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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2014** OF THE **Community Health Choice, 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**	262,394	205	0	0	0	235,198	0	0	25,006	1,985
2. **MEMBER MONTHS**	804,122	629	0	0	0	715,810	0	0	80,727	6,956
3. Direct Premium Income	195,067,668	171,925	0	0	0	179,780,471	0	XXXXXXXX	15,115,272	0
4. Net Premium Income	194,540,991	196,843	0	0	0	179,275,935	0	0	15,068,213	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	37,425	0	0	0	0	147	0	0	0	37,278
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)	194,578,416	196,843	0	0	0	179,276,082	0	0	15,068,213	37,278
11. Hospital & Medical Benefits	175,427,761	4,615,720	0	0	0	158,640,554	0	0	12,171,487	0
12. Net Reins Recoveries Incurred	594,972	594,972	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	174,832,788	4,020,748	0	0	0	158,640,554	0	0	12,171,487	0
14. Claims Adjustment Expenses	1,908,779	2,708	0	0	0	1,764,570	0	0	141,501	0
15. General Administrative Expenses	14,839,896	1,178,633	0	0	0	15,368,053	0	0	(1,736,924)	30,134
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)	191,581,464	5,202,088	0	0	0	175,773,177	0	0	10,576,064	30,134
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	2,996,952	(5,005,245)	0	0	0	3,502,905	0	0	4,492,149	7,144
19. Net Investments Gains / (Losses)	298,136	0	0	0	0	273,714	0	0	24,422	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)	3,295,088	(5,005,245)	0	0	0	3,776,619	0	0	4,516,571	7,144
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	3,295,088	(5,005,245)	0	0	0	3,776,619	0	0	4,516,571	7,144
24 Medical Loss Ratio	89.9%	2042.6%	0.0%	0.0%	0.0%	88.5%	0.0%	0.0%	80.8%	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):
0

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(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**	262,394	205	0	0	0	235,198	0	0	25,006	1,985
2. **MEMBER MONTHS**	3,025,058	2,197	0	0	0	2,597,386	0	0	397,151	28,324
3. Direct Premium Income	725,927,497	687,112	0	0	0	657,659,284	0	XXXXXXXX	67,581,100	0
4. Net Premium Income	723,952,268	658,651	0	0	0	655,942,349	0	0	67,351,268	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	172,769	0	0	0	0	147	0	0	0	172,622
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)	724,125,037	658,651	0	0	0	655,942,496	0	0	67,351,268	172,622
11. Hospital & Medical Benefits	643,964,643	5,210,586	0	0	0	574,491,182	0	0	64,262,875	0
12. Net Reins Recoveries Incurred	1,837,123	594,972	0	0	0	1,242,151	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	642,127,520	4,615,614	0	0	0	573,249,031	0	0	64,262,875	0
14. Claims Adjustment Expenses	8,164,596	8,165	0	0	0	7,397,124	0	0	759,307	0
15. General Administrative Expenses	58,439,805	3,110,720	0	0	0	52,569,800	0	0	2,343,542	415,743
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)	708,731,922	7,734,499	0	0	0	633,215,955	0	0	67,365,724	415,743
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	15,393,115	(7,075,849)	0	0	0	22,726,541	0	0	(14,456)	(243,121)
19. Net Investments Gains / (Losses)	881,516	0	0	0	0	799,431	0	0	82,085	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)	16,274,631	(7,075,849)	0	0	0	23,525,972	0	0	67,629	(243,121)
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	16,274,631	(7,075,849)	0	0	0	23,525,972	0	0	67,629	(243,121)
24 Medical Loss Ratio	88.7%	700.8%	0.0%	0.0%	0.0%	87.4%	0.0%	0.0%	95.4%	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):
Harris County 3 Share Project, TPA Service Fees