\$0.21	\$0.00	\$0.00	\$0.12	\$0.00	\$0.00	\$0.00	\$0.05	\$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)	\$0.10	\$0.21	\$0.00	\$0.00	\$0.12	\$0.00	\$0.00	\$0.00	\$0.05	\$0.00	\$0.00
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS	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	s and Federal emp	oyees.)						

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

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2005

(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 2. 3. 4 8 9. 1. 5 7. Total COMMERCIAL RISK MEDICARE MEDICAID POINT OF ASSUMED RISK CHILDREN'S PUBLICLY NON-RISK (Omit Provider HMO Business) (Omit Provider HMO Business) SERVICE RIDER (as Provider HMO) (Omit Provider HEALTH SUPPORTED HMO Business) INSURANCE HEALTH CARE RISK COST RISK COST PLAN 1. ENROLLEES AT THE END OF REPT PERIOD..... 43.508 1.529 0 0 31.062 0 0 0 10.917 0 2. MEMBER MONTHS..... 0 254.439 9.125 0 0 178.165 0 0 67.149 0 Λ \$130.61 \$217.75 \$0.00 \$0.00 \$151.94 \$0.00 \$0.00 XXXXXXXXX \$62.20 \$0.00 XXXXXXXX 3. Direct Premium..... \$130.61 \$217.75 \$0.00 \$0.00 \$151.94 \$0.00 \$0.00 XXXXXXXX \$62.20 \$0.00 XXXXXXXX 4. Premiums..... 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 XXXXXXXXX XXXXXXXXX XXXXXXXX XXXXXXXXX XXXXXXXX XXXXXXXXX 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) \$130.61 \$217.75 \$0.00 \$0.00 \$151.94 \$0.00 \$0.00 \$0.00 \$62.20 \$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)..... \$130.61 \$217.75 \$0.00 \$0.00 \$151.94 \$0.00 \$0.00 \$0.00 \$62.20 \$0.00 \$0.00 MEDICAL AND HOSPITAL: 12. Hospital/Medical Benefits..... \$79.61 \$137.34 \$0.00 \$0.00 \$93.68 \$0.00 \$0.00 \$0.00 \$34.45 \$0.00 \$0.00 13. Other Professional Services..... \$13.27 \$22.89 \$0.00 \$0.00 \$0.00 \$0.00 \$5.74 \$0.00 \$15.61 \$0.00 \$0.00 \$15.68 \$27.05 \$0.00 \$0.00 \$18.45 \$0.00 \$0.00 \$0.00 \$6.79 \$0.00 \$0.00 14. Outside Referrals.. \$5.22 15. Emergency Room and Out-of-Area..... \$12.06 \$20.81 \$0.00 \$0.00 \$14.19 \$0.00 XXXXXXXX \$0.00 \$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 \$120.63 18. SUBTOTAL MED & HOSP (L12 to L17)..... \$208.09 \$0.00 \$0.00 \$141.94 \$0.00 \$0.00 \$0.00 \$52.20 \$0.00 \$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..... \$0.00 20. TOTAL MEDICAL & HOSP (L18 less L19)..... \$120.63 \$208.09 \$0.00 \$0.00 \$141.94 \$0.00 \$0.00 \$0.00 \$52.20 \$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 21. Claims Adjustment Expenses..... \$9.99 \$0.00 \$0.00 \$9.66 \$0.00 \$0.00 \$10.00 \$0.00 \$10.00 \$0.00 \$0.00 22. General Administrative Expenses... \$0.00 \$0.00 \$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 24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23). \$130.61 \$217.75 \$0.00 \$0.00 \$151.94 \$0.00 \$0.00 \$0.00 \$62.20 \$0.00 \$0.00 \$0.00 \$0.00 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 25. \$0.09 \$0.14 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.04 \$0.00 26. Net Investment Income Earned... \$0.10 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 27. Net Realized Capital Gains/(Losses)..... \$0.00 \$0.00 \$0.09 \$0.14 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.04 \$0.00 28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).... \$0.10 \$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 & EX ITEMS(L10+L25+L2 \$0.09 \$0.14 \$0.00 \$0.00 \$0.10 \$0.00 \$0.00 \$0.00 \$0.04 \$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)..... \$0.09 \$0.14 \$0.00 \$0.00 \$0.10 \$0.00 \$0.00 \$0.00 \$0.04 \$0.00 \$0.00 0 (Examples of non-taxable enrollees are State 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....