

TEXAS HMO SUPPLEMENT

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

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

(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.....	44,984	44,984	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	129,022	129,022	0	0	0	0	0	0	0	0
3. Direct Premium.....	425,980	425,980	0	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	425,980	425,980	0	0	0	0	0	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)....	425,980	425,980	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	3,539	3,539	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	429,519	429,519	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	185,685	185,685	0	0	0	0	0	0	0	0
13. Other Professional Services.....	0	0	0	0	0	0	0	0	0	0
14. Outside Referrals.....	0	0	0	0	0	0	0	0	0	0
15. Emergency Room and Out-of-Area.....	0	0	0	0	0	XXXXXXXX	0	0	0	0
16. Other Medical & Hospital.....	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
18. SUBTOTAL MED & HOSP (L12 to L17).....	185,685	185,685	0	0	0	0	0	0	0	0
19. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
20. TOTAL MEDICAL & HOSP (L18 less L19).....	185,685	185,685	0	0	0	0	0	0	0	0
21. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0
22. General Administrative Expenses.....	222,182	222,182	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
24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23).....	407,867	407,867	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	18,113	18,113	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	3,786	3,786	0	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	0	0	0	0	0	0	0	0	0	0
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	3,786	3,786	0	0	0	0	0	0	0	0
29. Other Expenses.....	0	0	0	0	0	0	0	0	0	0
30. INCOME/LOSSES before FIT + EX Items (L10+L25+L28-L2	25,438	25,438	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	6,300	6,300	0	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	19,138	19,138	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		37,571	(Examples of non-taxable enrollees are State			0 # of Enrollees in				
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		106,973	of Texas enrollees and Federal employees.)			0 # of Member Months in				

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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 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	RISK					
1. ENROLLEES AT THE END OF REPT PERIOD.....	44,984	44,984	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	129,022	129,022	0	0	0	0	0	0	0
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4. Net Premium.....	425,980	425,980	0	0	0	0	0	0	XXXXXXXX
5. Change in unearned premium reserve and reserve for rate cre	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX
8. Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)....	425,980	425,980	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	3,539	3,539	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	429,519	429,519	0	0	0	0	0	0	0
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13. Other Professional Services.....	0	0	0	0	0	0	0	0	0
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26. Net Investment Income Earned.....	3,786	3,786	0	0	0	0	0	0	0
27. Net Realized Capital Gains/Losses.....	0	0	0	0	0	0	0	0	0
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