

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	393,695	305,285	0	88,410	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,148,523	884,194	0	264,329	0	0	0	0	0	0
3. Direct Premium Income.....	531,037,616	287,459,381	0	243,552,989	0	0	0	XXXXXXXX	0	25,246
4. Net Premium Income.....	529,763,275	286,185,040	0	243,552,989	0	0	0	0	0	25,246
5. Change in unearned premium reserve and reserve for rate credits.....	1,134	1,134	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).....	529,764,409	286,186,174	0	243,552,989	0	0	0	0	0	25,246
11. Hospital & Medical Benefits.....	431,100,849	220,590,713	0	210,510,136	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(1,618,698)	(1,618,698)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	432,719,547	222,209,411	0	210,510,136	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	15,327,200	10,632,368	0	4,694,831	0	0	0	0	0	1
15. General Administrative Expenses.....	91,286,907	66,093,101	0	25,193,652	0	0	0	0	0	154
16. Increase in Reserves for A&H contracts.....	(44,332)	(44,332)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	539,289,322	298,890,548	0	240,398,619	0	0	0	0	0	155
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(9,524,913)	(12,704,374)	0	3,154,370	0	0	0	0	0	25,091
19. Net Investments Gains / (Losses).....	2,614,024	1,821,431	0	792,593	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,093,029	761,660	0	331,369	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,817,860)	(10,121,283)	0	4,278,332	0	0	0	0	0	25,091
22. Federal and foreign income taxes incurred.....	11,361,484	19,630,373	0	(8,220,679)	0	0	0	0	0	(48,210)
23. NET INCOME/(LOSS) (L21 less L22).....	(17,179,344)	(29,751,656)	0	12,499,011	0	0	0	0	0	73,301
24 Medical Loss Ratio	81.7%	77.6%	0.0%	86.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,157	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		39,482	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	393,695	305,285	0	88,410	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,148,523	884,194	0	264,329	0	0	0	0	0	0
3. Direct Premium Income.....	531,037,616	287,459,381	0	243,552,989	0	0	0	XXXXXXXX	0	25,246
4. Net Premium Income.....	529,763,275	286,185,040	0	243,552,989	0	0	0	0	0	25,246
5. Change in unearned premium reserve and reserve for rate credits.....	1,134	1,134	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).....	529,764,409	286,186,174	0	243,552,989	0	0	0	0	0	25,246
11. Hospital & Medical Benefits.....	431,100,849	220,590,713	0	210,510,136	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(1,618,698)	(1,618,698)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	432,719,547	222,209,411	0	210,510,136	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	15,327,200	10,632,368	0	4,694,831	0	0	0	0	0	1
15. General Administrative Expenses.....	91,286,907	66,093,101	0	25,193,652	0	0	0	0	0	154
16. Increase in Reserves for A&H contracts.....	(44,332)	(44,332)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	539,289,322	298,890,548	0	240,398,619	0	0	0	0	0	155
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(9,524,913)	(12,704,374)	0	3,154,370	0	0	0	0	0	25,091
19. Net Investments Gains / (Losses).....	2,614,024	1,821,431	0	792,593	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,093,029	761,660	0	331,369	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,817,860)	(10,121,283)	0	4,278,332	0	0	0	0	0	25,091
22. Federal and foreign income taxes incurred.....	11,361,484	19,630,373	0	(8,220,679)	0	0	0	0	0	(48,210)
23. NET INCOME/(LOSS) (L21 less L22).....	(17,179,344)	(29,751,656)	0	12,499,011	0	0	0	0	0	73,301
24 Medical Loss Ratio	81.7%	77.6%	0.0%	86.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		13,157	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		39,482	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

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	31,662	2,905	14,547	0	0	0	197	14,013	0	0
2. First Quarter	32,948	3,159	15,296	0	0	0	210	14,283	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	98,327	8,083	46,739	0	0	0	621	42,884	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	89,318	3,635	19,255	0	0	0	460	65,968	0	0
8. Non-Physician	38,118	1,559	5,200	0	0	0	178	31,181	0	0
9. Total	127,436	5,194	24,455	0	0	0	638	97,149	0	0
10. Hospital Patient Days Incurred	14,662	321	1,017	0	0	0	20	13,304	0	0
11. Number of Inpatient Admissions	1,487	49	177	0	0	0	4	1,257	0	0
12. Health Premiums Written	61,786,969	3,380,974	12,987,640	0	0	0	272,682	45,145,748	0	(75)
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	61,787,007	3,381,012	12,987,640	0	0	0	272,682	45,145,748	0	(75)
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	53,519,431	2,146,311	11,803,692	0	0	0	334,784	39,234,644	0	0
18. Amount Incurred for Provision of Health Care Services	52,540,894	2,131,449	11,457,555	0	0	0	436,482	38,515,408	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	32,948	18,665	0	14,283	0	0	0	0	0	0
2. MEMBER MONTHS.....	98,327	55,443	0	42,884	0	0	0	0	0	0
3. Direct Premium Income.....	61,786,969	16,641,296	0	45,145,748	0	0	0	XXXXXXXX	0	(75)
4. Net Premium Income.....	61,732,466	16,586,793	0	45,145,748	0	0	0	0	0	(75)
5. Change in unearned premium reserve and reserve for rate credits.....	38	38	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).....	61,732,504	16,586,831	0	45,145,748	0	0	0	0	0	(75)
11. Hospital & Medical Benefits.....	52,540,894	14,025,486	0	38,515,408	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(39,824)	(39,824)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	52,580,718	14,065,310	0	38,515,408	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,539,518	669,269	0	870,249	0	0	0	0	0	0
15. General Administrative Expenses.....	8,545,773	3,875,798	0	4,669,975	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).....	62,666,009	18,610,377	0	44,055,632	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(933,505)	(2,023,546)	0	1,090,116	0	0	0	0	0	(75)
19. Net Investments Gains / (Losses).....	233,245	86,327	0	146,918	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	97,525	36,101	0	61,424	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(602,735)	(1,901,118)	0	1,298,458	0	0	0	0	0	(75)
22. Federal and foreign income taxes incurred.....	1,158,137	3,652,940	0	(2,494,947)	0	0	0	0	0	144
23. NET INCOME/(LOSS) (L21 less L22).....	(1,760,872)	(5,554,058)	0	3,793,405	0	0	0	0	0	(219)
24 Medical Loss Ratio	85.2%	84.8%	0.0%	85.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		210	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	32,948	18,665	0	14,283	0	0	0	0	0	0
2. MEMBER MONTHS.....	98,327	55,443	0	42,884	0	0	0	0	0	0
3. Direct Premium Income.....	61,786,969	16,641,296	0	45,145,748	0	0	0	XXXXXXXX	0	(75)
4. Net Premium Income.....	61,732,466	16,586,793	0	45,145,748	0	0	0	0	0	(75)
5. Change in unearned premium reserve and reserve for rate credits.....	38	38	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).....	61,732,504	16,586,831	0	45,145,748	0	0	0	0	0	(75)
11. Hospital & Medical Benefits.....	52,540,894	14,025,486	0	38,515,408	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(39,824)	(39,824)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	52,580,718	14,065,310	0	38,515,408	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,539,518	669,269	0	870,249	0	0	0	0	0	0
15. General Administrative Expenses.....	8,545,773	3,875,798	0	4,669,975	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).....	62,666,009	18,610,377	0	44,055,632	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(933,505)	(2,023,546)	0	1,090,116	0	0	0	0	0	(75)
19. Net Investments Gains / (Losses).....	233,245	86,327	0	146,918	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	97,525	36,101	0	61,424	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(602,735)	(1,901,118)	0	1,298,458	0	0	0	0	0	(75)
22. Federal and foreign income taxes incurred.....	1,158,137	3,652,940	0	(2,494,947)	0	0	0	0	0	144
23. NET INCOME/(LOSS) (L21 less L22).....	(1,760,872)	(5,554,058)	0	3,793,405	0	0	0	0	0	(219)
24 Medical Loss Ratio	85.2%	84.8%	0.0%	85.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		210	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Humana Health Plan 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	78,963	16,856	58,312	0	0	0	293	3,502	0	0
2. First Quarter	75,359	12,182	57,966	0	0	0	394	4,817	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	229,976	37,884	176,578	0	0	0	1,182	14,332	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	116,476	25,403	70,255	0	0	0	638	20,180	0	0
8. Non-Physician	36,517	9,326	17,517	0	0	0	239	9,435	0	0
9. Total	152,993	34,729	87,772	0	0	0	877	29,615	0	0
10. Hospital Patient Days Incurred	9,466	2,194	4,248	0	0	0	26	2,998	0	0
11. Number of Inpatient Admissions	1,320	333	654	0	0	0	4	329	0	0
12. Health Premiums Written	88,918,625	19,397,517	56,073,556	0	0	0	472,362	12,975,437	0	(247)
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	88,918,841	19,397,733	56,073,556	0	0	0	472,362	12,975,437	0	(247)
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	77,244,589	21,523,641	45,266,264	0	0	0	482,414	9,972,270	0	0
18. Amount Incurred for Provision of Health Care Services	71,040,044	16,905,355	42,292,255	0	0	0	567,067	11,275,367	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	75,359	70,542	0	4,817	0	0	0	0	0	0
2. MEMBER MONTHS.....	229,976	215,644	0	14,332	0	0	0	0	0	0
3. Direct Premium Income.....	88,918,625	75,943,435	0	12,975,437	0	0	0	XXXXXXXX	0	(247)
4. Net Premium Income.....	88,638,376	75,663,186	0	12,975,437	0	0	0	0	0	(247)
5. Change in unearned premium reserve and reserve for rate credits.....	216	216	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).....	88,638,592	75,663,402	0	12,975,437	0	0	0	0	0	(247)
11. Hospital & Medical Benefits.....	71,040,044	59,764,677	0	11,275,367	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	43,199	43,199	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	70,996,845	59,721,478	0	11,275,367	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,221,059	2,970,939	0	250,120	0	0	0	0	0	0
15. General Administrative Expenses.....	18,950,318	17,608,113	0	1,342,207	0	0	0	0	0	(2)
16. Increase in Reserves for A&H contracts.....	(23,194)	(23,194)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	93,145,028	80,277,336	0	12,867,694	0	0	0	0	0	(2)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,506,436)	(4,613,934)	0	107,743	0	0	0	0	0	(245)
19. Net Investments Gains / (Losses).....	466,389	424,163	0	42,226	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	195,026	177,372	0	17,654	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,845,021)	(4,012,399)	0	167,623	0	0	0	0	0	(245)
22. Federal and foreign income taxes incurred.....	7,388,083	7,709,693	0	(322,081)	0	0	0	0	0	471
23. NET INCOME/(LOSS) (L21 less L22).....	(11,233,104)	(11,722,092)	0	489,704	0	0	0	0	0	(716)
24 Medical Loss Ratio	80.1%	78.9%	0.0%	86.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		394	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	75,359	70,542	0	4,817	0	0	0	0	0	0
2. MEMBER MONTHS.....	229,976	215,644	0	14,332	0	0	0	0	0	0
3. Direct Premium Income.....	88,918,625	75,943,435	0	12,975,437	0	0	0	XXXXXXXX	0	(247)
4. Net Premium Income.....	88,638,376	75,663,186	0	12,975,437	0	0	0	0	0	(247)
5. Change in unearned premium reserve and reserve for rate credits.....	216	216	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).....	88,638,592	75,663,402	0	12,975,437	0	0	0	0	0	(247)
11. Hospital & Medical Benefits.....	71,040,044	59,764,677	0	11,275,367	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	43,199	43,199	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	70,996,845	59,721,478	0	11,275,367	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,221,059	2,970,939	0	250,120	0	0	0	0	0	0
15. General Administrative Expenses.....	18,950,318	17,608,113	0	1,342,207	0	0	0	0	0	(2)
16. Increase in Reserves for A&H contracts.....	(23,194)	(23,194)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	93,145,028	80,277,336	0	12,867,694	0	0	0	0	0	(2)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,506,436)	(4,613,934)	0	107,743	0	0	0	0	0	(245)
19. Net Investments Gains / (Losses).....	466,389	424,163	0	42,226	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	195,026	177,372	0	17,654	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,845,021)	(4,012,399)	0	167,623	0	0	0	0	0	(245)
22. Federal and foreign income taxes incurred.....	7,388,083	7,709,693	0	(322,081)	0	0	0	0	0	471
23. NET INCOME/(LOSS) (L21 less L22).....	(11,233,104)	(11,722,092)	0	489,704	0	0	0	0	0	(716)
24 Medical Loss Ratio	80.1%	78.9%	0.0%	86.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		394	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Humana Health Plan 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	113,631	31,942	50,772	0	0	0	10,112	20,805	0	0
2. First Quarter	114,573	36,124	44,197	0	0	0	9,979	24,273	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	327,999	90,592	134,663	0	0	0	29,998	72,746	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	258,970	46,874	75,252	0	0	0	25,684	111,160	0	0
8. Non-Physician	94,483	18,947	16,951	0	0	0	9,423	49,162	0	0
9. Total	353,453	65,821	92,203	0	0	0	35,107	160,322	0	0
10. Hospital Patient Days Incurred	25,707	2,780	4,050	0	0	0	1,122	17,755	0	0
11. Number of Inpatient Admissions	3,011	472	582	0	0	0	147	1,810	0	0
12. Health Premiums Written	165,762,741	34,899,983	43,606,190	0	0	0	16,610,412	70,646,447	0	(291)
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	165,763,129	34,900,371	43,606,190	0	0	0	16,610,412	70,646,447	0	(291)
Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	106,146,425	15,910,182	26,883,312	0	0	0	14,305,708	49,047,223	0	0
18. Amount Incurred for Provision of Health Care Services	125,002,882	17,803,540	36,007,545	0	0	0	13,765,972	57,425,825	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	114,573	90,300	0	24,273	0	0	0	0	0	0
2. MEMBER MONTHS.....	327,999	255,253	0	72,746	0	0	0	0	0	0
3. Direct Premium Income.....	165,762,741	95,116,585	0	70,646,447	0	0	0	XXXXXXXX	0	(291)
4. Net Premium Income.....	165,338,775	94,692,619	0	70,646,447	0	0	0	0	0	(291)
5. Change in unearned premium reserve and reserve for rate credits.....	388	388	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).....	165,339,163	94,693,007	0	70,646,447	0	0	0	0	0	(291)
11. Hospital & Medical Benefits.....	125,002,882	67,577,057	0	57,425,825	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(1,483,322)	(1,483,322)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	126,486,204	69,060,379	0	57,425,825	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,860,722	3,498,911	0	1,361,811	0	0	0	0	0	0
15. General Administrative Expenses.....	29,152,176	21,844,355	0	7,307,823	0	0	0	0	0	(2)
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).....	160,499,102	94,403,645	0	66,095,459	0	0	0	0	0	(2)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,840,061	289,362	0	4,550,988	0	0	0	0	0	(289)
19. Net Investments Gains / (Losses).....	841,899	611,995	0	229,904	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	352,023	255,904	0	96,119	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,033,983	1,157,261	0	4,877,011	0	0	0	0	0	(289)
22. Federal and foreign income taxes incurred.....	(11,594,098)	(2,223,632)	0	(9,371,022)	0	0	0	0	0	556
23. NET INCOME/(LOSS) (L21 less L22).....	17,628,081	3,380,893	0	14,248,033	0	0	0	0	0	(845)
24 Medical Loss Ratio	76.5%	72.9%	0.0%	81.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		9,979	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	114,573	90,300	0	24,273	0	0	0	0	0	0
2. MEMBER MONTHS.....	327,999	255,253	0	72,746	0	0	0	0	0	0
3. Direct Premium Income.....	165,762,741	95,116,585	0	70,646,447	0	0	0	XXXXXXXX	0	(291)
4. Net Premium Income.....	165,338,775	94,692,619	0	70,646,447	0	0	0	0	0	(291)
5. Change in unearned premium reserve and reserve for rate credits.....	388	388	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).....	165,339,163	94,693,007	0	70,646,447	0	0	0	0	0	(291)
11. Hospital & Medical Benefits.....	125,002,882	67,577,057	0	57,425,825	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(1,483,322)	(1,483,322)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	126,486,204	69,060,379	0	57,425,825	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,860,722	3,498,911	0	1,361,811	0	0	0	0	0	0
15. General Administrative Expenses.....	29,152,176	21,844,355	0	7,307,823	0	0	0	0	0	(2)
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).....	160,499,102	94,403,645	0	66,095,459	0	0	0	0	0	(2)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,840,061	289,362	0	4,550,988	0	0	0	0	0	(289)
19. Net Investments Gains / (Losses).....	841,899	611,995	0	229,904	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	352,023	255,904	0	96,119	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,033,983	1,157,261	0	4,877,011	0	0	0	0	0	(289)
22. Federal and foreign income taxes incurred.....	(11,594,098)	(2,223,632)	0	(9,371,022)	0	0	0	0	0	556
23. NET INCOME/(LOSS) (L21 less L22).....	17,628,081	3,380,893	0	14,248,033	0	0	0	0	0	(845)
24 Medical Loss Ratio	76.5%	72.9%	0.0%	81.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		9,979	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

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	104,279	36,916	51,031	0	1,491	7,613	2,525	4,703	0	0
2. First Quarter	128,928	58,459	53,776	0	0	8,854	2,574	5,265	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	367,099	152,281	165,712	0	0	25,739	7,681	15,686	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	172,196	67,593	80,335	0	0	0	5,867	18,401	0	0
8. Non-Physician	49,993	16,846	23,508	0	0	0	2,309	7,330	0	0
9. Total	222,189	84,439	103,843	0	0	0	8,176	25,731	0	0
10. Hospital Patient Days Incurred	9,074	3,777	3,017	0	0	0	184	2,096	0	0
11. Number of Inpatient Admissions	1,396	604	524	0	0	0	29	239	0	0
12. Health Premiums Written	111,159,997	44,374,073	49,651,294	0	(3,958)	539,634	3,484,299	13,105,554	0	9,101
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	111,160,490	44,374,566	49,651,294	0	(3,958)	539,634	3,484,299	13,105,554	0	9,101
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	89,670,616	36,478,282	35,221,243	0	15,899	264,414	6,705,145	10,985,633	0	0
18. Amount Incurred for Provision of Health Care Services	88,214,567	36,110,433	35,171,240	0	0	290,443	6,102,928	10,539,523	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	128,928	123,663	0	5,265	0	0	0	0	0	0
2. MEMBER MONTHS.....	367,099	351,413	0	15,686	0	0	0	0	0	0
3. Direct Premium Income.....	111,159,997	98,045,342	0	13,105,554	0	0	0	XXXXXXXX	0	9,101
4. Net Premium Income.....	110,647,268	97,532,613	0	13,105,554	0	0	0	0	0	9,101
5. Change in unearned premium reserve and reserve for rate credits.....	492	492	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).....	110,647,760	97,533,105	0	13,105,554	0	0	0	0	0	9,101
11. Hospital & Medical Benefits.....	88,214,567	77,675,044	0	10,539,523	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(138,751)	(138,751)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	88,353,318	77,813,795	0	10,539,523	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,669,695	3,417,066	0	252,628	0	0	0	0	0	1
15. General Administrative Expenses.....	23,714,719	22,358,996	0	1,355,667	0	0	0	0	0	56
16. Increase in Reserves for A&H contracts.....	(21,138)	(21,138)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	115,716,594	103,568,719	0	12,147,818	0	0	0	0	0	57
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,068,834)	(6,035,614)	0	957,736	0	0	0	0	0	9,044
19. Net Investments Gains / (Losses).....	735,359	692,710	0	42,649	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	307,505	289,675	0	17,831	0	0	0	0	0	(1)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,025,970)	(5,053,229)	0	1,018,216	0	0	0	0	0	9,043
22. Federal and foreign income taxes incurred.....	7,918,417	9,892,264	0	(1,956,468)	0	0	0	0	0	(17,379)
23. NET INCOME/(LOSS) (L21 less L22).....	(11,944,387)	(14,945,493)	0	2,974,684	0	0	0	0	0	26,422
24 Medical Loss Ratio	79.9%	79.8%	0.0%	80.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,574	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	128,928	123,663	0	5,265	0	0	0	0	0	0
2. MEMBER MONTHS.....	367,099	351,413	0	15,686	0	0	0	0	0	0
3. Direct Premium Income.....	111,159,997	98,045,342	0	13,105,554	0	0	0	XXXXXXXX	0	9,101
4. Net Premium Income.....	110,647,268	97,532,613	0	13,105,554	0	0	0	0	0	9,101
5. Change in unearned premium reserve and reserve for rate credits.....	492	492	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).....	110,647,760	97,533,105	0	13,105,554	0	0	0	0	0	9,101
11. Hospital & Medical Benefits.....	88,214,567	77,675,044	0	10,539,523	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(138,751)	(138,751)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	88,353,318	77,813,795	0	10,539,523	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,669,695	3,417,066	0	252,628	0	0	0	0	0	1
15. General Administrative Expenses.....	23,714,719	22,358,996	0	1,355,667	0	0	0	0	0	56
16. Increase in Reserves for A&H contracts.....	(21,138)	(21,138)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	115,716,594	103,568,719	0	12,147,818	0	0	0	0	0	57
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,068,834)	(6,035,614)	0	957,736	0	0	0	0	0	9,044
19. Net Investments Gains / (Losses).....	735,359	692,710	0	42,649	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	307,505	289,675	0	17,831	0	0	0	0	0	(1)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,025,970)	(5,053,229)	0	1,018,216	0	0	0	0	0	9,043
22. Federal and foreign income taxes incurred.....	7,918,417	9,892,264	0	(1,956,468)	0	0	0	0	0	(17,379)
23. NET INCOME/(LOSS) (L21 less L22).....	(11,944,387)	(14,945,493)	0	2,974,684	0	0	0	0	0	26,422
24 Medical Loss Ratio	79.9%	79.8%	0.0%	80.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,574	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Humana Health Plan 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	15,682	0	0	0	0	0	0	15,682	0	0
2. First Quarter	20,063	0	0	0	0	0	0	20,063	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	59,621	0	0	0	0	0	0	59,621	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	90,726	0	0	0	0	0	0	90,726	0	0
8. Non-Physician	45,723	0	0	0	0	0	0	45,723	0	0
9. Total	136,449	0	0	0	0	0	0	136,449	0	0
10. Hospital Patient Days Incurred	13,697	0	0	0	0	0	0	13,697	0	0
11. Number of Inpatient Admissions	1,528	0	0	0	0	0	0	1,528	0	0
12. Health Premiums Written	51,808,834	0	0	0	0	0	0	51,808,834	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	51,808,834	0	0	0	0	0	0	51,808,834	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	45,416,104	0	0	0	0	0	0	45,416,104	0	0
18. Amount Incurred for Provision of Health Care Services	49,612,136	0	0	0	0	0	0	49,612,136	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	20,063	0	0	20,063	0	0	0	0	0	0
2. MEMBER MONTHS.....	59,621	0	0	59,621	0	0	0	0	0	0
3. Direct Premium Income.....	51,808,834	0	0	51,808,834	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	51,808,834	0	0	51,808,834	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).....	51,808,834	0	0	51,808,834	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	49,612,136	0	0	49,612,136	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	49,612,136	0	0	49,612,136	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	998,689	0	0	998,689	0	0	0	0	0	0
15. General Administrative Expenses.....	5,359,219	0	0	5,359,219	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).....	55,970,044	0	0	55,970,044	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,161,210)	0	0	(4,161,210)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	168,601	0	0	168,601	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	70,489	0	0	70,489	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,922,120)	0	0	(3,922,120)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	7,536,228	0	0	7,536,228	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(11,458,348)	0	0	(11,458,348)	0	0	0	0	0	0
24 Medical Loss Ratio	95.8%	0.0%	0.0%	95.8%	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.....		20,063	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	20,063	0	0	20,063	0	0	0	0	0	0
2. MEMBER MONTHS.....	59,621	0	0	59,621	0	0	0	0	0	0
3. Direct Premium Income.....	51,808,834	0	0	51,808,834	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	51,808,834	0	0	51,808,834	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).....	51,808,834	0	0	51,808,834	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	49,612,136	0	0	49,612,136	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	49,612,136	0	0	49,612,136	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	998,689	0	0	998,689	0	0	0	0	0	0
15. General Administrative Expenses.....	5,359,219	0	0	5,359,219	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).....	55,970,044	0	0	55,970,044	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,161,210)	0	0	(4,161,210)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	168,601	0	0	168,601	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	70,489	0	0	70,489	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,922,120)	0	0	(3,922,120)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	7,536,228	0	0	7,536,228	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(11,458,348)	0	0	(11,458,348)	0	0	0	0	0	0
24 Medical Loss Ratio	95.8%	0.0%	0.0%	95.8%	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.....		20,063	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Humana Health Plan 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	9,999	0	0	0	0	0	0	9,999	0	0
2. First Quarter	9,521	0	0	0	0	0	0	9,521	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	28,594	0	0	0	0	0	0	28,594	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	42,317	0	0	0	0	0	0	42,317	0	0
8. Non-Physician	19,654	0	0	0	0	0	0	19,654	0	0
9. Total	61,971	0	0	0	0	0	0	61,971	0	0
10. Hospital Patient Days Incurred	4,317	0	0	0	0	0	0	4,317	0	0
11. Number of Inpatient Admissions	538	0	0	0	0	0	0	538	0	0
12. Health Premiums Written	23,733,849	0	0	0	0	0	0	23,733,849	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	23,733,849	0	0	0	0	0	0	23,733,849	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	20,597,849	0	0	0	0	0	0	20,597,849	0	0
18. Amount Incurred for Provision of Health Care Services	18,872,065	0	0	0	0	0	0	18,872,065	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	9,521	0	0	9,521	0	0	0	0	0	0
2. MEMBER MONTHS.....	28,594	0	0	28,594	0	0	0	0	0	0
3. Direct Premium Income.....	23,733,849	0	0	23,733,849	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	23,733,849	0	0	23,733,849	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).....	23,733,849	0	0	23,733,849	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	18,872,065	0	0	18,872,065	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	18,872,065	0	0	18,872,065	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	457,504	0	0	457,504	0	0	0	0	0	0
15. General Administrative Expenses.....	2,455,081	0	0	2,455,081	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).....	21,784,650	0	0	21,784,650	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,949,199	0	0	1,949,199	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	77,237	0	0	77,237	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	32,291	0	0	32,291	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,058,727	0	0	2,058,727	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(3,955,780)	0	0	(3,955,780)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	6,014,507	0	0	6,014,507	0	0	0	0	0	0
24 Medical Loss Ratio	79.5%	0.0%	0.0%	79.5%	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 **MARCH 31, 2015**

OF THE **Humana Health Plan 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.....	9,521	0	0	9,521	0	0	0	0	0	0
2. MEMBER MONTHS.....	28,594	0	0	28,594	0	0	0	0	0	0
3. Direct Premium Income.....	23,733,849	0	0	23,733,849	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	23,733,849	0	0	23,733,849	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).....	23,733,849	0	0	23,733,849	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	18,872,065	0	0	18,872,065	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	18,872,065	0	0	18,872,065	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	457,504	0	0	457,504	0	0	0	0	0	0
15. General Administrative Expenses.....	2,455,081	0	0	2,455,081	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).....	21,784,650	0	0	21,784,650	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,949,199	0	0	1,949,199	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	77,237	0	0	77,237	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	32,291	0	0	32,291	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,058,727	0	0	2,058,727	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(3,955,780)	0	0	(3,955,780)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	6,014,507	0	0	6,014,507	0	0	0	0	0	0
24 Medical Loss Ratio	79.5%	0.0%	0.0%	79.5%	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 **MARCH 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

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	2,081	0	2,081	0	0	0	0	0	0	0
2. First Quarter	2,115	0	2,115	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	6,441	0	6,441	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,410	0	1,410	0	0	0	0	0	0	0
8. Non-Physician	516	0	516	0	0	0	0	0	0	0
9. Total	1,926	0	1,926	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	62	0	62	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	16	0	16	0	0	0	0	0	0	0
12. Health Premiums Written	1,712,722	0	1,712,722	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	1,712,722	0	1,712,722	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	1,054,795	0	1,054,795	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,548,449	0	1,548,449	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	2,115	2,115	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,441	6,441	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,712,722	1,712,722	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,709,829	1,709,829	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).....	1,709,829	1,709,829	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,548,449	1,548,449	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,548,449	1,548,449	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	76,183	76,183	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	405,839	405,839	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).....	2,030,471	2,030,471	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(320,642)	(320,642)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,236	6,236	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	2,608	2,608	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(311,798)	(311,798)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	599,108	599,108	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(910,906)	(910,906)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	90.6%	90.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **MARCH 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	2,115	2,115	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,441	6,441	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,712,722	1,712,722	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,709,829	1,709,829	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).....	1,709,829	1,709,829	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,548,449	1,548,449	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,548,449	1,548,449	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	76,183	76,183	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	405,839	405,839	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).....	2,030,471	2,030,471	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(320,642)	(320,642)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,236	6,236	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	2,608	2,608	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(311,798)	(311,798)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	599,108	599,108	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(910,906)	(910,906)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	90.6%	90.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **MARCH 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **East 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	9,184	0	0	0	0	0	0	9,184	0	0
2. First Quarter	10,188	0	0	0	0	0	0	10,188	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	30,466	0	0	0	0	0	0	30,466	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	44,696	0	0	0	0	0	0	44,696	0	0
8. Non-Physician	28,856	0	0	0	0	0	0	28,856	0	0
9. Total	73,552	0	0	0	0	0	0	73,552	0	0
10. Hospital Patient Days Incurred	6,639	0	0	0	0	0	0	6,639	0	0
11. Number of Inpatient Admissions	814	0	0	0	0	0	0	814	0	0
12. Health Premiums Written	26,153,878	0	0	0	0	0	0	26,137,120	0	16,758
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	26,153,878	0	0	0	0	0	0	26,137,120	0	16,758
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	23,823,566	0	0	0	0	0	0	23,823,566	0	0
18. Amount Incurred for Provision of Health Care Services	24,269,812	0	0	0	0	0	0	24,269,812	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**East 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.....	10,188	0	0	10,188	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,466	0	0	30,466	0	0	0	0	0	0
3. Direct Premium Income.....	26,153,878	0	0	26,137,120	0	0	0	XXXXXXXX	0	16,758
4. Net Premium Income.....	26,153,878	0	0	26,137,120	0	0	0	0	0	16,758
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).....	26,153,878	0	0	26,137,120	0	0	0	0	0	16,758
11. Hospital & Medical Benefits.....	24,269,812	0	0	24,269,812	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	24,269,812	0	0	24,269,812	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	503,830	0	0	503,830	0	0	0	0	0	0
15. General Administrative Expenses.....	2,703,782	0	0	2,703,680	0	0	0	0	0	102
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).....	27,477,424	0	0	27,477,322	0	0	0	0	0	102
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,323,546)	0	0	(1,340,202)	0	0	0	0	0	16,656
19. Net Investments Gains / (Losses).....	85,058	0	0	85,058	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	35,562	0	0	35,561	0	0	0	0	0	1
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,202,926)	0	0	(1,219,583)	0	0	0	0	0	16,657
22. Federal and foreign income taxes incurred.....	2,311,389	0	0	2,343,391	0	0	0	0	0	(32,002)
23. NET INCOME/(LOSS) (L21 less L22).....	(3,514,315)	0	0	(3,562,974)	0	0	0	0	0	48,659
24 Medical Loss Ratio	92.8%	0.0%	0.0%	92.9%	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 **MARCH 31, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**East 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.....	10,188	0	0	10,188	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,466	0	0	30,466	0	0	0	0	0	0
3. Direct Premium Income.....	26,153,878	0	0	26,137,120	0	0	0	XXXXXXXX	0	16,758
4. Net Premium Income.....	26,153,878	0	0	26,137,120	0	0	0	0	0	16,758
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).....	26,153,878	0	0	26,137,120	0	0	0	0	0	16,758
11. Hospital & Medical Benefits.....	24,269,812	0	0	24,269,812	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	24,269,812	0	0	24,269,812	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	503,830	0	0	503,830	0	0	0	0	0	0
15. General Administrative Expenses.....	2,703,782	0	0	2,703,680	0	0	0	0	0	102
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).....	27,477,424	0	0	27,477,322	0	0	0	0	0	102
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,323,546)	0	0	(1,340,202)	0	0	0	0	0	16,656
19. Net Investments Gains / (Losses).....	85,058	0	0	85,058	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	35,562	0	0	35,561	0	0	0	0	0	1
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,202,926)	0	0	(1,219,583)	0	0	0	0	0	16,657
22. Federal and foreign income taxes incurred.....	2,311,389	0	0	2,343,391	0	0	0	0	0	(32,002)
23. NET INCOME/(LOSS) (L21 less L22).....	(3,514,315)	0	0	(3,562,974)	0	0	0	0	0	48,659
24 Medical Loss Ratio	92.8%	0.0%	0.0%	92.9%	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				