

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	372,413	270,297	0	102,116	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,116,046	810,553	0	305,493	0	0	0	0	0	0
3. Direct Premium Income.....	411,891,052	166,688,422	0	245,202,630	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	410,840,204	165,637,574	0	245,202,630	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	67,997,152	67,997,152	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).....	478,837,356	233,634,726	0	245,202,630	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	454,702,214	245,167,681	0	209,534,533	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	22,695,000	22,695,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	432,007,214	222,472,681	0	209,534,533	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	17,939,866	9,756,056	0	8,183,810	0	0	0	0	0	0
15. General Administrative Expenses.....	58,059,786	38,519,713	0	19,540,073	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	10,410,073	10,410,073	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	518,416,939	281,158,523	0	237,258,416	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(39,579,583)	(47,523,797)	0	7,944,214	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,996,302	1,035,025	0	961,277	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(156)	(345)	0	189	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(37,583,437)	(46,489,117)	0	8,905,680	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(8,734,391)	(18,975,891)	0	10,241,500	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(28,849,046)	(27,513,226)	0	(1,335,820)	0	0	0	0	0	0
24 Medical Loss Ratio	105.2%	134.3%	0.0%	85.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,225	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		35,974	of Texas enrollees and Federal employees.)			0				

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STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	372,413	270,297	0	102,116	0	0	0	0	0	0
2. MEMBER MONTHS.....	4,592,258	3,398,083	0	1,194,175	0	0	0	0	0	0
3. Direct Premium Income.....	1,943,930,339	956,321,713	0	987,608,626	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,938,981,374	951,372,748	0	987,608,626	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	67,998,286	67,998,286	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).....	2,006,979,660	1,019,371,034	0	987,608,626	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,837,443,225	971,156,402	0	866,286,823	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	52,556,748	52,556,748	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,784,886,477	918,599,654	0	866,286,823	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	68,540,946	38,940,215	0	29,600,731	0	0	0	0	0	0
15. General Administrative Expenses.....	260,027,460	181,912,651	0	78,114,809	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	10,366,000	10,366,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,123,820,883	1,149,818,520	0	974,002,363	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(116,841,223)	(130,447,486)	0	13,606,263	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	10,263,406	5,192,582	0	5,070,824	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(77,694)	(39,339)	0	(38,355)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(106,655,511)	(125,294,243)	0	18,638,732	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(20,206,156)	(32,064,161)	0	11,858,005	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(86,449,355)	(93,230,082)	0	6,780,727	0	0	0	0	0	0
24 Medical Loss Ratio	92.1%	96.6%	0.0%	87.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,225	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		146,603	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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	31,662	2,905	14,547	0	0	0	197	14,013	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	30,289	2,165	13,651	0	0	0	227	14,246	0	0
6. Current Year Member Months	381,597	30,707	177,246	0	0	0	2,575	171,069	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	357,291	15,268	70,520	0	0	0	1,861	269,642	0	0
8. Non-Physician	166,115	6,026	20,853	0	0	0	795	138,441	0	0
9. Total	523,406	21,294	91,373	0	0	0	2,656	408,083	0	0
10. Hospital Patient Days Incurred	52,382	1,486	3,921	0	0	0	70	46,905	0	0
11. Number of Inpatient Admissions	5,592	220	696	0	0	0	12	4,664	0	0
12. Health Premiums Written	234,636,237	6,164,639	46,655,061	0	0	0	1,117,545	180,698,992	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	236,530,390	8,058,792	46,655,061	0	0	0	1,117,545	180,698,992	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	200,113,008	8,465,221	44,235,303	0	0	0	1,115,146	146,297,338	0	0
18. Amount Incurred for Provision of Health Care Services	211,031,353	9,532,928	45,490,184	0	0	0	1,265,495	154,742,746	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	30,289	16,043	0	14,246	0	0	0	0	0	0
2. MEMBER MONTHS.....	90,210	47,494	0	42,716	0	0	0	0	0	0
3. Direct Premium Income.....	55,149,677	11,644,683	0	43,504,994	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	55,103,700	11,598,706	0	43,504,994	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,894,126	1,894,126	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).....	56,997,826	13,492,832	0	43,504,994	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	50,398,632	14,571,602	0	35,827,030	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	550,771	550,771	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	49,847,861	14,020,831	0	35,827,030	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,986,374	528,205	0	1,458,169	0	0	0	0	0	0
15. General Administrative Expenses.....	5,452,159	1,984,190	0	3,467,969	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).....	57,286,394	16,533,226	0	40,753,168	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(288,568)	(3,040,394)	0	2,751,826	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	224,522	56,163	0	168,359	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	118	11	0	107	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(63,928)	(2,984,220)	0	2,920,292	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	4,171,091	(614,890)	0	4,785,981	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,235,019)	(2,369,330)	0	(1,865,689)	0	0	0	0	0	0
24 Medical Loss Ratio	90.5%	120.9%	0.0%	82.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		227	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		678	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	30,289	16,043	0	14,246	0	0	0	0	0	0
2. MEMBER MONTHS.....	381,597	210,528	0	171,069	0	0	0	0	0	0
3. Direct Premium Income.....	234,636,237	53,937,245	0	180,698,992	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	234,454,993	53,756,001	0	180,698,992	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,894,154	1,894,154	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).....	236,349,147	55,650,155	0	180,698,992	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	211,031,353	56,288,607	0	154,742,746	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,814,820	1,814,820	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	209,216,533	54,473,787	0	154,742,746	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,525,999	2,110,066	0	5,415,933	0	0	0	0	0	0
15. General Administrative Expenses.....	23,894,623	9,602,254	0	14,292,369	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).....	240,637,155	66,186,107	0	174,451,048	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,288,008)	(10,535,952)	0	6,247,944	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,224,941	297,152	0	927,789	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(9,263)	(2,247)	0	(7,016)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,072,330)	(10,241,047)	0	7,168,717	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,505,358	(1,986,218)	0	5,491,576	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(6,577,688)	(8,254,829)	0	1,677,141	0	0	0	0	0	0
24 Medical Loss Ratio	89.2%	101.3%	0.0%	85.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		227	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,575	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(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	78,963	16,856	58,312	0	0	0	293	3,502	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	67,542	8,443	53,208	0	0	0	446	5,445	0	0
6. Current Year Member Months	846,384	119,677	660,962	0	0	0	4,851	60,894	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	434,886	91,708	244,906	0	0	0	3,151	95,121	0	0
8. Non-Physician	153,320	33,886	71,893	0	0	0	990	46,551	0	0
9. Total	588,206	125,594	316,799	0	0	0	4,141	141,672	0	0
10. Hospital Patient Days Incurred	36,736	7,622	13,869	0	0	0	192	15,053	0	0
11. Number of Inpatient Admissions	5,025	1,096	2,299	0	0	0	21	1,609	0	0
12. Health Premiums Written	302,221,370	36,048,413	209,695,802	0	0	0	1,957,171	54,519,984	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	313,299,110	47,126,153	209,695,802	0	0	0	1,957,171	54,519,984	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	311,486,110	83,993,699	178,277,110	0	0	0	2,209,621	47,005,680	0	0
18. Amount Incurred for Provision of Health Care Services	309,720,847	80,587,296	176,195,085	0	0	0	2,533,502	50,404,964	0	0

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OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston
(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.....	67,542	62,097	0	5,445	0	0	0	0	0	0
2. MEMBER MONTHS.....	202,281	186,179	0	16,102	0	0	0	0	0	0
3. Direct Premium Income.....	73,274,256	58,920,518	0	14,353,738	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	72,951,029	58,597,291	0	14,353,738	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	11,077,602	11,077,602	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).....	84,028,631	69,674,893	0	14,353,738	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	78,802,562	66,012,487	0	12,790,075	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	6,939,212	6,939,212	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	71,863,350	59,073,275	0	12,790,075	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,216,680	2,741,313	0	475,367	0	0	0	0	0	0
15. General Administrative Expenses.....	12,021,254	10,878,057	0	1,143,197	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	5,352,232	5,352,232	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	92,453,516	78,044,877	0	14,408,639	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,424,885)	(8,369,984)	0	(54,901)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	347,446	289,854	0	57,592	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(295)	(263)	0	(32)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(8,077,734)	(8,080,393)	0	2,659	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(6,591,682)	(5,222,229)	0	(1,369,453)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,486,052)	(2,858,164)	0	1,372,112	0	0	0	0	0	0
24 Medical Loss Ratio	98.5%	100.8%	0.0%	89.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		446	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,346	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston
(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.....	67,542	62,097	0	5,445	0	0	0	0	0	0
2. MEMBER MONTHS.....	846,384	785,490	0	60,894	0	0	0	0	0	0
3. Direct Premium Income.....	302,221,370	247,701,386	0	54,519,984	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	301,272,969	246,752,985	0	54,519,984	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	11,077,740	11,077,740	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).....	312,350,709	257,830,725	0	54,519,984	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	309,720,847	259,315,883	0	50,404,964	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	16,908,293	16,908,293	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	292,812,554	242,407,590	0	50,404,964	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	11,430,139	9,796,059	0	1,634,080	0	0	0	0	0	0
15. General Administrative Expenses.....	49,216,472	44,904,219	0	4,312,253	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	5,329,297	5,329,297	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	358,788,462	302,437,165	0	56,351,297	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(46,437,753)	(44,606,440)	0	(1,831,313)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,639,337	1,359,407	0	279,930	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(12,411)	(10,294)	0	(2,117)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(44,810,827)	(43,257,327)	0	(1,553,500)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(12,692,460)	(11,064,554)	0	(1,627,906)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(32,118,367)	(32,192,773)	0	74,406	0	0	0	0	0	0
24 Medical Loss Ratio	97.2%	98.2%	0.0%	92.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		446	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		4,851	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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	113,631	31,942	50,772	0	0	0	10,112	20,805	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	114,981	30,139	50,994	0	0	0	9,180	24,668	0	0
6. Current Year Member Months	1,432,280	421,454	607,075	0	0	0	110,661	293,090	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,054,355	213,365	269,189	0	0	0	108,177	463,624	0	0
8. Non-Physician	415,977	92,376	69,108	0	0	0	38,092	216,401	0	0
9. Total	1,470,332	305,741	338,297	0	0	0	146,269	680,025	0	0
10. Hospital Patient Days Incurred	104,286	12,933	13,540	0	0	0	4,521	73,292	0	0
11. Number of Inpatient Admissions	12,315	2,142	2,144	0	0	0	645	7,384	0	0
12. Health Premiums Written	597,054,156	76,512,881	172,294,431	0	0	0	63,281,060	284,965,784	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	620,562,635	100,021,360	172,294,431	0	0	0	63,281,060	284,965,784	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	525,392,465	84,848,555	142,453,413	0	0	0	60,368,877	237,721,620	0	0
18. Amount Incurred for Provision of Health Care Services	530,196,899	85,092,015	147,388,429	0	0	0	58,717,163	238,999,292	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	114,981	90,313	0	24,668	0	0	0	0	0	0
2. MEMBER MONTHS.....	346,134	272,219	0	73,915	0	0	0	0	0	0
3. Direct Premium Income.....	123,264,706	54,567,951	0	68,696,755	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	122,884,848	54,188,093	0	68,696,755	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	23,508,101	23,508,101	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).....	146,392,949	77,696,194	0	68,696,755	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	126,318,386	70,965,060	0	55,353,326	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	4,537,002	4,537,002	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	121,781,384	66,428,058	0	55,353,326	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,555,855	3,253,739	0	2,302,116	0	0	0	0	0	0
15. General Administrative Expenses.....	18,510,800	13,034,760	0	5,476,040	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).....	145,848,039	82,716,557	0	63,131,482	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	544,910	(5,020,363)	0	5,565,273	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	606,365	340,368	0	265,997	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	23	(143)	0	166	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,151,298	(4,680,138)	0	5,831,436	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	9,994,341	(1,369,456)	0	11,363,797	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(8,843,043)	(3,310,682)	0	(5,532,361)	0	0	0	0	0	0
24 Medical Loss Ratio	99.1%	122.6%	0.0%	80.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		9,180	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		26,882	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	114,981	90,313	0	24,668	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,432,280	1,139,190	0	293,090	0	0	0	0	0	0
3. Direct Premium Income.....	597,054,156	312,088,372	0	284,965,784	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	595,384,909	310,419,125	0	284,965,784	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	23,508,479	23,508,479	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).....	618,893,388	333,927,604	0	284,965,784	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	530,196,899	291,197,607	0	238,999,292	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	9,888,410	9,888,410	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	520,308,489	281,309,197	0	238,999,292	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	21,307,852	12,766,821	0	8,541,031	0	0	0	0	0	0
15. General Administrative Expenses.....	82,353,754	59,814,413	0	22,539,341	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).....	623,970,095	353,890,431	0	270,079,664	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,076,707)	(19,962,827)	0	14,886,120	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,154,860	1,691,718	0	1,463,142	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(23,879)	(12,818)	0	(11,061)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,945,726)	(18,283,927)	0	16,338,201	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	9,479,975	(3,628,827)	0	13,108,802	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(11,425,701)	(14,655,100)	0	3,229,399	0	0	0	0	0	0
24 Medical Loss Ratio	87.4%	90.6%	0.0%	83.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		9,180	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		110,661	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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	104,279	36,916	51,031	0	1,491	7,613	2,525	4,703	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	115,218	44,783	52,503	0	0	0	2,372	15,560	0	0
6. Current Year Member Months	1,415,779	574,444	633,750	0	0	0	28,516	179,069	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	724,593	311,920	293,145	0	0	0	23,008	96,520	0	0
8. Non-Physician	214,306	79,375	92,588	0	0	0	9,267	33,076	0	0
9. Total	938,899	391,295	385,733	0	0	0	32,275	129,596	0	0
10. Hospital Patient Days Incurred	41,167	17,760	11,752	0	0	0	858	10,797	0	0
11. Number of Inpatient Admissions	6,200	2,807	2,077	0	0	0	135	1,181	0	0
12. Health Premiums Written	390,209,104	102,584,303	220,662,175	0	0	0	13,626,705	53,335,921	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	421,727,017	134,102,216	220,662,175	0	0	0	13,626,705	53,335,921	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	396,846,043	174,635,128	158,841,139	0	15,899	47,192	17,173,907	46,132,778	0	0
18. Amount Incurred for Provision of Health Care Services	405,864,313	178,140,138	164,034,557	0	0	0	16,946,842	46,742,776	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	115,218	99,658	0	15,560	0	0	0	0	0	0
2. MEMBER MONTHS.....	344,830	298,116	0	46,714	0	0	0	0	0	0
3. Direct Premium Income.....	53,221,342	40,019,017	0	13,202,325	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	52,921,677	39,719,352	0	13,202,325	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	31,517,323	31,517,323	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).....	84,439,000	71,236,675	0	13,202,325	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	102,318,933	92,052,492	0	10,266,441	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	10,671,059	10,671,059	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	91,647,874	81,381,433	0	10,266,441	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,616,882	3,176,076	0	440,806	0	0	0	0	0	0
15. General Administrative Expenses.....	13,472,759	12,420,647	0	1,052,112	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	5,057,841	5,057,841	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	113,795,356	102,035,997	0	11,759,359	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(29,356,356)	(30,799,322)	0	1,442,966	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	393,824	342,131	0	51,693	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	65	53	0	12	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(28,962,467)	(30,457,138)	0	1,494,671	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(10,795,629)	(11,546,619)	0	750,990	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(18,166,838)	(18,910,519)	0	743,681	0	0	0	0	0	0
24 Medical Loss Ratio	173.2%	204.9%	0.0%	77.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,372	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		7,068	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	115,218	99,658	0	15,560	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,415,779	1,236,710	0	179,069	0	0	0	0	0	0
3. Direct Premium Income.....	390,209,104	336,873,183	0	53,335,921	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	388,067,929	334,732,008	0	53,335,921	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	31,517,913	31,517,913	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).....	419,585,842	366,249,921	0	53,335,921	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	405,864,313	359,121,537	0	46,742,776	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	23,925,527	23,925,527	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	381,938,786	335,196,010	0	46,742,776	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	15,650,944	14,052,352	0	1,598,592	0	0	0	0	0	0
15. General Administrative Expenses.....	70,859,841	66,641,240	0	4,218,601	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	5,036,703	5,036,703	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	473,486,274	420,926,305	0	52,559,969	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(53,900,432)	(54,676,384)	0	775,952	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,086,189	1,812,339	0	273,850	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(15,811)	(13,738)	0	(2,073)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(51,830,054)	(52,877,783)	0	1,047,729	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(14,593,569)	(15,270,329)	0	676,760	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(37,236,485)	(37,607,454)	0	370,969	0	0	0	0	0	0
24 Medical Loss Ratio	98.4%	100.1%	0.0%	87.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,372	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		28,516	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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	15,682	0	0	0	0	0	0	15,682	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	22,377	0	0	0	0	0	0	22,377	0	0
6. Current Year Member Months	252,835	0	0	0	0	0	0	252,835	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	408,253	0	0	0	0	0	0	408,253	0	0
8. Non-Physician	226,723	0	0	0	0	0	0	226,723	0	0
9. Total	634,976	0	0	0	0	0	0	634,976	0	0
10. Hospital Patient Days Incurred	64,635	0	0	0	0	0	0	64,635	0	0
11. Number of Inpatient Admissions	6,767	0	0	0	0	0	0	6,767	0	0
12. Health Premiums Written	217,320,515	0	0	0	0	0	0	217,320,515	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	217,320,515	0	0	0	0	0	0	217,320,515	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	198,982,154	0	0	0	0	0	0	198,982,154	0	0
18. Amount Incurred for Provision of Health Care Services	204,269,558	0	0	0	0	0	0	204,269,558	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	22,377	0	0	22,377	0	0	0	0	0	0
2. MEMBER MONTHS.....	66,494	0	0	66,494	0	0	0	0	0	0
3. Direct Premium Income.....	56,926,519	0	0	56,926,519	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	56,926,519	0	0	56,926,519	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).....	56,926,519	0	0	56,926,519	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	53,452,604	0	0	53,452,604	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).....	53,452,604	0	0	53,452,604	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,886,522	0	0	1,886,522	0	0	0	0	0	0
15. General Administrative Expenses.....	4,534,100	0	0	4,534,100	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).....	59,873,226	0	0	59,873,226	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,946,707)	0	0	(2,946,707)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	227,969	0	0	227,969	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(111)	0	0	(111)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,718,849)	0	0	(2,718,849)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(8,317,906)	0	0	(8,317,906)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,599,057	0	0	5,599,057	0	0	0	0	0	0
24 Medical Loss Ratio	93.9%	0.0%	0.0%	93.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	22,377	0	0	22,377	0	0	0	0	0	0
2. MEMBER MONTHS.....	252,835	0	0	252,835	0	0	0	0	0	0
3. Direct Premium Income.....	217,320,515	0	0	217,320,515	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	217,320,515	0	0	217,320,515	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).....	217,320,515	0	0	217,320,515	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	204,269,558	0	0	204,269,558	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).....	204,269,558	0	0	204,269,558	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	6,513,558	0	0	6,513,558	0	0	0	0	0	0
15. General Administrative Expenses.....	17,188,945	0	0	17,188,945	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).....	227,972,061	0	0	227,972,061	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(10,651,546)	0	0	(10,651,546)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,115,821	0	0	1,115,821	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(8,438)	0	0	(8,438)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(9,544,163)	0	0	(9,544,163)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(9,451,481)	0	0	(9,451,481)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(92,682)	0	0	(92,682)	0	0	0	0	0	0
24 Medical Loss Ratio	94.0%	0.0%	0.0%	94.0%	0.0%	0.0%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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	9,999	0	0	0	0	0	0	9,999	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	9,386	0	0	0	0	0	0	9,386	0	0
6. Current Year Member Months	113,597	0	0	0	0	0	0	113,597	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	166,148	0	0	0	0	0	0	166,148	0	0
8. Non-Physician	88,799	0	0	0	0	0	0	88,799	0	0
9. Total	254,947	0	0	0	0	0	0	254,947	0	0
10. Hospital Patient Days Incurred	18,481	0	0	0	0	0	0	18,481	0	0
11. Number of Inpatient Admissions	2,039	0	0	0	0	0	0	2,039	0	0
12. Health Premiums Written	93,348,367	0	0	0	0	0	0	93,348,367	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	93,348,367	0	0	0	0	0	0	93,348,367	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	75,063,829	0	0	0	0	0	0	75,063,829	0	0
18. Amount Incurred for Provision of Health Care Services	74,487,626	0	0	0	0	0	0	74,487,626	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	9,386	0	0	9,386	0	0	0	0	0	0
2. MEMBER MONTHS.....	28,195	0	0	28,195	0	0	0	0	0	0
3. Direct Premium Income.....	22,319,242	0	0	22,319,242	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	22,319,242	0	0	22,319,242	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).....	22,319,242	0	0	22,319,242	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	17,527,833	0	0	17,527,833	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).....	17,527,833	0	0	17,527,833	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	748,805	0	0	748,805	0	0	0	0	0	0
15. General Administrative Expenses.....	1,779,289	0	0	1,779,289	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).....	20,055,927	0	0	20,055,927	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,263,315	0	0	2,263,315	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	86,114	0	0	86,114	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	63	0	0	63	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,349,492	0	0	2,349,492	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,525,296	0	0	6,525,296	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,175,804)	0	0	(4,175,804)	0	0	0	0	0	0
24 Medical Loss Ratio	78.5%	0.0%	0.0%	78.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, 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.....	9,386	0	0	9,386	0	0	0	0	0	0
2. MEMBER MONTHS.....	113,597	0	0	113,597	0	0	0	0	0	0
3. Direct Premium Income.....	93,348,367	0	0	93,348,367	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	93,348,367	0	0	93,348,367	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).....	93,348,367	0	0	93,348,367	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	74,487,626	0	0	74,487,626	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).....	74,487,626	0	0	74,487,626	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,797,849	0	0	2,797,849	0	0	0	0	0	0
15. General Administrative Expenses.....	7,383,380	0	0	7,383,380	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).....	84,668,855	0	0	84,668,855	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,679,512	0	0	8,679,512	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	479,292	0	0	479,292	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,625)	0	0	(3,625)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	9,155,179	0	0	9,155,179	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	7,655,612	0	0	7,655,612	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,499,567	0	0	1,499,567	0	0	0	0	0	0
24 Medical Loss Ratio	79.8%	0.0%	0.0%	79.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Rio Grande

(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.....	2,186	2,186	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,545	6,545	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,536,256	1,536,256	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	1,534,132	1,534,132	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).....	1,534,132	1,534,132	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,566,040	1,566,040	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(3,044)	(3,044)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,569,084	1,569,084	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	56,722	56,722	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	202,060	202,060	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).....	1,827,866	1,827,866	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(293,734)	(293,734)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,509	6,509	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3)	(3)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(287,228)	(287,228)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(222,696)	(222,696)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(64,532)	(64,532)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	102.3%	102.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Rio Grande

(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.....	2,186	2,186	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,165	26,165	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,721,530	5,721,530	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,712,629	5,712,629	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	5,712,629	5,712,629	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,232,768	5,232,768	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	19,698	19,698	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,213,070	5,213,070	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	214,916	214,916	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	950,526	950,526	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).....	6,378,512	6,378,512	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(665,883)	(665,883)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	31,966	31,966	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(242)	(242)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(634,159)	(634,159)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(114,232)	(114,232)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(519,927)	(519,927)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	91.3%	91.3%	0.0%	0.0%	0.0%	0.0%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **East Texas**

(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	9,184	0	0	0	0	0	0	9,184	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	10,434	0	0	0	0	0	0	10,434	0	0
6. Current Year Member Months	123,621	0	0	0	0	0	0	123,621	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	184,697	0	0	0	0	0	0	184,697	0	0
8. Non-Physician	133,812	0	0	0	0	0	0	133,812	0	0
9. Total	318,509	0	0	0	0	0	0	318,509	0	0
10. Hospital Patient Days Incurred	28,247	0	0	0	0	0	0	28,247	0	0
11. Number of Inpatient Admissions	3,297	0	0	0	0	0	0	3,297	0	0
12. Health Premiums Written	103,419,063	0	0	0	0	0	0	103,419,063	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	103,419,063	0	0	0	0	0	0	103,419,063	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	93,732,247	0	0	0	0	0	0	93,732,247	0	0
18. Amount Incurred for Provision of Health Care Services	96,639,861	0	0	0	0	0	0	96,639,861	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

East Texas

(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.....	10,434	0	0	10,434	0	0	0	0	0	0
2. MEMBER MONTHS.....	31,357	0	0	31,357	0	0	0	0	0	0
3. Direct Premium Income.....	26,199,057	0	0	26,199,057	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	26,199,057	0	0	26,199,057	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).....	26,199,057	0	0	26,199,057	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	24,317,224	0	0	24,317,224	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).....	24,317,224	0	0	24,317,224	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	872,026	0	0	872,026	0	0	0	0	0	0
15. General Administrative Expenses.....	2,087,365	0	0	2,087,365	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).....	27,276,615	0	0	27,276,615	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,077,558)	0	0	(1,077,558)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	103,553	0	0	103,553	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(16)	0	0	(16)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(974,021)	0	0	(974,021)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(3,497,205)	0	0	(3,497,205)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,523,184	0	0	2,523,184	0	0	0	0	0	0
24 Medical Loss Ratio	92.8%	0.0%	0.0%	92.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

East Texas
(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.....	10,434	0	0	10,434	0	0	0	0	0	0
2. MEMBER MONTHS.....	123,621	0	0	123,621	0	0	0	0	0	0
3. Direct Premium Income.....	103,419,063	0	0	103,419,063	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	103,419,063	0	0	103,419,063	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).....	103,419,063	0	0	103,419,063	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	96,639,861	0	0	96,639,861	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).....	96,639,861	0	0	96,639,861	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,099,689	0	0	3,099,689	0	0	0	0	0	0
15. General Administrative Expenses.....	8,179,919	0	0	8,179,919	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).....	107,919,469	0	0	107,919,469	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,500,406)	0	0	(4,500,406)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	531,000	0	0	531,000	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(4,025)	0	0	(4,025)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,973,431)	0	0	(3,973,431)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(3,995,358)	0	0	(3,995,358)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	21,927	0	0	21,927	0	0	0	0	0	0
24 Medical Loss Ratio	93.4%	0.0%	0.0%	93.4%	0.0%	0.0%	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				