

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	1,684,218	1,168,135	0	26,795	0	266,008	0	0	5,945	217,335
2. MEMBER MONTHS.....	5,010,158	3,541,755	0	79,022	0	730,149	0	0	17,635	641,597
3. Direct Premium Income.....	1,258,911,404	936,130,991	0	93,194,008	0	226,624,318	0	XXXXXXXX	2,962,087	0
4. Net Premium Income.....	1,258,911,404	936,130,991	0	93,194,008	0	226,624,318	0	0	2,962,087	0
5. Change in unearned premium reserve and reserve for rate credits.....	38,971,125	38,815,812	0	155,313	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.....	24,429,083	0	0	0	0	0	0	0	0	24,429,083
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).....	1,322,311,612	974,946,803	0	93,349,321	0	226,624,318	0	0	2,962,087	24,429,083
11. Hospital & Medical Benefits.....	1,234,954,500	902,727,620	0	116,497,575	0	213,190,147	0	0	2,539,158	0
12. Net Reins Recoveries Incurred.....	46,352,606	46,352,606	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,188,601,894	856,375,014	0	116,497,575	0	213,190,147	0	0	2,539,158	0
14. Claims Adjustment Expenses.....	84,468,155	22,590,370	0	10,354,068	0	31,900,233	0	0	723,367	18,900,117
15. General Administrative Expenses.....	111,598,765	91,785,857	0	3,254,523	0	11,715,029	0	0	735,569	4,107,787
16. Increase in Reserves for A&H contracts.....	(13,505,394)	0	0	0	0	0	0	0	0	(13,505,394)
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,371,163,420	970,751,241	0	130,106,166	0	256,805,409	0	0	3,998,094	9,502,510
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(48,851,808)	4,195,562	0	(36,756,845)	0	(30,181,091)	0	0	(1,036,007)	14,926,573
19. Net Investments Gains / (Losses).....	17,064,312	12,721,664	0	1,278,120	0	2,687,189	0	0	39,474	337,865
20. Aggregate write-ins for other expenses.....	(711,471)	(711,471)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(32,498,967)	16,205,755	0	(35,478,725)	0	(27,493,902)	0	0	(996,533)	15,264,438
22. Federal and foreign income taxes incurred.....	(137,632,280)	(108,015,870)	0	(27,260,299)	0	(26,718,506)	0	0	(1,073,288)	25,435,683
23. NET INCOME/(LOSS) (L21 less L22).....	105,133,313	124,221,625	0	(8,218,426)	0	(775,396)	0	0	76,755	(10,171,245)
24 Medical Loss Ratio	94.4%	91.5%	0.0%	125.0%	0.0%	94.1%	0.0%	0.0%	85.7%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		416	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		5,022	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	1,684,218	1,168,135	0	26,795	0	266,008	0	0	5,945	217,335
2. MEMBER MONTHS.....	20,049,268	14,663,630	0	304,101	0	2,438,470	0	0	67,330	2,575,737
3. Direct Premium Income.....	4,615,015,282	3,538,925,181	0	363,816,052	0	700,843,512	0	XXXXXXXX	11,430,537	0
4. Net Premium Income.....	4,615,015,282	3,538,925,181	0	363,816,052	0	700,843,512	0	0	11,430,537	0
5. Change in unearned premium reserve and reserve for rate credits.....	(323,486)	114,999	0	(438,485)	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.....	96,673,742	0	0	0	0	0	0	0	0	96,673,742
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	4,711,365,538	3,539,040,180	0	363,377,567	0	700,843,512	0	0	11,430,537	96,673,742
11. Hospital & Medical Benefits.....	4,636,181,296	3,613,919,631	0	364,694,539	0	647,080,018	0	0	10,487,108	0
12. Net Reins Recoveries Incurred.....	170,367,081	170,367,081	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,465,814,215	3,443,552,550	0	364,694,539	0	647,080,018	0	0	10,487,108	0
14. Claims Adjustment Expenses.....	253,640,885	113,402,363	0	34,476,448	0	84,675,423	0	0	2,186,534	18,900,117
15. General Administrative Expenses.....	517,314,384	438,346,631	0	19,007,720	0	39,584,533	0	0	1,849,316	18,526,184
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).....	5,236,769,484	3,995,301,544	0	418,178,707	0	771,339,974	0	0	14,522,958	37,426,301
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(525,403,946)	(456,261,364)	0	(54,801,140)	0	(70,496,462)	0	0	(3,092,421)	59,247,441
19. Net Investments Gains / (Losses).....	33,833,514	25,446,795	0	2,594,725	0	5,017,664	0	0	83,626	690,704
20. Aggregate write-ins for other expenses.....	230,781	230,781	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(491,339,651)	(430,583,788)	0	(52,206,415)	0	(65,478,798)	0	0	(3,008,795)	59,938,145
22. Federal and foreign income taxes incurred.....	(188,298,886)	(160,992,775)	0	(30,822,628)	0	(34,683,928)	0	0	(1,375,694)	39,576,139
23. NET INCOME/(LOSS) (L21 less L22).....	(303,040,765)	(269,591,013)	0	(21,383,787)	0	(30,794,870)	0	0	(1,633,101)	20,362,006
24 Medical Loss Ratio	96.8%	97.3%	0.0%	100.2%	0.0%	92.3%	0.0%	0.0%	91.7%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		416	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		5,022	of Texas enrollees and Federal employees.)			Non-Risk				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Health Care Service Corp.**

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	2,634	2,528	106	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	4,294	4,126	168	0	0	0	0	0	0	0
6. Current Year Member Months	54,963	53,067	1,896	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	23,289	22,507	782	0	0	0	0	0	0	0
8. Non-Physician	7,914	7,695	219	0	0	0	0	0	0	0
9. Total	31,203	30,202	1,001	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,867	1,812	55	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	318	307	11	0	0	0	0	0	0	0
12. Health Premiums Written	9,451,681	9,065,933	385,748	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	9,451,681	9,065,933	385,748	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	15,650,112	14,943,126	706,986	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	15,421,408	14,730,545	690,863	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	4,295	4,294	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	13,210	13,207	0	0	0	0	0	0	0	3
3. Direct Premium Income.....	2,935,995	2,935,995	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,935,995	2,935,995	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	311,065	311,065	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.....	82	0	0	0	0	0	0	0	0	82
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).....	3,247,142	3,247,060	0	0	0	0	0	0	0	82
11. Hospital & Medical Benefits.....	4,474,057	4,474,057	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	594,316	594,316	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,879,741	3,879,741	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	134,882	134,806	0	0	0	0	0	0	0	76
15. General Administrative Expenses.....	570,935	570,883	0	0	0	0	0	0	0	52
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).....	4,585,558	4,585,430	0	0	0	0	0	0	0	128
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,338,416)	(1,338,370)	0	0	0	0	0	0	0	(46)
19. Net Investments Gains / (Losses).....	36,475	36,473	0	0	0	0	0	0	0	2
20. Aggregate write-ins for other expenses.....	(1,465)	(1,465)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,303,406)	(1,303,362)	0	0	0	0	0	0	0	(44)
22. Federal and foreign income taxes incurred.....	(2,497,635)	(2,497,587)	0	0	0	0	0	0	0	(48)
23. NET INCOME/(LOSS) (L21 less L22).....	1,194,229	1,194,225	0	0	0	0	0	0	0	4
24 Medical Loss Ratio	132.1%	132.1%	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.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	4,295	4,294	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	54,975	54,963	0	0	0	0	0	0	0	12
3. Direct Premium Income.....	9,310,680	9,310,680	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	9,310,680	9,310,680	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.....	344	0	0	0	0	0	0	0	0	344
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).....	9,311,024	9,310,680	0	0	0	0	0	0	0	344
11. Hospital & Medical Benefits.....	15,421,407	15,421,407	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,818,644	1,818,644	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,602,763	13,602,763	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	620,518	620,211	0	0	0	0	0	0	0	307
15. General Administrative Expenses.....	2,470,644	2,470,480	0	0	0	0	0	0	0	164
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).....	16,693,925	16,693,454	0	0	0	0	0	0	0	471
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,382,901)	(7,382,774)	0	0	0	0	0	0	0	(127)
19. Net Investments Gains / (Losses).....	68,120	68,117	0	0	0	0	0	0	0	3
20. Aggregate write-ins for other expenses.....	513	513	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(7,314,268)	(7,314,144)	0	0	0	0	0	0	0	(124)
22. Federal and foreign income taxes incurred.....	(3,485,713)	(3,485,651)	0	0	0	0	0	0	0	(62)
23. NET INCOME/(LOSS) (L21 less L22).....	(3,828,555)	(3,828,493)	0	0	0	0	0	0	0	(62)
24. Medical Loss Ratio	146.1%	146.1%	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.)			Non-Risk				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **Amarillo,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	7,083	6,751	332	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	9,947	9,504	443	0	0	0	0	0	0	0
6. Current Year Member Months	131,460	126,731	4,729	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	46,515	44,952	1,563	0	0	0	0	0	0	0
8. Non-Physician	15,806	15,369	437	0	0	0	0	0	0	0
9. Total	62,321	60,321	2,000	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	4,994	4,847	147	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	906	876	30	0	0	0	0	0	0	0
12. Health Premiums Written	22,858,754	21,650,645	1,208,109	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	22,858,754	21,650,645	1,208,109	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	31,257,515	29,845,472	1,412,043	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	30,800,728	29,420,888	1,379,840	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Amarillo,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.....	9,947	9,947	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,212	30,212	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,888,935	6,888,935	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	6,888,935	6,888,935	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	752,974	752,974	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).....	7,641,909	7,641,909	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,330,453	6,330,453	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	895,621	895,621	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,434,832	5,434,832	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	306,429	306,429	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,302,818	1,302,818	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	7,044,079	7,044,079	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	597,830	597,830	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	87,169	87,169	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,570)	(3,570)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	681,429	681,429	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(3,594,407)	(3,594,407)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,275,836	4,275,836	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	78.9%	78.9%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Amarillo,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.....	9,947	9,947	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	131,460	131,460	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	22,522,024	22,522,024	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	22,522,024	22,522,024	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).....	22,522,024	22,522,024	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	30,800,728	30,800,728	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,632,325	3,632,325	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	27,168,403	27,168,403	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,483,416	1,483,416	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,908,871	5,908,871	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).....	34,560,690	34,560,690	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(12,038,666)	(12,038,666)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	164,771	164,771	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,226	1,226	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(11,872,669)	(11,872,669)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(5,658,075)	(5,658,075)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(6,214,594)	(6,214,594)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	120.6%	120.6%	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 **Health Care Service Corp.**

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	49,952	19,050	1,861	0	0	0	0	0	29,041	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	57,447	24,220	2,307	0	0	0	0	0	30,920	0
6. Current Year Member Months	718,798	325,913	25,055	0	0	0	0	0	367,830	0
Total Member Ambulatory Encounters for Year:										
7. Physician	297,441	189,456	6,587	0	0	0	0	0	101,398	0
8. Non-Physician	175,028	64,775	1,842	0	0	0	0	0	108,411	0
9. Total	472,469	254,231	8,429	0	0	0	0	0	209,809	0
10. Hospital Patient Days Incurred	44,617	9,158	278	0	0	0	0	0	35,181	0
11. Number of Inpatient Admissions	6,540	1,713	58	0	0	0	0	0	4,769	0
12. Health Premiums Written	148,781,827	55,678,774	6,197,537	0	0	0	0	0	86,905,516	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	148,781,827	55,678,774	6,197,537	0	0	0	0	0	86,905,516	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	204,505,183	125,787,144	5,951,217	0	0	0	0	0	72,766,822	0
18. Amount Incurred for Provision of Health Care Services	205,830,004	123,997,689	5,815,493	0	0	0	0	0	76,016,822	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	58,086	26,527	0	0	0	24,975	0	0	5,945	639
2. MEMBER MONTHS.....	177,357	82,306	0	0	0	75,513	0	0	17,635	1,903
3. Direct Premium Income.....	43,191,018	18,832,997	0	0	0	21,395,934	0	XXXXXXXX	2,962,087	0
4. Net Premium Income.....	43,191,018	18,832,997	0	0	0	21,395,934	0	0	2,962,087	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,927,101	1,927,101	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.....	51,776	0	0	0	0	0	0	0	0	51,776
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).....	45,169,895	20,760,098	0	0	0	21,395,934	0	0	2,962,087	51,776
11. Hospital & Medical Benefits.....	78,110,156	59,539,951	0	0	0	16,031,047	0	0	2,539,158	0
12. Net Reins Recoveries Incurred.....	7,449,638	7,449,638	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	70,660,518	52,090,313	0	0	0	16,031,047	0	0	2,539,158	0
14. Claims Adjustment Expenses.....	4,980,712	837,238	0	0	0	3,372,005	0	0	723,367	48,102
15. General Administrative Expenses.....	8,771,128	3,553,146	0	0	0	4,449,292	0	0	735,569	33,121
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).....	84,412,358	56,480,697	0	0	0	23,852,344	0	0	3,998,094	81,223
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(39,242,463)	(35,720,599)	0	0	0	(2,456,410)	0	0	(1,036,007)	(29,447)
19. Net Investments Gains / (Losses).....	547,427	236,983	0	0	0	270,220	0	0	39,474	750
20. Aggregate write-ins for other expenses.....	(9,452)	(9,452)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(38,704,488)	(35,493,068)	0	0	0	(2,186,190)	0	0	(996,533)	(28,697)
22. Federal and foreign income taxes incurred.....	(32,690,661)	(28,554,977)	0	0	0	(3,030,761)	0	0	(1,073,288)	(31,635)
23. NET INCOME/(LOSS) (L21 less L22).....	(6,013,827)	(6,938,091)	0	0	0	844,571	0	0	76,755	2,938
24 Medical Loss Ratio	163.6%	276.6%	0.0%	0.0%	0.0%	74.9%	0.0%	0.0%	85.7%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	58,086	26,527	0	0	0	24,975	0	0	5,945	639
2. MEMBER MONTHS.....	726,761	350,968	0	0	0	300,500	0	0	67,330	7,963
3. Direct Premium Income.....	147,915,863	61,010,347	0	0	0	75,474,979	0	XXXXXXXX	11,430,537	0
4. Net Premium Income.....	147,915,863	61,010,347	0	0	0	75,474,979	0	0	11,430,537	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.....	228,114	0	0	0	0	0	0	0	0	228,114
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).....	148,143,977	61,010,347	0	0	0	75,474,979	0	0	11,430,537	228,114
11. Hospital & Medical Benefits.....	205,830,004	129,813,182	0	0	0	65,529,714	0	0	10,487,108	0
12. Net Reins Recoveries Incurred.....	15,308,847	15,308,847	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	190,521,157	114,504,335	0	0	0	65,529,714	0	0	10,487,108	0
14. Claims Adjustment Expenses.....	16,220,388	3,960,379	0	0	0	9,869,864	0	0	2,186,534	203,611
15. General Administrative Expenses.....	28,057,323	15,775,327	0	0	0	10,324,016	0	0	1,849,316	108,664
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).....	234,798,868	134,240,041	0	0	0	85,723,594	0	0	14,522,958	312,275
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(86,654,891)	(73,229,694)	0	0	0	(10,248,615)	0	0	(3,092,421)	(84,161)
19. Net Investments Gains / (Losses).....	1,083,818	446,350	0	0	0	552,173	0	0	83,626	1,669
20. Aggregate write-ins for other expenses.....	3,274	3,274	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(85,567,799)	(72,780,070)	0	0	0	(9,696,442)	0	0	(3,008,795)	(82,492)
22. Federal and foreign income taxes incurred.....	(40,148,254)	(34,684,289)	0	0	0	(4,047,423)	0	0	(1,375,694)	(40,848)
23. NET INCOME/(LOSS) (L21 less L22).....	(45,419,545)	(38,095,781)	0	0	0	(5,649,019)	0	0	(1,633,101)	(41,644)
24 Medical Loss Ratio	128.8%	187.7%	0.0%	0.0%	0.0%	86.8%	0.0%	0.0%	91.7%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Non-Risk				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **Beaumont, Lufkin**

(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	3,550	3,396	154	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	4,058	3,845	213	0	0	0	0	0	0	0
6. Current Year Member Months	53,868	51,596	2,272	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	28,737	27,771	966	0	0	0	0	0	0	0
8. Non-Physician	9,765	9,495	270	0	0	0	0	0	0	0
9. Total	38,502	37,266	1,236	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,136	2,073	63	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	470	454	16	0	0	0	0	0	0	0
12. Health Premiums Written	9,514,754	8,814,628	700,126	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	9,514,754	8,814,628	700,126	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	19,310,382	18,438,045	872,337	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	19,028,187	18,175,744	852,443	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Beaumont,Lufkin**

(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.....	4,058	4,058	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,427	12,427	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,863,856	2,863,856	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,863,856	2,863,856	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	306,259	306,259	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.....	(3)	0	0	0	0	0	0	0	0	(3)
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).....	3,170,112	3,170,115	0	0	0	0	0	0	0	(3)
11. Hospital & Medical Benefits.....	4,368,051	4,368,051	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	604,433	604,433	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,763,618	3,763,618	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	126,111	126,112	0	0	0	0	0	0	0	(1)
15. General Administrative Expenses.....	536,003	535,996	0	0	0	0	0	0	0	7
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).....	4,425,732	4,425,726	0	0	0	0	0	0	0	6
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,255,620)	(1,255,611)	0	0	0	0	0	0	0	(9)
19. Net Investments Gains / (Losses).....	36,273	36,273	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(1,461)	(1,461)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,220,808)	(1,220,799)	0	0	0	0	0	0	0	(9)
22. Federal and foreign income taxes incurred.....	(3,436,936)	(3,436,914)	0	0	0	0	0	0	0	(22)
23. NET INCOME/(LOSS) (L21 less L22).....	2,216,128	2,216,115	0	0	0	0	0	0	0	13
24 Medical Loss Ratio	131.4%	131.4%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Beaumont,Lufkin**

(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.....	4,058	4,058	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	53,874	53,868	0	0	0	0	0	0	0	6
3. Direct Premium Income.....	9,377,662	9,377,662	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	9,377,662	9,377,662	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.....	172	0	0	0	0	0	0	0	0	172
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).....	9,377,834	9,377,662	0	0	0	0	0	0	0	172
11. Hospital & Medical Benefits.....	19,028,187	19,028,187	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,243,991	2,243,991	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,784,196	16,784,196	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	608,008	607,855	0	0	0	0	0	0	0	153
15. General Administrative Expenses.....	2,421,344	2,421,262	0	0	0	0	0	0	0	82
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).....	19,813,548	19,813,313	0	0	0	0	0	0	0	235
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(10,435,714)	(10,435,651)	0	0	0	0	0	0	0	(63)
19. Net Investments Gains / (Losses).....	68,608	68,607	0	0	0	0	0	0	0	1
20. Aggregate write-ins for other expenses.....	502	502	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,366,604)	(10,366,542)	0	0	0	0	0	0	0	(62)
22. Federal and foreign income taxes incurred.....	(4,940,341)	(4,940,310)	0	0	0	0	0	0	0	(31)
23. NET INCOME/(LOSS) (L21 less L22).....	(5,426,263)	(5,426,232)	0	0	0	0	0	0	0	(31)
24. Medical Loss Ratio	179.0%	179.0%	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.)			Non-Risk				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Health Care Service Corp.**

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	5,114	5,008	106	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	8,110	7,945	165	0	0	0	0	0	0	0
6. Current Year Member Months	108,382	106,839	1,543	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	42,594	41,163	1,431	0	0	0	0	0	0	0
8. Non-Physician	14,474	14,074	400	0	0	0	0	0	0	0
9. Total	57,068	55,237	1,831	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	4,167	4,045	122	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	735	711	24	0	0	0	0	0	0	0
12. Health Premiums Written	18,550,096	18,252,308	297,788	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	18,550,096	18,252,308	297,788	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	28,622,466	27,329,460	1,293,006	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	28,204,188	26,940,670	1,263,518	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	8,112	8,110	0	0	0	0	0	0	0	2
2. MEMBER MONTHS.....	24,757	24,733	0	0	0	0	0	0	0	24
3. Direct Premium Income.....	5,570,786	5,570,786	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,570,786	5,570,786	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	635,823	635,823	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.....	688	0	0	0	0	0	0	0	0	688
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).....	6,207,297	6,206,609	0	0	0	0	0	0	0	688
11. Hospital & Medical Benefits.....	7,280,100	7,280,100	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	986,010	986,010	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,294,090	6,294,090	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	251,212	250,598	0	0	0	0	0	0	0	614
15. General Administrative Expenses.....	1,066,461	1,066,133	0	0	0	0	0	0	0	328
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	7,611,763	7,610,821	0	0	0	0	0	0	0	942
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,404,466)	(1,404,212)	0	0	0	0	0	0	0	(254)
19. Net Investments Gains / (Losses).....	70,620	70,615	0	0	0	0	0	0	0	5
20. Aggregate write-ins for other expenses.....	(2,951)	(2,951)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,336,797)	(1,336,548)	0	0	0	0	0	0	0	(249)
22. Federal and foreign income taxes incurred.....	(4,144,494)	(4,144,371)	0	0	0	0	0	0	0	(123)
23. NET INCOME/(LOSS) (L21 less L22).....	2,807,697	2,807,823	0	0	0	0	0	0	0	(126)
24 Medical Loss Ratio	113.0%	113.0%	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.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	8,112	8,110	0	0	0	0	0	0	0	2
2. MEMBER MONTHS.....	108,406	108,382	0	0	0	0	0	0	0	24
3. Direct Premium Income.....	18,266,221	18,266,221	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,266,221	18,266,221	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.....	688	0	0	0	0	0	0	0	0	688
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).....	18,266,909	18,266,221	0	0	0	0	0	0	0	688
11. Hospital & Medical Benefits.....	28,204,187	28,204,187	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,326,115	3,326,115	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	24,878,072	24,878,072	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,223,614	1,223,000	0	0	0	0	0	0	0	614
15. General Administrative Expenses.....	4,871,887	4,871,559	0	0	0	0	0	0	0	328
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	30,973,573	30,972,631	0	0	0	0	0	0	0	942
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(12,706,664)	(12,706,410)	0	0	0	0	0	0	0	(254)
19. Net Investments Gains / (Losses).....	133,640	133,635	0	0	0	0	0	0	0	5
20. Aggregate write-ins for other expenses.....	1,011	1,011	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(12,572,013)	(12,571,764)	0	0	0	0	0	0	0	(249)
22. Federal and foreign income taxes incurred.....	(5,991,361)	(5,991,238)	0	0	0	0	0	0	0	(123)
23. NET INCOME/(LOSS) (L21 less L22).....	(6,580,652)	(6,580,526)	0	0	0	0	0	0	0	(126)
24 Medical Loss Ratio	136.2%	136.2%	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.)			Non-Risk				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **Dallas, Ft Worth**

(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	112,752	104,791	7,961	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	143,232	135,346	7,886	0	0	0	0	0	0	0
6. Current Year Member Months	1,886,683	1,804,711	81,972	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	694,935	671,586	23,349	0	0	0	0	0	0	0
8. Non-Physician	236,145	229,616	6,529	0	0	0	0	0	0	0
9. Total	931,080	901,202	29,878	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	51,673	50,151	1,522	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	8,994	8,693	301	0	0	0	0	0	0	0
12. Health Premiums Written	331,513,265	308,315,703	23,197,562	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	331,513,265	308,315,703	23,197,562	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	466,987,595	445,891,657	21,095,938	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	460,163,201	439,548,378	20,614,823	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas,Ft Worth**

(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.....	146,323	143,232	0	0	0	0	0	0	0	3,091
2. MEMBER MONTHS.....	447,768	438,693	0	0	0	0	0	0	0	9,075
3. Direct Premium Income.....	100,668,299	100,668,299	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	100,668,299	100,668,299	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	10,692,457	10,692,457	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.....	247,259	0	0	0	0	0	0	0	0	247,259
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).....	111,608,015	111,360,756	0	0	0	0	0	0	0	247,259
11. Hospital & Medical Benefits.....	108,490,116	108,490,116	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	14,936,600	14,936,600	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	93,553,516	93,553,516	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,686,502	4,457,044	0	0	0	0	0	0	0	229,458
15. General Administrative Expenses.....	19,086,669	18,929,631	0	0	0	0	0	0	0	157,038
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).....	117,326,687	116,940,191	0	0	0	0	0	0	0	386,496
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,718,672)	(5,579,435)	0	0	0	0	0	0	0	(139,237)
19. Net Investments Gains / (Losses).....	1,271,689	1,268,159	0	0	0	0	0	0	0	3,530
20. Aggregate write-ins for other expenses.....	(50,990)	(50,990)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,497,973)	(4,362,266)	0	0	0	0	0	0	0	(135,707)
22. Federal and foreign income taxes incurred.....	(57,951,401)	(57,803,322)	0	0	0	0	0	0	0	(148,079)
23. NET INCOME/(LOSS) (L21 less L22).....	53,453,428	53,441,056	0	0	0	0	0	0	0	12,372
24 Medical Loss Ratio	92.9%	92.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		177	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,110	of Texas enrollees and Federal employees.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas,Ft Worth**

(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.....	146,323	143,232	0	0	0	0	0	0	0	3,091
2. MEMBER MONTHS.....	1,923,885	1,886,683	0	0	0	0	0	0	0	37,202
3. Direct Premium Income.....	326,718,076	326,718,076	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	326,718,076	326,718,076	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.....	1,065,716	0	0	0	0	0	0	0	0	1,065,716
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).....	327,783,792	326,718,076	0	0	0	0	0	0	0	1,065,716
11. Hospital & Medical Benefits.....	460,163,201	460,163,201	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	54,266,970	54,266,970	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	405,896,231	405,896,231	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	22,240,871	21,289,631	0	0	0	0	0	0	0	951,240
15. General Administrative Expenses.....	85,310,384	84,802,721	0	0	0	0	0	0	0	507,663
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).....	513,447,486	511,988,583	0	0	0	0	0	0	0	1,458,903
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(185,663,694)	(185,270,507)	0	0	0	0	0	0	0	(393,187)
19. Net Investments Gains / (Losses).....	2,398,059	2,390,262	0	0	0	0	0	0	0	7,797
20. Aggregate write-ins for other expenses.....	17,597	17,597	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(183,248,038)	(182,862,648)	0	0	0	0	0	0	0	(385,390)
22. Federal and foreign income taxes incurred.....	(87,336,411)	(87,145,573)	0	0	0	0	0	0	0	(190,838)
23. NET INCOME/(LOSS) (L21 less L22).....	(95,911,627)	(95,717,075)	0	0	0	0	0	0	0	(194,552)
24 Medical Loss Ratio	124.2%	124.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		177	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,110	of Texas enrollees and Federal employees.)			Non-Risk				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **East Texas, Tyler**

(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	11,754	11,352	402	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	21,248	20,458	790	0	0	0	0	0	0	0
6. Current Year Member Months	270,058	262,403	7,655	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	99,743	96,392	3,351	0	0	0	0	0	0	0
8. Non-Physician	33,894	32,957	937	0	0	0	0	0	0	0
9. Total	133,637	129,349	4,288	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	10,082	9,785	297	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,902	1,839	63	0	0	0	0	0	0	0
12. Health Premiums Written	46,537,211	44,828,765	1,708,446	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	46,537,211	44,828,765	1,708,446	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	67,026,354	63,998,471	3,027,883	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	66,046,854	63,088,025	2,958,829	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**East Texas, Tyler**

(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.....	21,257	21,248	0	0	0	0	0	0	0	9
2. MEMBER MONTHS.....	65,038	64,984	0	0	0	0	0	0	0	54
3. Direct Premium Income.....	14,471,250	14,471,250	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	14,471,250	14,471,250	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,537,248	1,537,248	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.....	1,516	0	0	0	0	0	0	0	0	1,516
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).....	16,010,014	16,008,498	0	0	0	0	0	0	0	1,516
11. Hospital & Medical Benefits.....	16,024,160	16,024,160	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,194,462	2,194,462	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,829,698	13,829,698	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	664,809	663,434	0	0	0	0	0	0	0	1,375
15. General Administrative Expenses.....	2,810,010	2,809,194	0	0	0	0	0	0	0	816
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).....	17,304,517	17,302,326	0	0	0	0	0	0	0	2,191
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,294,503)	(1,293,828)	0	0	0	0	0	0	0	(675)
19. Net Investments Gains / (Losses).....	179,666	179,651	0	0	0	0	0	0	0	15
20. Aggregate write-ins for other expenses.....	(7,195)	(7,195)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,122,032)	(1,121,372)	0	0	0	0	0	0	0	(660)
22. Federal and foreign income taxes incurred.....	(8,696,791)	(8,696,272)	0	0	0	0	0	0	0	(519)
23. NET INCOME/(LOSS) (L21 less L22).....	7,574,759	7,574,900	0	0	0	0	0	0	0	(141)
24 Medical Loss Ratio	95.6%	95.6%	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.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**East Texas,Tyler**

(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.....	21,257	21,248	0	0	0	0	0	0	0	9
2. MEMBER MONTHS.....	270,179	270,058	0	0	0	0	0	0	0	121
3. Direct Premium Income.....	45,839,996	45,839,996	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	45,839,996	45,839,996	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.....	3,466	0	0	0	0	0	0	0	0	3,466
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).....	45,843,462	45,839,996	0	0	0	0	0	0	0	3,466
11. Hospital & Medical Benefits.....	66,046,854	66,046,854	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,788,894	7,788,894	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	58,257,960	58,257,960	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,050,471	3,047,377	0	0	0	0	0	0	0	3,094
15. General Administrative Expenses.....	12,140,231	12,138,580	0	0	0	0	0	0	0	1,651
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).....	73,448,662	73,443,917	0	0	0	0	0	0	0	4,745
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(27,605,200)	(27,603,921)	0	0	0	0	0	0	0	(1,279)
19. Net Investments Gains / (Losses).....	335,389	335,364	0	0	0	0	0	0	0	25
20. Aggregate write-ins for other expenses.....	2,519	2,519	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(27,267,292)	(27,266,038)	0	0	0	0	0	0	0	(1,254)
22. Federal and foreign income taxes incurred.....	(12,994,606)	(12,993,985)	0	0	0	0	0	0	0	(621)
23. NET INCOME/(LOSS) (L21 less L22).....	(14,272,686)	(14,272,053)	0	0	0	0	0	0	0	(633)
24 Medical Loss Ratio	127.1%	127.1%	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.)			Non-Risk				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Health Care Service Corp.**

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	21,882	21,475	407	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	33,633	32,781	852	0	0	0	0	0	0	0
6. Current Year Member Months	435,906	428,649	7,257	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	106,406	102,831	3,575	0	0	0	0	0	0	0
8. Non-Physician	36,158	35,158	1,000	0	0	0	0	0	0	0
9. Total	142,564	137,989	4,575	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	8,869	8,608	261	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,864	1,802	62	0	0	0	0	0	0	0
12. Health Premiums Written	74,856,267	73,230,128	1,626,139	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	74,856,267	73,230,128	1,626,139	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	71,503,597	68,273,457	3,230,140	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	70,458,669	67,302,195	3,156,474	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	33,636	33,633	0	0	0	0	0	0	0	3
2. MEMBER MONTHS.....	103,159	103,145	0	0	0	0	0	0	0	14
3. Direct Premium Income.....	23,041,279	23,041,279	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	23,041,279	23,041,279	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,523,845	2,523,845	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.....	401	0	0	0	0	0	0	0	0	401
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).....	25,565,525	25,565,124	0	0	0	0	0	0	0	401
11. Hospital & Medical Benefits.....	18,591,838	18,591,838	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,508,503	2,508,503	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,083,335	16,083,335	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,050,913	1,050,555	0	0	0	0	0	0	0	358
15. General Administrative Expenses.....	4,455,092	4,454,901	0	0	0	0	0	0	0	191
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).....	21,589,340	21,588,791	0	0	0	0	0	0	0	549
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,976,185	3,976,333	0	0	0	0	0	0	0	(148)
19. Net Investments Gains / (Losses).....	287,763	287,760	0	0	0	0	0	0	0	3
20. Aggregate write-ins for other expenses.....	(11,696)	(11,696)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,252,252	4,252,397	0	0	0	0	0	0	0	(145)
22. Federal and foreign income taxes incurred.....	(3,172,329)	(3,172,257)	0	0	0	0	0	0	0	(72)
23. NET INCOME/(LOSS) (L21 less L22).....	7,424,581	7,424,654	0	0	0	0	0	0	0	(73)
24 Medical Loss Ratio	69.8%	69.8%	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.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	33,636	33,633	0	0	0	0	0	0	0	3
2. MEMBER MONTHS.....	435,920	435,906	0	0	0	0	0	0	0	14
3. Direct Premium Income.....	73,717,330	73,717,330	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	73,717,330	73,717,330	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.....	401	0	0	0	0	0	0	0	0	401
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).....	73,717,731	73,717,330	0	0	0	0	0	0	0	401
11. Hospital & Medical Benefits.....	70,458,669	70,458,669	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	8,309,179	8,309,179	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	62,149,490	62,149,490	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,919,191	4,918,833	0	0	0	0	0	0	0	358
15. General Administrative Expenses.....	19,593,315	19,593,124	0	0	0	0	0	0	0	191
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).....	86,661,996	86,661,447	0	0	0	0	0	0	0	549
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(12,944,265)	(12,944,117)	0	0	0	0	0	0	0	(148)
19. Net Investments Gains / (Losses).....	539,317	539,314	0	0	0	0	0	0	0	3
20. Aggregate write-ins for other expenses.....	4,066	4,066	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(12,400,882)	(12,400,737)	0	0	0	0	0	0	0	(145)
22. Federal and foreign income taxes incurred.....	(5,909,805)	(5,909,733)	0	0	0	0	0	0	0	(72)
23. NET INCOME/(LOSS) (L21 less L22).....	(6,491,077)	(6,491,004)	0	0	0	0	0	0	0	(73)
24. Medical Loss Ratio	84.3%	84.3%	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.)			Non-Risk				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Health Care Service Corp.**

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	103,902	98,433	5,469	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	137,692	129,362	8,330	0	0	0	0	0	0	0
6. Current Year Member Months	1,810,450	1,731,511	78,939	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	609,855	589,364	20,491	0	0	0	0	0	0	0
8. Non-Physician	207,234	201,505	5,729	0	0	0	0	0	0	0
9. Total	817,089	790,869	26,220	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	49,013	47,569	1,444	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	8,350	8,071	279	0	0	0	0	0	0	0
12. Health Premiums Written	315,818,554	295,810,260	20,008,294	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	315,818,554	295,810,260	20,008,294	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	409,814,860	391,301,672	18,513,188	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	403,825,968	385,734,994	18,090,974	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	140,335	137,692	0	0	0	0	0	0	0	2,643
2. MEMBER MONTHS.....	432,748	424,736	0	0	0	0	0	0	0	8,012
3. Direct Premium Income.....	96,434,157	96,434,157	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	96,434,157	96,434,157	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	10,237,717	10,237,717	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.....	218,415	0	0	0	0	0	0	0	0	218,415
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).....	106,890,289	106,671,874	0	0	0	0	0	0	0	218,415
11. Hospital & Medical Benefits.....	93,021,008	93,021,008	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	12,863,363	12,863,363	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	80,157,645	80,157,645	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,523,369	4,320,764	0	0	0	0	0	0	0	202,605
15. General Administrative Expenses.....	18,474,547	18,336,214	0	0	0	0	0	0	0	138,333
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).....	103,155,561	102,814,623	0	0	0	0	0	0	0	340,938
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,734,728	3,857,251	0	0	0	0	0	0	0	(122,523)
19. Net Investments Gains / (Losses).....	1,213,784	1,210,684	0	0	0	0	0	0	0	3,100
20. Aggregate write-ins for other expenses.....	(48,751)	(48,751)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,899,761	5,019,184	0	0	0	0	0	0	0	(119,423)
22. Federal and foreign income taxes incurred.....	(44,413,888)	(44,284,102)	0	0	0	0	0	0	0	(129,786)
23. NET INCOME/(LOSS) (L21 less L22).....	49,313,649	49,303,286	0	0	0	0	0	0	0	10,363
24 Medical Loss Ratio	83.1%	83.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		239	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,912	of Texas enrollees and Federal employees.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	140,335	137,692	0	0	0	0	0	0	0	2,643
2. MEMBER MONTHS.....	1,843,032	1,810,450	0	0	0	0	0	0	0	32,582
3. Direct Premium Income.....	311,217,861	311,217,861	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	311,217,861	311,217,861	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.....	933,368	0	0	0	0	0	0	0	0	933,368
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).....	312,151,229	311,217,861	0	0	0	0	0	0	0	933,368
11. Hospital & Medical Benefits.....	403,825,968	403,825,968	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	47,623,129	47,623,129	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	356,202,839	356,202,839	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	21,262,514	20,429,405	0	0	0	0	0	0	0	833,109
15. General Administrative Expenses.....	81,820,814	81,376,196	0	0	0	0	0	0	0	444,618
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).....	459,286,167	458,008,440	0	0	0	0	0	0	0	1,277,727
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(147,134,938)	(146,790,579)	0	0	0	0	0	0	0	(344,359)
19. Net Investments Gains / (Losses).....	2,283,691	2,276,863	0	0	0	0	0	0	0	6,828
20. Aggregate write-ins for other expenses.....	16,886	16,886	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(144,834,361)	(144,496,830)	0	0	0	0	0	0	0	(337,531)
22. Federal and foreign income taxes incurred.....	(69,028,982)	(68,861,844)	0	0	0	0	0	0	0	(167,138)
23. NET INCOME/(LOSS) (L21 less L22).....	(75,805,379)	(75,634,986)	0	0	0	0	0	0	0	(170,393)
24 Medical Loss Ratio	114.5%	114.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		239	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,912	of Texas enrollees and Federal employees.)			Non-Risk				



**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Midland**

(Location)

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

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	5,596	5,596	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,220	17,220	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	3,899,623	3,899,623	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	3,899,623	3,899,623	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	433,645	433,645	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	4,333,268	4,333,268	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,673,612	3,673,612	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	494,084	494,084	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,179,528	3,179,528	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	174,655	174,655	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	742,569	742,569	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).....	4,096,752	4,096,752	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	236,516	236,516	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	49,321	49,321	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,035)	(2,035)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	283,802	283,802	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,024,821)	(1,024,821)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,308,623	1,308,623	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	81.5%	81.5%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Midland**

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	5,596	5,596	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	74,930	74,930	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	12,739,221	12,739,221	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	12,739,221	12,739,221	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).....	12,739,221	12,739,221	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	13,663,152	13,663,152	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,611,293	1,611,293	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,051,859	12,051,859	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	845,522	845,522	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,367,957	3,367,957	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).....	16,265,338	16,265,338	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,526,117)	(3,526,117)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	93,200	93,200	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	699	699	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,432,218)	(3,432,218)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,635,668)	(1,635,668)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,796,550)	(1,796,550)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	94.6%	94.6%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Rio Grande Valley**

(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	17,266	16,809	457	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	21,239	20,058	1,181	0	0	0	0	0	0	0
6. Current Year Member Months	277,648	267,381	10,267	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	82,065	79,308	2,757	0	0	0	0	0	0	0
8. Non-Physician	27,886	27,115	771	0	0	0	0	0	0	0
9. Total	109,951	106,423	3,528	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	8,448	8,199	249	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,605	1,551	54	0	0	0	0	0	0	0
12. Health Premiums Written	47,470,192	45,679,203	1,790,989	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	47,470,192	45,679,203	1,790,989	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	55,146,533	52,655,315	2,491,218	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	54,340,641	51,906,238	2,434,403	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Rio Grande Valley**

(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.....	21,244	21,239	0	0	0	0	0	0	0	5
2. MEMBER MONTHS.....	64,561	64,552	0	0	0	0	0	0	0	9
3. Direct Premium Income.....	14,370,191	14,370,191	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	14,370,191	14,370,191	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,585,791	1,585,791	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.....	249	0	0	0	0	0	0	0	0	249
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).....	15,956,231	15,955,982	0	0	0	0	0	0	0	249
11. Hospital & Medical Benefits.....	14,275,334	14,275,334	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,927,564	1,927,564	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,347,770	12,347,770	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	656,055	655,827	0	0	0	0	0	0	0	228
15. General Administrative Expenses.....	2,785,551	2,785,407	0	0	0	0	0	0	0	144
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).....	15,789,376	15,789,004	0	0	0	0	0	0	0	372
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	166,855	166,978	0	0	0	0	0	0	0	(123)
19. Net Investments Gains / (Losses).....	181,315	181,312	0	0	0	0	0	0	0	3
20. Aggregate write-ins for other expenses.....	(7,504)	(7,504)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	340,666	340,786	0	0	0	0	0	0	0	(120)
22. Federal and foreign income taxes incurred.....	(5,076,530)	(5,076,418)	0	0	0	0	0	0	0	(112)
23. NET INCOME/(LOSS) (L21 less L22).....	5,417,196	5,417,204	0	0	0	0	0	0	0	(8)
24 Medical Loss Ratio	85.9%	85.9%	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.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Rio Grande Valley**

(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.....	21,244	21,239	0	0	0	0	0	0	0	5
2. MEMBER MONTHS.....	277,675	277,648	0	0	0	0	0	0	0	27
3. Direct Premium Income.....	46,759,751	46,759,751	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	46,759,751	46,759,751	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.....	773	0	0	0	0	0	0	0	0	773
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).....	46,760,524	46,759,751	0	0	0	0	0	0	0	773
11. Hospital & Medical Benefits.....	54,340,641	54,340,641	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	6,408,383	6,408,383	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	47,932,258	47,932,258	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,133,714	3,133,024	0	0	0	0	0	0	0	690
15. General Administrative Expenses.....	12,480,104	12,479,736	0	0	0	0	0	0	0	368
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).....	63,546,076	63,545,018	0	0	0	0	0	0	0	1,058
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(16,785,552)	(16,785,267)	0	0	0	0	0	0	0	(285)
19. Net Investments Gains / (Losses).....	342,099	342,093	0	0	0	0	0	0	0	6
20. Aggregate write-ins for other expenses.....	2,590	2,590	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(16,440,863)	(16,440,584)	0	0	0	0	0	0	0	(279)
22. Federal and foreign income taxes incurred.....	(7,835,113)	(7,834,974)	0	0	0	0	0	0	0	(139)
23. NET INCOME/(LOSS) (L21 less L22).....	(8,605,750)	(8,605,610)	0	0	0	0	0	0	0	(140)
24. Medical Loss Ratio	102.5%	102.5%	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.)			Non-Risk				



**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Angelo**

(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.....	2,844	2,843	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	8,391	8,388	0	0	0	0	0	0	0	3
3. Direct Premium Income.....	1,917,950	1,917,950	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,917,950	1,917,950	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	217,173	217,173	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.....	71	0	0	0	0	0	0	0	0	71
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).....	2,135,194	2,135,123	0	0	0	0	0	0	0	71
11. Hospital & Medical Benefits.....	2,636,943	2,636,943	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	349,763	349,763	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,287,180	2,287,180	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	84,826	84,752	0	0	0	0	0	0	0	74
15. General Administrative Expenses.....	361,273	361,193	0	0	0	0	0	0	0	80
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).....	2,733,279	2,733,125	0	0	0	0	0	0	0	154
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(598,085)	(598,002)	0	0	0	0	0	0	0	(83)
19. Net Investments Gains / (Losses).....	24,528	24,525	0	0	0	0	0	0	0	3
20. Aggregate write-ins for other expenses.....	(1,028)	(1,028)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(574,585)	(574,505)	0	0	0	0	0	0	0	(80)
22. Federal and foreign income taxes incurred.....	(1,225,209)	(1,225,074)	0	0	0	0	0	0	0	(135)
23. NET INCOME/(LOSS) (L21 less L22).....	650,624	650,569	0	0	0	0	0	0	0	55
24 Medical Loss Ratio	119.3%	119.3%	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.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Angelo**

(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.....	2,844	2,843	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	37,486	37,450	0	0	0	0	0	0	0	36
3. Direct Premium Income.....	6,379,447	6,379,447	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,379,447	6,379,447	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.....	1,031	0	0	0	0	0	0	0	0	1,031
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).....	6,380,478	6,379,447	0	0	0	0	0	0	0	1,031
11. Hospital & Medical Benefits.....	9,004,161	9,004,161	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,061,859	1,061,859	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	7,942,302	7,942,302	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	423,513	422,592	0	0	0	0	0	0	0	921
15. General Administrative Expenses.....	1,683,795	1,683,304	0	0	0	0	0	0	0	491
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).....	10,049,610	10,048,198	0	0	0	0	0	0	0	1,412
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,669,132)	(3,668,751)	0	0	0	0	0	0	0	(381)
19. Net Investments Gains / (Losses).....	46,680	46,672	0	0	0	0	0	0	0	8
20. Aggregate write-ins for other expenses.....	349	349	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,622,103)	(3,621,730)	0	0	0	0	0	0	0	(373)
22. Federal and foreign income taxes incurred.....	(1,726,168)	(1,725,983)	0	0	0	0	0	0	0	(185)
23. NET INCOME/(LOSS) (L21 less L22).....	(1,895,935)	(1,895,747)	0	0	0	0	0	0	0	(188)
24. Medical Loss Ratio	124.5%	124.5%	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.)			Non-Risk				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Health Care Service Corp.**

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	20,913	20,296	617	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	26,337	25,492	845	0	0	0	0	0	0	0
6. Current Year Member Months	353,247	345,234	8,013	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	125,521	121,304	4,217	0	0	0	0	0	0	0
8. Non-Physician	42,653	41,474	1,179	0	0	0	0	0	0	0
9. Total	168,174	162,778	5,396	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	11,160	10,832	328	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	2,015	1,948	67	0	0	0	0	0	0	0
12. Health Premiums Written	60,548,439	58,979,561	1,568,878	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	60,548,439	58,979,561	1,568,878	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	84,349,030	80,538,603	3,810,427	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	83,116,383	79,392,857	3,723,526	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	26,429	26,337	0	0	0	0	0	0	0	92
2. MEMBER MONTHS.....	80,435	80,231	0	0	0	0	0	0	0	204
3. Direct Premium Income.....	18,109,648	18,109,648	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,109,648	18,109,648	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,058,531	2,058,531	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.....	5,431	0	0	0	0	0	0	0	0	5,431
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).....	20,173,610	20,168,179	0	0	0	0	0	0	0	5,431
11. Hospital & Medical Benefits.....	19,584,612	19,584,612	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,696,643	2,696,643	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,887,969	16,887,969	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	817,472	812,340	0	0	0	0	0	0	0	5,132
15. General Administrative Expenses.....	3,461,371	3,457,507	0	0	0	0	0	0	0	3,864
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).....	21,166,812	21,157,816	0	0	0	0	0	0	0	8,996
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(993,202)	(989,637)	0	0	0	0	0	0	0	(3,565)
19. Net Investments Gains / (Losses).....	230,245	230,149	0	0	0	0	0	0	0	96
20. Aggregate write-ins for other expenses.....	(9,637)	(9,637)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(772,594)	(769,125)	0	0	0	0	0	0	0	(3,469)
22. Federal and foreign income taxes incurred.....	(10,466,357)	(10,462,008)	0	0	0	0	0	0	0	(4,349)
23. NET INCOME/(LOSS) (L21 less L22).....	9,693,763	9,692,883	0	0	0	0	0	0	0	880
24 Medical Loss Ratio	93.3%	93.3%	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.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(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.....	26,429	26,337	0	0	0	0	0	0	0	92
2. MEMBER MONTHS.....	354,366	353,247	0	0	0	0	0	0	0	1,119
3. Direct Premium Income.....	59,631,139	59,631,139	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	59,631,139	59,631,139	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.....	32,056	0	0	0	0	0	0	0	0	32,056
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	59,663,195	59,631,139	0	0	0	0	0	0	0	32,056
11. Hospital & Medical Benefits.....	83,116,382	83,116,382	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	9,801,901	9,801,901	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	73,314,481	73,314,481	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,014,707	3,986,095	0	0	0	0	0	0	0	28,612
15. General Administrative Expenses.....	15,893,034	15,877,764	0	0	0	0	0	0	0	15,270
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).....	93,222,222	93,178,340	0	0	0	0	0	0	0	43,882
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(33,559,027)	(33,547,201)	0	0	0	0	0	0	0	(11,826)
19. Net Investments Gains / (Losses).....	436,495	436,260	0	0	0	0	0	0	0	235
20. Aggregate write-ins for other expenses.....	3,295	3,295	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(33,119,237)	(33,107,646)	0	0	0	0	0	0	0	(11,591)
22. Federal and foreign income taxes incurred.....	(15,783,619)	(15,777,879)	0	0	0	0	0	0	0	(5,740)
23. NET INCOME/(LOSS) (L21 less L22).....	(17,335,618)	(17,329,767)	0	0	0	0	0	0	0	(5,851)
24 Medical Loss Ratio	122.9%	122.9%	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.)			Non-Risk				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **Illinois**

(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	822,045	34,295	645,397	0	0	73,762	655	18,768	49,168	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	991,207	39,093	611,320	0	0	72,216	750	26,795	241,033	0
6. Current Year Member Months	11,259,688	501,930	7,439,099	0	0	867,658	8,930	304,101	2,137,970	0
Total Member Ambulatory Encounters for Year:										
7. Physician	6,032,757	271,773	4,887,169	0	0	0	7,406	316,099	550,310	0
8. Non-Physician	2,845,724	130,190	2,341,141	0	0	0	3,548	169,379	201,466	0
9. Total	8,878,481	401,963	7,228,310	0	0	0	10,954	485,478	751,776	0
10. Hospital Patient Days Incurred	1,465,397	33,924	156,998	0	0	0	338	952,311	321,826	0
11. Number of Inpatient Admissions	252,008	3,723	33,677	0	0	0	84	53,192	161,332	0
12. Health Premiums Written	3,525,990,851	85,299,182	2,435,378,113	0	0	11,002,154	5,126,817	363,816,052	625,368,533	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	3,525,667,365	85,299,182	2,435,493,112	0	0	11,002,154	5,126,817	363,377,567	625,368,533	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	3,077,517,658	155,793,959	2,042,025,919	0	0	8,839,354	4,384,850	327,781,993	538,691,583	0
18. Amount Incurred for Provision of Health Care Services	3,176,277,754	145,920,681	2,070,732,026	0	0	8,706,354	4,673,850	364,694,539	581,550,304	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Illinois**

(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.....	1,202,056	723,379	0	26,795	0	241,033	0	0	0	210,849
2. MEMBER MONTHS.....	3,532,875	2,176,921	0	79,022	0	654,636	0	0	0	622,296
3. Direct Premium Income.....	924,548,415	626,126,023	0	93,194,008	0	205,228,384	0	XXXXXXXX	0	0
4. Net Premium Income.....	924,548,415	626,126,023	0	93,194,008	0	205,228,384	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	5,751,497	5,596,184	0	155,313	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.....	23,903,198	0	0	0	0	0	0	0	0	23,903,198
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).....	954,203,110	631,722,207	0	93,349,321	0	205,228,384	0	0	0	23,903,198
11. Hospital & Medical Benefits.....	858,094,060	544,437,385	0	116,497,575	0	197,159,100	0	0	0	0
12. Net Reins Recoveries Incurred.....	(2,148,394)	(2,148,394)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	860,242,454	546,585,779	0	116,497,575	0	197,159,100	0	0	0	0
14. Claims Adjustment Expenses.....	51,591,813	8,715,817	0	10,354,068	0	28,528,228	0	0	0	3,993,700
15. General Administrative Expenses.....	48,087,342	32,880,265	0	3,254,523	0	7,265,737	0	0	0	4,686,817
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).....	959,921,609	588,181,861	0	130,106,166	0	232,953,065	0	0	0	8,680,517
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,718,499)	43,540,346	0	(36,756,845)	0	(27,724,681)	0	0	0	15,222,681
19. Net Investments Gains / (Losses).....	12,848,039	8,822,591	0	1,278,120	0	2,416,969	0	0	0	330,359
20. Aggregate write-ins for other expenses.....	(553,737)	(553,737)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,575,803	51,809,200	0	(35,478,725)	0	(25,307,712)	0	0	0	15,553,040
22. Federal and foreign income taxes incurred.....	40,759,176	65,956,659	0	(27,260,299)	0	(23,687,745)	0	0	0	25,750,561
23. NET INCOME/(LOSS) (L21 less L22).....	(34,183,373)	(14,147,459)	0	(8,218,426)	0	(1,619,967)	0	0	0	(10,197,521)
24 Medical Loss Ratio	93.0%	87.3%	0.0%	125.0%	0.0%	96.1%	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.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Illinois**

(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.....	1,202,056	723,379	0	26,795	0	241,033	0	0	0	210,849
2. MEMBER MONTHS.....	13,756,319	8,817,617	0	304,101	0	2,137,970	0	0	0	2,496,631
3. Direct Premium Income.....	3,524,620,010	2,535,435,425	0	363,816,052	0	625,368,533	0	XXXXXXXX	0	0
4. Net Premium Income.....	3,524,620,010	2,535,435,425	0	363,816,052	0	625,368,533	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(323,486)	114,999	0	(438,485)	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.....	94,407,614	0	0	0	0	0	0	0	0	94,407,614
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).....	3,618,704,138	2,535,550,424	0	363,377,567	0	625,368,533	0	0	0	94,407,614
11. Hospital & Medical Benefits.....	3,176,277,754	2,230,032,911	0	364,694,539	0	581,550,304	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,165,551	7,165,551	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,169,112,203	2,222,867,360	0	364,694,539	0	581,550,304	0	0	0	0
14. Claims Adjustment Expenses.....	173,594,439	47,435,024	0	34,476,448	0	74,805,559	0	0	0	16,877,408
15. General Administrative Expenses.....	241,294,681	175,579,750	0	19,007,720	0	29,260,517	0	0	0	17,446,694
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,584,001,323	2,445,882,134	0	418,178,707	0	685,616,380	0	0	0	34,324,102
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	34,702,815	89,668,290	0	(54,801,140)	0	(60,247,847)	0	0	0	60,083,512
19. Net Investments Gains / (Losses).....	25,839,629	18,105,288	0	2,594,725	0	4,465,491	0	0	0	674,125
20. Aggregate write-ins for other expenses.....	176,254	176,254	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	60,718,698	107,949,832	0	(52,206,415)	0	(55,782,356)	0	0	0	60,757,637
22. Federal and foreign income taxes incurred.....	74,175,227	95,652,426	0	(30,822,628)	0	(30,636,505)	0	0	0	39,981,934
23. NET INCOME/(LOSS) (L21 less L22).....	(13,456,529)	12,297,406	0	(21,383,787)	0	(25,145,851)	0	0	0	20,775,703
24 Medical Loss Ratio	89.9%	87.7%	0.0%	100.2%	0.0%	93.0%	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.)			Non-Risk				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **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	362,507	315,399	18,067	0	0	0	0	0	29,041	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	475,676	421,275	23,481	0	0	0	0	0	30,920	0
6. Current Year Member Months	6,213,843	5,613,328	232,685	0	0	0	0	0	367,830	0
Total Member Ambulatory Encounters for Year:										
7. Physician	2,191,333	2,019,715	70,220	0	0	0	0	0	101,398	0
8. Non-Physician	818,589	690,544	19,634	0	0	0	0	0	108,411	0
9. Total	3,009,922	2,710,259	89,854	0	0	0	0	0	209,809	0
10. Hospital Patient Days Incurred	200,039	160,003	4,855	0	0	0	0	0	35,181	0
11. Number of Inpatient Admissions	34,371	28,615	987	0	0	0	0	0	4,769	0
12. Health Premiums Written	1,105,310,107	958,977,458	59,427,133	0	0	0	0	0	86,905,516	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	1,105,310,107	958,977,458	59,427,133	0	0	0	0	0	86,905,516	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	1,477,177,104	1,340,966,728	63,443,554	0	0	0	0	0	72,766,822	0
18. Amount Incurred for Provision of Health Care Services	1,459,903,542	1,321,890,065	61,996,655	0	0	0	0	0	76,016,822	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**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.....	482,162	444,756	0	0	0	24,975	0	0	5,945	6,486
2. MEMBER MONTHS.....	1,477,283	1,364,834	0	0	0	75,513	0	0	17,635	19,301
3. Direct Premium Income.....	334,362,989	310,004,968	0	0	0	21,395,934	0	XXXXXXXX	2,962,087	0
4. Net Premium Income.....	334,362,989	310,004,968	0	0	0	21,395,934	0	0	2,962,087	0
5. Change in unearned premium reserve and reserve for rate credits.....	33,219,628	33,219,628	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.....	525,885	0	0	0	0	0	0	0	0	525,885
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).....	368,108,502	343,224,596	0	0	0	21,395,934	0	0	2,962,087	525,885
11. Hospital & Medical Benefits.....	376,860,440	358,290,235	0	0	0	16,031,047	0	0	2,539,158	0
12. Net Reins Recoveries Incurred.....	48,501,000	48,501,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	328,359,440	309,789,235	0	0	0	16,031,047	0	0	2,539,158	0
14. Claims Adjustment Expenses.....	18,457,945	13,874,553	0	0	0	3,372,005	0	0	723,367	488,020
15. General Administrative Expenses.....	64,424,426	58,905,592	0	0	0	4,449,292	0	0	735,569	333,973
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).....	411,241,811	382,569,380	0	0	0	23,852,344	0	0	3,998,094	821,993
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(43,133,309)	(39,344,784)	0	0	0	(2,456,410)	0	0	(1,036,007)	(296,108)
19. Net Investments Gains / (Losses).....	4,216,273	3,899,073	0	0	0	270,220	0	0	39,474	7,506
20. Aggregate write-ins for other expenses.....	(157,734)	(157,734)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(39,074,770)	(35,603,445)	0	0	0	(2,186,190)	0	0	(996,533)	(288,602)
22. Federal and foreign income taxes incurred.....	(178,391,457)	(173,972,529)	0	0	0	(3,030,761)	0	0	(1,073,288)	(314,879)
23. NET INCOME/(LOSS) (L21 less L22).....	139,316,687	138,369,084	0	0	0	844,571	0	0	76,755	26,277
24 Medical Loss Ratio	98.2%	99.9%	0.0%	0.0%	0.0%	74.9%	0.0%	0.0%	85.7%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		416	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		5,022	of Texas enrollees and Federal employees.)			Non-Risk				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**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.....	482,162	444,756	0	0	0	24,975	0	0	5,945	6,486
2. MEMBER MONTHS.....	6,292,949	5,846,013	0	0	0	300,500	0	0	67,330	79,106
3. Direct Premium Income.....	1,090,395,272	1,003,489,756	0	0	0	75,474,979	0	XXXXXXXX	11,430,537	0
4. Net Premium Income.....	1,090,395,272	1,003,489,756	0	0	0	75,474,979	0	0	11,430,537	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.....	2,266,128	0	0	0	0	0	0	0	0	2,266,128
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).....	1,092,661,400	1,003,489,756	0	0	0	75,474,979	0	0	11,430,537	2,266,128
11. Hospital & Medical Benefits.....	1,459,903,542	1,383,886,720	0	0	0	65,529,714	0	0	10,487,108	0
12. Net Reins Recoveries Incurred.....	163,201,530	163,201,530	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,296,702,012	1,220,685,190	0	0	0	65,529,714	0	0	10,487,108	0
14. Claims Adjustment Expenses.....	80,046,446	65,967,339	0	0	0	9,869,864	0	0	2,186,534	2,022,709
15. General Administrative Expenses.....	276,019,703	262,766,881	0	0	0	10,324,016	0	0	1,849,316	1,079,490
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).....	1,652,768,161	1,549,419,410	0	0	0	85,723,594	0	0	14,522,958	3,102,199
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(560,106,761)	(545,929,654)	0	0	0	(10,248,615)	0	0	(3,092,421)	(836,071)
19. Net Investments Gains / (Losses).....	7,993,885	7,341,507	0	0	0	552,173	0	0	83,626	16,579
20. Aggregate write-ins for other expenses.....	54,527	54,527	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(552,058,349)	(538,533,620)	0	0	0	(9,696,442)	0	0	(3,008,795)	(819,492)
22. Federal and foreign income taxes incurred.....	(262,474,114)	(256,645,201)	0	0	0	(4,047,423)	0	0	(1,375,694)	(405,796)
23. NET INCOME/(LOSS) (L21 less L22).....	(289,584,235)	(281,888,419)	0	0	0	(5,649,019)	0	0	(1,633,101)	(413,696)
24. Medical Loss Ratio	118.9%	121.6%	0.0%	0.0%	0.0%	86.8%	0.0%	0.0%	91.7%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		416	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		5,022	of Texas enrollees and Federal employees.)			Non-Risk				