TEXAS HMO SUPPLEMENT

OF THE Scott & White Health Plan

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION CONSOLIDATED

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2004

33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS...

(Location)

EXHIBIT II (Filed Annually and Quarterly) ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Current Quarter X

<u>-</u>	Indicate Reporting Period: Current Quarter <u>X</u>										
	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
		·	RISK	COST	RISK	COST			PLAN		
1. ENROLLEES AT THE END OF REPT PERIOD	166,949	142,895	0	24,054	0	0	0	0	0	0	0
2. MEMBER MONTHS	500,377	428,105	0	72,272	0	0	0	0	0	0	0
3. Direct Premium	\$214.41	\$201.76	\$0.00	\$289.32	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
4. Premiums	\$214.41	\$201.76	\$0.00	\$289.32	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX
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	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXX	XXXXXXX	XXXXXXXX
Other Health Related Revenues	\$11.28	\$11.51	\$0.00	\$9.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	\$225.69	\$213.27	\$0.00	\$299.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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)	\$225.69	\$213.27	\$0.00	\$299.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$150.04	\$138.30	\$0.00	\$219.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$1.18	\$1.08	\$0.00	\$1.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$4.20	\$4.25	\$0.00	\$3.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$3.37	\$3.99	\$0.00	(\$0.31)	\$0.00	\$0.00	XXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$26.97	\$22.73	\$0.00	\$52.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$19.44	\$22.72	\$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)	\$205.19	\$193.06	\$0.00	\$277.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	\$0.22	\$0.26	\$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)	\$204.97	\$192.80	\$0.00	\$277.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$1.38	\$1.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$15.27	\$9.21	\$0.00	\$51.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	(\$1.40)	\$0.00	\$0.00	(\$9.73)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$220.22	\$203.62	\$0.00	\$318.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	\$5.47	\$9.65	\$0.00	(\$19.29)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$0.49	\$0.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.08	\$0.09	\$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)	\$0.57	\$0.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	\$5.66	\$6.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L	\$0.38	\$3.70	\$0.00	(\$19.29)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$0.38	\$0.44	\$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)	\$0.00	\$3.26	\$0.00	(\$19.29)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		54,012	(Examples of nor	n-taxable enrollees	are State						

of Texas enrollees and Federal employees.)

162,268

33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING JUNE 30, 2004 OF THE Scott & White Health Plan

326,277

(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

_						maicat	e Reporting Fen	ou. rear-to-Date			
	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	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST			PLAN		
1. ENROLLEES AT THE END OF REPT PERIOD	166,949	142,895	0	24,054	0	0	0	0	0	0	0
2. MEMBER MONTHS	1,003,477	858,259	0	145,218	0	0	0	0	0	0	0
3. Direct Premium	\$213.88	\$201.11	\$0.00	\$289.37	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXX
4. Premiums	\$213.88	\$201.11	\$0.00	\$289.37	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXX
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
Fee-for-Service (gross revenues)	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	\$0.00
7. Risk Revenue	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXX
Other Health Related Revenues	\$10.82	\$11.81	\$0.00	\$4.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	\$224.70	\$212.92	\$0.00	\$294.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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)	\$224.70	\$212.92	\$0.00	\$294.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits	\$149.75	\$137.99	\$0.00	\$219.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services	\$1.05	\$1.01	\$0.00	\$1.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals	\$3.88	\$3.96	\$0.00	\$3.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area	\$3.35	\$3.95	\$0.00	(\$0.21)	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital	\$27.77	\$22.67	\$0.00	\$57.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments	\$17.97	\$21.01	\$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)	\$203.76	\$190.60	\$0.00	\$281.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred	(\$0.11)	(\$0.13)	\$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)	\$203.87	\$190.72	\$0.00	\$281.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses	\$1.41	\$1.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses	\$14.98	\$12.72	\$0.00	\$28.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts	(\$1.40)	\$0.00	\$0.00	(\$9.68)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)	\$218.87	\$205.09	\$0.00	\$300.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24)	\$5.83	\$7.82	\$0.00	(\$5.95)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned	\$0.49	\$0.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/(Losses)	\$0.15	\$0.18	\$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)	\$0.64	\$0.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses	\$5.56	\$6.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L10+L25+L	\$0.91	\$2.07	\$0.00	(\$5.95)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes	\$0.41	\$0.48	\$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)	\$0.50	\$1.59	\$0.00	(\$5.95)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES		54,012	(Examples of nor	-taxable enrollees a	re State				•	•	

of Texas enrollees and Federal employees.)