

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(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.....	153,346	52,132	0	3,256	0	93,740	0	0	4,218	0
2. MEMBER MONTHS.....	459,427	153,655	0	9,813	0	283,426	0	0	12,533	0
3. Direct Premium Income.....	128,301,015	45,833,127	0	9,594,242	0	71,260,789	0	XXXXXXXX	1,612,858	0
4. Net Premium Income.....	126,795,669	44,955,246	0	9,590,321	0	70,663,708	0	0	1,586,394	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,880,445)	0	0	0	0	(2,821,602)	0	0	(58,843)	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).....	123,915,224	44,955,246	0	9,590,321	0	67,842,106	0	0	1,527,551	0
11. Hospital & Medical Benefits.....	106,389,915	39,029,132	0	5,810,104	0	59,903,081	0	0	1,647,599	0
12. Net Reins Recoveries Incurred.....	1,128,431	586,673	0	0	0	541,758	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	105,261,484	38,442,459	0	5,810,104	0	59,361,323	0	0	1,647,599	0
14. Claims Adjustment Expenses.....	3,446,209	2,038,692	0	100,733	0	1,287,689	0	0	18,388	708
15. General Administrative Expenses.....	17,141,521	6,921,925	0	1,520,806	0	8,799,196	0	0	225,617	(326,022)
16. Increase in Reserves for A&H contracts.....	(1,330,000)	(220,000)	0	(1,110,000)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	124,519,213	47,183,075	0	6,321,642	0	69,448,207	0	0	1,891,603	(325,314)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(603,990)	(2,227,829)	0	3,268,678	0	(1,606,101)	0	0	(364,052)	325,314
19. Net Investments Gains / (Losses).....	393,062	64,413	0	62,263	0	253,260	0	0	9,751	3,375
20. Aggregate write-ins for other expenses.....	563	206	0	43	0	303	0	0	7	3
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(210,365)	(2,163,209)	0	3,330,985	0	(1,352,538)	0	0	(354,295)	328,692
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(210,365)	(2,163,209)	0	3,330,985	0	(1,352,538)	0	0	(354,295)	328,692
24 Medical Loss Ratio	83.0%	85.5%	0.0%	60.6%	0.0%	84.0%	0.0%	0.0%	103.9%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26,329	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		78,891	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(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.....	153,346	52,132	0	3,256	0	93,740	0	0	4,218	0
2. MEMBER MONTHS.....	459,427	153,655	0	9,813	0	283,426	0	0	12,533	0
3. Direct Premium Income.....	128,301,015	45,833,127	0	9,594,242	0	71,260,789	0	XXXXXXXX	1,612,858	0
4. Net Premium Income.....	126,795,669	44,955,246	0	9,590,321	0	70,663,708	0	0	1,586,394	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,880,445)	0	0	0	0	(2,821,602)	0	0	(58,843)	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).....	123,915,224	44,955,246	0	9,590,321	0	67,842,106	0	0	1,527,551	0
11. Hospital & Medical Benefits.....	106,389,915	39,029,132	0	5,810,104	0	59,903,081	0	0	1,647,599	0
12. Net Reins Recoveries Incurred.....	1,128,431	586,673	0	0	0	541,758	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	105,261,484	38,442,459	0	5,810,104	0	59,361,323	0	0	1,647,599	0
14. Claims Adjustment Expenses.....	3,446,209	2,038,692	0	100,733	0	1,287,689	0	0	18,388	708
15. General Administrative Expenses.....	17,141,521	6,921,925	0	1,520,806	0	8,799,196	0	0	225,617	(326,022)
16. Increase in Reserves for A&H contracts.....	(1,330,000)	(220,000)	0	(1,110,000)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	124,519,213	47,183,075	0	6,321,642	0	69,448,207	0	0	1,891,603	(325,314)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(603,990)	(2,227,829)	0	3,268,678	0	(1,606,101)	0	0	(364,052)	325,314
19. Net Investments Gains / (Losses).....	393,062	64,413	0	62,263	0	253,260	0	0	9,751	3,375
20. Aggregate write-ins for other expenses.....	563	206	0	43	0	303	0	0	7	3
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(210,365)	(2,163,209)	0	3,330,985	0	(1,352,538)	0	0	(354,295)	328,692
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(210,365)	(2,163,209)	0	3,330,985	0	(1,352,538)	0	0	(354,295)	328,692
24 Medical Loss Ratio	83.0%	85.5%	0.0%	60.6%	0.0%	84.0%	0.0%	0.0%	103.9%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		26,329	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		78,891	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Abilene**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	21,348	440	8,446	0	0	0	0	228	12,234	0
2. First Quarter	22,432	1,630	8,534	0	0	0	13	252	12,003	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	66,804	4,064	25,725	0	0	0	39	762	36,214	0
Total Member Ambulatory Encounters for Year:										
7. Physician	28,065	1,829	9,915	0	0	0	24	831	15,466	0
8. Non-Physician	20,054	1,007	5,402	0	0	0	23	509	13,113	0
9. Total	48,119	2,836	15,317	0	0	0	47	1,340	28,579	0
10. Hospital Patient Days Incurred	2,170	142	427	0	0	0	1	55	1,545	0
11. Number of Inpatient Admissions	728	28	130	0	0	0	0	12	558	0
12. Health Premiums Written	18,233,739	1,227,654	7,829,298	0	0	0	21,269	529,991	8,625,527	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	18,233,739	1,227,654	7,829,298	0	0	0	21,269	529,991	8,625,527	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	15,831,735	1,334,224	6,542,394	0	0	0	0	357,971	7,597,146	0
18. Amount Incurred for Provision of Health Care Services	16,171,388	1,766,797	6,519,549	0	0	0	0	360,035	7,525,007	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	22,432	10,177	0	252	0	12,003	0	0	0	0
2. MEMBER MONTHS.....	66,804	29,828	0	762	0	36,214	0	0	0	0
3. Direct Premium Income.....	18,233,739	9,078,221	0	529,991	0	8,625,527	0	XXXXXXXX	0	0
4. Net Premium Income.....	17,976,071	8,897,770	0	529,687	0	8,548,614	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).....	17,976,071	8,897,770	0	529,687	0	8,548,614	0	0	0	0
11. Hospital & Medical Benefits.....	16,171,388	8,286,346	0	360,035	0	7,525,007	0	0	0	0
12. Net Reins Recoveries Incurred.....	180,117	180,117	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,991,271	8,106,229	0	360,035	0	7,525,007	0	0	0	0
14. Claims Adjustment Expenses.....	381,274	204,534	0	20,992	0	155,677	0	0	0	70
15. General Administrative Expenses.....	2,631,261	1,462,781	0	88,615	0	1,196,842	0	0	0	(116,977)
16. Increase in Reserves for A&H contracts.....	(18,466)	(18,466)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	18,985,340	9,755,079	0	469,642	0	8,877,526	0	0	0	(116,907)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,009,269)	(857,309)	0	60,045	0	(328,912)	0	0	0	116,907
19. Net Investments Gains / (Losses).....	174,845	87,179	0	5,245	0	80,982	0	0	0	1,439
20. Aggregate write-ins for other expenses.....	82	41	0	2	0	38	0	0	0	1
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(834,342)	(770,088)	0	65,292	0	(247,892)	0	0	0	118,347
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(834,342)	(770,088)	0	65,292	0	(247,892)	0	0	0	118,347
24 Medical Loss Ratio	89.0%	91.1%	0.0%	68.0%	0.0%	88.0%	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.....		4,987	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	22,432	10,177	0	252	0	12,003	0	0	0	0
2. MEMBER MONTHS.....	66,804	29,828	0	762	0	36,214	0	0	0	0
3. Direct Premium Income.....	18,233,739	9,078,221	0	529,991	0	8,625,527	0	XXXXXXXX	0	0
4. Net Premium Income.....	17,976,071	8,897,770	0	529,687	0	8,548,614	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).....	17,976,071	8,897,770	0	529,687	0	8,548,614	0	0	0	0
11. Hospital & Medical Benefits.....	16,171,388	8,286,346	0	360,035	0	7,525,007	0	0	0	0
12. Net Reins Recoveries Incurred.....	180,117	180,117	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,991,271	8,106,229	0	360,035	0	7,525,007	0	0	0	0
14. Claims Adjustment Expenses.....	381,274	204,534	0	20,992	0	155,677	0	0	0	70
15. General Administrative Expenses.....	2,631,261	1,462,781	0	88,615	0	1,196,842	0	0	0	(116,977)
16. Increase in Reserves for A&H contracts.....	(18,466)	(18,466)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	18,985,340	9,755,079	0	469,642	0	8,877,526	0	0	0	(116,907)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,009,269)	(857,309)	0	60,045	0	(328,912)	0	0	0	116,907
19. Net Investments Gains / (Losses).....	174,845	87,179	0	5,245	0	80,982	0	0	0	1,439
20. Aggregate write-ins for other expenses.....	82	41	0	2	0	38	0	0	0	1
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(834,342)	(770,088)	0	65,292	0	(247,892)	0	0	0	118,347
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(834,342)	(770,088)	0	65,292	0	(247,892)	0	0	0	118,347
24. Medical Loss Ratio	89.0%	91.1%	0.0%	68.0%	0.0%	88.0%	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.....		4,987	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Amarillo**

(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	16,341	287	10,552	0	0	0	392	0	5,110	0
2. First Quarter	17,215	1,272	10,664	0	0	0	386	41	4,852	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	51,155	3,206	31,868	0	0	0	1,163	122	14,796	0
Total Member Ambulatory Encounters for Year:										
7. Physician	17,959	1,260	11,926	0	0	0	720	98	3,955	0
8. Non-Physician	16,717	732	7,313	0	0	0	695	50	7,927	0
9. Total	34,676	1,992	19,239	0	0	0	1,415	148	11,882	0
10. Hospital Patient Days Incurred	987	68	377	0	0	0	34	6	502	0
11. Number of Inpatient Admissions	366	23	124	0	0	0	12	1	206	0
12. Health Premiums Written	14,084,207	940,943	9,189,975	0	0	0	486,867	61,338	3,405,085	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	14,084,208	940,943	9,189,975	0	0	0	486,867	61,338	3,405,085	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	11,885,902	727,346	7,719,801	0	0	0	188,273	69,924	3,180,558	0
18. Amount Incurred for Provision of Health Care Services	12,195,214	898,377	8,021,297	0	0	0	7,200	69,936	3,198,403	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo
(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.....	17,215	12,322	0	41	0	4,852	0	0	0	0
2. MEMBER MONTHS.....	51,155	36,237	0	122	0	14,796	0	0	0	0
3. Direct Premium Income.....	14,084,207	10,617,785	0	61,338	0	3,405,085	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,844,476	10,417,926	0	61,289	0	3,365,261	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).....	13,844,476	10,417,926	0	61,289	0	3,365,261	0	0	0	0
11. Hospital & Medical Benefits.....	12,195,214	8,926,874	0	69,936	0	3,198,403	0	0	0	0
12. Net Reins Recoveries Incurred.....	135,053	135,053	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,060,161	8,791,821	0	69,936	0	3,198,403	0	0	0	0
14. Claims Adjustment Expenses.....	328,169	254,039	0	0	0	74,130	0	0	0	0
15. General Administrative Expenses.....	1,932,470	1,489,663	0	9,326	0	433,481	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(23,339)	(23,339)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	14,297,461	10,512,184	0	79,262	0	3,706,015	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(452,985)	(94,258)	0	(17,973)	0	(340,754)	0	0	0	0
19. Net Investments Gains / (Losses).....	(4,723)	(3,525)	0	(16)	0	(1,181)	0	0	0	(0)
20. Aggregate write-ins for other expenses.....	62	48	0	(0)	0	15	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(457,646)	(97,735)	0	(17,990)	0	(341,921)	0	0	0	(0)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(457,646)	(97,735)	0	(17,990)	0	(341,921)	0	0	0	(0)
24 Medical Loss Ratio	87.1%	84.4%	0.0%	114.1%	0.0%	95.0%	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.....		8,754	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo
(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.....	17,215	12,322	0	41	0	4,852	0	0	0	0
2. MEMBER MONTHS.....	51,155	36,237	0	122	0	14,796	0	0	0	0
3. Direct Premium Income.....	14,084,207	10,617,785	0	61,338	0	3,405,085	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,844,476	10,417,926	0	61,289	0	3,365,261	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).....	13,844,476	10,417,926	0	61,289	0	3,365,261	0	0	0	0
11. Hospital & Medical Benefits.....	12,195,214	8,926,874	0	69,936	0	3,198,403	0	0	0	0
12. Net Reins Recoveries Incurred.....	135,053	135,053	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,060,161	8,791,821	0	69,936	0	3,198,403	0	0	0	0
14. Claims Adjustment Expenses.....	328,169	254,039	0	0	0	74,130	0	0	0	0
15. General Administrative Expenses.....	1,932,470	1,489,663	0	9,326	0	433,481	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(23,339)	(23,339)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	14,297,461	10,512,184	0	79,262	0	3,706,015	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(452,985)	(94,258)	0	(17,973)	0	(340,754)	0	0	0	0
19. Net Investments Gains / (Losses).....	(4,723)	(3,525)	0	(16)	0	(1,181)	0	0	0	(0)
20. Aggregate write-ins for other expenses.....	62	48	0	(0)	0	15	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(457,646)	(97,735)	0	(17,990)	0	(341,921)	0	0	0	(0)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(457,646)	(97,735)	0	(17,990)	0	(341,921)	0	0	0	(0)
24 Medical Loss Ratio	87.1%	84.4%	0.0%	114.1%	0.0%	95.0%	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.....		8,754	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Lubbock**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	74,338	5,365	20,984	0	0	0	20	2,859	45,110	0
2. First Quarter	73,800	7,013	19,445	0	0	0	40	2,937	44,365	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	221,182	19,430	58,803	0	0	0	121	8,854	133,974	0
Total Member Ambulatory Encounters for Year:										
7. Physician	87,091	6,699	22,995	0	0	0	74	8,085	49,238	0
8. Non-Physician	98,781	5,960	13,964	0	0	0	72	9,371	69,414	0
9. Total	185,872	12,659	36,959	0	0	0	146	17,456	118,652	0
10. Hospital Patient Days Incurred	8,382	269	918	0	0	0	4	1,366	5,825	0
11. Number of Inpatient Admissions	2,415	66	257	0	0	0	1	212	1,879	0
12. Health Premiums Written	61,850,161	3,687,829	18,152,298	0	0	0	48,790	8,941,025	31,020,219	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	59,599,618	3,570,143	18,152,298	0	0	0	48,790	8,941,025	28,887,362	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	50,773,285	3,214,934	14,805,164	0	0	0	772	5,252,010	27,500,405	0
18. Amount Incurred for Provision of Health Care Services	52,182,889	3,672,621	15,485,181	0	0	0	0	5,376,963	27,648,124	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock
(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	73,800	22,280	0	2,937	0	44,365	0	0	4,218	0
2. MEMBER MONTHS.....	221,182	65,821	0	8,854	0	133,974	0	0	12,533	0
3. Direct Premium Income.....	60,724,890	20,276,059	0	8,941,025	0	29,953,790	0	XXXXXXXX	1,554,015	0
4. Net Premium Income.....	61,179,880	19,908,266	0	8,937,487	0	30,747,732	0	0	1,586,394	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,125,272)	0	0	0	0	(1,066,429)	0	0	(58,843)	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).....	60,054,608	19,908,266	0	8,937,487	0	29,681,303	0	0	1,527,551	0
11. Hospital & Medical Benefits.....	52,182,888	17,510,203	0	5,376,963	0	27,648,124	0	0	1,647,599	0
12. Net Reins Recoveries Incurred.....	(828,222)	238,207	0	0	0	(1,066,429)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	53,011,111	17,271,997	0	5,376,963	0	28,714,552	0	0	1,647,599	0
14. Claims Adjustment Expenses.....	2,088,999	1,410,747	0	79,425	0	579,858	0	0	18,388	581
15. General Administrative Expenses.....	8,424,943	3,084,461	0	1,414,255	0	3,862,260	0	0	225,617	(161,649)
16. Increase in Reserves for A&H contracts.....	(1,273,963)	(54,796)	0	(1,219,167)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	62,251,090	21,712,409	0	5,651,476	0	33,156,670	0	0	1,891,603	(161,068)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,196,482)	(1,804,142)	0	3,286,011	0	(3,475,367)	0	0	(364,052)	161,068
19. Net Investments Gains / (Losses).....	234,043	(16,999)	0	57,046	0	182,281	0	0	9,751	1,964
20. Aggregate write-ins for other expenses.....	274	92	0	40	0	134	0	0	7	1
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,962,165)	(1,821,050)	0	3,343,098	0	(3,292,952)	0	0	(354,295)	163,034
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,962,165)	(1,821,050)	0	3,343,098	0	(3,292,952)	0	0	(354,295)	163,034
24 Medical Loss Ratio	86.6%	86.8%	0.0%	60.2%	0.0%	93.4%	0.0%	0.0%	103.9%	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.....		8,502	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	73,800	22,280	0	2,937	0	44,365	0	0	4,218	0
2. MEMBER MONTHS.....	221,182	65,821	0	8,854	0	133,974	0	0	12,533	0
3. Direct Premium Income.....	60,724,890	20,276,059	0	8,941,025	0	29,953,790	0	XXXXXXXX	1,554,015	0
4. Net Premium Income.....	61,179,880	19,908,266	0	8,937,487	0	30,747,732	0	0	1,586,394	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,125,272)	0	0	0	0	(1,066,429)	0	0	(58,843)	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).....	60,054,608	19,908,266	0	8,937,487	0	29,681,303	0	0	1,527,551	0
11. Hospital & Medical Benefits.....	52,182,888	17,510,203	0	5,376,963	0	27,648,124	0	0	1,647,599	0
12. Net Reins Recoveries Incurred.....	(828,222)	238,207	0	0	0	(1,066,429)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	53,011,111	17,271,997	0	5,376,963	0	28,714,552	0	0	1,647,599	0
14. Claims Adjustment Expenses.....	2,088,999	1,410,747	0	79,425	0	579,858	0	0	18,388	581
15. General Administrative Expenses.....	8,424,943	3,084,461	0	1,414,255	0	3,862,260	0	0	225,617	(161,649)
16. Increase in Reserves for A&H contracts.....	(1,273,963)	(54,796)	0	(1,219,167)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	62,251,090	21,712,409	0	5,651,476	0	33,156,670	0	0	1,891,603	(161,068)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,196,482)	(1,804,142)	0	3,286,011	0	(3,475,367)	0	0	(364,052)	161,068
19. Net Investments Gains / (Losses).....	234,043	(16,999)	0	57,046	0	182,281	0	0	9,751	1,964
20. Aggregate write-ins for other expenses.....	274	92	0	40	0	134	0	0	7	1
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,962,165)	(1,821,050)	0	3,343,098	0	(3,292,952)	0	0	(354,295)	163,034
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,962,165)	(1,821,050)	0	3,343,098	0	(3,292,952)	0	0	(354,295)	163,034
24 Medical Loss Ratio	86.6%	86.8%	0.0%	60.2%	0.0%	93.4%	0.0%	0.0%	103.9%	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.....		8,502	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Waco**

(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	6,849	376	6,473	0	0	0	0	0	0	0
2. First Quarter	7,353	953	6,342	0	0	0	58	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	21,769	2,394	19,201	0	0	0	174	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	6,956	792	6,056	0	0	0	108	0	0	0
8. Non-Physician	3,850	488	3,257	0	0	0	105	0	0	0
9. Total	10,806	1,280	9,313	0	0	0	213	0	0	0
10. Hospital Patient Days Incurred	227	5	217	0	0	0	5	0	0	0
11. Number of Inpatient Admissions	77	2	73	0	0	0	2	0	0	0
12. Health Premiums Written	5,861,062	703,393	5,078,886	0	0	0	78,784	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	5,861,063	703,393	5,078,886	0	0	0	78,784	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	4,298,468	547,166	3,751,301	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	4,305,709	688,767	3,616,942	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Waco

(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.....	7,353	7,353	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,769	21,769	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,861,062	5,861,062	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,731,283	5,731,283	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).....	5,731,283	5,731,283	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,305,709	4,305,709	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	33,297	33,297	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,272,412	4,272,412	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	169,428	169,372	0	0	0	0	0	0	0	56
15. General Administrative Expenses.....	837,623	885,019	0	0	0	0	0	0	0	(47,396)
16. Increase in Reserves for A&H contracts.....	(14,233)	(14,233)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	5,265,230	5,312,570	0	0	0	0	0	0	0	(47,340)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	466,053	418,713	0	0	0	0	0	0	0	47,340
19. Net Investments Gains / (Losses).....	(2,270)	(2,242)	0	0	0	0	0	0	0	(28)
20. Aggregate write-ins for other expenses.....	27	26	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	463,810	416,498	0	0	0	0	0	0	0	47,312
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	463,810	416,498	0	0	0	0	0	0	0	47,312
24 Medical Loss Ratio	74.5%	74.5%	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.....		3,456	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Waco

(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.....	7,353	7,353	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,769	21,769	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,861,062	5,861,062	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,731,283	5,731,283	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).....	5,731,283	5,731,283	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,305,709	4,305,709	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	33,297	33,297	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,272,412	4,272,412	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	169,428	169,372	0	0	0	0	0	0	0	56
15. General Administrative Expenses.....	837,623	885,019	0	0	0	0	0	0	0	(47,396)
16. Increase in Reserves for A&H contracts.....	(14,233)	(14,233)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	5,265,230	5,312,570	0	0	0	0	0	0	0	(47,340)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	466,053	418,713	0	0	0	0	0	0	0	47,340
19. Net Investments Gains / (Losses).....	(2,270)	(2,242)	0	0	0	0	0	0	0	(28)
20. Aggregate write-ins for other expenses.....	27	26	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	463,810	416,498	0	0	0	0	0	0	0	47,312
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	463,810	416,498	0	0	0	0	0	0	0	47,312
24 Medical Loss Ratio	74.5%	74.5%	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.....		3,456	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **West & Central TX**

(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	33,765	0	0	0	0	0	0	5	33,760	0
2. First Quarter	32,546	0	0	0	0	0	0	26	32,520	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	98,517	0	0	0	0	0	0	75	98,442	0
Total Member Ambulatory Encounters for Year:										
7. Physician	42,762	0	0	0	0	0	0	43	42,719	0
8. Non-Physician	37,216	0	0	0	0	0	0	29	37,187	0
9. Total	79,978	0	0	0	0	0	0	72	79,906	0
10. Hospital Patient Days Incurred	5,812	0	0	0	0	0	0	0	5,812	0
11. Number of Inpatient Admissions	2,071	0	0	0	0	0	0	0	2,071	0
12. Health Premiums Written	28,271,845	0	0	0	0	0	0	61,887	28,209,958	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	24,761,498	0	0	0	0	0	0	61,887	24,699,610	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	22,530,341	0	0	0	0	0	0	3,169	22,527,172	0
18. Amount Incurred for Provision of Health Care Services	21,534,716	0	0	0	0	0	0	3,169	21,531,547	0

TEXAS HMO SUPPLEMENT

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

West & Central TX

(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.....	32,546	0	0	26	0	32,520	0	0	0	0
2. MEMBER MONTHS.....	98,517	0	0	75	0	98,442	0	0	0	0
3. Direct Premium Income.....	26,516,672	0	0	61,887	0	26,454,784	0	XXXXXXXX	0	0
4. Net Premium Income.....	28,063,960	0	0	61,858	0	28,002,102	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,755,174)	0	0	0	0	(1,755,174)	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).....	26,308,786	0	0	61,858	0	26,246,928	0	0	0	0
11. Hospital & Medical Benefits.....	21,534,716	0	0	3,169	0	21,531,547	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).....	21,534,716	0	0	3,169	0	21,531,547	0	0	0	0
14. Claims Adjustment Expenses.....	478,339	0	0	316	0	478,023	0	0	0	0
15. General Administrative Expenses.....	3,315,224	0	0	8,611	0	3,306,613	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).....	25,328,279	0	0	12,095	0	25,316,183	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	980,507	0	0	49,762	0	930,745	0	0	0	0
19. Net Investments Gains / (Losses).....	(8,833)	0	0	(11)	0	(8,822)	0	0	0	0
20. Aggregate write-ins for other expenses.....	117	0	0	0	0	117	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	971,791	0	0	49,752	0	922,040	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	971,791	0	0	49,752	0	922,040	0	0	0	0
24 Medical Loss Ratio	76.7%	0.0%	0.0%	5.1%	0.0%	76.9%	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 **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

West & Central TX

(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.....	32,546	0	0	26	0	32,520	0	0	0	0
2. MEMBER MONTHS.....	98,517	0	0	75	0	98,442	0	0	0	0
3. Direct Premium Income.....	26,516,672	0	0	61,887	0	26,454,784	0	XXXXXXXX	0	0
4. Net Premium Income.....	28,063,960	0	0	61,858	0	28,002,102	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,755,174)	0	0	0	0	(1,755,174)	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).....	26,308,786	0	0	61,858	0	26,246,928	0	0	0	0
11. Hospital & Medical Benefits.....	21,534,716	0	0	3,169	0	21,531,547	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).....	21,534,716	0	0	3,169	0	21,531,547	0	0	0	0
14. Claims Adjustment Expenses.....	478,339	0	0	316	0	478,023	0	0	0	0
15. General Administrative Expenses.....	3,315,224	0	0	8,611	0	3,306,613	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
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19. Net Investments Gains / (Losses).....	(8,833)	0	0	(11)	0	(8,822)	0	0	0	0
20. Aggregate write-ins for other expenses.....	117	0	0	0	0	117	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	971,791	0	0	49,752	0	922,040	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	971,791	0	0	49,752	0	922,040	0	0	0	0
24. Medical Loss Ratio	76.7%	0.0%	0.0%	5.1%	0.0%	76.9%	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				