

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2003**

OF THE **MNM-1997, Inc.**

(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**

	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 PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4,848	4,848	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,191	13,191	0	0	0	0	0	0	0	0	0
3. Premiums.....	107,513	107,513	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Change in Unearn. Prem. Resrv & Resrv for Rate Credits..	0	0	0	0	0	0	0	0	0	0	0
5. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
6. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
7. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
8. TOTAL HEALTHCARE RELATED REVENUES(L3 to L7)	107,513	107,513	0	0	0	0	0	0	0	0	0
9. Other Revenues (excluding investment income).....	2,476	2,476	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L8 to L9).....	109,989	109,989	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
11. Hospital/Medical Benefits.....	54,434	54,434	0	0	0	0	0	0	0	0	0
12. Other Professional Services.....	0	0	0	0	0	0	0	0	0	0	0
13. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
14. Emergency Room and Out-of-Area.....	53	53	0	0	0	0	XXXXXXXX	0	0	0	0
15. Other Medical & Hospital.....	0	0	0	0	0	0	0	0	0	0	0
16. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
17. SUBTOTAL MED & HOSP (L11 to L16).....	54,487	54,487	0	0	0	0	0	0	0	0	0
18. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
19. TOTAL MEDICAL & HOSP (L17 less L18).....	54,487	54,487	0	0	0	0	0	0	0	0	0
20. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
21. General Administrative Expenses.....	47,746	47,746	0	0	0	0	0	0	0	0	0
22. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)....	102,233	102,233	0	0	0	0	0	0	0	0	0
24. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	5,280	5,280	0	0	0	0	0	0	0	0	0
25. Net Investment Income Earned.....	1,542	1,542	0	0	0	0	0	0	0	0	0
26. Net Realized Capital Gains/(Losses).....	0	0	0	0	0	0	0	0	0	0	0
27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	1,542	1,542	0	0	0	0	0	0	0	0	0
28. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0
29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L28)	9,298	9,298	0	0	0	0	0	0	0	0	0
30. Extraordinary Items & Federal income taxes.....	0	0	0	0	0	0	0	0	0	0	0
31. NET INCOME (LOSS) (L29 less L30).....	9,298	9,298	0	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0		(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0		of Texas enrollees and Federal employees.)								

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2003**

OF THE **MNM-1997, Inc.**

(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**

	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 PLAN	8. PUBLICLY SUPPORTED HEALTH CARE	9. NON-RISK
			RISK	COST	RISK	COST					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4,848	4,848	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	36,047	36,047	0	0	0	0	0	0	0	0	0
3. Premiums.....	290,068	290,068	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Change in Uearn. Prem. Resrv & Resrv for Rate Credits..	0	0	0	0	0	0	0	0	0	0	0
5. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
6. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
7. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
8. TOTAL HEALTHCARE RELATED REVENUES(L3 to L7)	290,068	290,068	0	0	0	0	0	0	0	0	0
9. Other Revenues (excluding investment income).....	6,167	6,167	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L8 to L9).....	296,235	296,235	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
11. Hospital/Medical Benefits.....	151,781	151,781	0	0	0	0	0	0	0	0	0
12. Other Professional Services.....	0	0	0	0	0	0	0	0	0	0	0
13. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
14. Emergency Room and Out-of-Area.....	53	53	0	0	0	0	XXXXXXXX	0	0	0	0
15. Other Medical & Hospital.....	0	0	0	0	0	0	0	0	0	0	0
16. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
17. SUBTOTAL MED & HOSP (L11 to L16).....	151,834	151,834	0	0	0	0	0	0	0	0	0
18. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
19. TOTAL MEDICAL & HOSP (L17 less L18).....	151,834	151,834	0	0	0	0	0	0	0	0	0
20. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
21. General Administrative Expenses.....	134,569	134,569	0	0	0	0	0	0	0	0	0
22. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
23. TOTAL UNDERWRITING DEDUCTIONS(L19 to L22)....	286,403	286,403	0	0	0	0	0	0	0	0	0
24. NET UNDERWRITING GAIN/(LOSS) (L8 less L23).....	3,665	3,665	0	0	0	0	0	0	0	0	0
25. Net Investment Income Earned.....	4,210	4,210	0	0	0	0	0	0	0	0	0
26. Net Realized Capital Gains/(Losses).....	0	0	0	0	0	0	0	0	0	0	0
27. NET INVESTMENT GAINS/(LOSSES) (L25 to L26).....	4,210	4,210	0	0	0	0	0	0	0	0	0
28. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0
29. INCOME (LOSS) BEFORE FIT & EXP ITEMS(L9+L24+L28)	14,042	14,042	0	0	0	0	0	0	0	0	0
30. Extraordinary Items & Federal income taxes.....	0	0	0	0	0	0	0	0	0	0	0
31. NET INCOME (LOSS) (L29 less L30).....	14,042	14,042	0	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State								
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)								