

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(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.....	152,641	49,006	0	3,092	0	96,214	0	0	4,329	0
2. MEMBER MONTHS.....	455,980	146,809	0	9,264	0	286,355	0	0	13,552	0
3. Direct Premium Income.....	116,085,433	43,005,551	0	8,353,992	0	63,411,799	0	XXXXXXXX	1,314,091	0
4. Net Premium Income.....	114,871,230	42,122,058	0	8,347,343	0	63,136,695	0	0	1,265,134	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,003,762)	0	0	0	0	(909,758)	0	0	(94,003)	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).....	113,867,468	42,122,058	0	8,347,343	0	62,226,937	0	0	1,171,131	0
11. Hospital & Medical Benefits.....	104,349,695	35,712,429	0	10,106,712	0	57,035,041	0	0	1,495,514	0
12. Net Reins Recoveries Incurred.....	867,729	785,956	0	0	0	81,774	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	103,481,966	34,926,473	0	10,106,712	0	56,953,268	0	0	1,495,514	0
14. Claims Adjustment Expenses.....	5,408,277	8,914,431	0	(244,386)	0	(3,605,441)	0	0	(54,847)	398,520
15. General Administrative Expenses.....	9,667,008	5,905,169	0	592,707	0	3,345,583	0	0	(89,046)	(87,405)
16. Increase in Reserves for A&H contracts.....	3,900,000	650,000	0	3,250,000	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	122,457,251	50,396,072	0	13,705,032	0	56,693,410	0	0	1,351,621	311,115
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,589,783)	(8,274,014)	0	(5,357,689)	0	5,533,526	0	0	(180,490)	(311,115)
19. Net Investments Gains / (Losses).....	4,574,779	2,913,723	0	163,935	0	1,444,927	0	0	31,434	20,760
20. Aggregate write-ins for other expenses.....	448	158	0	31	0	251	0	0	6	3
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,014,555)	(5,360,134)	0	(5,193,723)	0	6,978,704	0	0	(149,050)	(290,352)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,014,555)	(5,360,134)	0	(5,193,723)	0	6,978,704	0	0	(149,050)	(290,352)
24 Medical Loss Ratio	90.1%	82.9%	0.0%	121.1%	0.0%	90.2%	0.0%	0.0%	118.2%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		25,762	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		76,403	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(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.....	152,641	49,006	0	3,092	0	96,214	0	0	4,329	0
2. MEMBER MONTHS.....	1,733,991	539,265	0	37,663	0	1,088,898	0	0	68,165	0
3. Direct Premium Income.....	493,640,144	159,918,220	0	36,617,424	0	288,819,251	0	XXXXXXXX	8,285,249	0
4. Net Premium Income.....	490,954,618	158,862,165	0	36,605,650	0	287,285,762	0	0	8,201,040	0
5. Change in unearned premium reserve and reserve for rate credits.....	(341,329)	0	0	0	0	(314,072)	0	0	(27,257)	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).....	490,613,289	158,862,165	0	36,605,650	0	286,971,690	0	0	8,173,783	0
11. Hospital & Medical Benefits.....	449,287,953	141,805,127	0	35,412,778	0	265,315,542	0	0	6,754,507	0
12. Net Reins Recoveries Incurred.....	3,220,356	1,968,922	0	0	0	1,251,435	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	446,067,597	139,836,205	0	35,412,778	0	264,064,107	0	0	6,754,507	0
14. Claims Adjustment Expenses.....	19,070,070	14,103,582	0	715,296	0	3,651,314	0	0	175,544	424,334
15. General Administrative Expenses.....	58,510,581	22,091,309	0	5,231,171	0	31,975,860	0	0	1,001,381	(1,789,140)
16. Increase in Reserves for A&H contracts.....	3,900,000	650,000	0	3,250,000	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	527,548,248	176,681,096	0	44,609,245	0	299,691,282	0	0	7,931,431	(1,364,806)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(36,934,959)	(17,818,931)	0	(8,003,595)	0	(12,719,592)	0	0	242,352	1,364,806
19. Net Investments Gains / (Losses).....	5,040,478	2,859,667	0	219,922	0	1,893,786	0	0	45,117	21,985
20. Aggregate write-ins for other expenses.....	1,172	411	0	88	0	651	0	0	15	7
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(31,893,310)	(14,958,852)	0	(7,783,584)	0	(10,825,154)	0	0	287,484	1,386,797
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(31,893,310)	(14,958,852)	0	(7,783,584)	0	(10,825,154)	0	0	287,484	1,386,797
24 Medical Loss Ratio	90.9%	88.0%	0.0%	96.7%	0.0%	91.9%	0.0%	0.0%	82.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		25,762	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		264,631	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Abilene**

(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	19,407	70	7,182	0	0	0	0	228	11,927	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	21,348	440	8,446	0	0	0	0	228	12,234	0
6. Current Year Member Months	240,561	3,883	90,596	0	0	0	0	2,598	143,484	0
Total Member Ambulatory Encounters for Year:										
7. Physician	48,394	858	29,615	0	0	0	0	2,746	15,175	0
8. Non-Physician	34,069	489	17,003	0	0	0	0	2,086	14,491	0
9. Total	82,463	1,347	46,618	0	0	0	0	4,832	29,666	0
10. Hospital Patient Days Incurred	11,965	133	1,595	0	0	0	0	213	10,024	0
11. Number of Inpatient Admissions	3,271	12	410	0	0	0	0	53	2,796	0
12. Health Premiums Written	72,802,819	1,302,749	27,979,889	0	0	0	0	1,658,625	41,861,557	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	72,802,819	1,302,749	27,979,889	0	0	0	0	1,658,625	41,861,557	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	64,443,915	2,168,068	21,789,196	0	0	0	328	1,579,170	38,907,155	0
18. Amount Incurred for Provision of Health Care Services	64,520,831	2,607,219	21,651,694	0	0	0	122	1,466,777	38,795,021	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(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.....	21,348	8,886	0	228	0	12,234	0	0	0	0
2. MEMBER MONTHS.....	63,536	26,569	0	677	0	36,290	0	0	0	0
3. Direct Premium Income.....	16,467,146	8,060,219	0	386,697	0	8,020,229	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,245,054	7,967,520	0	386,222	0	7,891,312	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).....	16,245,054	7,967,520	0	386,222	0	7,891,312	0	0	0	0
11. Hospital & Medical Benefits.....	15,009,343	6,402,673	0	319,381	0	8,287,289	0	0	0	0
12. Net Reins Recoveries Incurred.....	386,809	386,809	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,622,534	6,015,863	0	319,381	0	8,287,289	0	0	0	0
14. Claims Adjustment Expenses.....	162,247	681,684	0	41,113	0	(656,304)	0	0	0	95,754
15. General Administrative Expenses.....	1,551,734	1,025,385	0	42,421	0	516,363	0	0	0	(32,435)
16. Increase in Reserves for A&H contracts.....	108,295	108,295	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	16,444,809	7,831,228	0	402,915	0	8,147,348	0	0	0	63,318
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(199,755)	136,292	0	(16,693)	0	(256,036)	0	0	0	(63,318)
19. Net Investments Gains / (Losses).....	1,148,033	960,309	0	6,739	0	175,255	0	0	0	5,730
20. Aggregate write-ins for other expenses.....	61	29	0	1	0	32	0	0	0	(1)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	948,339	1,096,630	0	(9,953)	0	(80,749)	0	0	0	(57,590)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	948,339	1,096,630	0	(9,953)	0	(80,749)	0	0	0	(57,590)
24 Medical Loss Ratio	90.0%	75.5%	0.0%	82.7%	0.0%	105.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		5,019	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		15,192	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(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.....	21,348	8,886	0	228	0	12,234	0	0	0	0
2. MEMBER MONTHS.....	240,561	94,479	0	2,598	0	143,484	0	0	0	0
3. Direct Premium Income.....	72,802,819	29,282,637	0	1,658,625	0	41,861,557	0	XXXXXXXX	0	0
4. Net Premium Income.....	72,406,169	29,096,228	0	1,657,808	0	41,652,133	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).....	72,406,169	29,096,228	0	1,657,808	0	41,652,133	0	0	0	0
11. Hospital & Medical Benefits.....	64,521,025	24,259,228	0	1,466,777	0	38,795,021	0	0	0	0
12. Net Reins Recoveries Incurred.....	516,160	531,259	0	0	0	(15,099)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	64,004,866	23,727,969	0	1,466,777	0	38,810,120	0	0	0	0
14. Claims Adjustment Expenses.....	2,171,182	1,557,275	0	91,312	0	420,273	0	0	0	102,322
15. General Administrative Expenses.....	8,599,711	3,886,589	0	274,837	0	4,896,992	0	0	0	(458,706)
16. Increase in Reserves for A&H contracts.....	108,295	108,295	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	74,884,054	29,280,128	0	1,832,925	0	44,127,385	0	0	0	(356,384)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,477,885)	(183,900)	0	(175,117)	0	(2,475,252)	0	0	0	356,384
19. Net Investments Gains / (Losses).....	1,225,981	967,306	0	9,306	0	243,351	0	0	0	6,019
20. Aggregate write-ins for other expenses.....	161	77	0	3	0	81	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,251,743)	783,483	0	(165,808)	0	(2,231,821)	0	0	0	362,403
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,251,743)	783,483	0	(165,808)	0	(2,231,821)	0	0	0	362,403
24 Medical Loss Ratio	88.4%	81.5%	0.0%	88.5%	0.0%	93.2%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		5,019	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		51,548	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Amarillo**

(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	12,923	16	8,079	0	0	0	406	0	4,422	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	16,341	287	10,552	0	0	0	392	0	5,110	0
6. Current Year Member Months	173,105	3,017	108,204	0	0	0	4,720	0	57,164	0
Total Member Ambulatory Encounters for Year:										
7. Physician	38,898	418	29,079	0	0	0	3,535	0	5,866	0
8. Non-Physician	27,900	223	19,774	0	0	0	2,301	0	5,602	0
9. Total	66,798	641	48,853	0	0	0	5,836	0	11,468	0
10. Hospital Patient Days Incurred	6,239	269	2,329	0	0	0	201	0	3,440	0
11. Number of Inpatient Admissions	1,668	51	552	0	0	0	45	0	1,020	0
12. Health Premiums Written	49,220,368	959,811	31,232,310	0	0	0	1,981,878	0	15,046,369	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	49,220,368	959,811	31,232,310	0	0	0	1,981,878	0	15,046,369	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	44,228,610	2,009,808	25,112,114	0	0	0	2,189,450	0	14,917,239	0
18. Amount Incurred for Provision of Health Care Services	43,802,943	2,352,193	24,406,869	0	0	0	2,126,885	0	14,916,996	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo
(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.....	16,341	11,231	0	0	0	5,110	0	0	0	0
2. MEMBER MONTHS.....	48,712	33,658	0	0	0	15,054	0	0	0	0
3. Direct Premium Income.....	13,135,764	9,865,370	0	0	0	3,270,394	0	XXXXXXXX	0	0
4. Net Premium Income.....	12,860,236	9,656,396	0	0	0	3,203,839	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).....	12,860,236	9,656,396	0	0	0	3,203,839	0	0	0	0
11. Hospital & Medical Benefits.....	9,741,274	7,408,389	0	0	0	2,332,885	0	0	0	0
12. Net Reins Recoveries Incurred.....	129,079	47,512	0	0	0	81,567	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,612,195	7,360,877	0	0	0	2,251,318	0	0	0	0
14. Claims Adjustment Expenses.....	351,333	548,333	0	0	0	(193,731)	0	0	0	(3,269)
15. General Administrative Expenses.....	1,393,704	1,219,472	0	0	0	172,737	0	0	0	1,495
16. Increase in Reserves for A&H contracts.....	136,874	136,874	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	11,494,106	9,265,555	0	0	0	2,230,324	0	0	0	(1,774)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,366,130	390,842	0	0	0	973,515	0	0	0	1,774
19. Net Investments Gains / (Losses).....	332,092	257,268	0	0	0	74,824	0	0	0	0
20. Aggregate write-ins for other expenses.....	50	37	0	0	0	13	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,698,273	648,147	0	0	0	1,048,352	0	0	0	1,774
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,698,273	648,147	0	0	0	1,048,352	0	0	0	1,774
24 Medical Loss Ratio	74.7%	76.2%	0.0%	0.0%	0.0%	70.3%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		8,320	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		24,076	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo
(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.....	16,341	11,231	0	0	0	5,110	0	0	0	0
2. MEMBER MONTHS.....	173,105	115,941	0	0	0	57,164	0	0	0	0
3. Direct Premium Income.....	49,220,368	34,174,000	0	0	0	15,046,369	0	XXXXXXXX	0	0
4. Net Premium Income.....	48,873,103	33,926,754	0	0	0	14,946,349	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).....	48,873,103	33,926,754	0	0	0	14,946,349	0	0	0	0
11. Hospital & Medical Benefits.....	43,802,943	28,885,947	0	0	0	14,916,996	0	0	0	0
12. Net Reins Recoveries Incurred.....	740,697	501,390	0	0	0	239,307	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	43,062,246	28,384,557	0	0	0	14,677,689	0	0	0	0
14. Claims Adjustment Expenses.....	1,702,121	1,535,105	0	0	0	170,911	0	0	0	(3,896)
15. General Administrative Expenses.....	5,935,537	4,192,888	0	0	0	1,741,603	0	0	0	1,045
16. Increase in Reserves for A&H contracts.....	136,874	136,874	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	50,836,777	34,249,424	0	0	0	16,590,204	0	0	0	(2,850)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,963,675)	(322,670)	0	0	0	(1,643,855)	0	0	0	2,850
19. Net Investments Gains / (Losses).....	320,230	222,417	0	0	0	97,813	0	0	0	0
20. Aggregate write-ins for other expenses.....	124	93	0	0	0	31	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,643,321)	(100,160)	0	0	0	(1,546,011)	0	0	0	2,850
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,643,321)	(100,160)	0	0	0	(1,546,011)	0	0	0	2,850
24 Medical Loss Ratio	88.1%	83.7%	0.0%	0.0%	0.0%	98.2%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		8,320	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		81,569	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Lubbock**

(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	67,381	6,881	20,402	0	0	0	20	3,210	36,868	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	74,338	5,365	20,984	0	0	0	20	2,859	45,110	0
6. Current Year Member Months	848,036	78,910	245,972	0	0	0	243	35,013	487,898	0
Total Member Ambulatory Encounters for Year:										
7. Physician	183,095	6,986	80,983	0	0	0	83	42,195	52,848	0
8. Non-Physician	142,953	4,383	47,132	0	0	0	46	41,313	50,079	0
9. Total	326,048	11,369	128,115	0	0	0	129	83,508	102,927	0
10. Hospital Patient Days Incurred	39,154	617	5,210	0	0	0	0	5,743	27,584	0
11. Number of Inpatient Admissions	10,295	175	1,220	0	0	0	0	934	7,966	0
12. Health Premiums Written	228,768,308	11,628,413	73,841,698	0	0	0	94,791	34,930,224	108,273,182	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	228,426,979	11,601,156	73,841,698	0	0	0	94,791	34,930,224	107,959,110	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	219,217,855	12,069,827	68,441,682	0	0	0	44,698	35,836,321	102,825,328	0
18. Amount Incurred for Provision of Health Care Services	218,426,143	12,863,664	68,201,538	0	0	0	38,490	33,937,437	103,385,013	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(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.....	74,338	22,040	0	2,859	0	45,110	0	0	4,329	0
2. MEMBER MONTHS.....	222,555	66,049	0	8,572	0	134,382	0	0	13,552	0
3. Direct Premium Income.....	56,403,685	19,656,366	0	7,960,181	0	27,473,046	0	XXXXXXXX	1,314,091	0
4. Net Premium Income.....	56,166,192	19,193,296	0	7,954,007	0	27,753,755	0	0	1,265,134	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,003,762)	0	0	0	0	(909,758)	0	0	(94,003)	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).....	55,162,431	19,193,296	0	7,954,007	0	26,843,997	0	0	1,171,131	0
11. Hospital & Medical Benefits.....	56,224,038	17,970,237	0	9,794,813	0	26,963,473	0	0	1,495,514	0
12. Net Reins Recoveries Incurred.....	316,199	315,992	0	0	0	207	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	55,907,839	17,654,245	0	9,794,813	0	26,963,267	0	0	1,495,514	0
14. Claims Adjustment Expenses.....	5,991,190	6,870,837	0	(285,018)	0	(788,092)	0	0	(54,847)	248,309
15. General Administrative Expenses.....	4,761,024	3,063,387	0	549,533	0	1,324,446	0	0	(89,046)	(87,296)
16. Increase in Reserves for A&H contracts.....	3,571,362	321,362	0	3,250,000	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	70,231,415	27,909,832	0	13,309,328	0	27,499,621	0	0	1,351,621	161,013
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(15,068,984)	(8,716,536)	0	(5,355,321)	0	(655,624)	0	0	(180,490)	(161,013)
19. Net Investments Gains / (Losses).....	2,418,201	1,557,591	0	157,035	0	659,510	0	0	31,434	12,630
20. Aggregate write-ins for other expenses.....	224	75	0	30	0	110	0	0	6	4
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(12,650,559)	(7,158,870)	0	(5,198,256)	0	3,996	0	0	(149,050)	(148,379)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(12,650,559)	(7,158,870)	0	(5,198,256)	0	3,996	0	0	(149,050)	(148,379)
24 Medical Loss Ratio	99.5%	92.0%	0.0%	123.1%	0.0%	97.2%	0.0%	0.0%	118.2%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		8,466	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		26,662	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock
(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.....	74,338	22,040	0	2,859	0	45,110	0	0	4,329	0
2. MEMBER MONTHS.....	848,036	256,960	0	35,013	0	487,898	0	0	68,165	0
3. Direct Premium Income.....	228,768,308	77,279,652	0	34,930,224	0	108,273,182	0	XXXXXXXX	8,285,249	0
4. Net Premium Income.....	227,558,217	76,806,088	0	34,919,267	0	107,631,822	0	0	8,201,040	0
5. Change in unearned premium reserve and reserve for rate credits.....	(341,329)	0	0	0	0	(314,072)	0	0	(27,257)	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).....	227,216,888	76,806,088	0	34,919,267	0	107,317,750	0	0	8,173,783	0
11. Hospital & Medical Benefits.....	218,426,143	74,349,185	0	33,937,437	0	103,385,013	0	0	6,754,507	0
12. Net Reins Recoveries Incurred.....	1,596,282	838,914	0	0	0	757,368	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	216,829,860	73,510,270	0	33,937,437	0	102,627,645	0	0	6,754,507	0
14. Claims Adjustment Expenses.....	12,527,100	9,591,882	0	623,789	0	1,869,167	0	0	175,544	266,718
15. General Administrative Expenses.....	29,084,589	11,581,097	0	4,951,642	0	12,530,803	0	0	1,001,381	(980,333)
16. Increase in Reserves for A&H contracts.....	3,571,362	321,362	0	3,250,000	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	262,012,911	95,004,611	0	42,762,869	0	117,027,614	0	0	7,931,431	(713,615)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(34,796,023)	(18,198,523)	0	(7,843,602)	0	(9,709,864)	0	0	242,352	713,615
19. Net Investments Gains / (Losses).....	2,639,561	1,552,286	0	210,412	0	818,421	0	0	45,117	13,324
20. Aggregate write-ins for other expenses.....	583	200	0	85	0	278	0	0	15	7
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(32,155,879)	(16,646,037)	0	(7,633,105)	0	(8,891,166)	0	0	287,484	726,946
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(32,155,879)	(16,646,037)	0	(7,633,105)	0	(8,891,166)	0	0	287,484	726,946
24 Medical Loss Ratio	95.3%	95.7%	0.0%	97.2%	0.0%	95.4%	0.0%	0.0%	82.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		8,466	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		92,936	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Waco**

(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	5,594	95	5,499	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	6,849	376	6,473	0	0	0	0	0	0	0
6. Current Year Member Months	71,885	3,969	67,916	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	17,962	582	17,380	0	0	0	0	0	0	0
8. Non-Physician	8,944	275	8,669	0	0	0	0	0	0	0
9. Total	26,906	857	26,049	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	751	122	629	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	236	24	212	0	0	0	0	0	0	0
12. Health Premiums Written	19,181,931	1,258,449	17,923,483	0	0	0	0	0	0	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	19,181,931	1,258,449	17,923,483	0	0	0	0	0	0	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	13,923,574	1,137,210	12,786,364	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	14,310,961	1,469,893	12,841,068	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Waco

(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.....	6,849	6,849	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	20,533	20,533	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,423,595	5,423,595	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	5,304,846	5,304,846	0	0	0	0	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).....	5,304,846	5,304,846	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,931,130	3,931,130	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	35,642	35,642	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,895,488	3,895,488	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	871,302	813,576	0	0	0	0	0	0	0	57,726
15. General Administrative Expenses.....	627,761	596,924	0	0	0	0	0	0	0	30,836
16. Increase in Reserves for A&H contracts.....	83,470	83,470	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	5,478,019	5,389,458	0	0	0	0	0	0	0	88,562
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(173,174)	(84,612)	0	0	0	0	0	0	0	(88,562)
19. Net Investments Gains / (Losses).....	140,955	138,555	0	0	0	0	0	0	0	2,400
20. Aggregate write-ins for other expenses.....	19	19	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(32,200)	53,962	0	0	0	0	0	0	0	(86,161)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(32,200)	53,962	0	0	0	0	0	0	0	(86,161)
24 Medical Loss Ratio	73.4%	73.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,957	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		10,473	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Waco

(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.....	6,849	6,849	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	71,885	71,885	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	19,181,931	19,181,931	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,033,096	19,033,096	0	0	0	0	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).....	19,033,096	19,033,096	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	14,310,767	14,310,767	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	97,359	97,359	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,213,408	14,213,408	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,478,509	1,419,320	0	0	0	0	0	0	0	59,189
15. General Administrative Expenses.....	2,079,590	2,430,736	0	0	0	0	0	0	0	(351,146)
16. Increase in Reserves for A&H contracts.....	83,470	83,470	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	17,854,976	18,146,933	0	0	0	0	0	0	0	(291,957)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,178,120	886,163	0	0	0	0	0	0	0	291,957
19. Net Investments Gains / (Losses).....	120,299	117,657	0	0	0	0	0	0	0	2,642
20. Aggregate write-ins for other expenses.....	42	42	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,298,461	1,003,862	0	0	0	0	0	0	0	294,599
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,298,461	1,003,862	0	0	0	0	0	0	0	294,599
24 Medical Loss Ratio	74.7%	74.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		3,957	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		38,578	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **West & Central TX**

(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	32,620	0	0	0	0	0	0	0	32,620	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	33,765	0	0	0	0	0	0	5	33,760	0
6. Current Year Member Months	400,404	0	0	0	0	0	0	52	400,352	0
Total Member Ambulatory Encounters for Year:										
7. Physician	36,254	0	0	0	0	0	0	23	36,231	0
8. Non-Physician	35,011	0	0	0	0	0	0	9	35,002	0
9. Total	71,265	0	0	0	0	0	0	32	71,233	0
10. Hospital Patient Days Incurred	31,080	0	0	0	0	0	0	0	31,080	0
11. Number of Inpatient Admissions	9,457	0	0	0	0	0	0	0	9,457	0
12. Health Premiums Written	123,666,718	0	0	0	0	0	0	28,575	123,638,143	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	123,666,718	0	0	0	0	0	0	28,575	123,638,143	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	109,642,079	0	0	0	0	0	0	(5,992)	109,648,071	0
18. Amount Incurred for Provision of Health Care Services	108,227,075	0	0	0	0	0	0	8,564	108,218,512	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

West & Central TX

(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.....	33,765	0	0	5	0	33,760	0	0	0	0
2. MEMBER MONTHS.....	100,644	0	0	15	0	100,629	0	0	0	0
3. Direct Premium Income.....	24,655,244	0	0	7,114	0	24,648,130	0	XXXXXXXX	0	0
4. Net Premium Income.....	24,294,902	0	0	7,114	0	24,287,788	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).....	24,294,902	0	0	7,114	0	24,287,788	0	0	0	0
11. Hospital & Medical Benefits.....	19,443,912	0	0	(7,482)	0	19,451,394	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).....	19,443,912	0	0	(7,482)	0	19,451,394	0	0	0	0
14. Claims Adjustment Expenses.....	(1,967,795)	0	0	(482)	0	(1,967,314)	0	0	0	0
15. General Administrative Expenses.....	1,332,790	0	0	753	0	1,332,037	0	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).....	18,808,907	0	0	(7,211)	0	18,816,117	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,485,996	0	0	14,325	0	5,471,671	0	0	0	0
19. Net Investments Gains / (Losses).....	535,495	0	0	158	0	535,338	0	0	0	0
20. Aggregate write-ins for other expenses.....	97	0	0	0	0	97	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,021,587	0	0	14,483	0	6,007,105	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	6,021,587	0	0	14,483	0	6,007,105	0	0	0	0
24 Medical Loss Ratio	80.0%	0.0%	0.0%	-105.2%	0.0%	80.1%	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 **DECEMBER 31, 2014**

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

West & Central TX

(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.....	33,765	0	0	5	0	33,760	0	0	0	0
2. MEMBER MONTHS.....	400,404	0	0	52	0	400,352	0	0	0	0
3. Direct Premium Income.....	123,666,718	0	0	28,575	0	123,638,143	0	XXXXXXXX	0	0
4. Net Premium Income.....	123,084,033	0	0	28,575	0	123,055,459	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).....	123,084,033	0	0	28,575	0	123,055,459	0	0	0	0
11. Hospital & Medical Benefits.....	108,227,075	0	0	8,564	0	108,218,512	0	0	0	0
12. Net Reins Recoveries Incurred.....	269,858	0	0	0	0	269,858	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	107,957,217	0	0	8,564	0	107,948,653	0	0	0	0
14. Claims Adjustment Expenses.....	1,191,158	0	0	195	0	1,190,963	0	0	0	0
15. General Administrative Expenses.....	12,811,154	0	0	4,692	0	12,806,462	0	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).....	121,959,529	0	0	13,450	0	121,946,079	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,124,504	0	0	15,124	0	1,109,380	0	0	0	0
19. Net Investments Gains / (Losses).....	734,406	0	0	204	0	734,202	0	0	0	0
20. Aggregate write-ins for other expenses.....	261	0	0	0	0	261	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,859,172	0	0	15,329	0	1,843,843	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,859,172	0	0	15,329	0	1,843,843	0	0	0	0
24 Medical Loss Ratio	87.7%	0.0%	0.0%	30.0%	0.0%	87.7%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				