

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 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							RISK
1. ENROLLEES AT THE END OF REPT PERIOD.....	44,897	534	0	0	35,550	0	0	8,813	0	0
2. MEMBER MONTHS.....	134,098	1,810	0	0	105,584	0	0	26,704	0	0
3. Direct Premium.....	\$149.72	\$243.34	\$0.00	\$0.00	\$169.71	\$0.00	\$0.00	\$64.36	\$0.00	XXXXXXXX
4. Net Premium.....	\$149.72	\$243.34	\$0.00	\$0.00	\$169.71	\$0.00	\$0.00	\$64.36	\$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)....	\$149.72	\$243.34	\$0.00	\$0.00	\$169.71	\$0.00	\$0.00	\$64.36	\$0.00	\$0.00
10. Other Revenues (excluding investment income).....	\$0.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L9 to L10).....	\$150.20	\$243.34	\$0.00	\$0.00	\$169.71	\$0.00	\$0.00	\$64.36	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$90.49	\$156.16	\$0.00	\$0.00	\$103.57	\$0.00	\$0.00	\$34.32	\$0.00	\$0.00
13. Other Professional Services.....	\$15.08	\$26.03	\$0.00	\$0.00	\$17.26	\$0.00	\$0.00	\$5.72	\$0.00	\$0.00
14. Outside Referrals.....	\$17.82	\$30.76	\$0.00	\$0.00	\$20.40	\$0.00	\$0.00	\$6.76	\$0.00	\$0.00
15. Emergency Room and Out-of-Area.....	\$13.71	\$23.66	\$0.00	\$0.00	\$15.69	XXXXXXXX	\$0.00	\$5.20	\$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).....	\$137.10	\$236.61	\$0.00	\$0.00	\$156.92	\$0.00	\$0.00	\$52.00	\$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).....	\$137.10	\$236.61	\$0.00	\$0.00	\$156.92	\$0.00	\$0.00	\$52.00	\$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.....	\$11.62	\$12.02	\$0.00	\$0.00	\$11.76	\$0.00	\$0.00	\$11.04	\$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).....	\$148.72	\$248.62	\$0.00	\$0.00	\$168.68	\$0.00	\$0.00	\$63.03	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$1.01	(\$5.29)	\$0.00	\$0.00	\$1.04	\$0.00	\$0.00	\$1.32	\$0.00	\$0.00
26. Net Investment Income Earned.....	\$0.46	\$0.74	\$0.00	\$0.00	\$0.52	\$0.00	\$0.00	\$0.20	\$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).....	\$0.46	\$0.74	\$0.00	\$0.00	\$0.52	\$0.00	\$0.00	\$0.20	\$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	\$1.94	(\$4.55)	\$0.00	\$0.00	\$1.55	\$0.00	\$0.00	\$1.52	\$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).....	\$1.94	(\$4.55)	\$0.00	\$0.00	\$1.55	\$0.00	\$0.00	\$1.52	\$0.00	\$0.00
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				

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

(Name of Company)

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(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 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.....	44,897	534	0	0	35,550	0	0	8,813	0	0
2. MEMBER MONTHS.....	269,060	4,594	0	0	209,026	0	0	55,440	0	0
3. Direct Premium.....	\$148.61	\$232.19	\$0.00	\$0.00	\$169.01	\$0.00	\$0.00	\$64.75	\$0.00	XXXXXXXX
4. Net Premium.....	\$148.61	\$232.19	\$0.00	\$0.00	\$169.01	\$0.00	\$0.00	\$64.75	\$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)....	\$148.61	\$232.19	\$0.00	\$0.00	\$169.01	\$0.00	\$0.00	\$64.75	\$0.00	\$0.00
10. Other Revenues (excluding investment income).....	\$0.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11. TOTAL REVENUE (L9 to L10).....	\$148.84	\$232.19	\$0.00	\$0.00	\$169.01	\$0.00	\$0.00	\$64.75	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$90.62	\$147.49	\$0.00	\$0.00	\$104.02	\$0.00	\$0.00	\$35.39	\$0.00	\$0.00
13. Other Professional Services.....	\$15.10	\$24.58	\$0.00	\$0.00	\$17.34	\$0.00	\$0.00	\$5.90	\$0.00	\$0.00
14. Outside Referrals.....	\$17.85	\$29.05	\$0.00	\$0.00	\$20.49	\$0.00	\$0.00	\$6.97	\$0.00	\$0.00
15. Emergency Room and Out-of-Area.....	\$13.73	\$22.35	\$0.00	\$0.00	\$15.76	XXXXXXXX	\$0.00	\$5.36	\$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).....	\$137.30	\$223.47	\$0.00	\$0.00	\$157.60	\$0.00	\$0.00	\$53.63	\$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).....	\$137.30	\$223.47	\$0.00	\$0.00	\$157.60	\$0.00	\$0.00	\$53.63	\$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.....	\$10.80	\$10.81	\$0.00	\$0.00	\$10.89	\$0.00	\$0.00	\$10.49	\$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).....	\$148.10	\$234.28	\$0.00	\$0.00	\$168.49	\$0.00	\$0.00	\$64.12	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$0.50	(\$2.08)	\$0.00	\$0.00	\$0.52	\$0.00	\$0.00	\$0.64	\$0.00	\$0.00
26. Net Investment Income Earned.....	\$0.34	\$0.49	\$0.00	\$0.00	\$0.38	\$0.00	\$0.00	\$0.14	\$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).....	\$0.34	\$0.49	\$0.00	\$0.00	\$0.38	\$0.00	\$0.00	\$0.14	\$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	\$1.07	(\$1.59)	\$0.00	\$0.00	\$0.91	\$0.00	\$0.00	\$0.78	\$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).....	\$1.07	(\$1.59)	\$0.00	\$0.00	\$0.91	\$0.00	\$0.00	\$0.78	\$0.00	\$0.00
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				