

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2006**

OF THE **Scott & White Health Plan**

(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.....	183,845	144,468	24,027	15,350	0	0	0	0	0	0
2. MEMBER MONTHS.....	550,240	433,018	71,985	45,237	0	0	0	0	0	0
3. Direct Premium.....	\$225.92	\$222.73	\$245.17	\$104.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
4. Net Premium.....	\$225.92	\$222.73	\$245.17	\$104.15	\$0.00	\$0.00	\$0.00	\$0.00	\$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.....	\$9.40	\$10.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)....	\$225.32	\$232.95	\$245.17	\$104.15	\$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
11. TOTAL REVENUE (L9 to L10).....	\$225.32	\$232.95	\$245.17	\$104.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	\$127.01	\$126.89	\$207.39	\$0.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13. Other Professional Services.....	\$2.03	\$2.13	\$2.64	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Outside Referrals.....	\$14.07	\$16.46	\$8.47	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15. Emergency Room and Out-of-Area.....	\$18.11	\$20.56	\$14.70	\$0.05	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00
16. Other Medical & Hospital.....	\$29.13	\$24.16	\$18.72	\$93.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17. Incentive Pool & Withhold Adjustments.....	\$5.09	\$6.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18. SUBTOTAL MED & HOSP (L12 to L17).....	\$195.42	\$196.67	\$251.93	\$93.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. Net Reins Recoveries Incurred.....	(\$0.05)	(\$0.06)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20. TOTAL MEDICAL & HOSP (L18 less L19).....	\$195.47	\$196.72	\$251.93	\$93.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21. Claims Adjustment Expenses.....	\$2.90	\$3.65	\$0.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22. General Administrative Expenses.....	\$15.05	\$13.97	\$16.28	\$12.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23. Increase in Reserves for A&H contracts.....	\$0.24	\$0.00	\$1.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23).....	\$213.66	\$214.34	\$270.26	\$105.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$11.66	\$18.61	(\$25.09)	(\$1.76)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26. Net Investment Income Earned.....	\$1.09	\$1.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Net Realized Capital Gains/Losses.....	\$0.69	\$0.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	\$1.78	\$2.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29. Other Expenses.....	\$5.27	\$6.70	\$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	\$8.16	\$14.17	(\$25.09)	(\$1.76)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31. Extraordinary Items & Federal income taxes.....	\$0.22	\$0.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32. NET INCOME/LOSS (L30 less L31).....	\$7.94	\$13.90	(\$25.09)	(\$1.76)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		51,821	(Examples of non-taxable enrollees are State			0				
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		155,542	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**

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2. MEMBER MONTHS.....	50,240	433,018	71,985	45,237	0	0	0	0	0	0
3. Direct Premium.....	\$215.92	\$222.73	\$245.17	\$104.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX
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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.....	\$9.40	\$10.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		155,542	of Texas enrollees and Federal employees.)			44,017				