

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	27,742	0	0	27,742	0	0	0	0	0	0
2. MEMBER MONTHS.....	82,984	0	0	82,984	0	0	0	0	0	0
3. Direct Premium Income.....	92,795,339	0	0	92,795,339	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	92,329,980	0	0	92,329,980	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,782,252)	0	0	(1,782,252)	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).....	90,547,728	0	0	90,547,728	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	79,604,160	0	0	79,604,160	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	413,255	0	0	413,255	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	79,190,905	0	0	79,190,905	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,194,449	0	0	4,194,449	0	0	0	0	0	0
15. General Administrative Expenses.....	4,454,388	0	0	4,454,388	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).....	87,839,742	0	0	87,839,742	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,707,986	0	0	2,707,986	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	170,255	0	0	170,255	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,781)	0	0	(3,781)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,874,460	0	0	2,874,460	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	975,268	0	0	975,268	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,899,192	0	0	1,899,192	0	0	0	0	0	0
24 Medical Loss Ratio	85.8%	0.0%	0.0%	85.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	27,742	0	0	27,742	0	0	0	0	0	0
2. MEMBER MONTHS.....	329,813	0	0	329,813	0	0	0	0	0	0
3. Direct Premium Income.....	379,902,180	0	0	379,902,180	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	377,061,729	0	0	377,061,729	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,488,322)	0	0	(4,488,322)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXX	0	0	0	XXXXXXX	XXXXXXX	XXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXX	0	0	0	XXXXXXX	XXXXXXX	XXXXXXX	0	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).....	372,573,407	0	0	372,573,407	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	326,359,856	0	0	326,359,856	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,700,980	0	0	1,700,980	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	324,658,876	0	0	324,658,876	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	11,776,018	0	0	11,776,018	0	0	0	0	0	0
15. General Administrative Expenses.....	26,671,111	0	0	26,671,111	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).....	363,106,005	0	0	363,106,005	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	9,467,402	0	0	9,467,402	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	735,506	0	0	735,506	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(35,368)	0	0	(35,368)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,167,540	0	0	10,167,540	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	5,731,022	0	0	5,731,022	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,436,518	0	0	4,436,518	0	0	0	0	0	0
24 Medical Loss Ratio	86.1%	0.0%	0.0%	86.1%	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 **Physicians Health Choice of Texas, LLC**

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	7,697	0	0	0	0	0	0	7,697	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	8,233	0	0	0	0	0	0	8,233	0	0
6. Current Year Member Months	96,585	0	0	0	0	0	0	96,585	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	138,652	0	0	0	0	0	0	138,652	0	0
8. Non-Physician	97,455	0	0	0	0	0	0	97,455	0	0
9. Total	236,107	0	0	0	0	0	0	236,107	0	0
10. Hospital Patient Days Incurred	17,445	0	0	0	0	0	0	17,445	0	0
11. Number of Inpatient Admissions	3,286	0	0	0	0	0	0	3,286	0	0
12. Health Premiums Written	101,053,980	0	0	0	0	0	0	101,053,980	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	99,487,939	0	0	0	0	0	0	99,487,939	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	86,919,994	0	0	0	0	0	0	86,919,994	0	0
18. Amount Incurred for Provision of Health Care Services	82,045,936	0	0	0	0	0	0	82,045,936	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	8,233	0	0	8,233	0	0	0	0	0	0
2. MEMBER MONTHS.....	24,626	0	0	24,626	0	0	0	0	0	0
3. Direct Premium Income.....	28,128,842	0	0	28,128,842	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	27,983,711	0	0	27,983,711	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(574,687)	0	0	(574,687)	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).....	27,409,024	0	0	27,409,024	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	21,002,471	0	0	21,002,471	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	101,730	0	0	101,730	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	20,900,741	0	0	20,900,741	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,206,703	0	0	1,206,703	0	0	0	0	0	0
15. General Administrative Expenses.....	1,451,466	0	0	1,451,466	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).....	23,558,910	0	0	23,558,910	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,850,114	0	0	3,850,114	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(551)	0	0	(551)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,849,563	0	0	3,849,563	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,343,268	0	0	1,343,268	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,506,295	0	0	2,506,295	0	0	0	0	0	0
24 Medical Loss Ratio	74.7%	0.0%	0.0%	74.7%	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 **Physicians Health Choice of Texas, LLC**

(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.....	8,233	0	0	8,233	0	0	0	0	0	0
2. MEMBER MONTHS.....	96,585	0	0	96,585	0	0	0	0	0	0
3. Direct Premium Income.....	101,053,980	0	0	101,053,980	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	100,184,028	0	0	100,184,028	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,566,041)	0	0	(1,566,041)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	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).....	98,617,987	0	0	98,617,987	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	82,045,936	0	0	82,045,936	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	418,899	0	0	418,899	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	81,627,037	0	0	81,627,037	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,132,421	0	0	3,132,421	0	0	0	0	0	0
15. General Administrative Expenses.....	7,094,514	0	0	7,094,514	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).....	91,853,972	0	0	91,853,972	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,764,015	0	0	6,764,015	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(9,045)	0	0	(9,045)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,754,970	0	0	6,754,970	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,912,964	0	0	2,912,964	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,842,006	0	0	3,842,006	0	0	0	0	0	0
24 Medical Loss Ratio	81.5%	0.0%	0.0%	81.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

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	11,734	0	0	0	0	0	0	11,734	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	12,118	0	0	0	0	0	0	12,118	0	0
6. Current Year Member Months	144,899	0	0	0	0	0	0	144,899	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	204,078	0	0	0	0	0	0	204,078	0	0
8. Non-Physician	143,441	0	0	0	0	0	0	143,441	0	0
9. Total	347,519	0	0	0	0	0	0	347,519	0	0
10. Hospital Patient Days Incurred	25,677	0	0	0	0	0	0	25,677	0	0
11. Number of Inpatient Admissions	4,835	0	0	0	0	0	0	4,835	0	0
12. Health Premiums Written	171,715,785	0	0	0	0	0	0	171,715,785	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	170,168,219	0	0	0	0	0	0	170,168,219	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	148,671,496	0	0	0	0	0	0	148,671,496	0	0
18. Amount Incurred for Provision of Health Care Services	150,713,851	0	0	0	0	0	0	150,713,851	0	0

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OF THE **Physicians Health Choice of Texas, LLC**

(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.....	12,118	0	0	12,118	0	0	0	0	0	0
2. MEMBER MONTHS.....	36,249	0	0	36,249	0	0	0	0	0	0
3. Direct Premium Income.....	36,775,570	0	0	36,775,570	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	36,599,781	0	0	36,599,781	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(644,173)	0	0	(644,173)	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).....	35,955,608	0	0	35,955,608	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	36,215,180	0	0	36,215,180	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	150,871	0	0	150,871	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	36,064,309	0	0	36,064,309	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,759,423	0	0	1,759,423	0	0	0	0	0	0
15. General Administrative Expenses.....	1,613,483	0	0	1,613,483	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).....	39,437,215	0	0	39,437,215	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,481,607)	0	0	(3,481,607)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	170,254	0	0	170,254	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,234)	0	0	(2,234)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,313,587)	0	0	(3,313,587)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,182,729)	0	0	(1,182,729)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,130,858)	0	0	(2,130,858)	0	0	0	0	0	0
24 Medical Loss Ratio	98.5%	0.0%	0.0%	98.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	12,118	0	0	12,118	0	0	0	0	0	0
2. MEMBER MONTHS.....	144,899	0	0	144,899	0	0	0	0	0	0
3. Direct Premium Income.....	171,715,785	0	0	171,715,785	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	170,640,747	0	0	170,640,747	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,547,566)	0	0	(1,547,566)	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).....	169,093,181	0	0	169,093,181	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	150,713,851	0	0	150,713,851	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	619,576	0	0	619,576	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	150,094,275	0	0	150,094,275	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,322,760	0	0	5,322,760	0	0	0	0	0	0
15. General Administrative Expenses.....	12,055,343	0	0	12,055,343	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).....	167,472,378	0	0	167,472,378	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,620,803	0	0	1,620,803	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	735,506	0	0	735,506	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(15,632)	0	0	(15,632)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,340,677	0	0	2,340,677	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,817,372	0	0	1,817,372	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	523,305	0	0	523,305	0	0	0	0	0	0
24. Medical Loss Ratio	88.0%	0.0%	0.0%	88.0%	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 **Physicians Health Choice of Texas, LLC**

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	2,975	0	0	0	0	0	0	2,975	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	2,767	0	0	0	0	0	0	2,767	0	0
6. Current Year Member Months	33,686	0	0	0	0	0	0	33,686	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	46,599	0	0	0	0	0	0	46,599	0	0
8. Non-Physician	32,753	0	0	0	0	0	0	32,753	0	0
9. Total	79,352	0	0	0	0	0	0	79,352	0	0
10. Hospital Patient Days Incurred	5,863	0	0	0	0	0	0	5,863	0	0
11. Number of Inpatient Admissions	1,104	0	0	0	0	0	0	1,104	0	0
12. Health Premiums Written	39,889,729	0	0	0	0	0	0	39,889,729	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	39,408,865	0	0	0	0	0	0	39,408,865	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	34,430,489	0	0	0	0	0	0	34,430,489	0	0
18. Amount Incurred for Provision of Health Care Services	35,526,347	0	0	0	0	0	0	35,526,347	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	2,767	0	0	2,767	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,276	0	0	8,276	0	0	0	0	0	0
3. Direct Premium Income.....	9,743,511	0	0	9,743,511	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	9,687,345	0	0	9,687,345	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(220,472)	0	0	(220,472)	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).....	9,466,873	0	0	9,466,873	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,259,571	0	0	8,259,571	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	57,130	0	0	57,130	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,202,441	0	0	8,202,441	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	440,417	0	0	440,417	0	0	0	0	0	0
15. General Administrative Expenses.....	467,711	0	0	467,711	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).....	9,110,569	0	0	9,110,569	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	356,304	0	0	356,304	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	88	0	0	88	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	356,392	0	0	356,392	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	122,137	0	0	122,137	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	234,255	0	0	234,255	0	0	0	0	0	0
24 Medical Loss Ratio	84.7%	0.0%	0.0%	84.7%	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 **Physicians Health Choice of Texas, LLC**

(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.....	2,767	0	0	2,767	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,686	0	0	33,686	0	0	0	0	0	0
3. Direct Premium Income.....	39,889,729	0	0	39,889,729	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	39,527,734	0	0	39,527,734	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(480,864)	0	0	(480,864)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	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).....	39,046,870	0	0	39,046,870	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	35,526,347	0	0	35,526,347	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	236,438	0	0	236,438	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	35,289,909	0	0	35,289,909	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,236,482	0	0	1,236,482	0	0	0	0	0	0
15. General Administrative Expenses.....	2,800,467	0	0	2,800,467	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).....	39,326,858	0	0	39,326,858	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(279,988)	0	0	(279,988)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(1,343)	0	0	(1,343)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(281,331)	0	0	(281,331)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	139,335	0	0	139,335	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(420,666)	0	0	(420,666)	0	0	0	0	0	0
24. Medical Loss Ratio	89.3%	0.0%	0.0%	89.3%	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 **Physicians Health Choice of Texas, LLC**

REPORT FOR DIVISION: **Rio Grande**

(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	4,861	0	0	0	0	0	0	4,861	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	4,624	0	0	0	0	0	0	4,624	0	0
6. Current Year Member Months	54,643	0	0	0	0	0	0	54,643	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	77,872	0	0	0	0	0	0	77,872	0	0
8. Non-Physician	54,734	0	0	0	0	0	0	54,734	0	0
9. Total	132,606	0	0	0	0	0	0	132,606	0	0
10. Hospital Patient Days Incurred	9,798	0	0	0	0	0	0	9,798	0	0
11. Number of Inpatient Admissions	1,845	0	0	0	0	0	0	1,845	0	0
12. Health Premiums Written	67,242,686	0	0	0	0	0	0	67,242,686	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	66,348,835	0	0	0	0	0	0	66,348,835	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	57,967,232	0	0	0	0	0	0	57,967,232	0	0
18. Amount Incurred for Provision of Health Care Services	58,073,722	0	0	0	0	0	0	58,073,722	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Rio Grande**

(Location)

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

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4,624	0	0	4,624	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,833	0	0	13,833	0	0	0	0	0	0
3. Direct Premium Income.....	18,147,416	0	0	18,147,416	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	18,059,143	0	0	18,059,143	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(342,920)	0	0	(342,920)	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).....	17,716,223	0	0	17,716,223	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	14,126,938	0	0	14,126,938	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	103,524	0	0	103,524	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,023,414	0	0	14,023,414	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	787,906	0	0	787,906	0	0	0	0	0	0
15. General Administrative Expenses.....	921,728	0	0	921,728	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).....	15,733,048	0	0	15,733,048	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,983,175	0	0	1,983,175	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(1,084)	0	0	(1,084)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,982,091	0	0	1,982,091	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	692,591	0	0	692,591	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,289,500	0	0	1,289,500	0	0	0	0	0	0
24 Medical Loss Ratio	77.7%	0.0%	0.0%	77.7%	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 **Physicians Health Choice of Texas, LLC**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Rio Grande**

(Location)

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

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4,624	0	0	4,624	0	0	0	0	0	0
2. MEMBER MONTHS.....	54,643	0	0	54,643	0	0	0	0	0	0
3. Direct Premium Income.....	67,242,686	0	0	67,242,686	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	66,709,220	0	0	66,709,220	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(893,851)	0	0	(893,851)	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).....	65,815,369	0	0	65,815,369	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	58,073,722	0	0	58,073,722	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	426,067	0	0	426,067	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	57,647,655	0	0	57,647,655	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,084,355	0	0	2,084,355	0	0	0	0	0	0
15. General Administrative Expenses.....	4,720,787	0	0	4,720,787	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).....	64,452,797	0	0	64,452,797	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,362,572	0	0	1,362,572	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(9,348)	0	0	(9,348)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,353,224	0	0	1,353,224	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	861,351	0	0	861,351	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	491,873	0	0	491,873	0	0	0	0	0	0
24 Medical Loss Ratio	86.4%	0.0%	0.0%	86.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				