

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Superior Healthplan, 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.....	390,729	1,718	0	2,608	0	349,963	0	0	36,440	0
2. MEMBER MONTHS.....	1,166,306	4,562	0	7,735	0	1,039,981	0	0	114,028	0
3. Direct Premium Income.....	420,967,367	1,406,784	0	10,764,380	0	394,711,804	0	XXXXXXXX	14,084,399	0
4. Net Premium Income.....	420,858,378	1,340,177	0	10,764,071	0	394,674,293	0	0	14,079,837	0
5. Change in unearned premium reserve and reserve for rate credits.....	(8,871,657)	0	0	0	0	(8,432,634)	0	0	(439,023)	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).....	411,986,721	1,340,177	0	10,764,071	0	386,241,659	0	0	13,640,814	0
11. Hospital & Medical Benefits.....	348,126,099	1,256,082	0	10,100,394	0	325,257,523	0	0	11,512,101	0
12. Net Reins Recoveries Incurred.....	272,408	272,408	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	347,853,691	983,674	0	10,100,394	0	325,257,523	0	0	11,512,101	0
14. Claims Adjustment Expenses.....	9,906,224	72,527	0	258,892	0	9,251,018	0	0	323,787	0
15. General Administrative Expenses.....	34,432,374	302,522	0	1,037,624	0	31,793,634	0	0	1,298,594	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).....	392,192,289	1,358,723	0	11,396,910	0	366,302,175	0	0	13,134,482	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	19,794,432	(18,546)	0	(632,839)	0	19,939,484	0	0	506,332	0
19. Net Investments Gains / (Losses).....	810,113	0	0	0	0	719,495	0	0	90,618	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).....	20,604,545	(18,546)	0	(632,839)	0	20,658,979	0	0	596,950	0
22. Federal and foreign income taxes incurred.....	8,835,505	(64,586)	0	(1,521,062)	0	9,553,867	0	0	867,286	0
23. NET INCOME/(LOSS) (L21 less L22).....	11,769,040	46,040	0	888,223	0	11,105,112	0	0	(270,336)	0
24. Medical Loss Ratio	82.7%	73.4%	0.0%	93.8%	0.0%	82.4%	0.0%	0.0%	81.8%	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 **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

(Name of Company)

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

(Location)

EXHIBIT II (Filed Annually and Quarterly)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	390,729	1,718	0	2,608	0	349,963	0	0	36,440	0
2. MEMBER MONTHS.....	2,326,563	5,916	0	15,508	0	2,057,796	0	0	247,343	0
3. Direct Premium Income.....	845,896,165	1,842,576	0	20,101,611	0	793,739,596	0	XXXXXXXX	30,212,382	0
4. Net Premium Income.....	845,725,039	1,756,200	0	20,100,991	0	793,665,360	0	0	30,202,488	0
5. Change in unearned premium reserve and reserve for rate credits.....	(12,159,743)	0	0	0	0	(11,572,689)	0	0	(587,054)	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).....	833,565,296	1,756,200	0	20,100,991	0	782,092,671	0	0	29,615,434	0
11. Hospital & Medical Benefits.....	712,050,981	1,661,414	0	18,826,918	0	666,029,594	0	0	25,533,055	0
12. Net Reins Recoveries Incurred.....	357,547	353,255	0	0	0	4,292	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	711,693,434	1,308,159	0	18,826,918	0	666,025,302	0	0	25,533,055	0
14. Claims Adjustment Expenses.....	20,529,090	94,009	0	476,715	0	19,237,166	0	0	721,200	0
15. General Administrative Expenses.....	90,097,000	396,645	0	1,876,755	0	84,992,562	0	0	2,831,038	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).....	822,319,524	1,798,813	0	21,180,388	0	770,255,030	0	0	29,085,293	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	11,245,772	(42,613)	0	(1,079,397)	0	11,837,641	0	0	530,141	0
19. Net Investments Gains / (Losses).....	1,570,319	0	0	0	0	1,393,700	0	0	176,619	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).....	12,816,091	(42,613)	0	(1,079,397)	0	13,231,341	0	0	706,760	0
22. Federal and foreign income taxes incurred.....	14,322,465	(47,627)	0	(1,206,384)	0	14,786,570	0	0	789,906	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,506,374)	5,014	0	126,987	0	(1,555,229)	0	0	(83,146)	0
24 Medical Loss Ratio	84.2%	74.5%	0.0%	93.7%	0.0%	83.9%	0.0%	0.0%	84.5%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	136,613	12,797	0	0	0	0	0	2,694	121,122	0
2. First Quarter	0									
3. Second Quarter	135,384	10,249	0	0	0	0	0	2,608	122,527	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	805,834	68,927	0	0	0	0	0	15,508	721,399	0
Total Member Ambulatory Encounters for Year:										
7. Physician	392,786	18,592	0	0	0	0	0	28,341	345,853	0
8. Non-Physician	521,742	18,095	0	0	0	0	0	9,988	493,659	0
9. Total	914,528	36,687	0	0	0	0	0	38,329	839,512	0
10. Hospital Patient Days Incurred	42,444	319	0	0	0	0	0	4,288	37,837	0
11. Number of Inpatient Admissions	8,639	77	0	0	0	0	0	564	7,998	0
12. Health Premiums Written	358,950,378	8,677,586	0	0	0	0	0	20,101,611	330,171,181	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	352,340,755	8,470,391	0	0	0	0	0	20,101,611	323,768,753	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	296,123,116	6,829,113	0	0	0	0	0	19,378,416	269,915,587	0
18. Amount Incurred for Provision of Health Care Services	290,124,586	6,803,390	0	0	0	0	0	18,826,918	264,494,278	0

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

TEXAS HMO SUPPLEMENT

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	135,384	0	0	2,608	0	122,527	0	0	10,249	0
2. MEMBER MONTHS.....	403,596	0	0	7,735	0	364,031	0	0	31,830	0
3. Direct Premium Income.....	178,729,406	0	0	10,764,380	0	163,917,677	0	XXXXXXXX	4,047,349	0
4. Net Premium Income.....	178,714,924	0	0	10,764,071	0	163,904,777	0	0	4,046,076	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,862,380)	0	0	0	0	(3,679,408)	0	0	(182,972)	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).....	174,852,544	0	0	10,764,071	0	160,225,369	0	0	3,863,104	0
11. Hospital & Medical Benefits.....	144,442,889	0	0	10,100,394	0	131,370,849	0	0	2,971,646	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	144,442,889	0	0	10,100,394	0	131,370,849	0	0	2,971,646	0
14. Claims Adjustment Expenses.....	4,216,783	0	0	258,892	0	3,865,510	0	0	92,381	0
15. General Administrative Expenses.....	16,577,551	0	0	1,037,624	0	15,171,540	0	0	368,387	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).....	165,237,223	0	0	11,396,910	0	150,407,900	0	0	3,432,414	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	9,615,321	0	0	(632,839)	0	9,817,469	0	0	430,690	0
19. Net Investments Gains / (Losses).....	277,380	0	0	0	0	252,131	0	0	25,249	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).....	9,892,701	0	0	(632,839)	0	10,069,600	0	0	455,939	0
22. Federal and foreign income taxes incurred.....	30,595,566	0	0	(1,521,062)	0	31,169,701	0	0	946,927	0
23. NET INCOME/(LOSS) (L21 less L22).....	(20,702,865)	0	0	888,223	0	(21,100,101)	0	0	(490,988)	0
24 Medical Loss Ratio	80.8%	0.0%	0.0%	93.8%	0.0%	80.2%	0.0%	0.0%	73.4%	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	135,384	0	0	2,608	0	122,527	0	0	10,249	0
2. MEMBER MONTHS.....	805,834	0	0	15,508	0	721,399	0	0	68,927	0
3. Direct Premium Income.....	358,950,378	0	0	20,101,611	0	330,171,181	0	XXXXXXXX	8,677,586	0
4. Net Premium Income.....	358,921,424	0	0	20,100,991	0	330,145,604	0	0	8,674,829	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,609,623)	0	0	0	0	(6,402,428)	0	0	(207,195)	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).....	352,311,801	0	0	20,100,991	0	323,743,176	0	0	8,467,634	0
11. Hospital & Medical Benefits.....	290,124,586	0	0	18,826,918	0	264,494,278	0	0	6,803,390	0
12. Net Reins Recoveries Incurred.....	4,292	0	0	0	0	4,292	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	290,120,294	0	0	18,826,918	0	264,489,986	0	0	6,803,390	0
14. Claims Adjustment Expenses.....	8,632,176	0	0	476,715	0	7,947,195	0	0	208,266	0
15. General Administrative Expenses.....	33,482,848	0	0	1,876,755	0	30,796,796	0	0	809,297	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).....	332,235,318	0	0	21,180,388	0	303,233,977	0	0	7,820,953	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	20,076,483	0	0	(1,079,397)	0	20,509,199	0	0	646,681	0
19. Net Investments Gains / (Losses).....	538,283	0	0	0	0	489,029	0	0	49,254	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).....	20,614,766	0	0	(1,079,397)	0	20,998,228	0	0	695,935	0
22. Federal and foreign income taxes incurred.....	23,039,987	0	0	(1,206,384)	0	23,468,563	0	0	777,808	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,425,221)	0	0	126,987	0	(2,470,335)	0	0	(81,873)	0
24 Medical Loss Ratio	80.8%	0.0%	0.0%	93.7%	0.0%	80.1%	0.0%	0.0%	78.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **EI Paso**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	63,899	8,561	0	0	0	0	0	0	55,338	0
2. First Quarter	0									
3. Second Quarter	61,852	6,555	0	0	0	0	0	0	55,297	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	370,563	45,289	0	0	0	0	0	0	325,274	0
Total Member Ambulatory Encounters for Year:										
7. Physician	184,888	16,434	0	0	0	0	0	0	168,454	0
8. Non-Physician	80,608	7,382	0	0	0	0	0	0	73,226	0
9. Total	265,496	23,816	0	0	0	0	0	0	241,680	0
10. Hospital Patient Days Incurred	9,547	186	0	0	0	0	0	0	9,361	0
11. Number of Inpatient Admissions	2,523	57	0	0	0	0	0	0	2,466	0
12. Health Premiums Written	68,948,296	4,884,903	0	0	0	0	0	0	64,063,393	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	67,542,289	4,748,790	0	0	0	0	0	0	62,793,499	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	61,517,226	3,983,917	0	0	0	0	0	0	57,533,309	0
18. Amount Incurred for Provision of Health Care Services	58,958,775	3,840,327	0	0	0	0	0	0	55,118,448	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	61,852	0	0	0	0	55,297	0	0	6,555	0
2. MEMBER MONTHS.....	185,082	0	0	0	0	164,522	0	0	20,560	0
3. Direct Premium Income.....	34,327,587	0	0	0	0	32,092,365	0	XXXXXXXX	2,235,222	0
4. Net Premium Income.....	34,320,185	0	0	0	0	32,085,785	0	0	2,234,400	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,292,482)	0	0	0	0	(1,194,225)	0	0	(98,257)	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).....	33,027,703	0	0	0	0	30,891,560	0	0	2,136,143	0
11. Hospital & Medical Benefits.....	27,312,878	0	0	0	0	25,677,481	0	0	1,635,398	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	27,312,878	0	0	0	0	25,677,481	0	0	1,635,398	0
14. Claims Adjustment Expenses.....	769,129	0	0	0	0	719,655	0	0	49,474	0
15. General Administrative Expenses.....	(1,665,535)	0	0	0	0	(1,869,777)	0	0	204,242	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).....	26,416,472	0	0	0	0	24,527,359	0	0	1,889,113	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,611,231	0	0	0	0	6,364,201	0	0	247,030	0
19. Net Investments Gains / (Losses).....	130,143	0	0	0	0	113,467	0	0	16,676	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,741,374	0	0	0	0	6,477,668	0	0	263,706	0
22. Federal and foreign income taxes incurred.....	(22,634,447)	0	0	0	0	(23,121,777)	0	0	487,330	0
23. NET INCOME/(LOSS) (L21 less L22).....	29,375,821	0	0	0	0	29,599,445	0	0	(223,624)	0
24 Medical Loss Ratio	79.6%	0.0%	0.0%	0.0%	0.0%	80.0%	0.0%	0.0%	73.2%	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	61,852	0	0	0	0	55,297	0	0	6,555	0
2. MEMBER MONTHS.....	370,563	0	0	0	0	325,274	0	0	45,289	0
3. Direct Premium Income.....	68,948,296	0	0	0	0	64,063,393	0	XXXXXXXX	4,884,903	0
4. Net Premium Income.....	68,933,464	0	0	0	0	64,050,372	0	0	4,883,092	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,406,007)	0	0	0	0	(1,269,894)	0	0	(136,113)	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).....	67,527,457	0	0	0	0	62,780,478	0	0	4,746,979	0
11. Hospital & Medical Benefits.....	58,958,775	0	0	0	0	55,118,448	0	0	3,840,327	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	58,958,775	0	0	0	0	55,118,448	0	0	3,840,327	0
14. Claims Adjustment Expenses.....	1,603,929	0	0	0	0	1,490,050	0	0	113,879	0
15. General Administrative Expenses.....	17,029,895	0	0	0	0	16,573,915	0	0	455,980	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).....	77,592,599	0	0	0	0	73,182,413	0	0	4,410,186	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(10,065,142)	0	0	0	0	(10,401,935)	0	0	336,793	0
19. Net Investments Gains / (Losses).....	251,300	0	0	0	0	218,698	0	0	32,602	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).....	(9,813,842)	0	0	0	0	(10,183,237)	0	0	369,395	0
22. Federal and foreign income taxes incurred.....	(10,969,762)	0	0	0	0	(11,382,615)	0	0	412,853	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,155,920	0	0	0	0	1,199,378	0	0	(43,458)	0
24 Medical Loss Ratio	85.5%	0.0%	0.0%	0.0%	0.0%	86.1%	0.0%	0.0%	78.6%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **Austin**

(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	102,241	15,453	0	0	0	0	0	0	86,788	0
2. First Quarter	0									
3. Second Quarter	102,486	13,901	0	0	0	0	0	0	88,585	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	602,010	88,390	0	0	0	0	0	0	513,620	0
Total Member Ambulatory Encounters for Year:										
7. Physician	235,876	27,212	0	0	0	0	0	0	208,664	0
8. Non-Physician	219,441	31,765	0	0	0	0	0	0	187,676	0
9. Total	455,317	58,977	0	0	0	0	0	0	396,340	0
10. Hospital Patient Days Incurred	16,494	460	0	0	0	0	0	0	16,034	0
11. Number of Inpatient Admissions	4,050	104	0	0	0	0	0	0	3,946	0
12. Health Premiums Written	129,691,251	13,305,724	0	0	0	0	0	0	116,385,527	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	128,192,986	13,070,072	0	0	0	0	0	0	115,122,914	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	107,555,191	10,359,412	0	0	0	0	0	0	97,195,779	0
18. Amount Incurred for Provision of Health Care Services	109,378,868	11,629,186	0	0	0	0	0	0	97,749,682	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin

(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.....	102,486	1,718	0	0	0	88,585	0	0	12,183	0
2. MEMBER MONTHS.....	304,004	4,562	0	0	0	261,284	0	0	38,158	0
3. Direct Premium Income.....	65,580,554	1,406,784	0	0	0	58,791,565	0	XXXXXXXX	5,382,205	0
4. Net Premium Income.....	65,501,973	1,340,177	0	0	0	58,781,117	0	0	5,380,679	0
5. Change in unearned premium reserve and reserve for rate credits.....	(864,388)	0	0	0	0	(745,642)	0	0	(118,746)	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).....	64,637,585	1,340,177	0	0	0	58,035,475	0	0	5,261,933	0
11. Hospital & Medical Benefits.....	54,357,616	1,256,082	0	0	0	48,384,197	0	0	4,717,337	0
12. Net Reins Recoveries Incurred.....	272,408	272,408	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	54,085,208	983,674	0	0	0	48,384,197	0	0	4,717,337	0
14. Claims Adjustment Expenses.....	1,612,374	72,527	0	0	0	1,413,824	0	0	126,023	0
15. General Administrative Expenses.....	6,278,284	302,522	0	0	0	5,476,773	0	0	498,989	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).....	61,975,866	1,358,723	0	0	0	55,274,794	0	0	5,342,349	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,661,719	(18,546)	0	0	0	2,760,681	0	0	(80,416)	0
19. Net Investments Gains / (Losses).....	208,294	0	0	0	0	178,153	0	0	30,141	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).....	2,870,013	(18,546)	0	0	0	2,938,834	0	0	(50,275)	0
22. Federal and foreign income taxes incurred.....	5,076,607	(64,586)	0	0	0	5,154,839	0	0	(13,646)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,206,594)	46,040	0	0	0	(2,216,005)	0	0	(36,629)	0
24 Medical Loss Ratio	82.6%	73.4%	0.0%	0.0%	0.0%	82.3%	0.0%	0.0%	87.7%	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.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin

(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.....	102,486	1,718	0	0	0	88,585	0	0	12,183	0
2. MEMBER MONTHS.....	602,010	5,916	0	0	0	513,620	0	0	82,474	0
3. Direct Premium Income.....	129,691,251	1,842,576	0	0	0	116,385,527	0	XXXXXXXX	11,463,148	0
4. Net Premium Income.....	129,581,016	1,756,200	0	0	0	116,364,967	0	0	11,459,849	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,498,265)	0	0	0	0	(1,262,613)	0	0	(235,652)	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).....	128,082,751	1,756,200	0	0	0	115,102,354	0	0	11,224,197	0
11. Hospital & Medical Benefits.....	109,378,868	1,661,414	0	0	0	97,749,682	0	0	9,967,772	0
12. Net Reins Recoveries Incurred.....	353,255	353,255	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	109,025,613	1,308,159	0	0	0	97,749,682	0	0	9,967,772	0
14. Claims Adjustment Expenses.....	3,186,965	94,009	0	0	0	2,820,990	0	0	271,966	0
15. General Administrative Expenses.....	12,378,798	396,645	0	0	0	10,912,172	0	0	1,069,981	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).....	124,591,376	1,798,813	0	0	0	111,482,844	0	0	11,309,719	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,491,375	(42,613)	0	0	0	3,619,510	0	0	(85,522)	0
19. Net Investments Gains / (Losses).....	404,228	0	0	0	0	345,635	0	0	58,593	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).....	3,895,603	(42,613)	0	0	0	3,965,145	0	0	(26,929)	0
22. Federal and foreign income taxes incurred.....	4,353,899	(47,627)	0	0	0	4,431,623	0	0	(30,097)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(458,296)	5,014	0	0	0	(466,478)	0	0	3,168	0
24 Medical Loss Ratio	84.1%	74.5%	0.0%	0.0%	0.0%	84.0%	0.0%	0.0%	87.0%	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.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

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	35,346	7,129	0	0	0	0	0	0	28,217	0
2. First Quarter	0									
3. Second Quarter	35,281	5,761	0	0	0	0	0	0	29,520	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	211,291	39,144	0	0	0	0	0	0	172,147	0
Total Member Ambulatory Encounters for Year:										
7. Physician	88,016	9,984	0	0	0	0	0	0	78,032	0
8. Non-Physician	111,488	9,959	0	0	0	0	0	0	101,529	0
9. Total	199,504	19,943	0	0	0	0	0	0	179,561	0
10. Hospital Patient Days Incurred	10,293	190	0	0	0	0	0	0	10,103	0
11. Number of Inpatient Admissions	2,200	51	0	0	0	0	0	0	2,149	0
12. Health Premiums Written	62,519,040	3,672,971	0	0	0	0	0	0	58,846,069	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	62,378,599	3,673,318	0	0	0	0	0	0	58,705,281	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	56,308,159	3,572,854	0	0	0	0	0	0	52,735,305	0
18. Amount Incurred for Provision of Health Care Services	57,092,145	3,551,969	0	0	0	0	0	0	53,540,176	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

(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.....	35,281	0	0	0	0	29,520	0	0	5,761	0
2. MEMBER MONTHS.....	106,185	0	0	0	0	88,034	0	0	18,151	0
3. Direct Premium Income.....	31,198,415	0	0	0	0	29,473,049	0	XXXXXXXX	1,725,366	0
4. Net Premium Income.....	31,194,475	0	0	0	0	29,469,835	0	0	1,724,640	0
5. Change in unearned premium reserve and reserve for rate credits.....	(707,331)	0	0	0	0	(680,191)	0	0	(27,140)	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).....	30,487,144	0	0	0	0	28,789,644	0	0	1,697,500	0
11. Hospital & Medical Benefits.....	26,983,866	0	0	0	0	25,424,937	0	0	1,558,929	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	26,983,866	0	0	0	0	25,424,937	0	0	1,558,929	0
14. Claims Adjustment Expenses.....	719,438	0	0	0	0	679,349	0	0	40,089	0
15. General Administrative Expenses.....	2,901,220	0	0	0	0	2,738,377	0	0	162,843	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).....	30,604,524	0	0	0	0	28,842,663	0	0	1,761,861	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(117,380)	0	0	0	0	(53,019)	0	0	(64,361)	0
19. Net Investments Gains / (Losses).....	74,397	0	0	0	0	60,049	0	0	14,348	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).....	(42,983)	0	0	0	0	7,030	0	0	(50,013)	0
22. Federal and foreign income taxes incurred.....	(3,776,865)	0	0	0	0	(3,275,785)	0	0	(501,080)	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,733,882	0	0	0	0	3,282,815	0	0	451,067	0
24 Medical Loss Ratio	86.5%	0.0%	0.0%	0.0%	0.0%	86.3%	0.0%	0.0%	90.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

(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.....	35,281	0	0	0	0	29,520	0	0	5,761	0
2. MEMBER MONTHS.....	211,291	0	0	0	0	172,147	0	0	39,144	0
3. Direct Premium Income.....	62,519,040	0	0	0	0	58,846,069	0	XXXXXXXX	3,672,971	0
4. Net Premium Income.....	62,511,188	0	0	0	0	58,839,783	0	0	3,671,405	0
5. Change in unearned premium reserve and reserve for rate credits.....	(140,441)	0	0	0	0	(140,788)	0	0	347	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).....	62,370,747	0	0	0	0	58,698,995	0	0	3,671,752	0
11. Hospital & Medical Benefits.....	57,092,145	0	0	0	0	53,540,176	0	0	3,551,969	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	57,092,145	0	0	0	0	53,540,176	0	0	3,551,969	0
14. Claims Adjustment Expenses.....	1,567,778	0	0	0	0	1,477,607	0	0	90,171	0
15. General Administrative Expenses.....	5,944,019	0	0	0	0	5,592,113	0	0	351,906	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).....	64,603,942	0	0	0	0	60,609,896	0	0	3,994,046	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,233,195)	0	0	0	0	(1,910,901)	0	0	(322,294)	0
19. Net Investments Gains / (Losses).....	144,017	0	0	0	0	116,030	0	0	27,987	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).....	(2,089,178)	0	0	0	0	(1,794,871)	0	0	(294,307)	0
22. Federal and foreign income taxes incurred.....	(2,334,961)	0	0	0	0	(2,006,029)	0	0	(328,932)	0
23. NET INCOME/(LOSS) (L21 less L22).....	245,783	0	0	0	0	211,158	0	0	34,625	0
24 Medical Loss Ratio	91.3%	0.0%	0.0%	0.0%	0.0%	91.0%	0.0%	0.0%	96.7%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **Corpus Christi**

(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	31,696	2,077	0	0	0	0	0	0	29,619	0
2. First Quarter	0									
3. Second Quarter	30,348	1,692	0	0	0	0	0	0	28,656	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	184,732	11,509	0	0	0	0	0	0	173,223	0
Total Member Ambulatory Encounters for Year:										
7. Physician	88,344	3,729	0	0	0	0	0	0	84,615	0
8. Non-Physician	170,805	2,110	0	0	0	0	0	0	168,695	0
9. Total	259,149	5,839	0	0	0	0	0	0	253,310	0
10. Hospital Patient Days Incurred	8,093	55	0	0	0	0	0	0	8,038	0
11. Number of Inpatient Admissions	1,595	15	0	0	0	0	0	0	1,580	0
12. Health Premiums Written	106,104,942	1,513,773	0	0	0	0	0	0	104,591,169	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	104,578,900	1,505,332	0	0	0	0	0	0	103,073,568	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	91,172,917	1,376,830	0	0	0	0	0	0	89,796,087	0
18. Amount Incurred for Provision of Health Care Services	89,095,437	1,369,598	0	0	0	0	0	0	87,725,839	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi

(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.....	30,348	0	0	0	0	28,656	0	0	1,692	0
2. MEMBER MONTHS.....	91,411	0	0	0	0	86,082	0	0	5,329	0
3. Direct Premium Income.....	51,824,340	0	0	0	0	51,130,085	0	XXXXXXXX	694,255	0
4. Net Premium Income.....	51,821,421	0	0	0	0	51,127,379	0	0	694,042	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,132,652)	0	0	0	0	(1,120,744)	0	0	(11,908)	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).....	50,688,769	0	0	0	0	50,006,635	0	0	682,134	0
11. Hospital & Medical Benefits.....	42,683,718	0	0	0	0	42,054,926	0	0	628,792	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	42,683,718	0	0	0	0	42,054,926	0	0	628,792	0
14. Claims Adjustment Expenses.....	1,211,891	0	0	0	0	1,196,072	0	0	15,819	0
15. General Administrative Expenses.....	4,804,381	0	0	0	0	4,740,247	0	0	64,133	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).....	48,699,989	0	0	0	0	47,991,245	0	0	708,744	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,988,780	0	0	0	0	2,015,390	0	0	(26,610)	0
19. Net Investments Gains / (Losses).....	65,899	0	0	0	0	61,694	0	0	4,205	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).....	2,054,679	0	0	0	0	2,077,084	0	0	(22,405)	0
22. Federal and foreign income taxes incurred.....	4,175,383	0	0	0	0	4,227,629	0	0	(52,246)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,120,704)	0	0	0	0	(2,150,545)	0	0	29,841	0
24 Medical Loss Ratio	82.4%	0.0%	0.0%	0.0%	0.0%	82.3%	0.0%	0.0%	90.6%	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				

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

TEXAS HMO SUPPLEMENT

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi

(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.....	30,348	0	0	0	0	28,656	0	0	1,692	0
2. MEMBER MONTHS.....	184,732	0	0	0	0	173,223	0	0	11,509	0
3. Direct Premium Income.....	106,104,942	0	0	0	0	104,591,169	0	XXXXXXXX	1,513,773	0
4. Net Premium Income.....	106,099,021	0	0	0	0	104,585,708	0	0	1,513,313	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,526,042)	0	0	0	0	(1,517,601)	0	0	(8,441)	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).....	104,572,979	0	0	0	0	103,068,107	0	0	1,504,872	0
11. Hospital & Medical Benefits.....	89,095,437	0	0	0	0	87,725,839	0	0	1,369,598	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	89,095,437	0	0	0	0	87,725,839	0	0	1,369,598	0
14. Claims Adjustment Expenses.....	2,568,141	0	0	0	0	2,531,224	0	0	36,917	0
15. General Administrative Expenses.....	9,951,426	0	0	0	0	9,807,552	0	0	143,874	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).....	101,615,004	0	0	0	0	100,064,615	0	0	1,550,389	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,957,975	0	0	0	0	3,003,492	0	0	(45,517)	0
19. Net Investments Gains / (Losses).....	127,798	0	0	0	0	119,614	0	0	8,184	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).....	3,085,773	0	0	0	0	3,123,106	0	0	(37,333)	0
22. Federal and foreign income taxes incurred.....	3,448,797	0	0	0	0	3,490,523	0	0	(41,726)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(363,024)	0	0	0	0	(367,417)	0	0	4,393	0
24 Medical Loss Ratio	84.0%	0.0%	0.0%	0.0%	0.0%	83.9%	0.0%	0.0%	90.5%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	25,565	0	0	0	0	0	0	0	25,565	0
2. First Quarter	0									
3. Second Quarter	25,378	0	0	0	0	0	0	0	25,378	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	152,133	0	0	0	0	0	0	0	152,133	0
Total Member Ambulatory Encounters for Year:										
7. Physician	69,758	0	0	0	0	0	0	0	69,758	0
8. Non-Physician	171,885	0	0	0	0	0	0	0	171,885	0
9. Total	241,643	0	0	0	0	0	0	0	241,643	0
10. Hospital Patient Days Incurred	10,886	0	0	0	0	0	0	0	10,886	0
11. Number of Inpatient Admissions	2,019	0	0	0	0	0	0	0	2,019	0
12. Health Premiums Written	119,682,257	0	0	0	0	0	0	0	119,682,257	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	118,702,892	0	0	0	0	0	0	0	118,702,892	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	108,618,646	0	0	0	0	0	0	0	108,618,646	0
18. Amount Incurred for Provision of Health Care Services	107,401,171	0	0	0	0	0	0	0	107,401,171	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	25,378	0	0	0	0	25,378	0	0	0	0
2. MEMBER MONTHS.....	76,028	0	0	0	0	76,028	0	0	0	0
3. Direct Premium Income.....	59,307,061	0	0	0	0	59,307,061	0	XXXXXXXX	0	0
4. Net Premium Income.....	59,305,399	0	0	0	0	59,305,399	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,012,424)	0	0	0	0	(1,012,424)	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).....	58,292,975	0	0	0	0	58,292,975	0	0	0	0
11. Hospital & Medical Benefits.....	52,345,133	0	0	0	0	52,345,133	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).....	52,345,133	0	0	0	0	52,345,133	0	0	0	0
14. Claims Adjustment Expenses.....	1,376,608	0	0	0	0	1,376,608	0	0	0	0
15. General Administrative Expenses.....	5,536,472	0	0	0	0	5,536,472	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).....	59,258,213	0	0	0	0	59,258,213	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(965,238)	0	0	0	0	(965,238)	0	0	0	0
19. Net Investments Gains / (Losses).....	54,001	0	0	0	0	54,001	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).....	(911,237)	0	0	0	0	(911,237)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(4,600,739)	0	0	0	0	(4,600,739)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,689,502	0	0	0	0	3,689,502	0	0	0	0
24 Medical Loss Ratio	88.3%	0.0%	0.0%	0.0%	0.0%	88.3%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State				* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)				0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	25,378	0	0	0	0	25,378	0	0	0	0
2. MEMBER MONTHS.....	152,133	0	0	0	0	152,133	0	0	0	0
3. Direct Premium Income.....	119,682,257	0	0	0	0	119,682,257	0	XXXXXXXX	0	0
4. Net Premium Income.....	119,678,926	0	0	0	0	119,678,926	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(979,365)	0	0	0	0	(979,365)	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).....	118,699,561	0	0	0	0	118,699,561	0	0	0	0
11. Hospital & Medical Benefits.....	107,401,171	0	0	0	0	107,401,171	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).....	107,401,171	0	0	0	0	107,401,171	0	0	0	0
14. Claims Adjustment Expenses.....	2,970,099	0	0	0	0	2,970,099	0	0	0	0
15. General Administrative Expenses.....	11,310,012	0	0	0	0	11,310,012	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).....	121,681,282	0	0	0	0	121,681,282	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,981,721)	0	0	0	0	(2,981,721)	0	0	0	0
19. Net Investments Gains / (Losses).....	104,695	0	0	0	0	104,695	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).....	(2,877,026)	0	0	0	0	(2,877,026)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(3,215,494)	0	0	0	0	(3,215,494)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	338,468	0	0	0	0	338,468	0	0	0	0
24 Medical Loss Ratio	89.7%	0.0%	0.0%	0.0%	0.0%	89.7%	0.0%	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):
0