

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

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

(Location)

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

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	1,721,519	1,302,404	0	24,965	0	173,695	0	0	5,238	215,217
2. MEMBER MONTHS.....	4,701,545	3,537,983	0	74,917	0	425,986	0	0	15,682	646,977
3. Direct Premium Income.....	1,188,855,707	979,470,687	0	89,641,683	0	116,981,656	0	XXXXXXXX	2,761,681	0
4. Net Premium Income.....	1,188,855,707	979,470,687	0	89,641,683	0	116,981,656	0	0	2,761,681	0
5. Change in unearned premium reserve and reserve for rate credits.....	(39,670,210)	(39,125,372)	0	(544,838)	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.....	17,912,197	0	0	0	0	0	0	0	0	17,912,197
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).....	1,167,097,694	940,345,315	0	89,096,845	0	116,981,656	0	0	2,761,681	17,912,197
11. Hospital & Medical Benefits.....	1,008,821,517	807,784,875	0	87,672,434	0	110,922,611	0	0	2,441,597	0
12. Net Reins Recoveries Incurred.....	21,883,000	21,883,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	986,938,517	785,901,875	0	87,672,434	0	110,922,611	0	0	2,441,597	0
14. Claims Adjustment Expenses.....	54,697,353	30,604,258	0	5,162,169	0	13,253,407	0	0	501,490	5,176,029
15. General Administrative Expenses.....	194,972,958	164,949,905	0	11,987,351	0	12,346,678	0	0	515,074	5,173,950
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,236,608,828	981,456,038	0	104,821,954	0	136,522,696	0	0	3,458,161	10,349,979
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(69,511,134)	(41,110,723)	0	(15,725,109)	0	(19,541,040)	0	0	(696,480)	7,562,218
19. Net Investments Gains / (Losses).....	6,096,834	4,937,276	0	450,699	0	602,296	0	0	15,657	90,906
20. Aggregate write-ins for other expenses.....	246,046	246,046	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(63,168,254)	(35,927,401)	0	(15,274,410)	0	(18,938,744)	0	0	(680,823)	7,653,124
22. Federal and foreign income taxes incurred.....	74,117,615	68,906,947	0	(1,712,015)	0	4,308,078	0	0	748,629	1,865,976
23. NET INCOME/(LOSS) (L21 less L22).....	(137,285,869)	(104,834,348)	0	(13,562,395)	0	(23,246,822)	0	0	(1,429,452)	5,787,148
24 Medical Loss Ratio	83.0%	80.2%	0.0%	97.8%	0.0%	94.8%	0.0%	0.0%	88.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		417	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,247	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

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

(Location)

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

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	1,721,519	1,302,404	0	24,965	0	173,695	0	0	5,238	215,217
2. MEMBER MONTHS.....	4,701,545	3,537,983	0	74,917	0	425,986	0	0	15,682	646,977
3. Direct Premium Income.....	1,188,855,707	979,470,687	0	89,641,683	0	116,981,656	0	XXXXXXXX	2,761,681	0
4. Net Premium Income.....	1,188,855,707	979,470,687	0	89,641,683	0	116,981,656	0	0	2,761,681	0
5. Change in unearned premium reserve and reserve for rate credits.....	(39,670,210)	(39,125,372)	0	(544,838)	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.....	17,912,197	0	0	0	0	0	0	0	0	17,912,197
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).....	1,167,097,694	940,345,315	0	89,096,845	0	116,981,656	0	0	2,761,681	17,912,197
11. Hospital & Medical Benefits.....	1,008,821,517	807,784,875	0	87,672,434	0	110,922,611	0	0	2,441,597	0
12. Net Reins Recoveries Incurred.....	21,883,000	21,883,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	986,938,517	785,901,875	0	87,672,434	0	110,922,611	0	0	2,441,597	0
14. Claims Adjustment Expenses.....	54,697,353	30,604,258	0	5,162,169	0	13,253,407	0	0	501,490	5,176,029
15. General Administrative Expenses.....	194,972,958	164,949,905	0	11,987,351	0	12,346,678	0	0	515,074	5,173,950
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,236,608,828	981,456,038	0	104,821,954	0	136,522,696	0	0	3,458,161	10,349,979
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(69,511,134)	(41,110,723)	0	(15,725,109)	0	(19,541,040)	0	0	(696,480)	7,562,218
19. Net Investments Gains / (Losses).....	6,096,834	4,937,276	0	450,699	0	602,296	0	0	15,657	90,906
20. Aggregate write-ins for other expenses.....	246,046	246,046	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(63,168,254)	(35,927,401)	0	(15,274,410)	0	(18,938,744)	0	0	(680,823)	7,653,124
22. Federal and foreign income taxes incurred.....	74,117,615	68,906,947	0	(1,712,015)	0	4,308,078	0	0	748,629	1,865,976
23. NET INCOME/(LOSS) (L21 less L22).....	(137,285,869)	(104,834,348)	0	(13,562,395)	0	(23,246,822)	0	0	(1,429,452)	5,787,148
24 Medical Loss Ratio	83.0%	80.2%	0.0%	97.8%	0.0%	94.8%	0.0%	0.0%	88.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		417	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,247	of Texas enrollees and Federal employees.)			Non Risk				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **Abilene**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	2,634	2,528	106	0	0	0	0	0	0	0
2. First Quarter	5,036	4,898	138	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	11,850	11,462	388	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	3,813	3,667	146	0	0	0	0	0	0	0
8. Non-Physician	1,298	1,257	41	0	0	0	0	0	0	0
9. Total	5,111	4,924	187	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	293	281	12	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	60	57	3	0	0	0	0	0	0	0
12. Health Premiums Written	2,949,754	2,832,789	116,965	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	2,643,204	2,526,239	116,965	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	2,296,977	2,158,148	138,829	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,450,579	2,309,820	140,759	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	5,037	5,036	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	11,853	11,850	0	0	0	0	0	0	0	3
3. Direct Premium Income.....	2,924,224	2,924,224	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,924,224	2,924,224	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(306,551)	(306,551)	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).....	2,617,673	2,617,673	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,450,579	2,450,579	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	140,222	140,222	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,310,357	2,310,357	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	145,406	145,317	0	0	0	0	0	0	0	89
15. General Administrative Expenses.....	759,908	759,864	0	0	0	0	0	0	0	44
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,215,671	3,215,538	0	0	0	0	0	0	0	133
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(597,998)	(597,865)	0	0	0	0	0	0	0	(133)
19. Net Investments Gains / (Losses).....	14,876	14,876	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	650	650	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(582,472)	(582,339)	0	0	0	0	0	0	0	(133)
22. Federal and foreign income taxes incurred.....	640,403	640,336	0	0	0	0	0	0	0	67
23. NET INCOME/(LOSS) (L21 less L22).....	(1,222,875)	(1,222,675)	0	0	0	0	0	0	0	(200)
24 Medical Loss Ratio	79.0%	79.0%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	5,037	5,036	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	11,853	11,850	0	0	0	0	0	0	0	3
3. Direct Premium Income.....	2,924,224	2,924,224	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,924,224	2,924,224	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(306,551)	(306,551)	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.....	72	0	0	0	0	0	0	0	0	72
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	2,617,745	2,617,673	0	0	0	0	0	0	0	72
11. Hospital & Medical Benefits.....	2,450,579	2,450,579	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	140,222	140,222	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,310,357	2,310,357	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	145,406	145,317	0	0	0	0	0	0	0	89
15. General Administrative Expenses.....	759,908	759,864	0	0	0	0	0	0	0	44
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,215,671	3,215,538	0	0	0	0	0	0	0	133
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(597,926)	(597,865)	0	0	0	0	0	0	0	(61)
19. Net Investments Gains / (Losses).....	14,876	14,876	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	650	650	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(582,400)	(582,339)	0	0	0	0	0	0	0	(61)
22. Federal and foreign income taxes incurred.....	640,403	640,336	0	0	0	0	0	0	0	67
23. NET INCOME/(LOSS) (L21 less L22).....	(1,222,803)	(1,222,675)	0	0	0	0	0	0	0	(128)
24 Medical Loss Ratio	79.0%	79.0%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Amarillo, Lubbock**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	7,083	6,751	332	0	0	0	0	0	0	0
2. First Quarter	12,801	12,417	384	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	30,128	28,990	1,138	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	10,166	9,776	390	0	0	0	0	0	0	0
8. Non-Physician	3,458	3,350	108	0	0	0	0	0	0	0
9. Total	13,624	13,126	498	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,062	1,062	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	214	205	9	0	0	0	0	0	0	0
12. Health Premiums Written	7,578,229	7,164,767	413,462	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	6,802,893	6,389,431	413,462	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	6,123,422	5,753,323	370,099	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	6,532,905	6,157,661	375,244	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo,Lubbock
 (Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	12,801	12,801	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,128	30,128	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,513,656	7,513,656	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,513,656	7,513,656	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(775,336)	(775,336)	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).....	6,738,320	6,738,320	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,532,905	6,532,905	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	373,811	373,811	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,159,094	6,159,094	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	369,460	369,460	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,931,914	1,931,914	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).....	8,460,468	8,460,468	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,722,148)	(1,722,148)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	38,223	38,223	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,653	1,653	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,682,272)	(1,682,272)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,849,816	1,849,816	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,532,088)	(3,532,088)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	82.0%	82.0%	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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Amarillo,Lubbock**
 (Location)

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

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	12,801	12,801	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,128	30,128	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,513,656	7,513,656	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,513,656	7,513,656	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(775,336)	(775,336)	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).....	6,738,320	6,738,320	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,532,905	6,532,905	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	373,811	373,811	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,159,094	6,159,094	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	369,460	369,460	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,931,914	1,931,914	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).....	8,460,468	8,460,468	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,722,148)	(1,722,148)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	38,223	38,223	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,653	1,653	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,682,272)	(1,682,272)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,849,816	1,849,816	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,532,088)	(3,532,088)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	82.0%	82.0%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Austin**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	49,952	19,050	1,861	0	0	0	0	0	29,041	0
2. First Quarter	62,898	30,894	2,088	0	0	0	0	0	29,916	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	171,384	75,702	6,062	0	0	0	0	0	89,620	0
Total Member Ambulatory Encounters for Year:										
7. Physician	53,617	28,040	1,119	0	0	0	0	0	24,458	0
8. Non-Physician	37,889	9,610	311	0	0	0	0	0	27,968	0
9. Total	91,506	37,650	1,430	0	0	0	0	0	52,426	0
10. Hospital Patient Days Incurred	12,049	1,750	73	0	0	0	0	0	10,226	0
11. Number of Inpatient Admissions	1,570	354	17	0	0	0	0	0	1,199	0
12. Health Premiums Written	40,915,034	18,709,459	2,186,540	0	0	0	0	0	20,019,035	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	38,890,387	16,684,812	2,186,540	0	0	0	0	0	20,019,035	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	35,746,252	16,502,719	1,061,585	0	0	0	0	0	18,181,948	0
18. Amount Incurred for Provision of Health Care Services	38,382,804	17,662,514	1,076,342	0	0	0	0	0	19,643,948	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	63,578	32,982	0	0	0	24,678	0	0	5,238	680
2. MEMBER MONTHS.....	173,461	81,764	0	0	0	73,938	0	0	15,682	2,077
3. Direct Premium Income.....	40,746,314	20,727,379	0	0	0	17,257,254	0	XXXXXXXX	2,761,681	0
4. Net Premium Income.....	40,746,414	20,727,379	0	0	0	17,257,354	0	0	2,761,681	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,024,646)	(2,024,646)	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.....	50,023	0	0	0	0	0	0	0	0	50,023
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).....	38,771,791	18,702,733	0	0	0	17,257,354	0	0	2,761,681	50,023
11. Hospital & Medical Benefits.....	38,382,804	18,738,856	0	0	0	17,202,351	0	0	2,441,597	0
12. Net Reins Recoveries Incurred.....	1,072,233	1,072,233	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	37,310,571	17,666,623	0	0	0	17,202,351	0	0	2,441,597	0
14. Claims Adjustment Expenses.....	4,014,004	1,002,674	0	0	0	2,447,963	0	0	501,490	61,877
15. General Administrative Expenses.....	8,632,066	5,242,998	0	0	0	2,843,572	0	0	515,074	30,422
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).....	49,956,641	23,912,295	0	0	0	22,493,886	0	0	3,458,161	92,299
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(11,184,850)	(5,209,562)	0	0	0	(5,236,532)	0	0	(696,480)	(42,276)
19. Net Investments Gains / (Losses).....	219,221	105,442	0	0	0	97,838	0	0	15,657	284
20. Aggregate write-ins for other expenses.....	4,487	4,487	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,961,142)	(5,099,633)	0	0	0	(5,138,694)	0	0	(680,823)	(41,992)
22. Federal and foreign income taxes incurred.....	12,052,801	5,607,523	0	0	0	5,650,475	0	0	748,629	46,174
23. NET INCOME/(LOSS) (L21 less L22).....	(23,013,943)	(10,707,156)	0	0	0	(10,789,169)	0	0	(1,429,452)	(88,166)
24 Medical Loss Ratio	91.6%	85.2%	0.0%	0.0%	0.0%	99.7%	0.0%	0.0%	88.4%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	63,578	32,982	0	0	0	24,678	0	0	5,238	680
2. MEMBER MONTHS.....	173,461	81,764	0	0	0	73,938	0	0	15,682	2,077
3. Direct Premium Income.....	40,746,314	20,727,379	0	0	0	17,257,254	0	XXXXXXXX	2,761,681	0
4. Net Premium Income.....	40,746,414	20,727,379	0	0	0	17,257,354	0	0	2,761,681	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,024,646)	(2,024,646)	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.....	50,023	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	50,023
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).....	38,771,791	18,702,733	0	0	0	17,257,354	0	0	2,761,681	50,023
11. Hospital & Medical Benefits.....	38,382,804	18,738,856	0	0	0	17,202,351	0	0	2,441,597	0
12. Net Reins Recoveries Incurred.....	1,072,233	1,072,233	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	37,310,571	17,666,623	0	0	0	17,202,351	0	0	2,441,597	0
14. Claims Adjustment Expenses.....	4,014,004	1,002,674	0	0	0	2,447,963	0	0	501,490	61,877
15. General Administrative Expenses.....	8,632,066	5,242,998	0	0	0	2,843,572	0	0	515,074	30,422
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).....	49,956,641	23,912,295	0	0	0	22,493,886	0	0	3,458,161	92,299
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(11,184,850)	(5,209,562)	0	0	0	(5,236,532)	0	0	(696,480)	(42,276)
19. Net Investments Gains / (Losses).....	219,221	105,442	0	0	0	97,838	0	0	15,657	284
20. Aggregate write-ins for other expenses.....	4,487	4,487	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,961,142)	(5,099,633)	0	0	0	(5,138,694)	0	0	(680,823)	(41,992)
22. Federal and foreign income taxes incurred.....	12,052,801	5,607,523	0	0	0	5,650,475	0	0	748,629	46,174
23. NET INCOME/(LOSS) (L21 less L22).....	(23,013,943)	(10,707,156)	0	0	0	(10,789,169)	0	0	(1,429,452)	(88,166)
24 Medical Loss Ratio	91.6%	85.2%	0.0%	0.0%	0.0%	99.7%	0.0%	0.0%	88.4%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Beaumont, Lufkin**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	3,550	3,396	154	0	0	0	0	0	0	0
2. First Quarter	5,494	5,310	184	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	13,308	12,777	531	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	5,351	5,146	205	0	0	0	0	0	0	0
8. Non-Physician	1,821	1,764	57	0	0	0	0	0	0	0
9. Total	7,172	6,910	262	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	436	419	17	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	118	113	5	0	0	0	0	0	0	0
12. Health Premiums Written	3,407,967	3,157,787	250,180	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	3,066,246	2,816,066	250,180	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	3,223,483	3,028,656	194,827	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	3,439,042	3,241,507	197,535	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Beaumont,Lufkin

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	5,494	5,494	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,308	13,308	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	3,379,507	3,379,507	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	3,379,507	3,379,507	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(341,720)	(341,720)	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).....	3,037,787	3,037,787	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,439,043	3,439,043	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	196,781	196,781	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,242,262	3,242,262	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	163,285	163,196	0	0	0	0	0	0	0	89
15. General Administrative Expenses.....	853,400	853,356	0	0	0	0	0	0	0	44
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,258,947	4,258,814	0	0	0	0	0	0	0	133
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,221,160)	(1,221,027)	0	0	0	0	0	0	0	(133)
19. Net Investments Gains / (Losses).....	17,192	17,192	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	730	730	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,203,238)	(1,203,105)	0	0	0	0	0	0	0	(133)
22. Federal and foreign income taxes incurred.....	1,322,994	1,322,927	0	0	0	0	0	0	0	67
23. NET INCOME/(LOSS) (L21 less L22).....	(2,526,232)	(2,526,032)	0	0	0	0	0	0	0	(200)
24 Medical Loss Ratio	95.9%	95.9%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Beaumont,Lufkin

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	5,494	5,494	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,308	13,308	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	3,379,507	3,379,507	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	3,379,507	3,379,507	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(341,720)	(341,720)	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.....	72	0	0	0	0	0	0	0	0	72
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	3,037,859	3,037,787	0	0	0	0	0	0	0	72
11. Hospital & Medical Benefits.....	3,439,043	3,439,043	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	196,781	196,781	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,242,262	3,242,262	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	163,285	163,196	0	0	0	0	0	0	0	89
15. General Administrative Expenses.....	853,400	853,356	0	0	0	0	0	0	0	44
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,258,947	4,258,814	0	0	0	0	0	0	0	133
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,221,088)	(1,221,027)	0	0	0	0	0	0	0	(61)
19. Net Investments Gains / (Losses).....	17,192	17,192	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	730	730	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,203,166)	(1,203,105)	0	0	0	0	0	0	0	(61)
22. Federal and foreign income taxes incurred.....	1,322,994	1,322,927	0	0	0	0	0	0	0	67
23. NET INCOME/(LOSS) (L21 less L22).....	(2,526,160)	(2,526,032)	0	0	0	0	0	0	0	(128)
24 Medical Loss Ratio	95.9%	95.9%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	5,114	5,008	106	0	0	0	0	0	0	0
2. First Quarter	10,563	10,442	121	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	23,576	23,231	345	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	7,956	7,651	305	0	0	0	0	0	0	0
8. Non-Physician	2,707	2,622	85	0	0	0	0	0	0	0
9. Total	10,663	10,273	390	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	546	524	22	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	128	122	6	0	0	0	0	0	0	0
12. Health Premiums Written	5,835,083	5,741,452	93,631	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	5,213,772	5,120,141	93,631	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	4,792,284	4,502,639	289,645	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	5,112,751	4,819,079	293,672	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	10,563	10,563	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	23,576	23,576	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,783,339	5,783,339	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,783,339	5,783,339	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(621,312)	(621,312)	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).....	5,162,027	5,162,027	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,112,751	5,112,751	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	292,550	292,550	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,820,201	4,820,201	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	289,113	289,113	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,511,777	1,511,777	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).....	6,621,091	6,621,091	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,459,064)	(1,459,064)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	29,420	29,420	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,294	1,294	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,428,350)	(1,428,350)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,570,604	1,570,604	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,998,954)	(2,998,954)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.3%	83.3%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	10,563	10,563	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	23,576	23,576	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,783,339	5,783,339	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,783,339	5,783,339	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(621,312)	(621,312)	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).....	5,162,027	5,162,027	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,112,751	5,112,751	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	292,550	292,550	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,820,201	4,820,201	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	289,113	289,113	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,511,777	1,511,777	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).....	6,621,091	6,621,091	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,459,064)	(1,459,064)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	29,420	29,420	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,294	1,294	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,428,350)	(1,428,350)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,570,604	1,570,604	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,998,954)	(2,998,954)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.3%	83.3%	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 **Health Care Service Corp.**

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

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	112,752	104,791	7,961	0	0	0	0	0	0	0
2. First Quarter	181,220	174,737	6,483	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	433,881	415,055	18,826	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	149,068	143,346	5,722	0	0	0	0	0	0	0
8. Non-Physician	50,716	49,127	1,589	0	0	0	0	0	0	0
9. Total	199,784	192,473	7,311	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	9,908	9,517	391	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,891	1,804	87	0	0	0	0	0	0	0
12. Health Premiums Written	110,261,552	102,579,250	7,682,302	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	99,160,926	91,478,624	7,682,302	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	89,791,781	84,364,775	5,427,006	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	95,796,295	90,293,845	5,502,450	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas,Ft Worth

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	184,320	181,220	0	0	0	0	0	0	0	3,100
2. MEMBER MONTHS.....	443,171	433,881	0	0	0	0	0	0	0	9,290
3. Direct Premium Income.....	109,337,054	109,337,054	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	109,337,054	109,337,054	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(11,100,626)	(11,100,626)	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).....	98,236,428	98,236,428	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	95,796,296	95,796,296	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,481,443	5,481,443	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	90,314,853	90,314,853	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,597,456	5,320,693	0	0	0	0	0	0	0	276,763
15. General Administrative Expenses.....	27,958,059	27,821,989	0	0	0	0	0	0	0	136,070
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).....	123,870,368	123,457,535	0	0	0	0	0	0	0	412,833
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(25,633,940)	(25,221,107)	0	0	0	0	0	0	0	(412,833)
19. Net Investments Gains / (Losses).....	557,478	556,209	0	0	0	0	0	0	0	1,269
20. Aggregate write-ins for other expenses.....	23,812	23,812	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(25,052,650)	(24,641,086)	0	0	0	0	0	0	0	(411,564)
22. Federal and foreign income taxes incurred.....	27,301,707	27,095,179	0	0	0	0	0	0	0	206,528
23. NET INCOME/(LOSS) (L21 less L22).....	(52,354,357)	(51,736,265)	0	0	0	0	0	0	0	(618,092)
24 Medical Loss Ratio	82.6%	82.6%	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.....		173	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas,Ft Worth

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	184,320	181,220	0	0	0	0	0	0	0	3,100
2. MEMBER MONTHS.....	443,171	433,881	0	0	0	0	0	0	0	9,290
3. Direct Premium Income.....	109,337,054	109,337,054	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	109,337,054	109,337,054	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(11,100,626)	(11,100,626)	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.....	223,742	0	0	0	0	0	0	0	0	223,742
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	98,460,170	98,236,428	0	0	0	0	0	0	0	223,742
11. Hospital & Medical Benefits.....	95,796,296	95,796,296	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,481,443	5,481,443	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	90,314,853	90,314,853	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,597,456	5,320,693	0	0	0	0	0	0	0	276,763
15. General Administrative Expenses.....	27,958,059	27,821,989	0	0	0	0	0	0	0	136,070
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).....	123,870,368	123,457,535	0	0	0	0	0	0	0	412,833
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(25,410,198)	(25,221,107)	0	0	0	0	0	0	0	(189,091)
19. Net Investments Gains / (Losses).....	557,478	556,209	0	0	0	0	0	0	0	1,269
20. Aggregate write-ins for other expenses.....	23,812	23,812	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(24,828,908)	(24,641,086)	0	0	0	0	0	0	0	(187,822)
22. Federal and foreign income taxes incurred.....	27,301,707	27,095,179	0	0	0	0	0	0	0	206,528
23. NET INCOME/(LOSS) (L21 less L22).....	(52,130,615)	(51,736,265)	0	0	0	0	0	0	0	(394,350)
24 Medical Loss Ratio	82.6%	82.6%	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.....		173	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Health Care Service Corp.**

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

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	11,754	11,352	402	0	0	0	0	0	0	0
2. First Quarter	24,799	24,220	579	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	56,961	55,311	1,650	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	16,855	16,208	647	0	0	0	0	0	0	0
8. Non-Physician	5,735	5,555	180	0	0	0	0	0	0	0
9. Total	22,590	21,763	827	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,548	1,487	61	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	350	334	16	0	0	0	0	0	0	0
12. Health Premiums Written	14,210,286	13,669,901	540,385	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	12,730,996	12,190,611	540,385	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	10,152,848	9,539,211	613,637	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	10,831,785	10,209,617	622,168	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

East Texas, Tyler

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	24,799	24,799	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	56,961	56,961	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	14,087,086	14,087,086	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	14,087,086	14,087,086	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,479,290)	(1,479,290)	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	12,607,796	12,607,796	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,831,785	10,831,785	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	619,792	619,792	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,211,993	10,211,993	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	698,514	698,514	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,652,541	3,652,541	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).....	14,563,048	14,563,048	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,955,252)	(1,955,252)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	71,662	71,662	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	3,126	3,126	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,880,464)	(1,880,464)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	330,795	330,795	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,211,259)	(2,211,259)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	72.5%	72.5%	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.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

East Texas, Tyler

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	24,799	24,799	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	56,961	56,961	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	14,087,086	14,087,086	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	14,087,086	14,087,086	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,479,290)	(1,479,290)	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	12,607,796	12,607,796	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,831,785	10,831,785	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	619,792	619,792	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,211,993	10,211,993	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	698,514	698,514	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,652,541	3,652,541	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).....	14,563,048	14,563,048	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,955,252)	(1,955,252)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	71,662	71,662	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	3,126	3,126	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,880,464)	(1,880,464)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	330,795	330,795	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,211,259)	(2,211,259)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	72.5%	72.5%	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.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **EI Paso**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	17,266	16,809	457	0	0	0	0	0	0	0
2. First Quarter	26,891	26,125	766	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	61,988	59,901	2,087	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	16,314	15,688	626	0	0	0	0	0	0	0
8. Non-Physician	5,550	5,376	174	0	0	0	0	0	0	0
9. Total	21,864	21,064	800	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,617	1,553	64	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	360	344	16	0	0	0	0	0	0	0
12. Health Premiums Written	15,332,894	14,804,302	528,592	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	13,730,845	13,202,253	528,592	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	9,826,705	9,232,780	593,925	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	10,483,832	9,881,650	602,182	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	26,893	26,891	0	0	0	0	0	0	0	2
2. MEMBER MONTHS.....	61,994	61,988	0	0	0	0	0	0	0	6
3. Direct Premium Income.....	15,199,470	15,199,470	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	15,199,470	15,199,470	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,602,049)	(1,602,049)	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).....	13,597,421	13,597,421	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,483,832	10,483,832	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	599,883	599,883	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,883,949	9,883,949	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	760,339	760,160	0	0	0	0	0	0	0	179
15. General Administrative Expenses.....	3,974,978	3,974,890	0	0	0	0	0	0	0	88
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).....	14,619,266	14,618,999	0	0	0	0	0	0	0	267
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,021,845)	(1,021,578)	0	0	0	0	0	0	0	(267)
19. Net Investments Gains / (Losses).....	77,322	77,321	0	0	0	0	0	0	0	1
20. Aggregate write-ins for other expenses.....	3,402	3,402	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(941,121)	(940,855)	0	0	0	0	0	0	0	(266)
22. Federal and foreign income taxes incurred.....	1,034,693	1,034,560	0	0	0	0	0	0	0	133
23. NET INCOME/(LOSS) (L21 less L22).....	(1,975,814)	(1,975,415)	0	0	0	0	0	0	0	(399)
24 Medical Loss Ratio	65.0%	65.0%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	26,893	26,891	0	0	0	0	0	0	0	2
2. MEMBER MONTHS.....	61,994	61,988	0	0	0	0	0	0	0	6
3. Direct Premium Income.....	15,199,470	15,199,470	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	15,199,470	15,199,470	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,602,049)	(1,602,049)	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.....	145	0	0	0	0	0	0	0	0	145
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).....	13,597,566	13,597,421	0	0	0	0	0	0	0	145
11. Hospital & Medical Benefits.....	10,483,832	10,483,832	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	599,883	599,883	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,883,949	9,883,949	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	760,339	760,160	0	0	0	0	0	0	0	179
15. General Administrative Expenses.....	3,974,978	3,974,890	0	0	0	0	0	0	0	88
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).....	14,619,266	14,618,999	0	0	0	0	0	0	0	267
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,021,700)	(1,021,578)	0	0	0	0	0	0	0	(122)
19. Net Investments Gains / (Losses).....	77,322	77,321	0	0	0	0	0	0	0	1
20. Aggregate write-ins for other expenses.....	3,402	3,402	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(940,976)	(940,855)	0	0	0	0	0	0	0	(121)
22. Federal and foreign income taxes incurred.....	1,034,693	1,034,560	0	0	0	0	0	0	0	133
23. NET INCOME/(LOSS) (L21 less L22).....	(1,975,669)	(1,975,415)	0	0	0	0	0	0	0	(254)
24 Medical Loss Ratio	65.0%	65.0%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	3,705	3,701	0	0	0	0	0	0	0	4
2. MEMBER MONTHS.....	8,707	8,695	0	0	0	0	0	0	0	12
3. Direct Premium Income.....	2,153,948	2,153,948	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,153,948	2,153,948	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(226,423)	(226,423)	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).....	1,927,525	1,927,525	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,693,586	1,693,586	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	96,907	96,907	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,596,679	1,596,679	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	107,253	106,627	0	0	0	0	0	0	0	626
15. General Administrative Expenses.....	557,862	557,554	0	0	0	0	0	0	0	308
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).....	2,261,794	2,260,860	0	0	0	0	0	0	0	934
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(334,269)	(333,335)	0	0	0	0	0	0	0	(934)
19. Net Investments Gains / (Losses).....	10,960	10,957	0	0	0	0	0	0	0	3
20. Aggregate write-ins for other expenses.....	477	477	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(322,832)	(321,901)	0	0	0	0	0	0	0	(931)
22. Federal and foreign income taxes incurred.....	354,426	353,959	0	0	0	0	0	0	0	467
23. NET INCOME/(LOSS) (L21 less L22).....	(677,258)	(675,860)	0	0	0	0	0	0	0	(1,398)
24 Medical Loss Ratio	74.1%	74.1%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston
(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	3,705	3,701	0	0	0	0	0	0	0	4
2. MEMBER MONTHS.....	8,707	8,695	0	0	0	0	0	0	0	12
3. Direct Premium Income.....	2,153,948	2,153,948	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,153,948	2,153,948	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(226,423)	(226,423)	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.....	506	0	0	0	0	0	0	0	0	506
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).....	1,928,031	1,927,525	0	0	0	0	0	0	0	506
11. Hospital & Medical Benefits.....	1,693,586	1,693,586	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	96,907	96,907	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,596,679	1,596,679	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	107,253	106,627	0	0	0	0	0	0	0	626
15. General Administrative Expenses.....	557,862	557,554	0	0	0	0	0	0	0	308
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).....	2,261,794	2,260,860	0	0	0	0	0	0	0	934
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(333,763)	(333,335)	0	0	0	0	0	0	0	(428)
19. Net Investments Gains / (Losses).....	10,960	10,957	0	0	0	0	0	0	0	3
20. Aggregate write-ins for other expenses.....	477	477	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(322,326)	(321,901)	0	0	0	0	0	0	0	(425)
22. Federal and foreign income taxes incurred.....	354,426	353,959	0	0	0	0	0	0	0	467
23. NET INCOME/(LOSS) (L21 less L22).....	(676,752)	(675,860)	0	0	0	0	0	0	0	(892)
24 Medical Loss Ratio	74.1%	74.1%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Midland**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	21,882	21,475	407	0	0	0	0	0	0	0
2. First Quarter	41,915	41,348	567	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	90,914	89,315	1,599	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	19,715	18,958	757	0	0	0	0	0	0	0
8. Non-Physician	6,707	6,497	210	0	0	0	0	0	0	0
9. Total	26,422	25,455	967	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,284	1,233	51	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	337	322	15	0	0	0	0	0	0	0
12. Health Premiums Written	22,576,555	22,073,859	502,696	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	20,187,830	19,685,134	502,696	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	11,875,354	11,157,609	717,745	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	12,669,477	11,941,754	727,723	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Midland
(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	41,915	41,915	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	90,914	90,914	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	22,377,614	22,377,614	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	22,377,614	22,377,614	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,388,725)	(2,388,725)	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).....	19,988,889	19,988,889	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	12,669,477	12,669,477	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	724,945	724,945	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,944,532	11,944,532	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,114,881	1,114,881	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,829,728	5,829,728	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).....	18,889,141	18,889,141	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,099,748	1,099,748	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	113,837	113,837	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	4,989	4,989	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,218,574	1,218,574	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,339,936)	(1,339,936)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,558,510	2,558,510	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	53.4%	53.4%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Midland
(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	41,915	41,915	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	90,914	90,914	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	22,377,614	22,377,614	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	22,377,614	22,377,614	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,388,725)	(2,388,725)	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).....	19,988,889	19,988,889	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	12,669,477	12,669,477	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	724,945	724,945	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,944,532	11,944,532	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,114,881	1,114,881	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	5,829,728	5,829,728	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).....	18,889,141	18,889,141	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,099,748	1,099,748	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	113,837	113,837	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	4,989	4,989	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,218,574	1,218,574	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,339,936)	(1,339,936)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,558,510	2,558,510	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	53.4%	53.4%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Rio Grande Valley**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	103,902	98,433	5,469	0	0	0	0	0	0	0
2. First Quarter	170,971	164,811	6,160	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	407,489	389,801	17,688	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	121,091	116,443	4,648	0	0	0	0	0	0	0
8. Non-Physician	41,198	39,907	1,291	0	0	0	0	0	0	0
9. Total	162,289	156,350	5,939	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	8,858	8,508	350	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	1,772	1,691	81	0	0	0	0	0	0	0
12. Health Premiums Written	102,879,966	96,337,821	6,542,145	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	92,454,757	85,912,612	6,542,145	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	72,939,720	68,531,251	4,408,469	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	77,817,311	73,347,557	4,469,754	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Rio Grande Valley

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	173,725	170,971	0	0	0	0	0	0	0	2,754
2. MEMBER MONTHS.....	415,871	407,489	0	0	0	0	0	0	0	8,382
3. Direct Premium Income.....	102,011,718	102,011,718	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	102,011,718	102,011,718	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(10,425,209)	(10,425,209)	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).....	91,586,509	91,586,509	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	77,817,311	77,817,311	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	4,452,689	4,452,689	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	73,364,622	73,364,622	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,246,760	4,997,047	0	0	0	0	0	0	0	249,713
15. General Administrative Expenses.....	26,252,410	26,129,640	0	0	0	0	0	0	0	122,770
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).....	104,863,792	104,491,309	0	0	0	0	0	0	0	372,483
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(13,277,283)	(12,904,800)	0	0	0	0	0	0	0	(372,483)
19. Net Investments Gains / (Losses).....	520,089	518,944	0	0	0	0	0	0	0	1,145
20. Aggregate write-ins for other expenses.....	22,363	22,363	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(12,734,831)	(12,363,493)	0	0	0	0	0	0	0	(371,338)
22. Federal and foreign income taxes incurred.....	13,781,159	13,594,817	0	0	0	0	0	0	0	186,342
23. NET INCOME/(LOSS) (L21 less L22).....	(26,515,990)	(25,958,310)	0	0	0	0	0	0	0	(557,680)
24 Medical Loss Ratio	71.9%	71.9%	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.....		244	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Rio Grande Valley

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	173,725	170,971	0	0	0	0	0	0	0	2,754
2. MEMBER MONTHS.....	415,871	407,489	0	0	0	0	0	0	0	8,382
3. Direct Premium Income.....	102,011,718	102,011,718	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	102,011,718	102,011,718	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(10,425,209)	(10,425,209)	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.....	201,874	0	0	0	0	0	0	0	0	201,874
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).....	91,788,383	91,586,509	0	0	0	0	0	0	0	201,874
11. Hospital & Medical Benefits.....	77,817,311	77,817,311	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	4,452,689	4,452,689	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	73,364,622	73,364,622	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,246,760	4,997,047	0	0	0	0	0	0	0	249,713
15. General Administrative Expenses.....	26,252,410	26,129,640	0	0	0	0	0	0	0	122,770
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).....	104,863,792	104,491,309	0	0	0	0	0	0	0	372,483
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(13,075,409)	(12,904,800)	0	0	0	0	0	0	0	(170,609)
19. Net Investments Gains / (Losses).....	520,089	518,944	0	0	0	0	0	0	0	1,145
20. Aggregate write-ins for other expenses.....	22,363	22,363	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(12,532,957)	(12,363,493)	0	0	0	0	0	0	0	(169,464)
22. Federal and foreign income taxes incurred.....	13,781,159	13,594,817	0	0	0	0	0	0	0	186,342
23. NET INCOME/(LOSS) (L21 less L22).....	(26,314,116)	(25,958,310)	0	0	0	0	0	0	0	(355,806)
24 Medical Loss Ratio	71.9%	71.9%	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.....		244	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **San Angelo**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	3,679	3,538	141	0	0	0	0	0	0	0
2. First Quarter	7,334	7,189	145	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	16,347	15,913	434	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	4,453	4,282	171	0	0	0	0	0	0	0
8. Non-Physician	1,514	1,467	47	0	0	0	0	0	0	0
9. Total	5,967	5,749	218	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	410	394	16	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	86	82	4	0	0	0	0	0	0	0
12. Health Premiums Written	4,085,150	3,932,837	152,313	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	3,659,557	3,507,244	152,313	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	2,682,129	2,520,021	162,108	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,861,487	2,697,126	164,361	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Angelo

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	3,705	3,705	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,707	8,707	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,153,948	2,153,948	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,153,948	2,153,948	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(226,423)	(226,423)	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.....	289	289	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).....	1,927,814	1,927,814	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,693,586	1,693,586	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	96,907	96,907	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,596,679	1,596,679	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	107,341	106,984	0	0	0	0	0	0	0	357
15. General Administrative Expenses.....	557,906	557,730	0	0	0	0	0	0	0	176
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).....	2,261,926	2,261,393	0	0	0	0	0	0	0	533
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(334,112)	(333,579)	0	0	0	0	0	0	0	(533)
19. Net Investments Gains / (Losses).....	10,961	10,959	0	0	0	0	0	0	0	2
20. Aggregate write-ins for other expenses.....	477	477	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(322,674)	(322,143)	0	0	0	0	0	0	0	(531)
22. Federal and foreign income taxes incurred.....	254,493	254,226	0	0	0	0	0	0	0	267
23. NET INCOME/(LOSS) (L21 less L22).....	(577,167)	(576,369)	0	0	0	0	0	0	0	(798)
24 Medical Loss Ratio	74.1%	74.1%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Angelo

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	3,705	3,705	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,707	8,707	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,153,948	2,153,948	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,153,948	2,153,948	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(226,423)	(226,423)	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.....	578	289	0	0	0	0	0	0	0	289
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).....	1,928,103	1,927,814	0	0	0	0	0	0	0	289
11. Hospital & Medical Benefits.....	1,693,586	1,693,586	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	96,907	96,907	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,596,679	1,596,679	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	107,341	106,984	0	0	0	0	0	0	0	357
15. General Administrative Expenses.....	557,906	557,730	0	0	0	0	0	0	0	176
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).....	2,261,926	2,261,393	0	0	0	0	0	0	0	533
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(333,823)	(333,579)	0	0	0	0	0	0	0	(244)
19. Net Investments Gains / (Losses).....	10,961	10,959	0	0	0	0	0	0	0	2
20. Aggregate write-ins for other expenses.....	477	477	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(322,385)	(322,143)	0	0	0	0	0	0	0	(242)
22. Federal and foreign income taxes incurred.....	254,493	254,226	0	0	0	0	0	0	0	267
23. NET INCOME/(LOSS) (L21 less L22).....	(576,878)	(576,369)	0	0	0	0	0	0	0	(509)
24 Medical Loss Ratio	74.1%	74.1%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	20,913	20,296	617	0	0	0	0	0	0	0
2. First Quarter	34,723	34,088	635	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	80,583	78,772	1,811	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	26,135	25,132	1,003	0	0	0	0	0	0	0
8. Non-Physician	8,892	8,613	279	0	0	0	0	0	0	0
9. Total	35,027	33,745	1,282	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,152	2,067	85	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	433	413	20	0	0	0	0	0	0	0
12. Health Premiums Written	19,976,592	19,468,198	508,394	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	17,566,838	17,361,444	205,394	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	15,742,368	14,790,901	951,467	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	16,795,085	15,830,391	964,694	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	34,821	34,723	0	0	0	0	0	0	0	98
2. MEMBER MONTHS.....	80,883	80,583	0	0	0	0	0	0	0	300
3. Direct Premium Income.....	19,801,134	19,801,134	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,801,134	19,801,134	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,106,753)	(2,106,753)	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).....	17,694,381	17,694,381	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,795,085	16,795,085	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	961,011	961,011	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,834,074	15,834,074	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	997,128	988,191	0	0	0	0	0	0	0	8,937
15. General Administrative Expenses.....	5,171,662	5,167,268	0	0	0	0	0	0	0	4,394
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).....	22,002,864	21,989,533	0	0	0	0	0	0	0	13,331
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,308,483)	(4,295,152)	0	0	0	0	0	0	0	(13,331)
19. Net Investments Gains / (Losses).....	100,771	100,730	0	0	0	0	0	0	0	41
20. Aggregate write-ins for other expenses.....	4,422	4,422	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,203,290)	(4,190,000)	0	0	0	0	0	0	0	(13,290)
22. Federal and foreign income taxes incurred.....	4,613,966	4,607,297	0	0	0	0	0	0	0	6,669
23. NET INCOME/(LOSS) (L21 less L22).....	(8,817,256)	(8,797,297)	0	0	0	0	0	0	0	(19,959)
24 Medical Loss Ratio	80.0%	80.0%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	34,821	34,723	0	0	0	0	0	0	0	98
2. MEMBER MONTHS.....	80,883	80,583	0	0	0	0	0	0	0	300
3. Direct Premium Income.....	19,801,134	19,801,134	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,801,134	19,801,134	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,106,753)	(2,106,753)	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.....	7,225	0	0	0	0	0	0	0	0	7,225
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).....	17,701,606	17,694,381	0	0	0	0	0	0	0	7,225
11. Hospital & Medical Benefits.....	16,795,085	16,795,085	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	961,011	961,011	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,834,074	15,834,074	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	997,128	988,191	0	0	0	0	0	0	0	8,937
15. General Administrative Expenses.....	5,171,662	5,167,268	0	0	0	0	0	0	0	4,394
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).....	22,002,864	21,989,533	0	0	0	0	0	0	0	13,331
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,301,258)	(4,295,152)	0	0	0	0	0	0	0	(6,106)
19. Net Investments Gains / (Losses).....	100,771	100,730	0	0	0	0	0	0	0	41
20. Aggregate write-ins for other expenses.....	4,422	4,422	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,196,065)	(4,190,000)	0	0	0	0	0	0	0	(6,065)
22. Federal and foreign income taxes incurred.....	4,613,966	4,607,297	0	0	0	0	0	0	0	6,669
23. NET INCOME/(LOSS) (L21 less L22).....	(8,810,031)	(8,797,297)	0	0	0	0	0	0	0	(12,734)
24 Medical Loss Ratio	80.0%	80.0%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Illinois**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	748,283	34,295	645,397	0	0	0	655	18,768	49,168	0
2. First Quarter	919,598	45,276	625,842	0	0	73,762	736	24,965	149,017	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	2,503,023	119,561	1,882,185	0	0	72,120	2,192	74,917	352,048	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,604,698	57,286	1,149,218	0	0	216,561	1,641	31,582	148,410	0
8. Non-Physician	724,801	27,702	555,728	0	0	0	794	24,822	115,755	0
9. Total	2,329,499	84,988	1,704,946	0	0	216,561	2,435	56,404	264,165	0
10. Hospital Patient Days Incurred	115,071	10,078	38,920	0	0	0	57	41,462	24,554	0
11. Number of Inpatient Admissions	17,980	1,016	8,258	0	0	0	18	3,547	5,141	0
12. Health Premiums Written	839,787,838	29,014,781	617,400,770	0	0	2,666,537	1,339,765	89,641,683	99,724,302	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	833,941,862	23,676,154	617,438,259	0	0	2,666,537	1,339,765	89,096,845	99,724,302	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	635,620,558	36,682,283	473,407,744	0	0	2,340,816	915,246	62,926,209	59,348,260	0
18. Amount Incurred for Provision of Health Care Services	723,954,577	34,946,430	504,332,391	0	0	2,234,816	1,048,246	87,672,434	93,720,260	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Illinois

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	1,126,526	743,974	0	24,965	0	149,017	0	0	0	208,570
2. MEMBER MONTHS.....	3,274,347	2,220,499	0	74,917	0	352,048	0	0	0	626,883
3. Direct Premium Income.....	839,490,838	650,124,853	0	89,641,683	0	99,724,302	0	XXXXXXXX	0	0
4. Net Premium Income.....	839,490,838	650,124,853	0	89,641,683	0	99,724,302	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,845,976)	(5,301,138)	0	(544,838)	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).....	833,644,862	644,823,715	0	89,096,845	0	99,724,302	0	0	0	0
11. Hospital & Medical Benefits.....	723,954,577	542,561,883	0	87,672,434	0	93,720,260	0	0	0	0
12. Net Reins Recoveries Incurred.....	6,707,000	6,707,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	717,247,577	535,854,883	0	87,672,434	0	93,720,260	0	0	0	0
14. Claims Adjustment Expenses.....	34,992,932	14,447,921	0	5,162,169	0	10,805,444	0	0	0	4,577,398
15. General Administrative Expenses.....	106,838,249	80,468,157	0	11,987,351	0	9,503,106	0	0	0	4,879,635
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).....	859,078,758	630,770,961	0	104,821,954	0	114,028,810	0	0	0	9,457,033
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(25,433,896)	14,052,754	0	(15,725,109)	0	(14,304,508)	0	0	0	(9,457,033)
19. Net Investments Gains / (Losses).....	4,305,179	3,261,860	0	450,699	0	504,458	0	0	0	88,162
20. Aggregate write-ins for other expenses.....	173,741	173,741	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(20,954,976)	17,488,355	0	(15,274,410)	0	(13,800,050)	0	0	0	(9,368,871)
22. Federal and foreign income taxes incurred.....	8,536,177	10,171,327	0	(1,712,015)	0	(1,342,397)	0	0	0	1,419,262
23. NET INCOME/(LOSS) (L21 less L22).....	(29,491,153)	7,317,028	0	(13,562,395)	0	(12,457,653)	0	0	0	(10,788,133)
24 Medical Loss Ratio	85.4%	82.4%	0.0%	97.8%	0.0%	94.0%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Illinois

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	1,126,526	743,974	0	24,965	0	149,017	0	0	0	208,570
2. MEMBER MONTHS.....	3,274,347	2,220,499	0	74,917	0	352,048	0	0	0	626,883
3. Direct Premium Income.....	839,490,838	650,124,853	0	89,641,683	0	99,724,302	0	XXXXXXXX	0	0
4. Net Premium Income.....	839,490,838	650,124,853	0	89,641,683	0	99,724,302	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,845,976)	(5,301,138)	0	(544,838)	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.....	17,428,249	0	0	0	0	0	0	0	0	17,428,249
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	851,073,111	644,823,715	0	89,096,845	0	99,724,302	0	0	0	17,428,249
11. Hospital & Medical Benefits.....	723,954,577	542,561,883	0	87,672,434	0	93,720,260	0	0	0	0
12. Net Reins Recoveries Incurred.....	6,707,000	6,707,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	717,247,577	535,854,883	0	87,672,434	0	93,720,260	0	0	0	0
14. Claims Adjustment Expenses.....	34,992,932	14,447,921	0	5,162,169	0	10,805,444	0	0	0	4,577,398
15. General Administrative Expenses.....	106,838,249	80,468,157	0	11,987,351	0	9,503,106	0	0	0	4,879,635
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).....	859,078,758	630,770,961	0	104,821,954	0	114,028,810	0	0	0	9,457,033
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,005,647)	14,052,754	0	(15,725,109)	0	(14,304,508)	0	0	0	7,971,216
19. Net Investments Gains / (Losses).....	4,305,179	3,261,860	0	450,699	0	504,458	0	0	0	88,162
20. Aggregate write-ins for other expenses.....	173,741	173,741	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,526,727)	17,488,355	0	(15,274,410)	0	(13,800,050)	0	0	0	8,059,378
22. Federal and foreign income taxes incurred.....	8,536,177	10,171,327	0	(1,712,015)	0	(1,342,397)	0	0	0	1,419,262
23. NET INCOME/(LOSS) (L21 less L22).....	(12,062,904)	7,317,028	0	(13,562,395)	0	(12,457,653)	0	0	0	6,640,116
24 Medical Loss Ratio	85.4%	82.4%	0.0%	97.8%	0.0%	94.0%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Texas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	362,507	315,399	18,067	0	0	0	0	29,041	0	0
2. First Quarter	588,346	540,093	18,337	0	0	0	0	29,916	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,407,104	1,264,696	52,788	0	0	0	0	89,620	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	437,169	396,870	15,841	0	0	0	0	24,458	0	0
8. Non-Physician	168,380	136,013	4,399	0	0	0	0	27,968	0	0
9. Total	605,549	532,883	20,240	0	0	0	0	52,426	0	0
10. Hospital Patient Days Incurred	40,446	29,025	1,195	0	0	0	0	10,226	0	0
11. Number of Inpatient Admissions	7,374	5,893	282	0	0	0	0	1,199	0	0
12. Health Premiums Written	352,181,869	312,564,763	19,598,071	0	0	0	0	20,019,035	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	318,357,635	278,740,529	19,598,071	0	0	0	0	20,019,035	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	266,780,754	233,573,521	15,025,285	0	0	0	0	18,181,948	0	0
18. Amount Incurred for Provision of Health Care Services	284,866,940	249,988,830	15,234,162	0	0	0	0	19,643,948	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Texas

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	594,993	558,430	0	0	0	24,678	0	0	5,238	6,647
2. MEMBER MONTHS.....	1,427,198	1,317,484	0	0	0	73,938	0	0	15,682	20,094
3. Direct Premium Income.....	349,364,869	329,345,834	0	0	0	17,257,354	0	XXXXXXXX	2,761,681	0
4. Net Premium Income.....	349,364,869	329,345,834	0	0	0	17,257,354	0	0	2,761,681	0
5. Change in unearned premium reserve and reserve for rate credits.....	(33,824,234)	(33,824,234)	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).....	315,540,635	295,521,600	0	0	0	17,257,354	0	0	2,761,681	0
11. Hospital & Medical Benefits.....	284,866,940	265,222,992	0	0	0	17,202,351	0	0	2,441,597	0
12. Net Reins Recoveries Incurred.....	15,176,000	15,176,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	269,690,940	250,046,992	0	0	0	17,202,351	0	0	2,441,597	0
14. Claims Adjustment Expenses.....	19,704,421	16,156,337	0	0	0	2,447,963	0	0	501,490	598,631
15. General Administrative Expenses.....	88,134,709	84,481,748	0	0	0	2,843,572	0	0	515,074	294,315
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).....	377,530,070	350,685,077	0	0	0	22,493,886	0	0	3,458,161	892,946
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(61,989,435)	(55,163,477)	0	0	0	(5,236,532)	0	0	(696,480)	(892,946)
19. Net Investments Gains / (Losses).....	1,791,655	1,675,416	0	0	0	97,838	0	0	15,657	2,744
20. Aggregate write-ins for other expenses.....	72,305	72,305	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(60,125,475)	(53,415,756)	0	0	0	(5,138,694)	0	0	(680,823)	(890,202)
22. Federal and foreign income taxes incurred.....	65,581,438	58,735,620	0	0	0	5,650,475	0	0	748,629	446,714
23. NET INCOME/(LOSS) (L21 less L22).....	(125,706,913)	(112,151,376)	0	0	0	(10,789,169)	0	0	(1,429,452)	(1,336,916)
24 Medical Loss Ratio	77.2%	75.9%	0.0%	0.0%	0.0%	99.7%	0.0%	0.0%	88.4%	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.....		417	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Texas

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	594,993	558,430	0	0	0	24,678	0	0	5,238	6,647
2. MEMBER MONTHS.....	1,427,198	1,317,484	0	0	0	73,938	0	0	15,682	20,094
3. Direct Premium Income.....	349,364,869	329,345,834	0	0	0	17,257,354	0	XXXXXXXX	2,761,681	0
4. Net Premium Income.....	349,364,869	329,345,834	0	0	0	17,257,354	0	0	2,761,681	0
5. Change in unearned premium reserve and reserve for rate credits.....	(33,824,234)	(33,824,234)	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.....	483,948	0	0	0	0	0	0	0	0	483,948
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).....	316,024,583	295,521,600	0	0	0	17,257,354	0	0	2,761,681	483,948
11. Hospital & Medical Benefits.....	284,866,940	265,222,992	0	0	0	17,202,351	0	0	2,441,597	0
12. Net Reins Recoveries Incurred.....	15,176,000	15,176,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	269,690,940	250,046,992	0	0	0	17,202,351	0	0	2,441,597	0
14. Claims Adjustment Expenses.....	19,704,421	16,156,337	0	0	0	2,447,963	0	0	501,490	598,631
15. General Administrative Expenses.....	88,134,709	84,481,748	0	0	0	2,843,572	0	0	515,074	294,315
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).....	377,530,070	350,685,077	0	0	0	22,493,886	0	0	3,458,161	892,946
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(61,505,487)	(55,163,477)	0	0	0	(5,236,532)	0	0	(696,480)	(408,998)
19. Net Investments Gains / (Losses).....	1,791,655	1,675,416	0	0	0	97,838	0	0	15,657	2,744
20. Aggregate write-ins for other expenses.....	72,305	72,305	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(59,641,527)	(53,415,756)	0	0	0	(5,138,694)	0	0	(680,823)	(406,254)
22. Federal and foreign income taxes incurred.....	65,581,438	58,735,620	0	0	0	5,650,475	0	0	748,629	446,714
23. NET INCOME/(LOSS) (L21 less L22).....	(125,222,965)	(112,151,376)	0	0	0	(10,789,169)	0	0	(1,429,452)	(852,968)
24 Medical Loss Ratio	77.2%	75.9%	0.0%	0.0%	0.0%	99.7%	0.0%	0.0%	88.4%	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.....		417	of Texas enrollees and Federal employees.)			0				