

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2006**

OF THE **El Paso First Health Plans, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISIONATION / 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 B | 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 | | | | | | |
| 1. ENROLLEES AT THE END OF REPT PERIOD..... | 44,585 | 888 | 0 | 0 | 34,467 | 0 | 0 | 9,230 | 0 | 0 |
| 2. MEMBER MONTHS..... | 134,962 | 2,784 | 0 | 0 | 103,442 | 0 | 0 | 28,736 | 0 | 0 |
| 3. Direct Premium..... | \$147.50 | \$224.95 | \$0.00 | \$0.00 | \$168.29 | \$0.00 | \$0.00 | \$65.12 | \$0.00 | XXXXXXXX |
| 4. Net Premium..... | \$147.50 | \$224.95 | \$0.00 | \$0.00 | \$168.29 | \$0.00 | \$0.00 | \$65.12 | \$0.00 | XXXXXXXX |
| 5. Change in unearned premium reserve and reserve for rate cre | \$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 | \$0.00 | \$0.00 | \$0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | \$0.00 | \$0.00 |
| 7. Risk Revenue..... | \$0.00 | XXXXXXXX | \$0.00 | \$0.00 | 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 |
| 9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8).... | \$147.50 | \$224.95 | \$0.00 | \$0.00 | \$168.29 | \$0.00 | \$0.00 | \$65.12 | \$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 |
| 11. TOTAL REVENUE (L9 to L10)..... | \$147.50 | \$224.95 | \$0.00 | \$0.00 | \$168.29 | \$0.00 | \$0.00 | \$65.12 | \$0.00 | \$0.00 |
| MEDICAL AND HOSPITAL: | | | | | | | | | | |
| 12. Hospital/Medical Benefits..... | \$90.75 | \$141.85 | \$0.00 | \$0.00 | \$104.47 | \$0.00 | \$0.00 | \$36.39 | \$0.00 | \$0.00 |
| 13. Other Professional Services..... | \$15.12 | \$23.64 | \$0.00 | \$0.00 | \$17.41 | \$0.00 | \$0.00 | \$6.07 | \$0.00 | \$0.00 |
| 14. Outside Referrals..... | \$17.87 | \$27.94 | \$0.00 | \$0.00 | \$20.58 | \$0.00 | \$0.00 | \$7.17 | \$0.00 | \$0.00 |
| 15. Emergency Room and Out-of-Area..... | \$13.75 | \$21.49 | \$0.00 | \$0.00 | \$15.83 | XXXXXXXX | \$0.00 | \$5.51 | \$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 |
| 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 |
| 18. SUBTOTAL MED & HOSP (L12 to L17)..... | \$137.50 | \$214.92 | \$0.00 | \$0.00 | \$158.29 | \$0.00 | \$0.00 | \$55.14 | \$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 |
| 20. TOTAL MEDICAL & HOSP (L18 less L19)..... | \$137.50 | \$214.92 | \$0.00 | \$0.00 | \$158.29 | \$0.00 | \$0.00 | \$55.14 | \$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 |
| 22. General Administrative Expenses..... | \$10.00 | \$10.03 | \$0.00 | \$0.00 | \$10.00 | \$0.00 | \$0.00 | \$9.98 | \$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 |
| 24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23)..... | \$147.50 | \$224.95 | \$0.00 | \$0.00 | \$168.29 | \$0.00 | \$0.00 | \$65.12 | \$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 |
| 26. Net Investment Income Earned..... | \$0.21 | \$0.33 | \$0.00 | \$0.00 | \$0.24 | \$0.00 | \$0.00 | \$0.09 | \$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 |
| 28. NET INVESTMENT GAINS/LOSSES (L26 to L27)..... | \$0.21 | \$0.33 | \$0.00 | \$0.00 | \$0.24 | \$0.00 | \$0.00 | \$0.09 | \$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 |
| 30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L2 | \$0.21 | \$0.33 | \$0.00 | \$0.00 | \$0.24 | \$0.00 | \$0.00 | \$0.09 | \$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 |
| 32. NET INCOME/LOSS (L30 less L31)..... | \$0.21 | \$0.33 | \$0.00 | \$0.00 | \$0.24 | \$0.00 | \$0.00 | \$0.09 | \$0.00 | \$0.00 |
| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | 0 | 0 | (Examples of non-taxable enrollees are State | | | 0 | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | 0 | 0 | of Texas enrollees and Federal employees.) | | | 0 | | | | |

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(Name of Company)

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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 B | 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 | |
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| 6. Fee-for-Service (gross revenues)..... | \$0.00 | XXXXXXXX | \$0.00 | \$0.00 | \$0.00 | XXXXXXXX | XXXXXXXX | XXXXXXXX | \$0.00 | \$0.00 |
| 7. Risk Revenue..... | \$0.00 | XXXXXXXX | \$0.00 | \$0.00 | 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 |
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| 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State | | | 0 | | | | |
| 33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... | | 0 | of Texas enrollees and Federal employees.) | | | 0 | | | | |