

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2005**

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.....	40,921	40,921	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	122,032	122,032	0	0	0	0	0	0	0	0	0
3. Direct Premium.....	400,840	400,840	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
4. Premiums.....	400,840	400,840	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX
5. Chg in unearned prem. reserve & reserve for rate credits...	0	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	400,840	400,840	0	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	3,836	3,836	0	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	404,676	404,676	0	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:											
12. Hospital/Medical Benefits.....	175,920	175,920	0	0	0	0	0	0	0	0	0
13. Other Professional Services.....	0	0	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	0	0	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	0	0	0	0	0	0	0	0	0	0	0
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0
18. SUBTOTAL MED & HOSP (L12 to L17).....	175,920	175,920	0	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	175,920	175,920	0	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	213,680	213,680	0	0	0	0	0	0	0	0	0
23. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)....	389,600	389,600	0	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	11,240	11,240	0	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	2,955	2,955	0	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/(Losses).....	0	0	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	2,955	2,955	0	0	0	0	0	0	0	0	0
29. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L10+L25+L2	18,031	18,031	0	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	3,675	3,675	0	0	0	0	0	0	0	0	0
32. NET INCOME (LOSS) (L30 less L31).....	14,356	14,356	0	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		34,131	(Examples of non-taxable enrollees are State								
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		101,673	of Texas enrollees and Federal employees.)								

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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.....	40,921	40,921	0	0	0	0	0	0	0	0	0	
2. MEMBER MONTHS.....	341,525	341,525	0	0	0	0	0	0	0	0	0	
3. Direct Premium.....	1,134,988	1,134,988	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
4. Premiums.....	1,134,988	1,134,988	0	0	0	0	0	XXXXXXXX	0	0	XXXXXXXX	
5. Chg in unearned prem. reserve & reserve for rate credits...	0	0	0	0	0	0	0	0	0	0	0	
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
7. Risk Revenue.....	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0	0	
9. TOTAL HEALTHCARE RELATED REVENUES(L4 to L8)	1,134,988	1,134,988	0	0	0	0	0	0	0	0	0	
10. Other Revenues (excluding investment income).....	12,419	12,419	0	0	0	0	0	0	0	0	0	
11. TOTAL REVENUE (L9 to L10).....	1,147,407	1,147,407	0	0	0	0	0	0	0	0	0	
MEDICAL AND HOSPITAL:												
12. Hospital/Medical Benefits.....	509,320	509,320	0	0	0	0	0	0	0	0	0	
13. Other Professional Services.....	0	0	0	0	0	0	0	0	0	0	0	
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0	0	
15. Emergency Room and Out-of-Area.....	0	0	0	0	0	0	XXXXXXXX	0	0	0	0	
16. Other Medical & Hospital.....	0	0	0	0	0	0	0	0	0	0	0	
17. Incentive Pool & Withhold Adjustments.....	0	0	0	0	0	0	0	0	0	0	0	
18. SUBTOTAL MED & HOSP (L12 to L17).....	509,320	509,320	0	0	0	0	0	0	0	0	0	
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0	0	
20. TOTAL MEDICAL & HOSP (L18 less L19).....	509,320	509,320	0	0	0	0	0	0	0	0	0	
21. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0	0	
22. General Administrative Expenses.....	619,099	619,099	0	0	0	0	0	0	0	0	0	
23. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0	0	
24. TOTAL UNDERWRITING DEDUCTIONS(L20 to L23)....	1,128,419	1,128,419	0	0	0	0	0	0	0	0	0	
25. NET UNDERWRITING GAIN/(LOSS) (L9 less L24).....	6,569	6,569	0	0	0	0	0	0	0	0	0	
26. Net Investment Income Earned.....	7,244	7,244	0	0	0	0	0	0	0	0	0	
27. Net Realized Capital Gains/(Losses).....	0	0	0	0	0	0	0	0	0	0	0	
28. NET INVESTMENT GAINS/(LOSSES) (L26 to L27).....	7,244	7,244	0	0	0	0	0	0	0	0	0	
29. Other Expenses.....	0	0	0	0	0	0	0	0	0	0	0	
30. INCOME (LOSS) BEFORE FIT & EX ITEMS(L10+L25+L2	26,232	26,232	0	0	0	0	0	0	0	0	0	
31. Extraordinary Items & Federal income taxes.....	8,987	8,987	0	0	0	0	0	0	0	0	0	
32. NET INCOME (LOSS) (L30 less L31).....	17,245	17,245	0	0	0	0	0	0	0	0	0	
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		34,131	(Examples of non-taxable enrollees are State									
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		281,852	of Texas enrollees and Federal employees.)									