

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION 'ION / 2. DIVISION **CONSOLIDATED**

(Location)

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

Indicate Reporting Period: **Current Quarter**

	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	257,818	0	2,533	0	0	184,016	0	61,743	9,526	0
2. MEMBER MONTHS.....	779,858	0	7,426	0	0	556,168	0	186,836	29,428	0
3. Direct Premium Income.....	302,804,490	0	9,613,555	0	0	287,906,188	0	XXXXXXXX	5,284,747	0
4. Net Premium Income.....	324,285,166	0	9,610,130	0	0	287,737,468	0	21,656,659	5,280,909	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	(27,145)	0	(27,147)	0	0	0	0	2	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	324,258,021	0	9,582,983	0	0	287,737,468	0	21,656,661	5,280,909	0
11. Hospital & Medical Benefits.....	277,922,398	0	7,889,541	0	0	250,521,649	0	16,974,327	2,536,881	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	277,922,398	0	7,889,541	0	0	250,521,649	0	16,974,327	2,536,881	0
14. Claims Adjustment Expenses.....	12,614,617	0	108,813	0	0	11,663,423	0	676,352	166,029	0
15. General Administrative Expenses.....	40,998,487	0	630,270	0	0	39,696,240	0	540,871	131,106	0
16. Increase in Reserves for A&H contracts.....	(1,719,398)	0	(27,147)	0	0	483,624	0	(1,927,825)	(248,050)	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	329,816,104	0	8,601,477	0	0	302,364,936	0	16,263,725	2,585,966	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,558,083)	0	981,506	0	0	(14,627,468)	0	5,392,936	2,694,943	0
19. Net Investments Gains / (Losses).....	154,073	0	4,277	0	0	136,811	0	10,377	2,608	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,404,010)	0	985,783	0	0	(14,490,657)	0	5,403,313	2,697,551	0
22. Federal and foreign income taxes incurred.....	(3,458,127)	0	87,920	0	0	(5,215,293)	0	1,089,188	580,058	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,945,883)	0	897,863	0	0	(9,275,364)	0	4,314,125	2,117,493	0
24 Medical Loss Ratio	85.7%	0.0%	82.1%	0.0%	0.0%	87.1%	0.0%	78.4%	48.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION 'ION / 2. DIVISION **CONSOLIDATED**

(Location)

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

Indicate Reporting Period: Year-to-Date

	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	257,818	0	2,533	0	0	184,016	0	61,743	9,526	0
2. MEMBER MONTHS.....	2,417,218	0	19,203	0	0	1,722,040	0	576,343	99,632	0
3. Direct Premium Income.....	917,243,482	0	24,601,713	0	0	875,043,072	0	XXXXXXX	17,598,697	0
4. Net Premium Income.....	983,657,780	0	24,590,044	0	0	874,516,954	0	66,965,156	17,585,626	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXX	0	0	0	0	XXXXXXX	XXXXXXX	XXXXXXX	0
7. Risk Revenue.....	0	XXXXXXX	0	0	0	XXXXXXX	XXXXXXX	0	XXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	1,071,104	0	269,655	0	0	0	0	801,449	0	0
9. Aggregate write-ins for other non-health revenues.....	(2,456)	0	0	0	0	(2,456)	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	984,726,428	0	24,859,699	0	0	874,514,498	0	67,766,605	17,585,626	0
11. Hospital & Medical Benefits.....	802,285,308	0	17,647,370	0	0	724,887,452	0	49,891,057	9,859,429	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	802,285,308	0	17,647,370	0	0	724,887,452	0	49,891,057	9,859,429	0
14. Claims Adjustment Expenses.....	36,235,913	0	258,324	0	0	33,505,969	0	1,957,776	513,844	0
15. General Administrative Expenses.....	117,557,980	0	1,768,596	0	0	113,578,181	0	1,751,499	459,704	0
16. Increase in Reserves for A&H contracts.....	(725,286)	0	269,655	0	0	483,624	0	(1,230,515)	(248,050)	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	955,353,915	0	19,943,945	0	0	872,455,226	0	52,369,817	10,584,927	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	29,372,513	0	4,915,754	0	0	2,059,272	0	15,396,788	7,000,699	0
19. Net Investments Gains / (Losses).....	341,122	0	8,526	0	0	303,259	0	23,238	6,099	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	29,713,635	0	4,924,280	0	0	2,362,531	0	15,420,026	7,006,798	0
22. Federal and foreign income taxes incurred.....	8,880,483	0	1,471,714	0	0	706,087	0	4,608,567	2,094,115	0
23. NET INCOME/(LOSS) (L21 less L22).....	20,833,152	0	3,452,566	0	0	1,656,444	0	10,811,459	4,912,683	0
24 Medical Loss Ratio	81.6%	0.0%	71.8%	0.0%	0.0%	82.9%	0.0%	74.5%	56.1%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	44,148	4,460	0	0	0	0	0	0	39,688	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	39,564	3,313	0	0	0	0	0	0	36,251	0
5. Current Year	0									
6. Current Year Member Months	372,667	34,658	0	0	0	0	0	0	338,009	0
Total Member Ambulatory Encounters for Year:										
7. Physician	174,857	10,188	0	0	0	0	0	0	164,669	0
8. Non-Physician	254,257	13,080	0	0	0	0	0	0	241,177	0
9. Total	429,114	23,268	0	0	0	0	0	0	405,846	0
10. Hospital Patient Days Incurred	29,872	325	0	0	0	0	0	0	29,547	0
11. Number of Inpatient Admissions	5,702	73	0	0	0	0	0	0	5,629	0
12. Health Premiums Written	197,645,851	6,721,517	0	0	0	0	0	0	190,924,334	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	197,645,851	6,721,517	0	0	0	0	0	0	190,924,334	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	183,769,410	4,051,144	0	0	0	0	0	0	179,718,266	0
18. Amount Incurred for Provision of Health Care Services	184,487,583	4,050,446	0	0	0	0	0	0	180,437,137	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston
(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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	101,307	0	0	0	0	36,251	0	61,743	3,313	0
2. MEMBER MONTHS.....	306,644	0	0	0	0	109,471	0	186,836	10,337	0
3. Direct Premium Income.....	64,787,327	0	0	0	0	62,711,163	0	XXXXXXXX	2,076,164	0
4. Net Premium Income.....	86,403,887	0	0	0	0	62,672,412	0	21,656,659	2,074,816	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	2	0	0	0	0	0	0	2	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	86,403,889	0	0	0	0	62,672,412	0	21,656,661	2,074,816	0
11. Hospital & Medical Benefits.....	76,418,640	0	0	0	0	58,135,875	0	16,974,327	1,308,438	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	76,418,640	0	0	0	0	58,135,875	0	16,974,327	1,308,438	0
14. Claims Adjustment Expenses.....	3,282,252	0	0	0	0	2,540,857	0	676,352	65,043	0
15. General Administrative Expenses.....	9,240,328	0	0	0	0	8,647,842	0	540,871	51,615	0
16. Increase in Reserves for A&H contracts.....	(2,854,656)	0	0	0	0	(659,382)	0	(1,927,825)	(267,449)	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	86,086,564	0	0	0	0	68,665,192	0	16,263,725	1,157,647	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	317,325	0	0	0	0	(5,992,780)	0	5,392,936	917,169	0
19. Net Investments Gains / (Losses).....	41,210	0	0	0	0	29,821	0	10,377	1,012	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	358,535	0	0	0	0	(5,962,959)	0	5,403,313	918,181	0
22. Federal and foreign income taxes incurred.....	284,393	0	0	0	0	(992,813)	0	1,089,188	188,018	0
23. NET INCOME/(LOSS) (L21 less L22).....	74,142	0	0	0	0	(4,970,146)	0	4,314,125	730,163	0
24 Medical Loss Ratio	88.4%	0.0%	0.0%	0.0%	0.0%	92.8%	0.0%	78.4%	63.1%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston
(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 COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	101,307	0	0	0	0	36,251	0	61,743	3,313	0
2. MEMBER MONTHS.....	949,010	0	0	0	0	338,009	0	576,343	34,658	0
3. Direct Premium Income.....	197,645,851	0	0	0	0	190,924,334	0	XXXXXXXX	6,721,517	0
4. Net Premium Income.....	264,485,150	0	0	0	0	190,803,071	0	66,965,156	6,716,923	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	801,449	0	0	0	0	0	0	801,449	0	0
9. Aggregate write-ins for other non-health revenues.....	(2,456)	0	0	0	0	(2,456)	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	265,286,599	0	0	0	0	190,803,071	0	67,766,605	6,716,923	0
11. Hospital & Medical Benefits.....	234,378,640	0	0	0	0	180,437,137	0	49,891,057	4,050,446	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	234,378,640	0	0	0	0	180,437,137	0	49,891,057	4,050,446	0
14. Claims Adjustment Expenses.....	9,464,647	0	0	0	0	7,310,617	0	1,957,776	196,254	0
15. General Administrative Expenses.....	26,708,528	0	0	0	0	24,781,453	0	1,751,499	175,576	0
16. Increase in Reserves for A&H contracts.....	(2,157,346)	0	0	0	0	(659,382)	0	(1,230,515)	(267,449)	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	268,394,469	0	0	0	0	211,869,825	0	52,369,817	4,154,827	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,107,870)	0	0	0	0	(21,066,754)	0	15,396,788	2,562,096	0
19. Net Investments Gains / (Losses).....	91,735	0	0	0	0	66,168	0	23,238	2,329	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,016,135)	0	0	0	0	(21,000,586)	0	15,420,026	2,564,425	0
22. Federal and foreign income taxes incurred.....	(902,163)	0	0	0	0	(6,277,157)	0	4,608,567	766,427	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,113,972)	0	0	0	0	(14,723,429)	0	10,811,459	1,797,998	0
24 Medical Loss Ratio	88.6%	0.0%	0.0%	0.0%	0.0%	94.6%	0.0%	74.5%	60.3%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	94,311	0	0	0	0	0	0	1,492	92,819	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	87,057	0	0	0	0	0	0	2,533	84,524	0
5. Current Year	0									
6. Current Year Member Months	814,136	0	0	0	0	0	0	19,203	794,933	0
Total Member Ambulatory Encounters for Year:										
7. Physician	434,652	0	0	0	0	0	0	15,437	419,215	0
8. Non-Physician	583,886	0	0	0	0	0	0	15,749	568,137	0
9. Total	1,018,538	0	0	0	0	0	0	31,186	987,352	0
10. Hospital Patient Days Incurred	29,464	0	0	0	0	0	0	3,024	26,440	0
11. Number of Inpatient Admissions	7,585	0	0	0	0	0	0	487	7,098	0
12. Health Premiums Written	382,537,106	0	0	0	0	0	0	24,601,713	357,935,393	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	382,537,106	0	0	0	0	0	0	24,601,713	357,935,393	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	272,592,000	0	0	0	0	0	0	15,907,290	256,684,710	0
18. Amount Incurred for Provision of Health Care Services	264,258,814	0	0	0	0	0	0	17,647,370	246,611,444	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	87,057	0	2,533	0	0	84,524	0	0	0	0
2. MEMBER MONTHS.....	263,442	0	7,426	0	0	256,016	0	0	0	0
3. Direct Premium Income.....	126,206,354	0	9,613,555	0	0	116,592,799	0	XXXXXXXX	0	0
4. Net Premium Income.....	126,132,669	0	9,610,130	0	0	116,522,539	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	(27,147)	0	(27,147)	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	126,105,522	0	9,582,983	0	0	116,522,539	0	0	0	0
11. Hospital & Medical Benefits.....	91,201,745	0	7,889,541	0	0	83,312,204	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	91,201,745	0	7,889,541	0	0	83,312,204	0	0	0	0
14. Claims Adjustment Expenses.....	4,836,014	0	108,813	0	0	4,727,201	0	0	0	0
15. General Administrative Expenses.....	16,720,129	0	630,270	0	0	16,089,859	0	0	0	0
16. Increase in Reserves for A&H contracts.....	271,461	0	(27,147)	0	0	298,608	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	113,029,349	0	8,601,477	0	0	104,427,872	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	13,076,173	0	981,506	0	0	12,094,667	0	0	0	0
19. Net Investments Gains / (Losses).....	59,907	0	4,277	0	0	55,630	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	13,136,080	0	985,783	0	0	12,150,297	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,692,670	0	87,920	0	0	1,604,750	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	11,443,410	0	897,863	0	0	10,545,547	0	0	0	0
24 Medical Loss Ratio	72.3%	0.0%	82.1%	0.0%	0.0%	71.5%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(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 COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	87,057	0	2,533	0	0	84,524	0	0	0	0
2. MEMBER MONTHS.....	814,136	0	19,203	0	0	794,933	0	0	0	0
3. Direct Premium Income.....	382,537,106	0	24,601,713	0	0	357,935,393	0	XXXXXXXX	0	0
4. Net Premium Income.....	382,306,202	0	24,590,044	0	0	357,716,158	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	269,655	0	269,655	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	382,575,857	0	24,859,699	0	0	357,716,158	0	0	0	0
11. Hospital & Medical Benefits.....	264,258,814	0	17,647,370	0	0	246,611,444	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	264,258,814	0	17,647,370	0	0	246,611,444	0	0	0	0
14. Claims Adjustment Expenses.....	13,963,903	0	258,324	0	0	13,705,579	0	0	0	0
15. General Administrative Expenses.....	48,227,624	0	1,768,596	0	0	46,459,028	0	0	0	0
16. Increase in Reserves for A&H contracts.....	568,263	0	269,655	0	0	298,608	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	327,018,604	0	19,943,945	0	0	307,074,659	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	55,557,253	0	4,915,754	0	0	50,641,499	0	0	0	0
19. Net Investments Gains / (Losses).....	132,574	0	8,526	0	0	124,048	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	55,689,827	0	4,924,280	0	0	50,765,547	0	0	0	0
22. Federal and foreign income taxes incurred.....	16,643,960	0	1,471,714	0	0	15,172,246	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	39,045,867	0	3,452,566	0	0	35,593,301	0	0	0	0
24 Medical Loss Ratio	69.1%	0.0%	71.8%	0.0%	0.0%	68.9%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	57,890	8,541	0	0	0	0	0	0	49,349	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	53,044	6,213	0	0	0	0	0	0	46,831	0
5. Current Year	0									
6. Current Year Member Months	493,741	64,974	0	0	0	0	0	0	428,767	0
Total Member Ambulatory Encounters for Year:										
7. Physician	212,676	19,095	0	0	0	0	0	0	193,581	0
8. Non-Physician	385,544	30,069	0	0	0	0	0	0	355,475	0
9. Total	598,220	49,164	0	0	0	0	0	0	549,056	0
10. Hospital Patient Days Incurred	34,615	550	0	0	0	0	0	0	34,065	0
11. Number of Inpatient Admissions	6,656	162	0	0	0	0	0	0	6,494	0
12. Health Premiums Written	273,193,615	10,877,180	0	0	0	0	0	0	262,316,435	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	273,193,615	10,877,180	0	0	0	0	0	0	262,316,435	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	232,737,288	6,215,903	0	0	0	0	0	0	226,521,385	0
18. Amount Incurred for Provision of Health Care Services	234,501,862	5,808,983	0	0	0	0	0	0	228,692,879	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	53,044	0	0	0	0	46,831	0	0	6,213	0
2. MEMBER MONTHS.....	159,594	0	0	0	0	140,503	0	0	19,091	0
3. Direct Premium Income.....	89,749,381	0	0	0	0	86,540,798	0	XXXXXXXX	3,208,583	0
4. Net Premium Income.....	89,697,654	0	0	0	0	86,491,561	0	0	3,206,093	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	89,697,654	0	0	0	0	86,491,561	0	0	3,206,093	0
11. Hospital & Medical Benefits.....	85,022,430	0	0	0	0	83,793,987	0	0	1,228,443	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	85,022,430	0	0	0	0	83,793,987	0	0	1,228,443	0
14. Claims Adjustment Expenses.....	3,606,084	0	0	0	0	3,505,098	0	0	100,986	0
15. General Administrative Expenses.....	12,008,843	0	0	0	0	11,929,352	0	0	79,491	0
16. Increase in Reserves for A&H contracts.....	704,133	0	0	0	0	684,734	0	0	19,399	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	101,341,490	0	0	0	0	99,913,171	0	0	1,428,319	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(11,643,836)	0	0	0	0	(13,421,610)	0	0	1,777,774	0
19. Net Investments Gains / (Losses).....	42,675	0	0	0	0	41,079	0	0	1,596	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(11,601,161)	0	0	0	0	(13,380,531)	0	0	1,779,370	0
22. Federal and foreign income taxes incurred.....	(3,720,704)	0	0	0	0	(4,112,743)	0	0	392,039	0
23. NET INCOME/(LOSS) (L21 less L22).....	(7,880,457)	0	0	0	0	(9,267,788)	0	0	1,387,331	0
24 Medical Loss Ratio	94.8%	0.0%	0.0%	0.0%	0.0%	96.9%	0.0%	0.0%	38.3%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(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 COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	53,044	0	0	0	0	46,831	0	0	6,213	0
2. MEMBER MONTHS.....	493,741	0	0	0	0	428,767	0	0	64,974	0
3. Direct Premium Income.....	273,193,615	0	0	0	0	262,316,435	0	XXXXXXXX	10,877,180	0
4. Net Premium Income.....	273,033,912	0	0	0	0	262,165,209	0	0	10,868,703	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	273,033,912	0	0	0	0	262,165,209	0	0	10,868,703	0
11. Hospital & Medical Benefits.....	234,501,862	0	0	0	0	228,692,879	0	0	5,808,983	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	234,501,862	0	0	0	0	228,692,879	0	0	5,808,983	0
14. Claims Adjustment Expenses.....	10,361,857	0	0	0	0	10,044,267	0	0	317,590	0
15. General Administrative Expenses.....	34,332,079	0	0	0	0	34,047,951	0	0	284,128	0
16. Increase in Reserves for A&H contracts.....	704,133	0	0	0	0	684,734	0	0	19,399	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	279,899,931	0	0	0	0	273,469,831	0	0	6,430,100	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,866,019)	0	0	0	0	(11,304,622)	0	0	4,438,603	0
19. Net Investments Gains / (Losses).....	94,680	0	0	0	0	90,910	0	0	3,770	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(6,771,339)	0	0	0	0	(11,213,712)	0	0	4,442,373	0
22. Federal and foreign income taxes incurred.....	(2,023,743)	0	0	0	0	(3,351,430)	0	0	1,327,687	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,747,596)	0	0	0	0	(7,862,282)	0	0	3,114,686	0
24 Medical Loss Ratio	85.9%	0.0%	0.0%	0.0%	0.0%	87.2%	0.0%	0.0%	53.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **EI Paso**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	18,799	0	0	0	0	0	0	0	18,799	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	16,410	0	0	0	0	0	0	0	16,410	0
5. Current Year	0									
6. Current Year Member Months	160,331	0	0	0	0	0	0	0	160,331	0
Total Member Ambulatory Encounters for Year:										
7. Physician	53,300	0	0	0	0	0	0	0	53,300	0
8. Non-Physician	174,909	0	0	0	0	0	0	0	174,909	0
9. Total	228,209	0	0	0	0	0	0	0	228,209	0
10. Hospital Patient Days Incurred	10,360	0	0	0	0	0	0	0	10,360	0
11. Number of Inpatient Admissions	2,125	0	0	0	0	0	0	0	2,125	0
12. Health Premiums Written	63,866,910	0	0	0	0	0	0	0	63,866,910	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	63,866,910	0	0	0	0	0	0	0	63,866,910	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	69,358,340	0	0	0	0	0	0	0	69,358,340	0
18. Amount Incurred for Provision of Health Care Services	69,145,992	0	0	0	0	0	0	0	69,145,992	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	16,410	0	0	0	0	16,410	0	0	0	0
2. MEMBER MONTHS.....	50,178	0	0	0	0	50,178	0	0	0	0
3. Direct Premium Income.....	22,061,428	0	0	0	0	22,061,428	0	XXXXXXXX	0	0
4. Net Premium Income.....	22,050,956	0	0	0	0	22,050,956	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	22,050,956	0	0	0	0	22,050,956	0	0	0	0
11. Hospital & Medical Benefits.....	25,279,583	0	0	0	0	25,279,583	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	25,279,583	0	0	0	0	25,279,583	0	0	0	0
14. Claims Adjustment Expenses.....	890,267	0	0	0	0	890,267	0	0	0	0
15. General Administrative Expenses.....	3,029,187	0	0	0	0	3,029,187	0	0	0	0
16. Increase in Reserves for A&H contracts.....	159,664	0	0	0	0	159,664	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	29,358,701	0	0	0	0	29,358,701	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,307,745)	0	0	0	0	(7,307,745)	0	0	0	0
19. Net Investments Gains / (Losses).....	10,283	0	0	0	0	10,283	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(7,297,462)	0	0	0	0	(7,297,462)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,714,485)	0	0	0	0	(1,714,485)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,582,977)	0	0	0	0	(5,582,977)	0	0	0	0
24 Medical Loss Ratio	114.6%	0.0%	0.0%	0.0%	0.0%	114.6%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2013**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(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 COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	16,410	0	0	0	0	16,410	0	0	0	0
2. MEMBER MONTHS.....	160,331	0	0	0	0	160,331	0	0	0	0
3. Direct Premium Income.....	63,866,910	0	0	0	0	63,866,910	0	XXXXXXXX	0	0
4. Net Premium Income.....	63,832,516	0	0	0	0	63,832,516	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	63,832,516	0	0	0	0	63,832,516	0	0	0	0
11. Hospital & Medical Benefits.....	69,145,992	0	0	0	0	69,145,992	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	69,145,992	0	0	0	0	69,145,992	0	0	0	0
14. Claims Adjustment Expenses.....	2,445,506	0	0	0	0	2,445,506	0	0	0	0
15. General Administrative Expenses.....	8,289,749	0	0	0	0	8,289,749	0	0	0	0
16. Increase in Reserves for A&H contracts.....	159,664	0	0	0	0	159,664	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	80,040,911	0	0	0	0	80,040,911	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(16,208,395)	0	0	0	0	(16,208,395)	0	0	0	0
19. Net Investments Gains / (Losses).....	22,134	0	0	0	0	22,134	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(16,186,261)	0	0	0	0	(16,186,261)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(4,837,571)	0	0	0	0	(4,837,571)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(11,348,690)	0	0	0	0	(11,348,690)	0	0	0	0
24. Medical Loss Ratio	108.3%	0.0%	0.0%	0.0%	0.0%	108.3%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				