

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

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

(Location)

EXHIBIT II (Filed Annually and Quarterly)

ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES

Indicate Reporting Period: **Current Quarter**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	158,151	55,240	0	3,163	0	95,530	0	0	4,218	0
2. MEMBER MONTHS.....	471,752	177,181	0	9,492	0	285,079	0	0	0	0
3. Direct Premium Income.....	137,808,473	58,886,428	0	9,089,749	0	67,975,602	0	XXXXXXXX	1,856,693	0
4. Net Premium Income.....	136,456,745	58,254,664	0	9,085,134	0	67,292,008	0	0	1,824,939	0
5. Change in unearned premium reserve and reserve for rate credits.....	656,615	(1,570)	0	0	0	638,097	0	0	20,088	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).....	137,113,360	58,253,094	0	9,085,134	0	67,930,105	0	0	1,845,027	0
11. Hospital & Medical Benefits.....	108,354,784	44,742,889	0	6,991,755	0	55,313,873	0	0	1,306,268	0
12. Net Reins Recoveries Incurred.....	1,926,989	1,433,153	0	0	0	493,836	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	106,427,796	43,309,736	0	6,991,755	0	54,820,037	0	0	1,306,268	0
14. Claims Adjustment Expenses.....	4,658,374	2,260,616	0	830,664	0	1,290,055	0	0	135,141	141,897
15. General Administrative Expenses.....	17,411,046	10,131,191	0	1,319,645	0	7,414,510	0	0	141,463	(1,595,763)
16. Increase in Reserves for A&H contracts.....	5,830,000	1,053,475	0	3,676,525	0	1,100,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	134,327,216	56,755,018	0	12,818,590	0	64,624,603	0	0	1,582,871	(1,453,865)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,786,145	1,498,076	0	(3,733,455)	0	3,305,502	0	0	262,157	1,453,865
19. Net Investments Gains / (Losses).....	288,126	143,575	0	14,812	0	148,773	0	0	(26,409)	7,374
20. Aggregate write-ins for other expenses.....	(6,046)	(5,124)	0	55	0	(967)	0	0	(24)	14
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,068,225	1,636,527	0	(3,718,589)	0	3,453,309	0	0	235,724	1,461,254
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,068,225	1,636,527	0	(3,718,589)	0	3,453,309	0	0	235,724	1,461,254
24 Medical Loss Ratio	78.0%	74.3%	0.0%	77.0%	0.0%	81.5%	0.0%	0.0%	71.6%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		28,704	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		89,281	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

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

(Location)

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

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	158,151	55,240	0	3,163	0	95,530	0	0	4,218	0
2. MEMBER MONTHS.....	1,856,741	673,748	0	38,587	0	1,131,873	0	0	12,533	0
3. Direct Premium Income.....	515,696,030	198,840,585	0	38,279,375	0	271,996,750	0	XXXXXXXX	6,579,319	0
4. Net Premium Income.....	510,173,322	195,847,918	0	38,263,469	0	269,592,805	0	0	6,469,130	0
5. Change in unearned premium reserve and reserve for rate credits.....	(134,613)	(1,570)	0	0	0	(133,043)	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).....	510,038,709	195,846,349	0	38,263,469	0	269,459,761	0	0	6,469,130	0
11. Hospital & Medical Benefits.....	437,718,458	174,144,055	0	32,643,060	0	225,115,611	0	0	5,815,731	0
12. Net Reins Recoveries Incurred.....	7,496,338	4,562,832	0	0	0	2,933,506	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	430,222,120	169,581,223	0	32,643,060	0	222,182,105	0	0	5,815,731	0
14. Claims Adjustment Expenses.....	18,721,469	6,960,018	0	2,396,235	0	8,850,708	0	0	372,612	141,897
15. General Administrative Expenses.....	60,806,021	27,361,803	0	5,571,384	0	28,793,447	0	0	675,150	(1,595,763)
16. Increase in Reserves for A&H contracts.....	2,700,000	1,600,000	0	0	0	1,100,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	512,449,610	205,503,044	0	40,610,679	0	260,926,259	0	0	6,863,493	(1,453,865)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,410,901)	(9,656,696)	0	(2,347,210)	0	8,533,502	0	0	(394,363)	1,453,865
19. Net Investments Gains / (Losses).....	1,244,166	242,481	0	183,871	0	810,439	0	0	0	7,374
20. Aggregate write-ins for other expenses.....	(4,075)	(4,377)	0	209	0	79	0	0	0	14
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,170,810)	(9,418,592)	0	(2,163,129)	0	9,344,020	0	0	(394,363)	1,461,254
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,170,810)	(9,418,592)	0	(2,163,129)	0	9,344,020	0	0	(394,363)	1,461,254
24 Medical Loss Ratio	84.3%	86.6%	0.0%	85.3%	0.0%	82.4%	0.0%	0.0%	89.9%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		28,704	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		325,121	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Abilene**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	21,348	440	8,446	0	0	0	0	228	12,234	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	23,031	1,606	9,137	0	0	0	17	256	12,015	0
6. Current Year Member Months	271,369	18,986	105,172	0	0	0	198	3,049	143,964	0
Total Member Ambulatory Encounters for Year:										
7. Physician	111,934	8,624	38,593	0	0	0	141	3,218	61,358	0
8. Non-Physician	86,400	5,409	24,264	0	0	0	138	2,077	54,512	0
9. Total	198,334	14,033	62,857	0	0	0	279	5,295	115,870	0
10. Hospital Patient Days Incurred	10,755	370	2,106	0	0	0	4	1,786	6,489	0
11. Number of Inpatient Admissions	3,308	91	516	0	0	0	1	465	2,235	0
12. Health Premiums Written	76,030,992	6,885,879	33,748,766	0	0	0	96,107	2,151,008	33,149,231	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	76,030,992	6,885,879	33,748,766	0	0	0	96,107	2,151,008	33,149,231	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	64,381,992	8,033,249	27,569,292	0	0	0	0	1,750,179	27,029,272	0
18. Amount Incurred for Provision of Health Care Services	64,338,918	8,988,321	27,696,839	0	0	0	0	1,838,675	25,815,083	0

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	23,031	10,760	0	256	0	12,015	0	0	0	0
2. MEMBER MONTHS.....	68,865	32,179	0	769	0	35,917	0	0	0	0
3. Direct Premium Income.....	21,275,296	12,642,316	0	532,017	0	8,100,962	0	XXXXXXXX	0	0
4. Net Premium Income.....	21,030,052	12,483,364	0	531,647	0	8,015,041	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).....	21,030,052	12,483,364	0	531,647	0	8,015,041	0	0	0	0
11. Hospital & Medical Benefits.....	15,952,949	9,151,422	0	342,267	0	6,459,259	0	0	0	0
12. Net Reins Recoveries Incurred.....	412,972	412,972	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,539,976	8,738,450	0	342,267	0	6,459,259	0	0	0	0
14. Claims Adjustment Expenses.....	740,315	510,190	0	64,803	0	144,399	0	0	0	20,923
15. General Administrative Expenses.....	2,222,155	1,722,878	0	72,591	0	927,251	0	0	0	(500,565)
16. Increase in Reserves for A&H contracts.....	308,945	308,945	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	18,811,392	11,280,462	0	479,661	0	7,530,910	0	0	0	(479,642)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,218,661	1,202,902	0	51,986	0	484,131	0	0	0	479,642
19. Net Investments Gains / (Losses).....	187,890	241,388	0	(3,933)	0	(49,263)	0	0	0	(301)
20. Aggregate write-ins for other expenses.....	318	645	0	(20)	0	(302)	0	0	0	(4)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,406,869	1,444,934	0	48,032	0	434,565	0	0	0	479,337
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,406,869	1,444,934	0	48,032	0	434,565	0	0	0	479,337
24 Medical Loss Ratio	73.9%	70.0%	0.0%	64.4%	0.0%	80.6%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		5,396	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		15,596	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	23,031	10,760	0	256	0	12,015	0	0	0	0
2. MEMBER MONTHS.....	271,369	124,356	0	3,049	0	143,964	0	0	0	0
3. Direct Premium Income.....	76,030,992	40,730,752	0	2,151,008	0	33,149,231	0	XXXXXXXX	0	0
4. Net Premium Income.....	75,073,389	40,079,432	0	2,149,753	0	32,844,203	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).....	75,073,389	40,079,432	0	2,149,753	0	32,844,203	0	0	0	0
11. Hospital & Medical Benefits.....	64,338,918	36,685,160	0	1,838,675	0	25,815,083	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,425,198	1,425,198	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	62,913,720	35,259,962	0	1,838,675	0	25,815,083	0	0	0	0
14. Claims Adjustment Expenses.....	2,650,933	1,412,167	0	156,004	0	1,061,839	0	0	0	20,923
15. General Administrative Expenses.....	8,837,193	5,091,739	0	329,865	0	3,916,154	0	0	0	(500,565)
16. Increase in Reserves for A&H contracts.....	400,000	400,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	74,801,846	42,163,868	0	2,324,544	0	30,793,075	0	0	0	(479,642)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	271,543	(2,084,436)	0	(174,791)	0	2,051,128	0	0	0	479,642
19. Net Investments Gains / (Losses).....	76,193	115,523	0	(3,071)	0	(35,959)	0	0	0	(301)
20. Aggregate write-ins for other expenses.....	605	796	0	(12)	0	(174)	0	0	0	(4)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	348,341	(1,968,117)	0	(177,873)	0	2,014,995	0	0	0	479,337
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	348,341	(1,968,117)	0	(177,873)	0	2,014,995	0	0	0	479,337
24 Medical Loss Ratio	83.8%	88.0%	0.0%	85.5%	0.0%	78.6%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		5,396	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		61,531	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Amarillo**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	16,341	287	10,552	0	0	0	392	0	5,110	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	17,986	1,295	11,219	0	0	0	382	38	5,052	0
6. Current Year Member Months	209,028	14,932	130,575	0	0	0	4,578	513	58,430	0
Total Member Ambulatory Encounters for Year:										
7. Physician	75,805	6,620	49,605	0	0	0	2,844	481	16,255	0
8. Non-Physician	70,379	4,289	33,135	0	0	0	2,778	328	29,849	0
9. Total	146,184	10,909	82,740	0	0	0	5,622	809	46,104	0
10. Hospital Patient Days Incurred	5,682	322	2,788	0	0	0	95	64	2,413	0
11. Number of Inpatient Admissions	1,710	84	731	0	0	0	25	16	854	0
12. Health Premiums Written	59,883,246	5,118,894	39,036,823	0	0	0	1,933,007	346,646	13,447,875	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	59,883,246	5,118,894	39,036,823	0	0	0	1,933,007	346,646	13,447,875	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	56,992,039	5,861,616	39,036,823	0	0	0	187,966	415,668	11,489,965	0
18. Amount Incurred for Provision of Health Care Services	55,402,598	6,588,283	36,936,017	0	0	0	7,200	484,987	11,386,111	0

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo
(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	17,986	12,896	0	38	0	5,052	0	0	0	0
2. MEMBER MONTHS.....	53,320	38,332	0	113	0	14,875	0	0	0	0
3. Direct Premium Income.....	16,752,192	13,384,172	0	91,018	0	3,277,003	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,533,487	13,213,622	0	90,949	0	3,228,917	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	16,533,487	13,213,622	0	90,949	0	3,228,917	0	0	0	0
11. Hospital & Medical Benefits.....	13,956,217	11,016,107	0	171,073	0	2,769,036	0	0	0	0
12. Net Reins Recoveries Incurred.....	551,694	551,694	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,404,523	10,464,413	0	171,073	0	2,769,036	0	0	0	0
14. Claims Adjustment Expenses.....	664,350	588,000	0	5,194	0	71,156	0	0	0	0
15. General Administrative Expenses.....	2,145,643	1,809,092	0	(14,959)	0	352,828	0	0	0	(1,318)
16. Increase in Reserves for A&H contracts.....	284,916	284,916	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	16,499,432	13,146,422	0	161,308	0	3,193,020	0	0	0	(1,318)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	34,055	67,200	0	(70,359)	0	35,897	0	0	0	1,318
19. Net Investments Gains / (Losses).....	(4,756)	10,161	0	(401)	0	(14,516)	0	0	0	0
20. Aggregate write-ins for other expenses.....	249	376	0	(3)	0	(123)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	29,549	77,736	0	(70,763)	0	21,258	0	0	0	1,318
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	29,549	77,736	0	(70,763)	0	21,258	0	0	0	1,318
24 Medical Loss Ratio	81.1%	79.2%	0.0%	188.1%	0.0%	85.8%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		8,870	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		29,511	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo
(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	17,986	12,896	0	38	0	5,052	0	0	0	0
2. MEMBER MONTHS.....	209,028	150,085	0	513	0	58,430	0	0	0	0
3. Direct Premium Income.....	59,883,246	46,088,724	0	346,646	0	13,447,875	0	XXXXXXXX	0	0
4. Net Premium Income.....	58,990,111	45,359,677	0	346,422	0	13,284,012	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).....	58,990,111	45,359,677	0	346,422	0	13,284,012	0	0	0	0
11. Hospital & Medical Benefits.....	55,402,598	43,531,501	0	484,987	0	11,386,111	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,208,231	1,207,856	0	0	0	375	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	54,194,367	42,323,645	0	484,987	0	11,385,736	0	0	0	0
14. Claims Adjustment Expenses.....	2,258,655	1,796,126	0	16,422	0	446,108	0	0	0	0
15. General Administrative Expenses.....	7,103,871	5,625,195	0	49,970	0	1,430,024	0	0	0	(1,318)
16. Increase in Reserves for A&H contracts.....	400,000	400,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	63,956,894	50,144,966	0	551,379	0	13,261,868	0	0	0	(1,318)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,966,783)	(4,785,289)	0	(204,956)	0	22,144	0	0	0	1,318
19. Net Investments Gains / (Losses).....	63,551	62,028	0	20	0	1,503	0	0	0	0
20. Aggregate write-ins for other expenses.....	475	548	0	(2)	0	(71)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,902,757)	(4,722,713)	0	(204,938)	0	23,576	0	0	0	1,318
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,902,757)	(4,722,713)	0	(204,938)	0	23,576	0	0	0	1,318
24 Medical Loss Ratio	91.9%	93.3%	0.0%	140.0%	0.0%	85.7%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		8,870	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		105,257	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Lubbock**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	74,338	5,365	20,984	0	0	0	20	2,859	45,110	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	75,790	6,926	20,842	0	0	0	41	2,836	45,145	0
6. Current Year Member Months	894,515	83,040	238,903	0	0	0	454	34,723	537,395	0
Total Member Ambulatory Encounters for Year:										
7. Physician	342,982	27,849	88,954	0	0	0	276	34,535	191,368	0
8. Non-Physician	394,282	24,208	58,450	0	0	0	270	38,075	273,279	0
9. Total	737,264	52,057	147,404	0	0	0	546	72,610	464,647	0
10. Hospital Patient Days Incurred	36,206	1,704	3,951	0	0	0	8	5,993	24,550	0
11. Number of Inpatient Admissions	9,858	431	1,014	0	0	0	2	899	7,512	0
12. Health Premiums Written	251,652,685	17,613,958	75,616,703	0	0	0	187,610	35,510,383	122,724,030	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	251,615,343	17,612,388	75,616,703	0	0	0	187,610	35,510,383	122,688,258	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	217,893,687	15,676,258	63,269,378	0	0	0	772	30,593,712	108,353,567	0
18. Amount Incurred for Provision of Health Care Services	217,089,787	15,877,414	61,788,113	0	0	0	0	30,025,587	109,398,673	0

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	75,790	23,591	0	2,836	0	45,145	0	0	4,218	0
2. MEMBER MONTHS.....	226,643	82,810	0	8,521	0	135,312	0	0	0	0
3. Direct Premium Income.....	67,249,795	25,182,690	0	8,409,170	0	31,801,241	0	XXXXXXXX	1,856,693	0
4. Net Premium Income.....	66,655,205	24,934,322	0	8,405,024	0	31,490,920	0	0	1,824,939	0
5. Change in unearned premium reserve and reserve for rate credits.....	302,766	0	0	0	0	284,247	0	0	18,519	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).....	66,957,971	24,934,322	0	8,405,024	0	31,775,167	0	0	1,843,458	0
11. Hospital & Medical Benefits.....	51,572,643	18,775,263	0	6,373,760	0	25,117,352	0	0	1,306,268	0
12. Net Reins Recoveries Incurred.....	242,287	220,662	0	0	0	21,624	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	51,330,356	18,554,601	0	6,373,760	0	25,095,727	0	0	1,306,268	0
14. Claims Adjustment Expenses.....	2,049,315	504,507	0	757,646	0	570,355	0	0	135,141	81,666
15. General Administrative Expenses.....	9,685,658	5,659,326	0	1,262,923	0	3,499,202	0	0	141,463	(877,256)
16. Increase in Reserves for A&H contracts.....	4,906,322	129,796	0	3,676,525	0	1,100,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	67,971,651	24,848,231	0	12,070,855	0	30,265,284	0	0	1,582,871	(795,590)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,013,680)	86,091	0	(3,665,831)	0	1,509,883	0	0	260,587	795,590
19. Net Investments Gains / (Losses).....	(2,155,506)	(671,538)	0	(348,256)	0	(1,068,907)	0	0	(59,677)	(7,129)
20. Aggregate write-ins for other expenses.....	1,010	2,538	0	(338)	0	(1,124)	0	0	(59)	(8)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,168,177)	(582,908)	0	(4,014,425)	0	439,852	0	0	200,852	788,452
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,168,177)	(582,908)	0	(4,014,425)	0	439,852	0	0	200,852	788,452
24 Medical Loss Ratio	77.0%	74.4%	0.0%	75.8%	0.0%	79.7%	0.0%	0.0%	71.6%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		9,390	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		28,066	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	75,790	23,591	0	2,836	0	45,145	0	0	4,218	0
2. MEMBER MONTHS.....	894,515	309,864	0	34,723	0	537,395	0	0	12,533	0
3. Direct Premium Income.....	251,652,685	86,838,952	0	35,510,383	0	122,724,030	0	XXXXXXXX	6,579,319	0
4. Net Premium Income.....	249,210,039	85,617,615	0	35,496,071	0	121,627,224	0	0	6,469,130	0
5. Change in unearned premium reserve and reserve for rate credits.....	(37,342)	0	0	0	0	(35,772)	0	0	(1,570)	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).....	249,172,698	85,617,615	0	35,496,071	0	121,591,452	0	0	6,467,560	0
11. Hospital & Medical Benefits.....	217,089,787	71,849,796	0	30,025,587	0	109,398,673	0	0	5,815,731	0
12. Net Reins Recoveries Incurred.....	2,867,847	964,093	0	0	0	1,903,754	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	214,221,940	70,885,702	0	30,025,587	0	107,494,920	0	0	5,815,731	0
14. Claims Adjustment Expenses.....	9,121,598	2,497,356	0	2,212,900	0	3,957,064	0	0	372,612	81,666
15. General Administrative Expenses.....	31,422,788	13,701,862	0	5,130,967	0	12,792,065	0	0	675,150	(877,256)
16. Increase in Reserves for A&H contracts.....	1,500,000	400,000	0	0	0	1,100,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	256,266,326	87,484,920	0	37,369,453	0	125,344,049	0	0	6,863,493	(795,590)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,093,629)	(1,867,305)	0	(1,873,383)	0	(3,752,597)	0	0	(395,933)	795,590
19. Net Investments Gains / (Losses).....	(1,305,831)	(525,105)	0	(180,834)	0	(559,495)	0	0	(33,268)	(7,129)
20. Aggregate write-ins for other expenses.....	1,977	2,868	0	(194)	0	(655)	0	0	(34)	(8)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(8,397,483)	(2,389,541)	0	(2,054,411)	0	(4,312,747)	0	0	(429,235)	788,452
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(8,397,483)	(2,389,541)	0	(2,054,411)	0	(4,312,747)	0	0	(429,235)	788,452
24 Medical Loss Ratio	86.0%	82.8%	0.0%	84.6%	0.0%	88.4%	0.0%	0.0%	89.9%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		9,390	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		105,524	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Waco**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	6,849	376	6,473	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	7,993	774	7,154	0	0	0	65	0	0	0
6. Current Year Member Months	89,443	10,033	78,682	0	0	0	728	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	35,508	3,828	31,198	0	0	0	482	0	0	0
8. Non-Physician	17,714	2,082	15,161	0	0	0	471	0	0	0
9. Total	53,222	5,910	46,359	0	0	0	953	0	0	0
10. Hospital Patient Days Incurred	992	96	888	0	0	0	8	0	0	0
11. Number of Inpatient Admissions	300	29	269	0	0	0	2	0	0	0
12. Health Premiums Written	25,182,157	3,332,578	21,521,763	0	0	0	327,816	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	25,182,157	3,332,578	21,521,763	0	0	0	327,816	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	21,997,442	3,617,933	18,379,601	0	0	0	(92)	0	0	0
18. Amount Incurred for Provision of Health Care Services	22,077,599	3,547,118	18,530,481	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Waco

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,993	7,993	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	23,860	23,860	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,677,250	7,677,250	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,623,356	7,623,356	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).....	7,623,356	7,623,356	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,800,097	5,800,097	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	247,825	247,825	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,552,272	5,552,272	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	697,226	657,919	0	0	0	0	0	0	0	39,308
15. General Administrative Expenses.....	723,271	939,894	0	0	0	0	0	0	0	(216,624)
16. Increase in Reserves for A&H contracts.....	329,818	329,818	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	7,302,586	7,479,902	0	0	0	0	0	0	0	(177,316)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	320,769	143,453	0	0	0	0	0	0	0	177,316
19. Net Investments Gains / (Losses).....	111,925	111,870	0	0	0	0	0	0	0	55
20. Aggregate write-ins for other expenses.....	104	106	0	0	0	0	0	0	0	(2)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	432,799	255,429	0	0	0	0	0	0	0	177,370
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	432,799	255,429	0	0	0	0	0	0	0	177,370
24 Medical Loss Ratio	72.8%	72.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,953	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		15,143	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Waco

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,993	7,993	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	89,443	89,443	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	25,182,157	25,182,157	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	24,791,194	24,791,194	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).....	24,791,194	24,791,194	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	22,077,599	22,077,599	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	965,685	965,685	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	21,111,914	21,111,914	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,293,678	1,254,370	0	0	0	0	0	0	0	39,308
15. General Administrative Expenses.....	2,726,382	2,943,006	0	0	0	0	0	0	0	(216,624)
16. Increase in Reserves for A&H contracts.....	400,000	400,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	25,531,974	25,709,290	0	0	0	0	0	0	0	(177,316)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(740,779)	(918,096)	0	0	0	0	0	0	0	177,316
19. Net Investments Gains / (Losses).....	138,396	138,341	0	0	0	0	0	0	0	55
20. Aggregate write-ins for other expenses.....	198	200	0	0	0	0	0	0	0	(2)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(602,186)	(779,555)	0	0	0	0	0	0	0	177,370
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(602,186)	(779,555)	0	0	0	0	0	0	0	177,370
24 Medical Loss Ratio	85.2%	85.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,953	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		51,844	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

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

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	33,765	0	0	0	0	0	0	0	33,765	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	33,351	0	0	0	0	0	0	33	33,318	0
6. Current Year Member Months	392,386	0	0	0	0	0	0	302	392,084	0
Total Member Ambulatory Encounters for Year:										
7. Physician	170,551	0	0	0	0	0	0	193	170,358	0
8. Non-Physician	151,245	0	0	0	0	0	0	176	151,069	0
9. Total	321,796	0	0	0	0	0	0	369	321,427	0
10. Hospital Patient Days Incurred	24,114	0	0	0	0	0	0	0	24,114	0
11. Number of Inpatient Admissions	8,000	0	0	0	0	0	0	0	8,000	0
12. Health Premiums Written	102,946,950	0	0	0	0	0	0	271,337	102,675,613	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	102,849,679	0	0	0	0	0	0	271,337	102,578,342	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	80,464,629	0	0	0	0	0	0	235,552	80,229,077	0
18. Amount Incurred for Provision of Health Care Services	78,809,556	0	0	0	0	0	0	293,811	78,515,744	0

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

West & Central TX

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	33,351	0	0	33	0	33,318	0	0	0	0
2. MEMBER MONTHS.....	99,064	0	0	89	0	98,975	0	0	0	0
3. Direct Premium Income.....	24,853,940	0	0	57,544	0	24,796,396	0	XXXXXXXX	0	0
4. Net Premium Income.....	24,614,645	0	0	57,514	0	24,557,131	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	353,849	0	0	0	0	353,849	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	24,968,495	0	0	57,514	0	24,910,980	0	0	0	0
11. Hospital & Medical Benefits.....	21,072,880	0	0	104,654	0	20,968,226	0	0	0	0
12. Net Reins Recoveries Incurred.....	472,211	0	0	0	0	472,211	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	20,600,669	0	0	104,654	0	20,496,015	0	0	0	0
14. Claims Adjustment Expenses.....	507,167	0	0	3,022	0	504,146	0	0	0	0
15. General Administrative Expenses.....	2,634,319	0	0	(910)	0	2,635,229	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).....	23,742,155	0	0	106,766	0	23,635,389	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,226,339	0	0	(49,252)	0	1,275,591	0	0	0	0
19. Net Investments Gains / (Losses).....	(339,759)	0	0	(341)	0	(339,418)	0	0	0	0
20. Aggregate write-ins for other expenses.....	422	0	0	(3)	0	425	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	887,003	0	0	(49,595)	0	936,598	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	887,003	0	0	(49,595)	0	936,598	0	0	0	0
24 Medical Loss Ratio	83.7%	0.0%	0.0%	182.0%	0.0%	83.5%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		95	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		925	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

West & Central TX

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	33,351	0	0	33	0	33,318	0	0	0	0
2. MEMBER MONTHS.....	392,386	0	0	302	0	392,084	0	0	0	0
3. Direct Premium Income.....	102,946,950	0	0	271,337	0	102,675,613	0	XXXXXXXX	0	0
4. Net Premium Income.....	102,108,589	0	0	271,223	0	101,837,366	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(97,271)	0	0	0	0	(97,271)	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).....	102,011,318	0	0	271,223	0	101,740,095	0	0	0	0
11. Hospital & Medical Benefits.....	78,809,556	0	0	293,811	0	78,515,744	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,029,377	0	0	0	0	1,029,377	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	77,780,179	0	0	293,811	0	77,486,368	0	0	0	0
14. Claims Adjustment Expenses.....	3,396,605	0	0	10,908	0	3,385,697	0	0	0	0
15. General Administrative Expenses.....	10,715,786	0	0	60,583	0	10,655,203	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).....	91,892,570	0	0	365,303	0	91,527,268	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	10,118,747	0	0	(94,080)	0	10,212,827	0	0	0	0
19. Net Investments Gains / (Losses).....	(216,474)	0	0	14	0	(216,488)	0	0	0	0
20. Aggregate write-ins for other expenses.....	820	0	0	(1)	0	821	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	9,903,093	0	0	(94,068)	0	9,997,161	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	9,903,093	0	0	(94,068)	0	9,997,161	0	0	0	0
24. Medical Loss Ratio	76.2%	0.0%	0.0%	108.3%	0.0%	76.1%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		95	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		925	of Texas enrollees and Federal employees.)			0				