

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	45,745	45,745	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	135,371	135,371	0	0	0	0	0	0	0	0
3. Direct Premium.....	441,795	441,795	0	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	441,795	441,795	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)....	441,795	441,795	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	3,735	3,735	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	445,530	445,530	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	186,007	186,007	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.....	305	305	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).....	186,312	186,312	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).....	186,312	186,312	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.....	250,319	250,319	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).....	436,631	436,631	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	5,164	5,164	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	4,157	4,157	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).....	4,157	4,157	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	13,056	13,056	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	4,710	4,710	0	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	8,346	8,346	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		38,242	(Examples of non-taxable enrollees are State			0 # of Enrollees in C3-Pt D included in C3-Basic				
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		112,809	of Texas enrollees and Federal employees.)			0 # of Member Months in C3-Pt D included in C3-Basic				

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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 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.....	45,745	45,745	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	264,393	264,393	0	0	0	0	0	0	0	0
3. Direct Premium.....	867,776	867,776	0	0	0	0	0	0	0	XXXXXXXX
4. Net Premium.....	867,776	867,776	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)....	867,776	867,776	0	0	0	0	0	0	0	0
10. Other Revenues (excluding investment income).....	7,274	7,274	0	0	0	0	0	0	0	0
11. TOTAL REVENUE (L9 to L10).....	875,050	875,050	0	0	0	0	0	0	0	0
MEDICAL AND HOSPITAL:										
12. Hospital/Medical Benefits.....	371,693	371,693	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.....	305	305	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).....	371,998	371,998	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).....	371,998	371,998	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.....	472,501	472,501	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).....	844,499	844,499	0	0	0	0	0	0	0	0
25. NET UNDERWRITING GAIN/LOSS (L9 less L24).....	23,277	23,277	0	0	0	0	0	0	0	0
26. Net Investment Income Earned.....	7,943	7,943	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).....	7,943	7,943	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	38,494	38,494	0	0	0	0	0	0	0	0
31. Extraordinary Items & Federal income taxes.....	11,010	11,010	0	0	0	0	0	0	0	0
32. NET INCOME/LOSS (L30 less L31).....	27,484	27,484	0	0	0	0	0	0	0	0
33a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		38,242	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
33b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		219,782	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			