TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING MARCH 31, 2006

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

OF THE MNM-1997, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION ATION / 2. DIVISION

CONSOLIDATED

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

Indicate Reporting Period: Current Quarter X 2. 5. 7. Total COMMERCIAL RISK MEDICARE MEDICAID POINT OF ASSUMED RISK CHILDREN'S PUBLICLY NON-RISK (Omit Provider HMO Business) Omit Provider HMO I SERVICE RIDER (as Provider HMO) HEALTH SUPPORTED (Omit Provider HMO Business) INSURANCE **HEALTH CARE** COVERAGE RISK COST RISK PLAN 1. ENROLLEES AT THE END OF REPT PERIOD...... 44,984 44,984 0 0 0 0 0 0 2. MEMBER MONTHS..... 129.022 129.022 0 0 0 0 0 0 425.980 425.980 0 XXXXXXXX 0 0 0 0 Direct Premium... 0 0 XXXXXXXX 425,980 425,980 0 0 4. Net Premium..... 0 0 0 5. Change in unearned premium reserve and reserve for rate cre-XXXXXXXX Ω 0 XXXXXXX XXXXXXXX XXXXXXXX 0 6. Fee-for-Service (gross revenues)..... 0 0 XXXXXXXX 0 XXXXXXX XXXXXXX 0 XXXXXXXX XXXXXXX XXXXXXXX 7. Risk Revenue..... 0 0 0 8. Other Health Related Revenues.... 0 9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)... 425,980 425.980 0 0 0 0 0 3,539 3,539 0 0 0 0 0 0 10. Other Revenues (excluding investment income)..... 0 429.519 429.519 0 0 0 0 0 0 11. TOTAL REVENUE (L9 to L10)..... MEDICAL AND HOSPITAL: 12. Hospital/Medical Benefits..... 185.685 185.685 0 0 0 0 13. Other Professional Services..... 0 0 0 0 0 0 14. Outside Referrals..... 0 0 0 0 0 0 0 0 XXXXXXXX 0 0 15. Emergency Room and Out-of-Area..... 0 0 0 0 0 0 0 0 16. Other Medical & Hospital. 0 0 17. Incentive Pool & Withhold Adjustments..... 0 0 0 0 0 18. SUBTOTAL MED & HOSP (L12 to L17)..... 185.685 185 685 0 0 0 0 0 19. Net Reins Recoveries Incurred..... 0 0 TOTAL MEDICAL & HOSP (L18 less L19)..... 185,685 185,685 0 0 0 0 0 0 0 0 0 0 0 0 0 21. Claims Adjustment Expenses.... 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..... 0 407.867 407.867 0 0 24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23)...... 0 0 18,113 18,113 0 0 0 0 0 0 0 25. NET UNDERWRITING GAIN/LOSS (L9 less L24)..... 26. Net Investment Income Earned..... 3,786 3,786 0 0 0 0 0 0 0 0 0 27. Net Realized Capital Gains/Losses..... 0 0 0 0 28. NET INVESTMENT GAINS/LOSSES (L26 to L27)..... 3.786 3.786 0 0 0 29. Other Expenses..... 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 6,300 0 0 0 0 0 31. Extraordinary Items & Federal income taxes..... 6,300 0 0 32. NET INCOME/LOSS (L30 less L31)..... 19,138 19,138 0 0 0 0 33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.. 37.571 0 # of Enrollees in (Examples of non-taxable enrollees are State

of Texas enrollees and Federal employees.)

0 # of Member Months in

TEXAS HMO SUPPLEMENT

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

OF THE MNM-1997, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISIONATION / 2. DIVISION

CONSOLIDATED

EXHIBIT II (Filed Annually and Quarterly)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES Indicate Reporting Period: Year-to-Date X

F		1						iou. Teal-to-Date		
	1. Total	2. COMMERCIAL RISK (Omit Provider	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO B	5. POINT OF SERVICE RIDER	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH	8. PUBLICLY SUPPORTED	9. NON-RISK
		HMO Business)	,	,	,	COVERAGE		INSURANCE	HEALTH CARE	
		Time Basiless)	RISK	соѕт	RISK	0012.0.02		PLAN		
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	XXXXXXX	0	0
7. Risk Revenue	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXX	XXXXXXXX
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 nor	n-taxable enrollees	are State	0	# of Enrollees in	•		

of Texas enrollees and Federal employees.)

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106,973

0 # of Member Months in