Print Date: 3/8/2016 2:24 PM;
2015ReptAEx.xls Ex II

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015** OF THE **Community First Health Plans, 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**	136,271	6,294	0	0	0	111,871	0	0	18,106	0
2. **MEMBER MONTHS**	277,187	18,454	0	0	0	333,574	0	0	54,438	(129,279)
3. Direct Premium Income	95,324,959	7,818,056	0	0	0	80,766,082	0	XXXXXXXX	6,740,821	0
4. Net Premium Income	89,765,618	6,888,275	0	0	0	76,148,110	0	0	6,729,233	0
5. Change in unearned premium reserve and reserve for rate credits	75,914	(238,050)	0	0	0	313,964	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	2,432,238	0	0	0	0	2,432,238	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)	92,273,770	6,650,225	0	0	0	78,894,312	0	0	6,729,233	0
11. Hospital & Medical Benefits	92,731,275	5,178,681	0	0	0	82,037,747	0	0	5,514,847	0
12. Net Reins Recoveries Incurred	1,211,531	962,241	0	0	0	249,290	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	91,519,744	4,216,440	0	0	0	81,788,457	0	0	5,514,847	0
14. Claims Adjustment Expenses	(8,315,328)	(857,110)	0	0	0	(7,013,509)	0	0	(700,970)	256,261
15. General Administrative Expenses	824,487	1,671,275	0	0	0	(1,834,200)	0	0	1,429,368	(441,956)
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)	84,028,903	5,030,605	0	0	0	72,940,748	0	0	6,243,245	(185,695)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	8,244,867	1,619,620	0	0	0	5,953,564	0	0	485,988	185,695
19. Net Investments Gains / (Losses)	152,623	123,366	0	0	0	27,348	0	0	1,909	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	8,397,490	1,742,986	0	0	0	5,980,912	0	0	487,897	185,695
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	8,397,490	1,742,986	0	0	0	5,980,912	0	0	487,897	185,695
24 Medical Loss Ratio	102.0%	61.2%	0.0%	0.0%	0.0%	107.4%	0.0%	0.0%	82.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS (46,635)

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

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

Print Date: 3/8/2016 2:24 PM;
2015ReptAEx.xls Ex II

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015** OF THE **Community First Health Plans, 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**	136,271	6,294	0	0	0	111,871	0	0	18,106	0
2. **MEMBER MONTHS**	1,607,080	75,574	0	0	0	1,321,309	0	0	210,197	0
3. Direct Premium Income	361,807,743	28,798,141	0	0	0	306,633,009	0	XXXXXXXX	26,376,593	0
4. Net Premium Income	355,140,773	27,339,453	0	0	0	301,458,428	0	0	26,342,892	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)	355,140,773	27,339,453	0	0	0	301,458,428	0	0	26,342,892	0
11. Hospital & Medical Benefits	310,132,223	23,608,866	0	0	0	264,381,597	0	0	22,141,760	0
12. Net Reins Recoveries Incurred	1,883,684	1,133,217	0	0	0	662,884	0	0	87,583	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	308,248,539	22,475,649	0	0	0	263,718,713	0	0	22,054,177	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	32,804,260	3,039,534	0	0	0	27,933,631	0	0	2,598,325	(767,230)
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)	341,052,799	25,515,183	0	0	0	291,652,344	0	0	24,652,502	(767,230)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	14,087,974	1,824,270	0	0	0	9,806,084	0	0	1,690,390	767,230
19. Net Investments Gains / (Losses)	496,034	390,938	0	0	0	97,420	0	0	7,676	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	14,584,008	2,215,208	0	0	0	9,903,504	0	0	1,698,066	767,230
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	14,584,008	2,215,208	0	0	0	9,903,504	0	0	1,698,066	767,230
24 Medical Loss Ratio	86.8%	82.2%	0.0%	0.0%	0.0%	87.5%	0.0%	0.0%	83.7%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

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

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