

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	142,721	43,417	0	3,148	0	90,244	0	0	5,912	0
2. MEMBER MONTHS.....	424,047	149,767	0	9,468	0	266,985	0	0	(2,173)	0
3. Direct Premium Income.....	128,749,749	39,176,663	0	9,390,529	0	77,691,059	0	XXXXXXXX	2,491,498	0
4. Net Premium Income.....	128,341,033	39,064,045	0	9,387,973	0	77,414,163	0	0	2,474,852	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,393,229	0	0	0	0	1,333,613	0	0	59,616	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).....	129,734,262	39,064,045	0	9,387,973	0	78,747,775	0	0	2,534,468	0
11. Hospital & Medical Benefits.....	126,419,154	38,908,465	0	9,826,702	0	75,691,917	0	0	1,992,071	0
12. Net Reins Recoveries Incurred.....	425,935	127,035	0	0	0	298,900	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	125,993,220	38,781,431	0	9,826,702	0	75,393,017	0	0	1,992,071	0
14. Claims Adjustment Expenses.....	4,193,870	1,591,801	0	294,248	0	2,233,582	0	0	69,558	4,682
15. General Administrative Expenses.....	19,473,762	4,549,905	0	1,613,570	0	11,745,135	0	0	483,889	1,081,262
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).....	149,660,851	44,923,137	0	11,734,520	0	89,371,734	0	0	2,545,518	1,085,944
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(19,926,590)	(5,859,091)	0	(2,346,546)	0	(10,623,958)	0	0	(11,050)	(1,085,944)
19. Net Investments Gains / (Losses).....	189,130	(412)	0	20,033	0	164,091	0	0	5,050	367
20. Aggregate write-ins for other expenses.....	(2,462)	(2,462)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(19,739,922)	(5,861,965)	0	(2,326,513)	0	(10,459,867)	0	0	(6,000)	(1,085,576)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(19,739,922)	(5,861,965)	0	(2,326,513)	0	(10,459,867)	0	0	(6,000)	(1,085,576)
24. Medical Loss Ratio	98.2%	99.3%	0.0%	104.7%	0.0%	97.4%	0.0%	0.0%	80.5%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		20,175	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		59,413	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	142,721	43,417	0	3,148	0	90,244	0	0	5,912	0
2. MEMBER MONTHS.....	834,445	276,640	0	18,986	0	520,491	0	0	18,328	0
3. Direct Premium Income.....	252,028,080	76,134,794	0	19,270,076	0	151,549,061	0	XXXXXXXX	5,074,149	0
4. Net Premium Income.....	251,240,820	75,929,328	0	19,264,952	0	151,007,644	0	0	5,038,897	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,472,726	0	0	0	0	1,413,110	0	0	59,616	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).....	252,713,546	75,929,328	0	19,264,952	0	152,420,753	0	0	5,098,514	0
11. Hospital & Medical Benefits.....	231,218,245	64,164,125	0	16,339,839	0	146,778,864	0	0	3,935,417	0
12. Net Reins Recoveries Incurred.....	836,846	127,035	0	0	0	709,811	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	230,381,399	64,037,090	0	16,339,839	0	146,069,053	0	0	3,935,417	0
14. Claims Adjustment Expenses.....	8,390,890	3,106,757	0	624,246	0	4,510,029	0	0	149,858	0
15. General Administrative Expenses.....	35,998,307	10,931,838	0	3,057,611	0	21,153,726	0	0	855,133	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).....	274,770,596	78,075,686	0	20,021,695	0	171,732,807	0	0	4,940,408	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(22,057,050)	(2,146,358)	0	(756,743)	0	(19,312,054)	0	0	158,105	0
19. Net Investments Gains / (Losses).....	338,042	(18,440)	0	38,918	0	307,448	0	0	10,116	0
20. Aggregate write-ins for other expenses.....	123	57	0	14	0	52	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(21,718,885)	(2,164,742)	0	(717,811)	0	(19,004,554)	0	0	168,221	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).....	(21,718,885)	(2,164,742)	0	(717,811)	0	(19,004,554)	0	0	168,221	0
24. Medical Loss Ratio	91.7%	84.3%	0.0%	84.8%	0.0%	96.7%	0.0%	0.0%	78.1%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		20,175	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		121,409	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	19,408	70	7,182	0	0	0	1	228	11,927	0
2. First Quarter	0									
3. Second Quarter	20,097	406	7,096	0	0	0	0	214	12,381	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	116,017	1,472	42,541	0	0	0	0	1,267	70,737	0
Total Member Ambulatory Encounters for Year:										
7. Physician	7,870	52	7,313	0	0	0	2	501	2	0
8. Non-Physician	4,097	10	3,812	0	0	0	0	275	0	0
9. Total	11,967	62	11,125	0	0	0	2	776	2	0
10. Hospital Patient Days Incurred	3,317	25	242	0	0	0	0	59	2,991	0
11. Number of Inpatient Admissions	708	7	117	0	0	0	0	29	555	0
12. Health Premiums Written	38,054,398	502,346	13,300,120	0	0	0	0	847,662	23,404,270	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	38,054,398	502,346	13,300,120	0	0	0	0	847,662	23,404,270	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	32,809,972	372,865	10,551,832	0	0	0	328	760,903	21,124,045	0
18. Amount Incurred for Provision of Health Care Services	32,899,548	530,954	10,134,753	0	0	0	122	699,557	21,534,162	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	20,097	7,502	0	214	0	12,381	0	0	0	0
2. MEMBER MONTHS.....	59,381	22,200	0	640	0	36,541	0	0	0	0
3. Direct Premium Income.....	19,373,931	7,071,731	0	410,469	0	11,891,732	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,293,784	7,033,173	0	410,296	0	11,850,315	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).....	19,293,784	7,033,173	0	410,296	0	11,850,315	0	0	0	0
11. Hospital & Medical Benefits.....	17,111,977	5,993,578	0	370,206	0	10,748,193	0	0	0	0
12. Net Reins Recoveries Incurred.....	71,280	57,416	0	0	0	13,865	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,040,696	5,936,162	0	370,206	0	10,734,328	0	0	0	0
14. Claims Adjustment Expenses.....	812,201	225,069	0	13,754	0	338,297	0	0	0	235,081
15. General Administrative Expenses.....	2,642,906	777,731	0	75,149	0	1,790,026	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).....	20,495,803	6,938,962	0	459,109	0	12,862,651	0	0	0	235,081
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,202,020)	94,210	0	(48,813)	0	(1,012,336)	0	0	0	(235,081)
19. Net Investments Gains / (Losses).....	58,803	32,061	0	902	0	25,762	0	0	0	78
20. Aggregate write-ins for other expenses.....	(2,461)	(2,461)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,145,678)	123,810	0	(47,911)	0	(986,574)	0	0	0	(235,003)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,145,678)	123,810	0	(47,911)	0	(986,574)	0	0	0	(235,003)
24 Medical Loss Ratio	88.3%	84.4%	0.0%	90.2%	0.0%	90.6%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		3,925	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	20,097	7,502	0	214	0	12,381	0	0	0	0
2. MEMBER MONTHS.....	116,017	44,013	0	1,267	0	70,737	0	0	0	0
3. Direct Premium Income.....	38,054,398	13,802,466	0	847,662	0	23,404,270	0	XXXXXXXX	0	0
4. Net Premium Income.....	37,879,839	13,708,756	0	847,321	0	23,323,762	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).....	37,879,839	13,708,756	0	847,321	0	23,323,762	0	0	0	0
11. Hospital & Medical Benefits.....	32,899,548	10,665,829	0	699,557	0	21,534,162	0	0	0	0
12. Net Reins Recoveries Incurred.....	42,331	57,416	0	0	0	(15,085)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,857,217	10,608,413	0	699,557	0	21,549,247	0	0	0	0
14. Claims Adjustment Expenses.....	1,158,686	437,876	0	30,749	0	690,061	0	0	0	0
15. General Administrative Expenses.....	5,441,294	1,963,884	0	147,748	0	3,329,662	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).....	39,457,196	13,010,173	0	878,053	0	25,568,970	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,577,357)	698,583	0	(30,733)	0	(2,245,208)	0	0	0	0
19. Net Investments Gains / (Losses).....	106,134	56,407	0	1,745	0	47,982	0	0	0	0
20. Aggregate write-ins for other expenses.....	12	12	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,471,211)	755,002	0	(28,987)	0	(2,197,225)	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).....	(1,471,211)	755,002	0	(28,987)	0	(2,197,225)	0	0	0	0
24 Medical Loss Ratio	86.7%	77.4%	0.0%	82.6%	0.0%	92.4%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 1 (Examples of non-taxable enrollees are State
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 3,925 of Texas enrollees and Federal employees.)

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	13,817	326	8,240	0	0	0	394	0	4,857	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	79,928	1,253	48,995	0	0	0	2,367	0	27,313	0
Total Member Ambulatory Encounters for Year:										
7. Physician	8,792	8	8,040	0	0	0	744	0	0	0
8. Non-Physician	5,815	6	5,340	0	0	0	469	0	0	0
9. Total	14,607	14	13,380	0	0	0	1,213	0	0	0
10. Hospital Patient Days Incurred	1,987	62	730	0	0	0	246	0	949	0
11. Number of Inpatient Admissions	385	10	165	0	0	0	61	0	149	0
12. Health Premiums Written	23,241,914	396,755	13,980,093	0	0	0	994,681	0	7,870,386	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	23,241,914	396,755	13,980,093	0	0	0	994,681	0	7,870,386	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	21,314,745	344,222	11,376,359	0	0	0	1,074,130	0	8,520,035	0
18. Amount Incurred for Provision of Health Care Services	20,296,632	475,834	9,996,472	0	0	0	959,009	0	8,865,317	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	13,817	8,960	0	0	0	4,857	0	0	0	0
2. MEMBER MONTHS.....	40,846	26,603	0	0	0	14,243	0	0	0	0
3. Direct Premium Income.....	11,857,304	7,777,516	0	0	0	4,079,788	0	XXXXXXXX	0	0
4. Net Premium Income.....	11,819,618	7,757,396	0	0	0	4,062,222	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).....	11,819,618	7,757,396	0	0	0	4,062,222	0	0	0	0
11. Hospital & Medical Benefits.....	11,658,766	6,531,224	0	0	0	5,127,542	0	0	0	0
12. Net Reins Recoveries Incurred.....	138,709	0	0	0	0	138,709	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,520,057	6,531,224	0	0	0	4,988,833	0	0	0	0
14. Claims Adjustment Expenses.....	350,582	237,554	0	0	0	112,428	0	0	0	600
15. General Administrative Expenses.....	1,818,399	1,183,558	0	0	0	635,119	0	0	0	(278)
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).....	13,689,038	7,952,336	0	0	0	5,736,380	0	0	0	322
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,869,420)	(194,940)	0	0	0	(1,674,158)	0	0	0	(322)
19. Net Investments Gains / (Losses).....	25,212	16,750	0	0	0	8,462	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).....	(1,844,208)	(178,190)	0	0	0	(1,665,696)	0	0	0	(322)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,844,208)	(178,190)	0	0	0	(1,665,696)	0	0	0	(322)
24. Medical Loss Ratio	97.5%	84.2%	0.0%	0.0%	0.0%	122.8%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES.....

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....

5,697

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

0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	13,817	8,960	0	0	0	4,857	0	0	0	0
2. MEMBER MONTHS.....	79,928	52,615	0	0	0	27,313	0	0	0	0
3. Direct Premium Income.....	23,241,914	15,371,528	0	0	0	7,870,386	0	XXXXXXXX	0	0
4. Net Premium Income.....	23,170,177	15,333,256	0	0	0	7,836,921	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).....	23,170,177	15,333,256	0	0	0	7,836,921	0	0	0	0
11. Hospital & Medical Benefits.....	20,296,632	11,431,315	0	0	0	8,865,317	0	0	0	0
12. Net Reins Recoveries Incurred.....	138,709	0	0	0	0	138,709	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	20,157,923	11,431,315	0	0	0	8,726,608	0	0	0	0
14. Claims Adjustment Expenses.....	702,363	470,195	0	0	0	232,167	0	0	0	0
15. General Administrative Expenses.....	3,499,116	2,342,099	0	0	0	1,157,017	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).....	24,359,402	14,243,610	0	0	0	10,115,792	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,189,225)	1,089,647	0	0	0	(2,278,872)	0	0	0	0
19. Net Investments Gains / (Losses).....	48,035	32,024	0	0	0	16,011	0	0	0	0
20. Aggregate write-ins for other expenses.....	13	13	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,141,177)	1,121,684	0	0	0	(2,262,860)	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).....	(1,141,177)	1,121,684	0	0	0	(2,262,860)	0	0	0	0
24 Medical Loss Ratio	87.0%	74.6%	0.0%	0.0%	0.0%	111.4%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 1 (Examples of non-taxable enrollees are State
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 6,095 of Texas enrollees and Federal employees.)

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

0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	69,578	7,072	20,112	0	0	0	20	2,930	39,444	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	408,485	43,192	121,588	0	0	0	120	17,695	225,890	0
Total Member Ambulatory Encounters for Year:										
7. Physician	29,111	97	20,571	0	0	0	26	8,278	139	0
8. Non-Physician	20,887	50	12,410	0	0	0	21	8,233	173	0
9. Total	49,998	147	32,981	0	0	0	47	16,511	312	0
10. Hospital Patient Days Incurred	7,346	261	567	0	0	0	0	1,015	5,503	0
11. Number of Inpatient Admissions	1,322	60	139	0	0	0	0	243	880	0
12. Health Premiums Written	113,675,028	6,439,537	36,618,351	0	0	0	46,772	18,408,884	52,161,484	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	115,147,754	6,439,537	36,618,351	0	0	0	46,772	18,408,884	53,634,210	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	108,450,435	5,247,942	34,453,011	0	0	0	23,808	17,521,073	51,204,601	0
18. Amount Incurred for Provision of Health Care Services	107,568,208	5,604,392	34,530,559	0	0	0	17,346	15,628,849	51,787,062	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	69,578	21,292	0	2,930	0	39,444	0	0	5,912	0
2. MEMBER MONTHS.....	207,095	84,107	0	8,816	0	116,345	0	0	(2,173)	0
3. Direct Premium Income.....	58,632,465	19,726,429	0	8,973,309	0	27,441,229	0	XXXXXXXX	2,491,498	0
4. Net Premium Income.....	58,471,037	19,689,459	0	8,970,926	0	27,395,417	0	0	2,415,235	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,393,229	0	0	0	0	1,333,612	0	0	59,616	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).....	59,864,266	19,689,459	0	8,970,926	0	28,729,030	0	0	2,474,852	0
11. Hospital & Medical Benefits.....	62,628,013	23,203,314	0	9,451,303	0	27,981,325	0	0	1,992,071	0
12. Net Reins Recoveries Incurred.....	82,065	69,619	0	0	0	12,446	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	62,545,949	23,133,696	0	9,451,303	0	27,968,879	0	0	1,992,071	0
14. Claims Adjustment Expenses.....	2,131,154	973,031	0	280,095	0	807,785	0	0	69,558	685
15. General Administrative Expenses.....	9,465,194	2,286,362	0	1,537,266	0	4,603,613	0	0	483,889	554,064
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).....	74,142,297	26,393,088	0	11,268,664	0	33,380,277	0	0	2,545,518	554,750
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(14,278,031)	(6,703,630)	0	(2,297,738)	0	(4,651,247)	0	0	(70,666)	(554,750)
19. Net Investments Gains / (Losses).....	22,221	(58,812)	0	19,106	0	56,663	0	0	5,050	214
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).....	(14,255,810)	(6,762,441)	0	(2,278,632)	0	(4,594,584)	0	0	(65,616)	(554,536)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(14,255,810)	(6,762,441)	0	(2,278,632)	0	(4,594,584)	0	0	(65,616)	(554,536)
24 Medical Loss Ratio	107.0%	117.5%	0.0%	105.4%	0.0%	102.1%	0.0%	0.0%	82.5%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 1
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 7,242

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

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

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	69,578	21,292	0	2,930	0	39,444	0	0	5,912	0
2. MEMBER MONTHS.....	408,485	146,572	0	17,695	0	225,890	0	0	18,328	0
3. Direct Premium Income.....	113,675,028	38,030,511	0	18,408,884	0	52,161,484	0	XXXXXXXX	5,074,149	0
4. Net Premium Income.....	113,386,493	37,987,112	0	18,404,102	0	52,015,998	0	0	4,979,281	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,472,726	0	0	0	0	1,413,109	0	0	59,616	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).....	114,859,219	37,987,112	0	18,404,102	0	53,429,108	0	0	5,038,897	0
11. Hospital & Medical Benefits.....	107,568,208	36,216,880	0	15,628,849	0	51,787,062	0	0	3,935,417	0
12. Net Reins Recoveries Incurred.....	468,754	69,619	0	0	0	399,135	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	107,099,454	36,147,261	0	15,628,849	0	51,387,927	0	0	3,935,417	0
14. Claims Adjustment Expenses.....	4,207,264	1,885,705	0	593,097	0	1,578,603	0	0	149,858	0
15. General Administrative Expenses.....	17,140,086	5,477,989	0	2,907,568	0	7,899,397	0	0	855,133	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).....	128,446,805	43,510,955	0	19,129,514	0	60,865,927	0	0	4,940,408	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(13,587,586)	(5,523,843)	0	(725,412)	0	(7,436,820)	0	0	98,489	0
19. Net Investments Gains / (Losses).....	27,253	(124,885)	0	37,144	0	104,878	0	0	10,116	0
20. Aggregate write-ins for other expenses.....	80	31	0	14	0	34	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(13,560,253)	(5,648,697)	0	(688,254)	0	(7,331,908)	0	0	108,605	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).....	(13,560,253)	(5,648,697)	0	(688,254)	0	(7,331,908)	0	0	108,605	0
24 Medical Loss Ratio	94.5%	95.2%	0.0%	84.9%	0.0%	98.8%	0.0%	0.0%	79.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		7,262	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	5,663	430	5,233	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	33,440	1,658	31,782	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	4,663	72	4,591	0	0	0	0	0	0	0
8. Non-Physician	1,854	46	1,808	0	0	0	0	0	0	0
9. Total	6,517	118	6,399	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	319	41	278	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	97	12	85	0	0	0	0	0	0	0
12. Health Premiums Written	8,930,289	551,301	8,378,988	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	8,930,289	551,301	8,378,988	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	5,994,038	165,164	5,828,874	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	5,850,101	277,372	5,572,729	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	5,663	5,663	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	16,857	16,857	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,600,986	4,600,986	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,584,018	4,584,018	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).....	4,584,018	4,584,018	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,180,350	3,180,350	0	0	0	0	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).....	3,180,350	3,180,350	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	159,543	156,147	0	0	0	0	0	0	0	3,396
15. General Administrative Expenses.....	594,648	302,253	0	0	0	0	0	0	0	292,395
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).....	3,934,541	3,638,750	0	0	0	0	0	0	0	295,791
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	649,477	945,268	0	0	0	0	0	0	0	(295,791)
19. Net Investments Gains / (Losses).....	9,665	9,589	0	0	0	0	0	0	0	76
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).....	659,142	954,857	0	0	0	0	0	0	0	(295,715)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	659,142	954,857	0	0	0	0	0	0	0	(295,715)
24. Medical Loss Ratio	69.4%	69.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,893	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	5,663	5,663	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,440	33,440	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	8,930,289	8,930,289	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,900,203	8,900,203	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).....	8,900,203	8,900,203	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,850,101	5,850,101	0	0	0	0	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).....	5,850,101	5,850,101	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	312,982	312,982	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,147,866	1,147,866	0	0	0	0	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).....	7,310,948	7,310,948	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,589,255	1,589,255	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	18,015	18,015	0	0	0	0	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).....	1,607,269	1,607,269	0	0	0	0	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).....	1,607,269	1,607,269	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	65.7%	65.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 1 (Examples of non-taxable enrollees are State
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 2,893 of Texas enrollees and Federal employees.)

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	33,566	0	0	0	0	0	0	4	33,562	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	196,575	0	0	0	0	0	0	24	196,551	0
Total Member Ambulatory Encounters for Year:										
7. Physician	314	0	0	0	0	0	0	312	2	0
8. Non-Physician	272	0	0	0	0	0	0	270	2	0
9. Total	586	0	0	0	0	0	0	582	4	0
10. Hospital Patient Days Incurred	9,147	0	0	0	0	0	0	0	9,147	0
11. Number of Inpatient Admissions	1,584	0	0	0	0	0	0	0	1,584	0
12. Health Premiums Written	68,126,451	0	0	0	0	0	0	13,530	68,112,921	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	68,126,451	0	0	0	0	0	0	13,530	68,112,921	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	63,188,779	0	0	0	0	0	0	1,457	63,187,321	0
18. Amount Incurred for Provision of Health Care Services	64,603,756	0	0	0	0	0	0	11,433	64,592,323	0

TEXAS HMO SUPPLEMENT

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.....	33,566	0	0	4	0	33,562	0	0	0	0
2. MEMBER MONTHS.....	99,868	0	0	12	0	99,856	0	0	0	0
3. Direct Premium Income.....	34,285,063	0	0	6,752	0	34,278,311	0	XXXXXXXX	0	0
4. Net Premium Income.....	34,172,576	0	0	6,752	0	34,165,825	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).....	34,172,576	0	0	6,752	0	34,165,825	0	0	0	0
11. Hospital & Medical Benefits.....	31,840,049	0	0	5,192	0	31,834,857	0	0	0	0
12. Net Reins Recoveries Incurred.....	133,882	0	0	0	0	133,882	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	31,706,167	0	0	5,192	0	31,700,975	0	0	0	0
14. Claims Adjustment Expenses.....	975,471	0	0	399	0	975,072	0	0	0	0
15. General Administrative Expenses.....	4,717,533	0	0	1,156	0	4,716,378	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).....	37,399,171	0	0	6,747	0	37,392,425	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,226,595)	0	0	5	0	(3,226,600)	0	0	0	0
19. Net Investments Gains / (Losses).....	73,229	0	0	25	0	73,204	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).....	(3,153,366)	0	0	30	0	(3,153,396)	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).....	(3,153,366)	0	0	30	0	(3,153,396)	0	0	0	0
24 Medical Loss Ratio	92.8%	0.0%	0.0%	76.9%	0.0%	92.8%	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

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.....	33,566	0	0	4	0	33,562	0	0	0	0
2. MEMBER MONTHS.....	196,575	0	0	24	0	196,551	0	0	0	0
3. Direct Premium Income.....	68,126,451	0	0	13,530	0	68,112,921	0	XXXXXXXX	0	0
4. Net Premium Income.....	67,904,108	0	0	13,530	0	67,890,579	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).....	67,904,108	0	0	13,530	0	67,890,579	0	0	0	0
11. Hospital & Medical Benefits.....	64,603,756	0	0	11,433	0	64,592,323	0	0	0	0
12. Net Reins Recoveries Incurred.....	187,052	0	0	0	0	187,052	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	64,416,705	0	0	11,433	0	64,405,272	0	0	0	0
14. Claims Adjustment Expenses.....	2,009,596	0	0	399	0	2,009,197	0	0	0	0
15. General Administrative Expenses.....	8,769,945	0	0	2,296	0	8,767,649	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).....	75,196,245	0	0	14,128	0	75,182,118	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,292,137)	0	0	(598)	0	(7,291,539)	0	0	0	0
19. Net Investments Gains / (Losses).....	138,605	0	0	28	0	138,577	0	0	0	0
20. Aggregate write-ins for other expenses.....	18	0	0	0	0	18	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(7,153,514)	0	0	(570)	0	(7,152,944)	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).....	(7,153,514)	0	0	(570)	0	(7,152,944)	0	0	0	0
24 Medical Loss Ratio	94.9%	0.0%	0.0%	84.5%	0.0%	94.9%	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				