

**TEXAS HMO SUPPLEMENT**

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

OF THE **Molina Healthcare of Texas, Inc.**  
(Name of Company)

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

(Location)

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

Indicate Reporting Period: **Current Quarter**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	260,134	11,930	17,974	0	0	190,038	0	34,933	5,259	0
2. MEMBER MONTHS.....	783,474	33,023	55,565	0	0	570,770	0	107,066	17,050	0
3. Direct Premium Income.....	567,748,372	13,117,354	76,466,154	0	0	474,425,661	0	XXXXXXX	3,739,203	0
4. Net Premium Income.....	580,569,842	13,028,363	76,457,591	0	0	474,195,765	0	13,150,356	3,737,767	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,389,861)	(1,938,325)	(7,296,246)	0	0	5,612,064	0	176,513	56,133	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).....	577,179,981	11,090,038	69,161,345	0	0	479,807,829	0	13,326,869	3,793,900	0
11. Hospital & Medical Benefits.....	502,740,453	8,307,910	52,359,810	0	0	427,973,645	0	11,508,541	2,590,547	0
12. Net Reins Recoveries Incurred.....	1,753,313	1,083,098	0	0	0	670,215	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	500,987,140	7,224,812	52,359,810	0	0	427,303,430	0	11,508,541	2,590,547	0
14. Claims Adjustment Expenses.....	22,185,626	526,297	661,766	0	0	20,209,984	0	623,941	163,638	0
15. General Administrative Expenses.....	52,414,735	4,128,176	5,432,521	0	0	38,824,610	0	3,850,466	178,962	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).....	575,587,501	11,879,285	58,454,097	0	0	486,338,024	0	15,982,948	2,933,147	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,592,480	(789,247)	10,707,248	0	0	(6,530,195)	0	(2,656,079)	860,753	0
19. Net Investments Gains / (Losses).....	465,837	10,956	58,043	0	0	382,819	0	10,862	3,157	0
20. Aggregate write-ins for other expenses.....	(127,000)	(4,487)	(11,137)	0	0	(106,203)	0	(4,154)	(1,019)	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,931,317	(782,778)	10,754,154	0	0	(6,253,579)	0	(2,649,371)	862,891	0
22. Federal and foreign income taxes incurred.....	665,366	(435,901)	(1,816,801)	0	0	2,697,494	0	625,238	(404,664)	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,265,951	(346,877)	12,570,955	0	0	(8,951,073)	0	(3,274,609)	1,267,555	0
24 Medical Loss Ratio	86.3%	55.5%	68.5%	0.0%	0.0%	90.1%	0.0%	87.5%	69.3%	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 **Molina Healthcare of Texas, Inc.**  
(Name of Company)

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

(Location)

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

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	260,134	11,930	17,974	0	0	190,038	0	34,933	5,259	0
2. MEMBER MONTHS.....	3,155,781	156,611	162,114	0	0	2,345,309	0	422,206	69,541	0
3. Direct Premium Income.....	2,028,763,759	56,276,663	204,766,841	0	0	1,750,952,512	0	XXXXXXX	16,767,743	0
4. Net Premium Income.....	2,080,932,281	55,771,188	204,739,247	0	0	1,750,038,754	0	53,621,039	16,762,053	0
5. Change in unearned premium reserve and reserve for rate credits.....	(24,531,480)	(9,931,885)	(11,555,099)	0	0	(3,037,289)	0	(8,846)	1,639	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	2,056,400,801	45,839,303	193,184,148	0	0	1,747,001,465	0	53,612,193	16,763,692	0
11. Hospital & Medical Benefits.....	1,781,062,697	31,585,926	167,261,571	0	0	1,524,791,847	0	46,152,169	11,271,184	0
12. Net Reins Recoveries Incurred.....	5,162,578	2,538,375	0	0	0	2,624,203	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,775,900,119	29,047,551	167,261,571	0	0	1,522,167,644	0	46,152,169	11,271,184	0
14. Claims Adjustment Expenses.....	83,501,403	2,232,437	2,516,199	0	0	75,444,402	0	2,573,422	734,943	0
15. General Administrative Expenses.....	208,421,854	8,682,036	18,761,564	0	0	171,390,457	0	8,055,553	1,532,244	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).....	2,067,823,376	39,962,024	188,539,334	0	0	1,769,002,503	0	56,781,144	13,538,371	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(11,422,575)	5,877,279	4,644,814	0	0	(22,001,038)	0	(3,168,951)	3,225,321	0
19. Net Investments Gains / (Losses).....	1,415,708	38,259	139,207	0	0	1,190,356	0	36,487	11,399	0
20. Aggregate write-ins for other expenses.....	(62,542)	(2,605)	(5,630)	0	0	(51,430)	0	(2,417)	(460)	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,069,409)	5,912,933	4,778,391	0	0	(20,862,112)	0	(3,134,881)	3,236,260	0
22. Federal and foreign income taxes incurred.....	2,208,874	(1,297,090)	(1,048,211)	0	0	4,576,414	0	687,683	(709,922)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(12,278,283)	7,210,023	5,826,602	0	0	(25,438,526)	0	(3,822,564)	3,946,182	0
24 Medical Loss Ratio	85.3%	52.1%	81.7%	0.0%	0.0%	87.0%	0.0%	86.1%	67.2%	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 **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	39,794	2,022	0	0	0	0	0	0	37,772	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	39,732	1,959	0	0	0	0	0	0	37,773	0
6. Current Year Member Months	490,055	25,959	0	0	0	0	0	0	464,096	0
Total Member Ambulatory Encounters for Year:										
7. Physician	218,875	10,316	0	0	0	0	0	0	208,559	0
8. Non-Physician	415,651	19,290	0	0	0	0	0	0	396,361	0
9. Total	634,526	29,606	0	0	0	0	0	0	604,920	0
10. Hospital Patient Days Incurred	724,315	356	0	0	0	0	0	0	723,959	0
11. Number of Inpatient Admissions	101,403	113	0	0	0	0	0	0	101,290	0
12. Health Premiums Written	403,037,187	7,615,987	0	0	0	0	0	0	395,421,200	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	402,893,319	7,617,623	0	0	0	0	0	0	395,275,696	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	348,464,966	5,303,796	0	0	0	0	0	0	343,161,170	0
18. Amount Incurred for Provision of Health Care Services	366,178,618	5,104,469	0	0	0	0	0	0	361,074,149	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**  
(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	74,665	0	0	0	0	37,773	0	34,933	1,959	0
2. MEMBER MONTHS.....	227,198	0	0	0	0	113,761	0	107,066	6,371	0
3. Direct Premium Income.....	108,433,912	0	0	0	0	106,722,735	0	XXXXXXXX	1,711,177	0
4. Net Premium Income.....	121,530,936	0	0	0	0	106,669,894	0	13,150,356	1,710,686	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,347,926	0	0	0	0	1,146,066	0	176,513	25,347	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).....	122,878,862	0	0	0	0	107,815,960	0	13,326,869	1,736,033	0
11. Hospital & Medical Benefits.....	111,312,807	0	0	0	0	98,491,456	0	11,508,541	1,312,810	0
12. Net Reins Recoveries Incurred.....	361,728	0	0	0	0	361,728	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	110,951,079	0	0	0	0	98,129,728	0	11,508,541	1,312,810	0
14. Claims Adjustment Expenses.....	5,169,086	0	0	0	0	4,468,443	0	623,941	76,702	0
15. General Administrative Expenses.....	9,202,494	0	0	0	0	5,236,967	0	3,850,466	115,061	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).....	125,322,659	0	0	0	0	107,835,138	0	15,982,948	1,504,573	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,443,797)	0	0	0	0	(19,178)	0	(2,656,079)	231,460	0
19. Net Investments Gains / (Losses).....	98,492	0	0	0	0	86,188	0	10,862	1,442	0
20. Aggregate write-ins for other expenses.....	(27,581)	0	0	0	0	(22,955)	0	(4,154)	(472)	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,372,886)	0	0	0	0	44,055	0	(2,649,371)	232,430	0
22. Federal and foreign income taxes incurred.....	1,976,723	0	0	0	0	1,513,037	0	625,238	(161,552)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,349,609)	0	0	0	0	(1,468,982)	0	(3,274,609)	393,982	0
24 Medical Loss Ratio	91.3%	0.0%	0.0%	0.0%	0.0%	92.0%	0.0%	87.5%	76.7%	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.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**  
(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	74,665	0	0	0	0	37,773	0	34,933	1,959	0
2. MEMBER MONTHS.....	912,261	0	0	0	0	464,096	0	422,206	25,959	0
3. Direct Premium Income.....	403,037,187	0	0	0	0	395,421,200	0	XXXXXXXX	7,615,987	0
4. Net Premium Income.....	456,438,770	0	0	0	0	395,203,704	0	53,621,039	7,614,027	0
5. Change in unearned premium reserve and reserve for rate credits.....	(152,714)	0	0	0	0	(145,504)	0	(8,846)	1,636	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).....	456,286,056	0	0	0	0	395,058,200	0	53,612,193	7,615,663	0
11. Hospital & Medical Benefits.....	412,330,787	0	0	0	0	361,074,149	0	46,152,169	5,104,469	0
12. Net Reins Recoveries Incurred.....	1,314,112	0	0	0	0	1,314,112	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	411,016,675	0	0	0	0	359,760,037	0	46,152,169	5,104,469	0
14. Claims Adjustment Expenses.....	19,985,391	0	0	0	0	17,075,093	0	2,573,422	336,876	0
15. General Administrative Expenses.....	44,000,931	0	0	0	0	35,216,933	0	8,055,553	728,445	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).....	475,002,997	0	0	0	0	412,052,063	0	56,781,144	6,169,790	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(18,716,941)	0	0	0	0	(16,993,863)	0	(3,168,951)	1,445,873	0
19. Net Investments Gains / (Losses).....	310,485	0	0	0	0	268,820	0	36,487	5,178	0
20. Aggregate write-ins for other expenses.....	(13,204)	0	0	0	0	(10,568)	0	(2,417)	(219)	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(18,419,660)	0	0	0	0	(16,735,611)	0	(3,134,881)	1,450,832	0
22. Federal and foreign income taxes incurred.....	4,040,626	0	0	0	0	3,671,204	0	687,683	(318,261)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(22,460,286)	0	0	0	0	(20,406,815)	0	(3,822,564)	1,769,093	0
24 Medical Loss Ratio	90.0%	0.0%	0.0%	0.0%	0.0%	91.0%	0.0%	86.1%	67.0%	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 **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	97,337	924	0	0	0	0	0	6,162	90,251	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	114,538	11,930	0	0	0	0	0	17,974	84,634	0
6. Current Year Member Months	1,367,007	156,611	0	0	0	0	0	162,114	1,048,282	0
Total Member Ambulatory Encounters for Year:										
7. Physician	770,776	57,848	0	0	0	0	0	168,811	544,117	0
8. Non-Physician	1,161,618	45,725	0	0	0	0	0	233,706	882,187	0
9. Total	1,932,394	103,573	0	0	0	0	0	402,517	1,426,304	0
10. Hospital Patient Days Incurred	789,628	4,339	0	0	0	0	0	66,716	718,573	0
11. Number of Inpatient Admissions	105,421	752	0	0	0	0	0	7,306	97,363	0
12. Health Premiums Written	871,750,565	56,276,663	0	0	0	0	0	204,766,841	610,707,061	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	848,488,041	46,344,778	0	0	0	0	0	193,211,742	608,931,521	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	641,904,924	26,347,874	0	0	0	0	0	143,744,065	471,812,985	0
18. Amount Incurred for Provision of Health Care Services	693,738,612	31,585,926	0	0	0	0	0	167,261,571	494,891,115	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	114,538	11,930	17,974	0	0	84,634	0	0	0	0
2. MEMBER MONTHS.....	343,737	33,023	55,565	0	0	255,149	0	0	0	0
3. Direct Premium Income.....	247,536,134	13,117,354	76,466,154	0	0	157,952,626	0	XXXXXXXX	0	0
4. Net Premium Income.....	247,362,534	13,028,363	76,457,591	0	0	157,876,580	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(7,120,028)	(1,938,325)	(7,296,246)	0	0	2,114,543	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).....	240,242,506	11,090,038	69,161,345	0	0	159,991,123	0	0	0	0
11. Hospital & Medical Benefits.....	197,496,251	8,307,910	52,359,810	0	0	136,828,531	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,334,906	1,083,098	0	0	0	251,808	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	196,161,345	7,224,812	52,359,810	0	0	136,576,723	0	0	0	0
14. Claims Adjustment Expenses.....	8,021,590	526,297	661,766	0	0	6,833,527	0	0	0	0
15. General Administrative Expenses.....	16,400,492	4,128,176	5,432,521	0	0	6,839,795	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).....	220,583,427	11,879,285	58,454,097	0	0	150,250,045	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	19,659,079	(789,247)	10,707,248	0	0	9,741,078	0	0	0	0
19. Net Investments Gains / (Losses).....	197,763	10,956	58,043	0	0	128,764	0	0	0	0
20. Aggregate write-ins for other expenses.....	(51,213)	(4,487)	(11,137)	0	0	(35,589)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	19,805,629	(782,778)	10,754,154	0	0	9,834,253	0	0	0	0
22. Federal and foreign income taxes incurred.....	(6,623,755)	(435,901)	(1,816,801)	0	0	(4,371,053)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	26,429,384	(346,877)	12,570,955	0	0	14,205,306	0	0	0	0
24 Medical Loss Ratio	79.3%	55.5%	68.5%	0.0%	0.0%	86.5%	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 **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	114,538	11,930	17,974	0	0	84,634	0	0	0	0
2. MEMBER MONTHS.....	1,367,007	156,611	162,114	0	0	1,048,282	0	0	0	0
3. Direct Premium Income.....	871,750,565	56,276,663	204,766,841	0	0	610,707,061	0	XXXXXXXX	0	0
4. Net Premium Income.....	870,912,656	55,771,188	204,739,247	0	0	610,402,221	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(23,262,524)	(9,931,885)	(11,555,099)	0	0	(1,775,540)	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).....	847,650,132	45,839,303	193,184,148	0	0	608,626,681	0	0	0	0
11. Hospital & Medical Benefits.....	693,738,612	31,585,926	167,261,571	0	0	494,891,115	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,794,688	2,538,375	0	0	0	256,313	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	690,943,924	29,047,551	167,261,571	0	0	494,634,802	0	0	0	0
14. Claims Adjustment Expenses.....	31,051,096	2,232,437	2,516,199	0	0	26,302,460	0	0	0	0
15. General Administrative Expenses.....	81,302,852	8,682,036	18,761,564	0	0	53,859,252	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).....	803,297,872	39,962,024	188,539,334	0	0	574,796,514	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	44,352,260	5,877,279	4,644,814	0	0	33,830,167	0	0	0	0
19. Net Investments Gains / (Losses).....	592,645	38,259	139,207	0	0	415,179	0	0	0	0
20. Aggregate write-ins for other expenses.....	(24,397)	(2,605)	(5,630)	0	0	(16,162)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	44,920,508	5,912,933	4,778,391	0	0	34,229,184	0	0	0	0
22. Federal and foreign income taxes incurred.....	(9,853,980)	(1,297,090)	(1,048,211)	0	0	(7,508,679)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	54,774,488	7,210,023	5,826,602	0	0	41,737,863	0	0	0	0
24 Medical Loss Ratio	79.3%	52.1%	81.7%	0.0%	0.0%	81.0%	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 **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	57,936	3,598	0	0	0	0	0	0	54,338	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	58,300	3,300	0	0	0	0	0	0	55,000	0
6. Current Year Member Months	711,580	43,582	0	0	0	0	0	0	667,998	0
Total Member Ambulatory Encounters for Year:										
7. Physician	332,249	18,193	0	0	0	0	0	0	314,056	0
8. Non-Physician	683,832	34,713	0	0	0	0	0	0	649,119	0
9. Total	1,016,081	52,906	0	0	0	0	0	0	963,175	0
10. Hospital Patient Days Incurred	1,000,276	499	0	0	0	0	0	0	999,777	0
11. Number of Inpatient Admissions	153,905	167	0	0	0	0	0	0	153,738	0
12. Health Premiums Written	615,142,243	9,151,756	0	0	0	0	0	0	605,990,487	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	614,363,967	9,151,759	0	0	0	0	0	0	605,212,208	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	522,471,399	6,407,522	0	0	0	0	0	0	516,063,877	0
18. Amount Incurred for Provision of Health Care Services	547,912,098	6,166,714	0	0	0	0	0	0	541,745,384	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	58,300	0	0	0	0	55,000	0	0	3,300	0
2. MEMBER MONTHS.....	174,759	0	0	0	0	164,080	0	0	10,679	0
3. Direct Premium Income.....	175,870,209	0	0	0	0	173,842,184	0	XXXXXXXX	2,028,025	0
4. Net Premium Income.....	175,782,310	0	0	0	0	173,755,228	0	0	2,027,082	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,796,246	0	0	0	0	1,765,459	0	0	30,787	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).....	177,578,556	0	0	0	0	175,520,687	0	0	2,057,869	0
11. Hospital & Medical Benefits.....	158,910,180	0	0	0	0	157,632,444	0	0	1,277,736	0
12. Net Reins Recoveries Incurred.....	56,132	0	0	0	0	56,132	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	158,854,048	0	0	0	0	157,576,312	0	0	1,277,736	0
14. Claims Adjustment Expenses.....	7,416,082	0	0	0	0	7,329,146	0	0	86,936	0
15. General Administrative Expenses.....	25,439,660	0	0	0	0	25,375,758	0	0	63,902	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).....	191,709,790	0	0	0	0	190,281,216	0	0	1,428,574	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(14,131,234)	0	0	0	0	(14,760,529)	0	0	629,295	0
19. Net Investments Gains / (Losses).....	140,308	0	0	0	0	138,593	0	0	1,715	0
20. Aggregate write-ins for other expenses.....	(40,170)	0	0	0	0	(39,623)	0	0	(547)	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(14,031,096)	0	0	0	0	(14,661,559)	0	0	630,463	0
22. Federal and foreign income taxes incurred.....	4,555,055	0	0	0	0	4,798,166	0	0	(243,111)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(18,586,151)	0	0	0	0	(19,459,725)	0	0	873,574	0
24 Medical Loss Ratio	90.4%	0.0%	0.0%	0.0%	0.0%	90.7%	0.0%	0.0%	63.0%	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 **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	58,300	0	0	0	0	55,000	0	0	3,300	0
2. MEMBER MONTHS.....	711,580	0	0	0	0	667,998	0	0	43,582	0
3. Direct Premium Income.....	615,142,243	0	0	0	0	605,990,487	0	XXXXXXXX	9,151,756	0
4. Net Premium Income.....	614,802,260	0	0	0	0	605,654,233	0	0	9,148,027	0
5. Change in unearned premium reserve and reserve for rate credits.....	(778,276)	0	0	0	0	(778,279)	0	0	3	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).....	614,023,984	0	0	0	0	604,875,954	0	0	9,148,030	0
11. Hospital & Medical Benefits.....	547,912,098	0	0	0	0	541,745,384	0	0	6,166,714	0
12. Net Reins Recoveries Incurred.....	719,254	0	0	0	0	719,254	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	547,192,844	0	0	0	0	541,026,130	0	0	6,166,714	0
14. Claims Adjustment Expenses.....	26,480,722	0	0	0	0	26,082,655	0	0	398,067	0
15. General Administrative Expenses.....	71,055,815	0	0	0	0	70,252,015	0	0	803,800	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).....	644,729,381	0	0	0	0	637,360,800	0	0	7,368,581	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(30,705,397)	0	0	0	0	(32,484,846)	0	0	1,779,449	0
19. Net Investments Gains / (Losses).....	418,194	0	0	0	0	411,972	0	0	6,222	0
20. Aggregate write-ins for other expenses.....	(21,322)	0	0	0	0	(21,081)	0	0	(241)	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(30,308,525)	0	0	0	0	(32,093,955)	0	0	1,785,430	0
22. Federal and foreign income taxes incurred.....	6,648,625	0	0	0	0	7,040,285	0	0	(391,660)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(36,957,150)	0	0	0	0	(39,134,240)	0	0	2,177,090	0
24 Medical Loss Ratio	89.0%	0.0%	0.0%	0.0%	0.0%	89.3%	0.0%	0.0%	67.4%	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 **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **EI Paso**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	15,339	0	0	0	0	0	0	0	15,339	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	12,631	0	0	0	0	0	0	0	12,631	0
6. Current Year Member Months	164,933	0	0	0	0	0	0	0	164,933	0
Total Member Ambulatory Encounters for Year:										
7. Physician	77,389	0	0	0	0	0	0	0	77,389	0
8. Non-Physician	292,271	0	0	0	0	0	0	0	292,271	0
9. Total	369,660	0	0	0	0	0	0	0	369,660	0
10. Hospital Patient Days Incurred	125,216	0	0	0	0	0	0	0	125,216	0
11. Number of Inpatient Admissions	16,433	0	0	0	0	0	0	0	16,433	0
12. Health Premiums Written	138,833,764	0	0	0	0	0	0	0	138,833,764	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	138,495,797	0	0	0	0	0	0	0	138,495,797	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	120,898,745	0	0	0	0	0	0	0	120,898,745	0
18. Amount Incurred for Provision of Health Care Services	127,081,199	0	0	0	0	0	0	0	127,081,199	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	12,631	0	0	0	0	12,631	0	0	0	0
2. MEMBER MONTHS.....	37,780	0	0	0	0	37,780	0	0	0	0
3. Direct Premium Income.....	35,908,116	0	0	0	0	35,908,116	0	XXXXXXXX	0	0
4. Net Premium Income.....	35,894,064	0	0	0	0	35,894,064	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	585,995	0	0	0	0	585,995	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).....	36,480,059	0	0	0	0	36,480,059	0	0	0	0
11. Hospital & Medical Benefits.....	35,021,215	0	0	0	0	35,021,215	0	0	0	0
12. Net Reins Recoveries Incurred.....	546	0	0	0	0	546	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	35,020,669	0	0	0	0	35,020,669	0	0	0	0
14. Claims Adjustment Expenses.....	1,578,868	0	0	0	0	1,578,868	0	0	0	0
15. General Administrative Expenses.....	1,372,089	0	0	0	0	1,372,089	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).....	37,971,626	0	0	0	0	37,971,626	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,491,567)	0	0	0	0	(1,491,567)	0	0	0	0
19. Net Investments Gains / (Losses).....	29,273	0	0	0	0	29,273	0	0	0	0
20. Aggregate write-ins for other expenses.....	(8,037)	0	0	0	0	(8,037)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,470,331)	0	0	0	0	(1,470,331)	0	0	0	0
22. Federal and foreign income taxes incurred.....	757,344	0	0	0	0	757,344	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,227,675)	0	0	0	0	(2,227,675)	0	0	0	0
24 Medical Loss Ratio	97.6%	0.0%	0.0%	0.0%	0.0%	97.6%	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 **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	12,631	0	0	0	0	12,631	0	0	0	0
2. MEMBER MONTHS.....	164,933	0	0	0	0	164,933	0	0	0	0
3. Direct Premium Income.....	138,833,764	0	0	0	0	138,833,764	0	XXXXXXXX	0	0
4. Net Premium Income.....	138,778,597	0	0	0	0	138,778,597	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(337,966)	0	0	0	0	(337,966)	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).....	138,440,631	0	0	0	0	138,440,631	0	0	0	0
11. Hospital & Medical Benefits.....	127,081,199	0	0	0	0	127,081,199	0	0	0	0
12. Net Reins Recoveries Incurred.....	334,524	0	0	0	0	334,524	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	126,746,675	0	0	0	0	126,746,675	0	0	0	0
14. Claims Adjustment Expenses.....	5,984,195	0	0	0	0	5,984,195	0	0	0	0
15. General Administrative Expenses.....	12,062,257	0	0	0	0	12,062,257	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).....	144,793,127	0	0	0	0	144,793,127	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,352,496)	0	0	0	0	(6,352,496)	0	0	0	0
19. Net Investments Gains / (Losses).....	94,384	0	0	0	0	94,384	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,620)	0	0	0	0	(3,620)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(6,261,732)	0	0	0	0	(6,261,732)	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,373,604	0	0	0	0	1,373,604	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(7,635,336)	0	0	0	0	(7,635,336)	0	0	0	0
24 Medical Loss Ratio	91.3%	0.0%	0.0%	0.0%	0.0%	91.3%	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				