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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014** OF THE **Scott & White Health Plan**
(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**	177,846	89,306	26,942	0	0	41,959	19,639	0	0	0
2. **MEMBER MONTHS**	536,872	264,243	80,613	0	0	130,409	61,607	0	0	0
3. Direct Premium Income	169,455,093	69,042,523	39,396,033	0	0	34,320,111	26,696,426	XXXXXXXX	0	0
4. Net Premium Income	167,324,757	67,475,269	39,396,033	0	0	34,162,895	26,290,560	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	3,138,608	0	0	0	0	0	0	0	0	3,138,608
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)	170,463,365	67,475,269	39,396,033	0	0	34,162,895	26,290,560	0	0	3,138,608
11. Hospital & Medical Benefits	138,798,000	60,683,940	28,804,397	0	0	26,114,208	23,195,455	0	0	0
12. Net Reins Recoveries Incurred	1,064,377	1,079,442	0	0	0	(15,065)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	137,733,623	59,604,498	28,804,397	0	0	26,129,273	23,195,455	0	0	0
14. Claims Adjustment Expenses	3,475,724	3,231,392	386,272	0	0	(977,909)	835,969	0	0	0
15. General Administrative Expenses	15,973,577	5,504,777	5,920,115	0	0	3,059,065	1,489,620	0	0	0
16. Increase in Reserves for A&H contracts	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	157,182,924	68,340,667	35,110,784	0	0	28,210,429	25,521,044	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	13,280,441	(865,398)	4,285,249	0	0	5,952,466	769,516	0	0	3,138,608
19. Net Investments Gains / (Losses)	321,471	321,471	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	(5,272,208)	0	0	0	0	0	0	0	0	(5,272,208)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	8,329,704	(543,927)	4,285,249	0	0	5,952,466	769,516	0	0	(2,133,600)
22. Federal and foreign income taxes incurred	395,382	395,382	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	7,934,322	(939,309)	4,285,249	0	0	5,952,466	769,516	0	0	(2,133,600)
24 Medical Loss Ratio	82.3%	88.3%	73.1%	0.0%	0.0%	76.5%	88.2%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS (382,838)

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014** OF THE **Scott & White Health Plan**
(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**	177,846	89,306	26,942	0	0	41,959	19,639	0	0	0
2. **MEMBER MONTHS**	2,092,088	1,055,992	318,178	0	0	459,123	258,795	0	0	0
3. Direct Premium Income	658,945,404	273,224,518	153,610,037	0	0	134,982,444	97,128,405	XXXXXXXX	0	0
4. Net Premium Income	650,707,278	267,429,641	153,610,037	0	0	134,418,722	95,248,878	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	11,738,316	0	0	0	0	0	0	0	0	11,738,316
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)	662,445,594	267,429,641	153,610,037	0	0	134,418,722	95,248,878	0	0	11,738,316
11. Hospital & Medical Benefits	548,028,158	236,872,849	113,147,227	0	0	113,761,981	84,246,101	0	0	0
12. Net Reins Recoveries Incurred	5,047,336	4,260,338	0	0	0	786,998	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	542,980,822	232,612,511	113,147,227	0	0	112,974,983	84,246,101	0	0	0
14. Claims Adjustment Expenses	14,411,138	11,914,358	771,395	0	0	(1,999,937)	3,725,322	0	0	0
15. General Administrative Expenses	65,668,619	23,505,227	20,143,567	0	0	12,693,601	9,326,224	0	0	0
16. Increase in Reserves for A&H contracts	(3,515,038)	0	0	0	0	(3,515,038)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16)	619,545,541	268,032,096	134,062,189	0	0	120,153,609	97,297,647	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	42,900,053	(602,455)	19,547,848	0	0	14,265,113	(2,048,769)	0	0	11,738,316
19. Net Investments Gains / (Losses)	1,337,325	1,337,325	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	(20,043,686)	0	0	0	0	0	0	0	0	(20,043,686)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	24,193,692	734,870	19,547,848	0	0	14,265,113	(2,048,769)	0	0	(8,305,370)
22. Federal and foreign income taxes incurred	(13,235)	(13,235)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	24,206,927	748,105	19,547,848	0	0	14,265,113	(2,048,769)	0	0	(8,305,370)
24 Medical Loss Ratio	83.4%	87.0%	73.7%	0.0%	0.0%	84.0%	88.4%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
Retail Pharmacy Business