### TEXAS HMO SUPPLEMENT

OF THE Scott & White Health Plan

### STATEMENT FOR THE PERIOD ENDING MARCH 31, 2003

(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

Γ	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	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
1. ENROLLEES AT THE END OF REPT PERIOD	167,879	142,576	RISK 0	25,303	<b>RISK</b>	<b>COST</b>	0	0	<b>PLAN</b> 0	0	0
2. MEMBER MONTHS	503,657	427,763	0	75,894	0	0	0	0	0	0	0
3. Premiums	\$205.36	\$197.89	\$0.00	\$247.45	\$0.00	\$0.00	\$0.00	xxxxxxxx	\$0.00	\$0.00	XXXXXXXX
4. Change in Unearn. Prem. Resrv & Resrv for Rate Credits.	\$205.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5. Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX		XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
6. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX	XXXXXXXXX		\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX
7. 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
8. TOTAL HEALTHCARE RELATED REVENUES(L3 to L7)	\$205.36	\$197.89	\$0.00	\$247.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. Other Revenues (excluding investment income)	\$14.33	\$197.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10. TOTAL REVENUE (L8 to L9)	\$219.69	\$214.76	\$0.00	\$247.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:	φ210.00	ψ217.70	φ0.00	φ2-11-5	φ0.00	φ0.00	φ0.00	φ0.00	φ0.00	ψ0.00	φ0.00
11. Hospital/Medical Benefits	\$137.96	\$128.62	\$0.00	\$190.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12. Other Professional Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Outside Referrals	\$5.82	\$6.12	\$0.00	\$4.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Emergency Room and Out-of-Area	\$6.88	\$7.76	\$0.00	\$1.93	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
15. Other Medical & Hospital	\$32.59	\$28.17	\$0.00	\$57.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16. Incentive Pool & Withhold Adjustments	\$4.17	\$4.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. SUBTOTAL MED & HOSP (L11 to L16)	\$187.42	\$175.58	\$0.00	\$254.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. Net Reins Recoveries Incurred	(\$0.15)	(\$0.18)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. TOTAL MEDICAL & HOSP (L17 less L18)	\$187.57	\$175.76	\$0.00	\$254.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. Claims Adjustment Expenses	\$8.90	\$10.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. General Administrative Expenses	\$16.12	\$17.54	\$0.00	\$8.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. Increase in Reserves for A&H contracts	\$1.00	\$4.42	\$0.00	(\$18.27)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)	\$213.60	\$208.20	\$0.00	\$244.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. NET UNDERWRITING GAIN/(LOSS) (L8 less L23)	(\$8.24)	(\$10.30)	\$0.00	\$3.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. Net Investment Income Earned	\$0.53	\$0.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Realized Capital Gains/(Losses)	(\$0.20)	(\$0.24)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)	\$0.33	\$0.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. Other Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L2	\$6.42	\$6.95	\$0.00	\$3.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. Extraordinary Items & Federal income taxes	\$0.32	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. NET INCOME (LOSS) (L29 less L30)	\$6.10	\$6.58	\$0.00	\$3.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		45,706	(Examples of nor	n-taxable enrollees a	are State						
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS		136,915	of Texas enrollee	es and Federal empl	oyees.)						

24.

30. Extraordinary Items & Federal income taxes...

31. NET INCOME (LOSS) (L29 less L30) ....

#### **TEXAS HMO SUPPLEMENT**

OF THE Scott & White Health Plan

#### STATEMENT FOR THE PERIOD ENDING MARCH 31, 2003

(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 7. 8 9. 1. 5 Total COMMERCIAL RISK MEDICARE MEDICAID POINT OF ASSUMED RISK CHILDREN'S PUBLICLY NON-RISK (Omit Provider HMO Business) SERVICE RIDER (as Provider HMO) (Omit Provider (Omit Provider HMO Business) HEALTH SUPPORTED HMO Business) INSURANCE HEALTH CARE RISK COST RISK COST PLAN 1. ENROLLEES AT THE END OF REPT PERIOD..... 167.879 142.576 0 25.303 0 0 0 0 0 0 2. MEMBER MONTHS..... 0 0 503.657 427.763 0 75.894 0 0 0 0 Λ \$205.36 \$197.89 \$0.00 \$247.45 \$0.00 \$0.00 \$0.00 XXXXXXXXX \$0.00 \$0.00 XXXXXXXX 3. Premiums..... 4. Change in Unearn. Prem. Resrv & Resrv 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 5. Fee-for-Service (gross revenues)..... \$0.00 XXXXXXXXX XXXXXXXX XXXXXXXXX XXXXXXXXX XXXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX \$0.00 \$0.00 6. Risk Revenue..... \$0.00 XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX XXXXXXXX \$0.00 XXXXXXXX XXXXXXXX XXXXXXXX 7. 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 8. TOTAL HEALTHCARE RELATED REVENUES(L3 to L7) \$205.36 \$197.89 \$0.00 \$247.45 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 9. Other Revenues (excluding investment income)..... \$14.33 \$16.87 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 10. TOTAL REVENUE (L8 to L9)..... \$219.69 \$214.76 \$0.00 \$247.45 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 MEDICAL AND HOSPITAL: \$137.96 \$128.62 \$190.59 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 11. Hospital/Medical Benefits.. \$0.00 \$0.00 12. Other Professional Services..... \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$5.82 \$6.12 \$0.00 \$4.13 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 13. Outside Referrals.... \$0.00 \$0.00 14. Emergency Room and Out-of-Area..... \$6.88 \$7.76 \$0.00 \$1.93 \$0.00 \$0.00 XXXXXXXX \$0.00 \$0.00 \$0.00 \$0.00 \$32.59 \$28.17 \$0.00 \$57.53 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 15. Other Medical & Hospital. 16. Incentive Pool & Withhold Adjustments..... \$4.17 \$4.91 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$187.42 \$175.58 \$0.00 \$254.18 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 17. SUBTOTAL MED & HOSP (L11 to L16)..... \$0.00 18. Net Reins Recoveries Incurred..... (\$0.15) (\$0.18) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$187.57 \$0.00 \$254.18 \$0.00 \$0.00 \$0.00 \$0.00 19. TOTAL MEDICAL & HOSP (L17 less L18)..... \$175.76 \$0.00 \$0.00 \$0.00 \$8.90 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 20. Claims Adjustment Expenses..... \$10.48 \$0.00 \$0.00 \$0.00 \$16.12 \$17.54 \$0.00 \$8.13 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 21. General Administrative Expenses..... \$1.00 \$0.00 \$0.00 \$4.42 \$0.00 (\$18.27) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 22. Increase in Reserves for A&H contracts... 23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22).. \$213.60 \$208.20 \$0.00 \$244.04 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 NET UNDERWRITING GAIN/(LOSS) (L8 less L23)... (\$8.24) (\$10.30) \$0.00 \$3.41 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.53 \$0.62 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 25. Net Investment Income Earned..... (\$0.20) (\$0.24) \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 26. Net Realized Capital Gains/(Losses)..... \$0.00 \$0.00 \$0.00 27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26)..... \$0.33 \$0.38 \$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 28. Other Expenses..... \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L2 \$6.42 \$6.95 \$0.00 \$3.41 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

\$0.00

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\$0.00

\$0.00

31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 45.706 (Examples of non-taxable enrollees are State

\$0.32

\$6.10

\$0.37

\$6.58

\$0.00

\$0.00

136,915 31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS .... of Texas enrollees and Federal employees.) \$0.00

\$0.00