

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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**

	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.....	44,533	1,421	0	0	32,340	0	0	0	10,772	0	0
2. MEMBER MONTHS.....	133,083	4,417	0	0	96,348	0	0	0	32,318	0	0
3. Direct Premium.....	18,524,058	965,810	0	0	15,517,628	0	0	XXXXXXXX	2,040,620	0	XXXXXXXX
4. Premiums.....	18,524,058	965,810	0	0	15,517,628	0	0	XXXXXXXX	2,040,620	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)	18,524,058	965,810	0	0	15,517,628	0	0	0	2,040,620	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).....	18,524,058	965,810	0	0	15,517,628	0	0	0	2,040,620	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	11,347,896	608,648	0	0	9,605,738	0	0	0	1,133,510	0	0
13. Other Professional Services.....	1,891,315	101,441	0	0	1,600,956	0	0	0	188,918	0	0
14. Outside Referrals.....	2,235,191	119,885	0	0	1,892,039	0	0	0	223,267	0	0
15. Emergency Room and Out-of-Area.....	1,719,379	92,219	0	0	1,455,415	0	XXXXXXXX	0	171,745	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).....	17,193,781	922,193	0	0	14,554,148	0	0	0	1,717,440	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).....	17,193,781	922,193	0	0	14,554,148	0	0	0	1,717,440	0	0
21. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	1,329,860	43,200	0	0	963,480	0	0	0	323,180	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)....	18,523,641	965,393	0	0	15,517,628	0	0	0	2,040,620	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	417	417	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	16,406	855	0	0	13,743	0	0	0	1,808	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).....	16,406	855	0	0	13,743	0	0	0	1,808	0	0
29. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L10+L25+L2	16,823	1,272	0	0	13,743	0	0	0	1,808	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).....	16,823	1,272	0	0	13,743	0	0	0	1,808	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, 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: 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.....	44,533	1,421	0	0	32,340	0	0	0	10,772	0	0
2. MEMBER MONTHS.....	387,522	13,542	0	0	274,513	0	0	0	99,467	0	0
3. Direct Premium.....	51,757,327	2,952,801	0	0	42,587,215	0	0	XXXXXXXX	6,217,311	0	XXXXXXXX
4. Premiums.....	51,757,327	2,952,801	0	0	42,587,215	0	0	XXXXXXXX	6,217,311	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)	51,757,327	2,952,801	0	0	42,587,215	0	0	0	6,217,311	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).....	51,757,327	2,952,801	0	0	42,587,215	0	0	0	6,217,311	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	31,604,582	1,861,863	0	0	26,295,776	0	0	0	3,446,943	0	0
13. Other Professional Services.....	5,267,430	310,310	0	0	4,382,629	0	0	0	574,491	0	0
14. Outside Referrals.....	6,225,144	366,730	0	0	5,179,471	0	0	0	678,943	0	0
15. Emergency Room and Out-of-Area.....	4,788,574	282,101	0	0	3,984,209	0	XXXXXXXX	0	522,264	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).....	47,885,730	2,821,004	0	0	39,842,085	0	0	0	5,222,641	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).....	47,885,730	2,821,004	0	0	39,842,085	0	0	0	5,222,641	0	0
21. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	3,871,180	131,380	0	0	2,745,130	0	0	0	994,670	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)....	51,756,910	2,952,384	0	0	42,587,215	0	0	0	6,217,311	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	417	417	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	38,075	2,151	0	0	31,408	0	0	0	4,516	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).....	38,075	2,151	0	0	31,408	0	0	0	4,516	0	0
29. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L10+L25+L2	38,492	2,568	0	0	31,408	0	0	0	4,516	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).....	38,492	2,568	0	0	31,408	0	0	0	4,516	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.)								