

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.....	\$3.30	\$3.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	
4. Net Premium.....	\$3.30	\$3.30	\$0.00	\$0.00	\$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.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9. TOTAL HEALTHCARE RELATED REVENUES (L4 to L8)....	\$3.30	\$3.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
10. Other Revenues (excluding investment income).....	\$0.03	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
11. TOTAL REVENUE (L9 to L10).....	\$3.33	\$3.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
<b>MEDICAL AND HOSPITAL:</b>											
12. Hospital/Medical Benefits.....	\$1.44	\$1.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
13. Other Professional Services.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
14. Outside Referrals.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
15. Emergency Room and Out-of-Area.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	\$0.00	
16. Other Medical & Hospital.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
17. Incentive Pool & Withhold Adjustments.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
18. SUBTOTAL MED & HOSP (L12 to L17).....	\$1.44	\$1.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
19. Net Reins Recoveries Incurred.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
20. TOTAL MEDICAL & HOSP (L18 less L19).....	\$1.44	\$1.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
21. Claims Adjustment Expenses.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
22. General Administrative Expenses.....	\$1.72	\$1.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
23. Increase in Reserves for A&H contracts.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
24. TOTAL UNDERWRITING DEDUCTIONS (L20 to L23).....	\$3.16	\$3.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	\$0.14	\$0.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
26. Net Investment Income Earned.....	\$0.03	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
27. Net Realized Capital Gains/Losses.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
28. NET INVESTMENT GAINS/LOSSES (L26 to L27).....	\$0.03	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
29. Other Expenses.....	\$0.00	\$0.00	\$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	\$0.20	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
31. Extraordinary Items & Federal income taxes.....	\$0.05	\$0.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
32. NET INCOME/LOSS (L30 less L31).....	\$0.15	\$0.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		37,571	(Examples of non-taxable enrollees are State			0					
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		106,973	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**

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	
3. Direct Premium.....	\$3.30	\$3.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	XXXXXXXX	
4. Net Premium.....	\$3.30	\$3.30	\$0.00	\$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	
6. Fee-for-Service (gross revenues).....	\$0.00	XXXXXXXX	\$0.00	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	\$0.00	
7. Risk Revenue.....	\$0.00	XXXXXXXX	\$0.00	\$0.00	XXXXXXXX	XXXXXXXX	\$0.00	XXXXXXXX	XXXXXXXX	
8. Other Health Related Revenues.....	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
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