

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

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

(Location)

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

Indicate Reporting Period: **Current Quarter**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	455,357	9,837	15	2,576	0	418,158	0	0	24,771	0
2. MEMBER MONTHS.....	1,353,312	21,168	15	7,912	0	1,249,526	0	0	74,691	0
3. Direct Premium Income.....	560,330,889	4,887,203	25,804	10,687,886	0	534,412,891	0	XXXXXXXX	10,317,105	0
4. Net Premium Income.....	560,117,308	4,721,272	25,804	10,687,570	0	534,368,580	0	0	10,314,082	0
5. Change in unearned premium reserve and reserve for rate credits.....	(146,557)	0	0	0	0	(137,765)	0	0	(8,792)	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).....	559,970,751	4,721,272	25,804	10,687,570	0	534,230,815	0	0	10,305,290	0
11. Hospital & Medical Benefits.....	509,384,639	3,217,717	21,394	11,673,222	0	485,459,021	0	0	9,013,285	0
12. Net Reins Recoveries Incurred.....	(38,420)	39,819	0	0	0	(78,239)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	509,423,059	3,177,898	21,394	11,673,222	0	485,537,260	0	0	9,013,285	0
14. Claims Adjustment Expenses.....	13,777,068	221,394	922	270,650	0	13,030,228	0	0	253,874	0
15. General Administrative Expenses.....	74,433,257	1,158,436	19,243	1,699,479	0	70,075,186	0	0	1,480,913	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).....	597,633,384	4,557,728	41,559	13,643,351	0	568,642,674	0	0	10,748,072	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(37,662,633)	163,544	(15,755)	(2,955,781)	0	(34,411,859)	0	0	(442,782)	0
19. Net Investments Gains / (Losses).....	874,197	0	30	0	0	825,279	0	0	48,888	0
20. Aggregate write-ins for other expenses.....	3,056,910	(57,262)	0	0	0	3,114,172	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(33,731,526)	106,282	(15,725)	(2,955,781)	0	(30,472,408)	0	0	(393,894)	0
22. Federal and foreign income taxes incurred.....	(1,481,466)	4,668	(691)	(129,816)	0	(1,338,327)	0	0	(17,300)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(32,250,060)	101,614	(15,034)	(2,825,965)	0	(29,134,081)	0	0	(376,594)	0
24 Medical Loss Ratio	90.9%	67.3%	82.9%	109.2%	0.0%	90.9%	0.0%	0.0%	87.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

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

(Location)

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

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	455,357	9,837	15	2,576	0	418,158	0	0	24,771	0
2. MEMBER MONTHS.....	1,353,312	21,168	15	7,912	0	1,249,526	0	0	74,691	0
3. Direct Premium Income.....	560,330,889	4,887,203	25,804	10,687,886	0	534,412,891	0	XXXXXXXX	10,317,105	0
4. Net Premium Income.....	560,117,308	4,721,272	25,804	10,687,570	0	534,368,580	0	0	10,314,082	0
5. Change in unearned premium reserve and reserve for rate credits.....	(146,557)	0	0	0	0	(137,765)	0	0	(8,792)	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).....	559,970,751	4,721,272	25,804	10,687,570	0	534,230,815	0	0	10,305,290	0
11. Hospital & Medical Benefits.....	509,384,639	3,217,717	21,394	11,673,222	0	485,459,021	0	0	9,013,285	0
12. Net Reins Recoveries Incurred.....	(38,420)	39,819	0	0	0	(78,239)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	509,423,059	3,177,898	21,394	11,673,222	0	485,537,260	0	0	9,013,285	0
14. Claims Adjustment Expenses.....	13,777,068	221,394	922	270,650	0	13,030,228	0	0	253,874	0
15. General Administrative Expenses.....	74,433,257	1,158,436	19,243	1,699,479	0	70,075,186	0	0	1,480,913	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).....	597,633,384	4,557,728	41,559	13,643,351	0	568,642,674	0	0	10,748,072	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(37,662,633)	163,544	(15,755)	(2,955,781)	0	(34,411,859)	0	0	(442,782)	0
19. Net Investments Gains / (Losses).....	874,197	0	30	0	0	825,279	0	0	48,888	0
20. Aggregate write-ins for other expenses.....	3,056,910	(57,262)	0	0	0	3,114,172	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(33,731,526)	106,282	(15,725)	(2,955,781)	0	(30,472,408)	0	0	(393,894)	0
22. Federal and foreign income taxes incurred.....	(1,481,466)	4,668	(691)	(129,816)	0	(1,338,327)	0	0	(17,300)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(32,250,060)	101,614	(15,034)	(2,825,965)	0	(29,134,081)	0	0	(376,594)	0
24 Medical Loss Ratio	90.9%	67.3%	82.9%	109.2%	0.0%	90.9%	0.0%	0.0%	87.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	147,228	7,134	0	0	0	0	0	2,806	137,288	0
2. First Quarter	147,178	7,034	0	0	0	0	0	2,579	137,565	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	442,321	21,107	0	0	0	0	0	7,915	413,299	0
Total Member Ambulatory Encounters for Year:										
7. Physician	225,960	7,064	0	0	0	0	0	14,798	204,098	0
8. Non-Physician	306,343	7,964	0	0	0	0	0	4,708	293,671	0
9. Total	532,303	15,028	0	0	0	0	0	19,506	497,769	0
10. Hospital Patient Days Incurred	60,457	145	0	0	0	0	0	2,668	57,644	0
11. Number of Inpatient Admissions	6,118	18	0	0	0	0	0	326	5,774	0
12. Health Premiums Written	193,177,798	2,861,851	0	0	0	0	0	10,690,581	179,625,366	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	193,101,879	2,858,113	0	0	0	0	0	10,690,581	179,553,185	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	176,494,872	2,774,882	0	0	0	0	0	11,670,530	162,049,460	0
18. Amount Incurred for Provision of Health Care Services	180,981,515	2,710,009	0	0	0	0	0	11,683,988	166,587,518	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	147,178	0	3	2,576	0	137,565	0	0	7,034	0
2. MEMBER MONTHS.....	442,321	0	3	7,912	0	413,299	0	0	21,107	0
3. Direct Premium Income.....	193,177,798	0	2,695	10,687,886	0	179,625,366	0	XXXXXXXX	2,861,851	0
4. Net Premium Income.....	193,161,689	0	2,695	10,687,570	0	179,610,422	0	0	2,861,002	0
5. Change in unearned premium reserve and reserve for rate credits.....	(75,919)	0	0	0	0	(72,181)	0	0	(3,738)	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).....	193,085,770	0	2,695	10,687,570	0	179,538,241	0	0	2,857,264	0
11. Hospital & Medical Benefits.....	180,981,515	0	10,766	11,673,222	0	166,587,518	0	0	2,710,009	0
12. Net Reins Recoveries Incurred.....	(64,227)	0	0	0	0	(64,227)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	181,045,742	0	10,766	11,673,222	0	166,651,745	0	0	2,710,009	0
14. Claims Adjustment Expenses.....	4,923,441	0	207	270,650	0	4,581,089	0	0	71,495	0
15. General Administrative Expenses.....	26,192,182	0	2,089	1,699,479	0	24,079,835	0	0	410,779	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).....	212,161,365	0	13,062	13,643,351	0	195,312,669	0	0	3,192,283	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(19,075,595)	0	(10,367)	(2,955,781)	0	(15,774,428)	0	0	(335,019)	0
19. Net Investments Gains / (Losses).....	285,387	0	6	0	0	271,499	0	0	13,882	0
20. Aggregate write-ins for other expenses.....	1,375,482	0	0	0	0	1,375,482	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(17,414,726)	0	(10,361)	(2,955,781)	0	(14,127,447)	0	0	(321,137)	0
22. Federal and foreign income taxes incurred.....	(764,843)	0	(455)	(129,816)	0	(620,468)	0	0	(14,104)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(16,649,883)	0	(9,906)	(2,825,965)	0	(13,506,979)	0	0	(307,033)	0
24 Medical Loss Ratio	93.7%	0.0%	399.5%	109.2%	0.0%	92.8%	0.0%	0.0%	94.7%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	147,178	0	3	2,576	0	137,565	0	0	7,034	0
2. MEMBER MONTHS.....	442,321	0	3	7,912	0	413,299	0	0	21,107	0
3. Direct Premium Income.....	193,177,798	0	2,695	10,687,886	0	179,625,366	0	XXXXXXXX	2,861,851	0
4. Net Premium Income.....	193,161,689	0	2,695	10,687,570	0	179,610,422	0	0	2,861,002	0
5. Change in unearned premium reserve and reserve for rate credits.....	(75,919)	0	0	0	0	(72,181)	0	0	(3,738)	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).....	193,085,770	0	2,695	10,687,570	0	179,538,241	0	0	2,857,264	0
11. Hospital & Medical Benefits.....	180,981,515	0	10,766	11,673,222	0	166,587,518	0	0	2,710,009	0
12. Net Reins Recoveries Incurred.....	(64,227)	0	0	0	0	(64,227)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	181,045,742	0	10,766	11,673,222	0	166,651,745	0	0	2,710,009	0
14. Claims Adjustment Expenses.....	4,923,441	0	207	270,650	0	4,581,089	0	0	71,495	0
15. General Administrative Expenses.....	26,192,182	0	2,089	1,699,479	0	24,079,835	0	0	410,779	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).....	212,161,365	0	13,062	13,643,351	0	195,312,669	0	0	3,192,283	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(19,075,595)	0	(10,367)	(2,955,781)	0	(15,774,428)	0	0	(335,019)	0
19. Net Investments Gains / (Losses).....	285,387	0	6	0	0	271,499	0	0	13,882	0
20. Aggregate write-ins for other expenses.....	1,375,482	0	0	0	0	1,375,482	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(17,414,726)	0	(10,361)	(2,955,781)	0	(14,127,447)	0	0	(321,137)	0
22. Federal and foreign income taxes incurred.....	(764,843)	0	(455)	(129,816)	0	(620,468)	0	0	(14,104)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(16,649,883)	0	(9,906)	(2,825,965)	0	(13,506,979)	0	0	(307,033)	0
24 Medical Loss Ratio	93.7%	0.0%	399.5%	109.2%	0.0%	92.8%	0.0%	0.0%	94.7%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **EI Paso**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	64,622	4,669	0	0	0	0	0	0	59,953	0
2. First Quarter	62,367	4,419	0	0	0	0	0	0	57,948	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	189,728	13,362	0	0	0	0	0	0	176,366	0
Total Member Ambulatory Encounters for Year:										
7. Physician	97,598	5,636	0	0	0	0	0	0	91,962	0
8. Non-Physician	42,900	2,378	0	0	0	0	0	0	40,522	0
9. Total	140,498	8,014	0	0	0	0	0	0	132,484	0
10. Hospital Patient Days Incurred	4,619	65	0	0	0	0	0	0	4,554	0
11. Number of Inpatient Admissions	1,278	22	0	0	0	0	0	0	1,256	0
12. Health Premiums Written	48,467,963	1,639,103	0	0	0	0	0	0	46,828,860	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	48,452,323	1,637,384	0	0	0	0	0	0	46,814,939	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	31,178,152	1,324,050	0	0	0	0	0	0	29,854,102	0
18. Amount Incurred for Provision of Health Care Services	31,578,637	1,271,033	0	0	0	0	0	0	30,307,604	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	62,367	0	0	0	0	57,948	0	0	4,419	0
2. MEMBER MONTHS.....	189,728	0	0	0	0	176,366	0	0	13,362	0
3. Direct Premium Income.....	48,467,963	0	0	0	0	46,828,860	0	XXXXXXXX	1,639,103	0
4. Net Premium Income.....	48,460,314	0	0	0	0	46,821,753	0	0	1,638,561	0
5. Change in unearned premium reserve and reserve for rate credits.....	(15,640)	0	0	0	0	(13,921)	0	0	(1,719)	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).....	48,444,674	0	0	0	0	46,807,832	0	0	1,636,842	0
11. Hospital & Medical Benefits.....	31,578,637	0	0	0	0	30,307,604	0	0	1,271,033	0
12. Net Reins Recoveries Incurred.....	(44,535)	0	0	0	0	(44,535)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	31,623,172	0	0	0	0	30,352,139	0	0	1,271,033	0
14. Claims Adjustment Expenses.....	931,418	0	0	0	0	890,727	0	0	40,691	0
15. General Administrative Expenses.....	5,795,904	0	0	0	0	5,556,631	0	0	239,273	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).....	38,350,494	0	0	0	0	36,799,497	0	0	1,550,997	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	10,094,180	0	0	0	0	10,008,335	0	0	85,845	0
19. Net Investments Gains / (Losses).....	123,087	0	0	0	0	114,366	0	0	8,721	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,217,267	0	0	0	0	10,122,701	0	0	94,566	0
22. Federal and foreign income taxes incurred.....	448,735	0	0	0	0	444,582	0	0	4,153	0
23. NET INCOME/(LOSS) (L21 less L22).....	9,768,532	0	0	0	0	9,678,119	0	0	90,413	0
24 Medical Loss Ratio	65.3%	0.0%	0.0%	0.0%	0.0%	64.8%	0.0%	0.0%	77.6%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	62,367	0	0	0	0	57,948	0	0	4,419	0
2. MEMBER MONTHS.....	189,728	0	0	0	0	176,366	0	0	13,362	0
3. Direct Premium Income.....	48,467,963	0	0	0	0	46,828,860	0	XXXXXXXX	1,639,103	0
4. Net Premium Income.....	48,460,314	0	0	0	0	46,821,753	0	0	1,638,561	0
5. Change in unearned premium reserve and reserve for rate credits.....	(15,640)	0	0	0	0	(13,921)	0	0	(1,719)	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).....	48,444,674	0	0	0	0	46,807,832	0	0	1,636,842	0
11. Hospital & Medical Benefits.....	31,578,637	0	0	0	0	30,307,604	0	0	1,271,033	0
12. Net Reins Recoveries Incurred.....	(44,535)	0	0	0	0	(44,535)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	31,623,172	0	0	0	0	30,352,139	0	0	1,271,033	0
14. Claims Adjustment Expenses.....	931,418	0	0	0	0	890,727	0	0	40,691	0
15. General Administrative Expenses.....	5,795,904	0	0	0	0	5,556,631	0	0	239,273	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).....	38,350,494	0	0	0	0	36,799,497	0	0	1,550,997	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	10,094,180	0	0	0	0	10,008,335	0	0	85,845	0
19. Net Investments Gains / (Losses).....	123,087	0	0	0	0	114,366	0	0	8,721	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,217,267	0	0	0	0	10,122,701	0	0	94,566	0
22. Federal and foreign income taxes incurred.....	448,735	0	0	0	0	444,582	0	0	4,153	0
23. NET INCOME/(LOSS) (L21 less L22).....	9,768,532	0	0	0	0	9,678,119	0	0	90,413	0
24 Medical Loss Ratio	65.3%	0.0%	0.0%	0.0%	0.0%	64.8%	0.0%	0.0%	77.6%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **Austin**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	108,695	9,785	0	0	0	0	0	0	98,910	0
2. First Quarter	113,781	18,235	0	0	0	0	0	0	95,546	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	338,176	46,617	0	0	0	0	0	0	291,559	0
Total Member Ambulatory Encounters for Year:										
7. Physician	133,950	19,288	0	0	0	0	0	0	114,662	0
8. Non-Physician	132,318	22,366	0	0	0	0	0	0	109,952	0
9. Total	266,268	41,654	0	0	0	0	0	0	224,614	0
10. Hospital Patient Days Incurred	8,685	542	0	0	0	0	0	0	8,143	0
11. Number of Inpatient Admissions	2,000	96	0	0	0	0	0	0	1,904	0
12. Health Premiums Written	69,090,573	8,893,900	0	0	0	0	0	0	60,196,673	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	69,070,859	8,890,869	0	0	0	0	0	0	60,179,990	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	61,157,197	4,007,334	0	0	0	0	0	0	57,149,863	0
18. Amount Incurred for Provision of Health Care Services	62,504,473	6,681,245	0	0	0	0	0	0	55,823,228	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	113,781	9,837	0	0	0	95,546	0	0	8,398	0
2. MEMBER MONTHS.....	338,176	21,168	0	0	0	291,559	0	0	25,449	0
3. Direct Premium Income.....	69,090,573	4,887,203	0	0	0	60,196,673	0	XXXXXXXX	4,006,697	0
4. Net Premium Income.....	68,911,854	4,721,272	0	0	0	60,184,918	0	0	4,005,664	0
5. Change in unearned premium reserve and reserve for rate credits.....	(19,714)	0	0	0	0	(16,683)	0	0	(3,031)	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).....	68,892,140	4,721,272	0	0	0	60,168,235	0	0	4,002,633	0
11. Hospital & Medical Benefits.....	62,504,473	3,217,717	0	0	0	55,823,228	0	0	3,463,528	0
12. Net Reins Recoveries Incurred.....	(207,272)	39,819	0	0	0	(247,091)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	62,711,745	3,177,898	0	0	0	56,070,319	0	0	3,463,528	0
14. Claims Adjustment Expenses.....	1,826,098	221,392	0	0	0	1,507,202	0	0	97,504	0
15. General Administrative Expenses.....	10,094,133	1,158,438	0	0	0	8,367,707	0	0	567,988	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).....	74,631,976	4,557,728	0	0	0	65,945,228	0	0	4,129,020	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,739,836)	163,544	0	0	0	(5,776,993)	0	0	(126,387)	0
19. Net Investments Gains / (Losses).....	205,144	0	0	0	0	188,570	0	0	16,574	0
20. Aggregate write-ins for other expenses.....	(57,262)	(57,262)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,591,954)	106,282	0	0	0	(5,588,423)	0	0	(109,813)	0
22. Federal and foreign income taxes incurred.....	(245,595)	4,668	0	0	0	(245,440)	0	0	(4,823)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,346,359)	101,614	0	0	0	(5,342,983)	0	0	(104,990)	0
24 Medical Loss Ratio	91.0%	67.3%	0.0%	0.0%	0.0%	93.2%	0.0%	0.0%	86.5%	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 **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(Location)

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

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	113,781	9,837	0	0	0	95,546	0	0	8,398	0
2. MEMBER MONTHS.....	338,176	21,168	0	0	0	291,559	0	0	25,449	0
3. Direct Premium Income.....	69,090,573	4,887,203	0	0	0	60,196,673	0	XXXXXXXX	4,006,697	0
4. Net Premium Income.....	68,911,854	4,721,272	0	0	0	60,184,918	0	0	4,005,664	0
5. Change in unearned premium reserve and reserve for rate credits.....	(19,714)	0	0	0	0	(16,683)	0	0	(3,031)	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).....	68,892,140	4,721,272	0	0	0	60,168,235	0	0	4,002,633	0
11. Hospital & Medical Benefits.....	62,504,473	3,217,717	0	0	0	55,823,228	0	0	3,463,528	0
12. Net Reins Recoveries Incurred.....	(207,272)	39,819	0	0	0	(247,091)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	62,711,745	3,177,898	0	0	0	56,070,319	0	0	3,463,528	0
14. Claims Adjustment Expenses.....	1,826,098	221,392	0	0	0	1,507,202	0	0	97,504	0
15. General Administrative Expenses.....	10,094,133	1,158,438	0	0	0	8,367,707	0	0	567,988	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).....	74,631,976	4,557,728	0	0	0	65,945,228	0	0	4,129,020	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,739,836)	163,544	0	0	0	(5,776,993)	0	0	(126,387)	0
19. Net Investments Gains / (Losses).....	205,144	0	0	0	0	188,570	0	0	16,574	0
20. Aggregate write-ins for other expenses.....	(57,262)	(57,262)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,591,954)	106,282	0	0	0	(5,588,423)	0	0	(109,813)	0
22. Federal and foreign income taxes incurred.....	(245,595)	4,668	0	0	0	(245,440)	0	0	(4,823)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,346,359)	101,614	0	0	0	(5,342,983)	0	0	(104,990)	0
24 Medical Loss Ratio	91.0%	67.3%	0.0%	0.0%	0.0%	93.2%	0.0%	0.0%	86.5%	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 **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **Lubbock**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	37,023	3,912	0	0	0	0	0	0	33,111	0
2. First Quarter	37,143	3,899	0	0	0	0	0	0	33,244	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	111,298	11,673	0	0	0	0	0	0	99,625	0
Total Member Ambulatory Encounters for Year:										
7. Physician	45,953	3,399	0	0	0	0	0	0	42,554	0
8. Non-Physician	70,465	3,872	0	0	0	0	0	0	66,593	0
9. Total	116,418	7,271	0	0	0	0	0	0	109,147	0
10. Hospital Patient Days Incurred	23,643	65	0	0	0	0	0	0	23,578	0
11. Number of Inpatient Admissions	1,752	18	0	0	0	0	0	0	1,734	0
12. Health Premiums Written	37,158,687	1,337,877	0	0	0	0	0	0	35,820,810	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	37,151,430	1,337,813	0	0	0	0	0	0	35,813,617	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	32,025,187	1,210,340	0	0	0	0	0	0	30,814,847	0
18. Amount Incurred for Provision of Health Care Services	32,556,297	1,142,427	0	0	0	0	0	0	31,413,870	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Lubbock**

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	37,143	0	0	0	0	33,244	0	0	3,899	0
2. MEMBER MONTHS.....	111,298	0	0	0	0	99,625	0	0	11,673	0
3. Direct Premium Income.....	37,158,687	0	0	0	0	35,820,810	0	XXXXXXXX	1,337,877	0
4. Net Premium Income.....	37,154,538	0	0	0	0	35,817,134	0	0	1,337,404	0
5. Change in unearned premium reserve and reserve for rate credits.....	(7,257)	0	0	0	0	(7,193)	0	0	(64)	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).....	37,147,281	0	0	0	0	35,809,941	0	0	1,337,340	0
11. Hospital & Medical Benefits.....	32,556,297	0	0	0	0	31,413,870	0	0	1,142,427	0
12. Net Reins Recoveries Incurred.....	292,020	0	0	0	0	292,020	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,264,277	0	0	0	0	31,121,850	0	0	1,142,427	0
14. Claims Adjustment Expenses.....	904,474	0	0	0	0	871,425	0	0	33,049	0
15. General Administrative Expenses.....	4,967,739	0	0	0	0	4,771,879	0	0	195,860	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).....	38,136,490	0	0	0	0	36,765,154	0	0	1,371,336	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(989,209)	0	0	0	0	(955,213)	0	0	(33,996)	0
19. Net Investments Gains / (Losses).....	73,306	0	0	0	0	65,611	0	0	7,695	0
20. Aggregate write-ins for other expenses.....	253,508	0	0	0	0	253,508	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(662,395)	0	0	0	0	(636,094)	0	0	(26,301)	0
22. Federal and foreign income taxes incurred.....	(29,092)	0	0	0	0	(27,937)	0	0	(1,155)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(633,303)	0	0	0	0	(608,157)	0	0	(25,146)	0
24 Medical Loss Ratio	86.8%	0.0%	0.0%	0.0%	0.0%	86.9%	0.0%	0.0%	85.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Lubbock**

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	37,143	0	0	0	0	33,244	0	0	3,899	0
2. MEMBER MONTHS.....	111,298	0	0	0	0	99,625	0	0	11,673	0
3. Direct Premium Income.....	37,158,687	0	0	0	0	35,820,810	0	XXXXXXXX	1,337,877	0
4. Net Premium Income.....	37,154,538	0	0	0	0	35,817,134	0	0	1,337,404	0
5. Change in unearned premium reserve and reserve for rate credits.....	(7,257)	0	0	0	0	(7,193)	0	0	(64)	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).....	37,147,281	0	0	0	0	35,809,941	0	0	1,337,340	0
11. Hospital & Medical Benefits.....	32,556,297	0	0	0	0	31,413,870	0	0	1,142,427	0
12. Net Reins Recoveries Incurred.....	292,020	0	0	0	0	292,020	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,264,277	0	0	0	0	31,121,850	0	0	1,142,427	0
14. Claims Adjustment Expenses.....	904,474	0	0	0	0	871,425	0	0	33,049	0
15. General Administrative Expenses.....	4,967,739	0	0	0	0	4,771,879	0	0	195,860	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).....	38,136,490	0	0	0	0	36,765,154	0	0	1,371,336	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(989,209)	0	0	0	0	(955,213)	0	0	(33,996)	0
19. Net Investments Gains / (Losses).....	73,306	0	0	0	0	65,611	0	0	7,695	0
20. Aggregate write-ins for other expenses.....	253,508	0	0	0	0	253,508	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(662,395)	0	0	0	0	(636,094)	0	0	(26,301)	0
22. Federal and foreign income taxes incurred.....	(29,092)	0	0	0	0	(27,937)	0	0	(1,155)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(633,303)	0	0	0	0	(608,157)	0	0	(25,146)	0
24 Medical Loss Ratio	86.8%	0.0%	0.0%	0.0%	0.0%	86.9%	0.0%	0.0%	85.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	31,203	1,082	0	0	0	0	0	0	30,121	0
2. First Quarter	31,203	1,021	0	0	0	0	0	0	30,182	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	93,235	3,100	0	0	0	0	0	0	90,135	0
Total Member Ambulatory Encounters for Year:										
7. Physician	44,760	1,341	0	0	0	0	0	0	43,419	0
8. Non-Physician	84,496	762	0	0	0	0	0	0	83,734	0
9. Total	129,256	2,103	0	0	0	0	0	0	127,153	0
10. Hospital Patient Days Incurred	26,684	9	0	0	0	0	0	0	26,675	0
11. Number of Inpatient Admissions	1,463	4	0	0	0	0	0	0	1,459	0
12. Health Premiums Written	53,335,656	471,576	0	0	0	0	0	0	52,864,080	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	53,317,573	471,336	0	0	0	0	0	0	52,846,237	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	47,820,900	476,690	0	0	0	0	0	0	47,344,210	0
18. Amount Incurred for Provision of Health Care Services	49,943,062	426,288	0	0	0	0	0	0	49,516,774	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Corpus Christi**

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	31,203	0	0	0	0	30,182	0	0	1,021	0
2. MEMBER MONTHS.....	93,235	0	0	0	0	90,135	0	0	3,100	0
3. Direct Premium Income.....	53,335,656	0	0	0	0	52,864,080	0	XXXXXXXX	471,576	0
4. Net Premium Income.....	53,332,651	0	0	0	0	52,861,199	0	0	471,452	0
5. Change in unearned premium reserve and reserve for rate credits.....	(18,083)	0	0	0	0	(17,843)	0	0	(240)	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).....	53,314,568	0	0	0	0	52,843,356	0	0	471,212	0
11. Hospital & Medical Benefits.....	49,943,062	0	0	0	0	49,516,774	0	0	426,288	0
12. Net Reins Recoveries Incurred.....	(14,406)	0	0	0	0	(14,406)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	49,957,468	0	0	0	0	49,531,180	0	0	426,288	0
14. Claims Adjustment Expenses.....	1,349,280	0	0	0	0	1,338,144	0	0	11,136	0
15. General Administrative Expenses.....	7,056,235	0	0	0	0	6,989,223	0	0	67,012	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).....	58,362,983	0	0	0	0	57,858,547	0	0	504,436	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,048,415)	0	0	0	0	(5,015,191)	0	0	(33,224)	0
19. Net Investments Gains / (Losses).....	61,582	0	0	0	0	59,567	0	0	2,015	0
20. Aggregate write-ins for other expenses.....	558,091	0	0	0	0	558,091	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,428,742)	0	0	0	0	(4,397,533)	0	0	(31,209)	0
22. Federal and foreign income taxes incurred.....	(194,508)	0	0	0	0	(193,137)	0	0	(1,371)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,234,234)	0	0	0	0	(4,204,396)	0	0	(29,838)	0
24 Medical Loss Ratio	93.7%	0.0%	0.0%	0.0%	0.0%	93.7%	0.0%	0.0%	90.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Corpus Christi**

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	31,203	0	0	0	0	30,182	0	0	1,021	0
2. MEMBER MONTHS.....	93,235	0	0	0	0	90,135	0	0	3,100	0
3. Direct Premium Income.....	53,335,656	0	0	0	0	52,864,080	0	XXXXXXXX	471,576	0
4. Net Premium Income.....	53,332,651	0	0	0	0	52,861,199	0	0	471,452	0
5. Change in unearned premium reserve and reserve for rate credits.....	(18,083)	0	0	0	0	(17,843)	0	0	(240)	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).....	53,314,568	0	0	0	0	52,843,356	0	0	471,212	0
11. Hospital & Medical Benefits.....	49,943,062	0	0	0	0	49,516,774	0	0	426,288	0
12. Net Reins Recoveries Incurred.....	(14,406)	0	0	0	0	(14,406)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	49,957,468	0	0	0	0	49,531,180	0	0	426,288	0
14. Claims Adjustment Expenses.....	1,349,280	0	0	0	0	1,338,144	0	0	11,136	0
15. General Administrative Expenses.....	7,056,235	0	0	0	0	6,989,223	0	0	67,012	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).....	58,362,983	0	0	0	0	57,858,547	0	0	504,436	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,048,415)	0	0	0	0	(5,015,191)	0	0	(33,224)	0
19. Net Investments Gains / (Losses).....	61,582	0	0	0	0	59,567	0	0	2,015	0
20. Aggregate write-ins for other expenses.....	558,091	0	0	0	0	558,091	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,428,742)	0	0	0	0	(4,397,533)	0	0	(31,209)	0
22. Federal and foreign income taxes incurred.....	(194,508)	0	0	0	0	(193,137)	0	0	(1,371)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,234,234)	0	0	0	0	(4,204,396)	0	0	(29,838)	0
24. Medical Loss Ratio	93.7%	0.0%	0.0%	0.0%	0.0%	93.7%	0.0%	0.0%	90.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	26,414	0	0	0	0	0	0	0	26,414	0
2. First Quarter	28,641	0	0	0	0	0	0	0	28,641	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	81,626	0	0	0	0	0	0	0	81,626	0
Total Member Ambulatory Encounters for Year:										
7. Physician	35,789	0	0	0	0	0	0	0	35,789	0
8. Non-Physician	92,428	0	0	0	0	0	0	0	92,428	0
9. Total	128,217	0	0	0	0	0	0	0	128,217	0
10. Hospital Patient Days Incurred	70,030	0	0	0	0	0	0	0	70,030	0
11. Number of Inpatient Admissions	3,137	0	0	0	0	0	0	0	3,137	0
12. Health Premiums Written	71,848,514	0	0	0	0	0	0	0	71,848,514	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	71,838,570	0	0	0	0	0	0	0	71,838,570	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	64,730,079	0	0	0	0	0	0	41	64,730,038	0
18. Amount Incurred for Provision of Health Care Services	67,383,328	0	0	0	0	0	0	42	67,383,286	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

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

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	28,641	0	0	0	0	28,641	0	0	0	0
2. MEMBER MONTHS.....	81,626	0	0	0	0	81,626	0	0	0	0
3. Direct Premium Income.....	71,848,514	0	0	0	0	71,848,514	0	XXXXXXXX	0	0
4. Net Premium Income.....	71,846,691	0	0	0	0	71,846,691	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(9,944)	0	0	0	0	(9,944)	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).....	71,836,747	0	0	0	0	71,836,747	0	0	0	0
11. Hospital & Medical Benefits.....	67,383,328	0	42	0	0	67,383,286	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	67,383,328	0	42	0	0	67,383,286	0	0	0	0
14. Claims Adjustment Expenses.....	1,699,682	0	0	0	0	1,699,682	0	0	0	0
15. General Administrative Expenses.....	9,334,541	0	0	0	0	9,334,541	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).....	78,417,551	0	42	0	0	78,417,509	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,580,804)	0	(42)	0	0	(6,580,762)	0	0	0	0
19. Net Investments Gains / (Losses).....	56,526	0	0	0	0	56,526	0	0	0	0
20. Aggregate write-ins for other expenses.....	927,091	0	0	0	0	927,091	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,597,187)	0	(42)	0	0	(5,597,145)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(245,825)	0	(2)	0	0	(245,823)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,351,362)	0	(40)	0	0	(5,351,322)	0	0	0	0
24 Medical Loss Ratio	93.8%	0.0%	0.0%	0.0%	0.0%	93.8%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	28,641	0	0	0	0	28,641	0	0	0	0
2. MEMBER MONTHS.....	81,626	0	0	0	0	81,626	0	0	0	0
3. Direct Premium Income.....	71,848,514	0	0	0	0	71,848,514	0	XXXXXXXX	0	0
4. Net Premium Income.....	71,846,691	0	0	0	0	71,846,691	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(9,944)	0	0	0	0	(9,944)	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).....	71,836,747	0	0	0	0	71,836,747	0	0	0	0
11. Hospital & Medical Benefits.....	67,383,328	0	42	0	0	67,383,286	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	67,383,328	0	42	0	0	67,383,286	0	0	0	0
14. Claims Adjustment Expenses.....	1,699,682	0	0	0	0	1,699,682	0	0	0	0
15. General Administrative Expenses.....	9,334,541	0	0	0	0	9,334,541	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).....	78,417,551	0	42	0	0	78,417,509	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,580,804)	0	(42)	0	0	(6,580,762)	0	0	0	0
19. Net Investments Gains / (Losses).....	56,526	0	0	0	0	56,526	0	0	0	0
20. Aggregate write-ins for other expenses.....	927,091	0	0	0	0	927,091	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,597,187)	0	(42)	0	0	(5,597,145)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(245,825)	0	(2)	0	0	(245,823)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,351,362)	0	(40)	0	0	(5,351,322)	0	0	0	0
24 Medical Loss Ratio	93.8%	0.0%	0.0%	0.0%	0.0%	93.8%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **MRSAWest**

(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	17,361	0	0	0	0	0	0	0	17,361	0
2. First Quarter	19,999	0	0	0	0	0	0	0	19,999	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	55,346	0	0	0	0	0	0	0	55,346	0
Total Member Ambulatory Encounters for Year:										
7. Physician	26,920	0	0	0	0	0	0	0	26,920	0
8. Non-Physician	70,999	0	0	0	0	0	0	0	70,999	0
9. Total	97,919	0	0	0	0	0	0	0	97,919	0
10. Hospital Patient Days Incurred	64,964	0	0	0	0	0	0	0	64,964	0
11. Number of Inpatient Admissions	2,692	0	0	0	0	0	0	0	2,692	0
12. Health Premiums Written	49,722,711	0	0	0	0	0	0	0	49,722,711	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	49,722,711	0	0	0	0	0	0	0	49,722,711	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	38,690,823	0	0	0	0	0	0	0	38,690,823	0
18. Amount Incurred for Provision of Health Care Services	51,869,248	0	0	0	0	0	0	0	51,869,248	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**MRSAWest**

(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.....	19,999	0	0	0	0	19,999	0	0	0	0
2. MEMBER MONTHS.....	55,346	0	0	0	0	55,346	0	0	0	0
3. Direct Premium Income.....	49,722,711	0	0	0	0	49,722,711	0	XXXXXXXX	0	0
4. Net Premium Income.....	49,721,611	0	0	0	0	49,721,611	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	49,721,611	0	0	0	0	49,721,611	0	0	0	0
11. Hospital & Medical Benefits.....	51,869,248	0	0	0	0	51,869,248	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	51,869,248	0	0	0	0	51,869,248	0	0	0	0
14. Claims Adjustment Expenses.....	1,311,269	0	0	0	0	1,311,269	0	0	0	0
15. General Administrative Expenses.....	6,250,400	0	0	0	0	6,250,400	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).....	59,430,917	0	0	0	0	59,430,917	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(9,709,306)	0	0	0	0	(9,709,306)	0	0	0	0
19. Net Investments Gains / (Losses).....	39,470	0	0	0	0	39,470	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(9,669,836)	0	0	0	0	(9,669,836)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(424,692)	0	0	0	0	(424,692)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(9,245,144)	0	0	0	0	(9,245,144)	0	0	0	0
24 Medical Loss Ratio	104.3%	0.0%	0.0%	0.0%	0.0%	104.3%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**MRSAWest**

(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.....	19,999	0	0	0	0	19,999	0	0	0	0
2. MEMBER MONTHS.....	55,346	0	0	0	0	55,346	0	0	0	0
3. Direct Premium Income.....	49,722,711	0	0	0	0	49,722,711	0	XXXXXXXX	0	0
4. Net Premium Income.....	49,721,611	0	0	0	0	49,721,611	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	49,721,611	0	0	0	0	49,721,611	0	0	0	0
11. Hospital & Medical Benefits.....	51,869,248	0	0	0	0	51,869,248	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	51,869,248	0	0	0	0	51,869,248	0	0	0	0
14. Claims Adjustment Expenses.....	1,311,269	0	0	0	0	1,311,269	0	0	0	0
15. General Administrative Expenses.....	6,250,400	0	0	0	0	6,250,400	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).....	59,430,917	0	0	0	0	59,430,917	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(9,709,306)	0	0	0	0	(9,709,306)	0	0	0	0
19. Net Investments Gains / (Losses).....	39,470	0	0	0	0	39,470	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(9,669,836)	0	0	0	0	(9,669,836)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(424,692)	0	0	0	0	(424,692)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(9,245,144)	0	0	0	0	(9,245,144)	0	0	0	0
24 Medical Loss Ratio	104.3%	0.0%	0.0%	0.0%	0.0%	104.3%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State				* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)				0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **MRSACentral**

(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	13,055	0	0	0	0	0	0	0	13,055	0
2. First Quarter	15,023	0	0	0	0	0	0	0	15,023	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	41,560	0	0	0	0	0	0	0	41,560	0
Total Member Ambulatory Encounters for Year:										
7. Physician	25,676	0	0	0	0	0	0	0	25,676	0
8. Non-Physician	53,451	0	0	0	0	0	0	0	53,451	0
9. Total	79,127	0	0	0	0	0	0	0	79,127	0
10. Hospital Patient Days Incurred	54,664	0	0	0	0	0	0	0	54,664	0
11. Number of Inpatient Admissions	2,300	0	0	0	0	0	0	0	2,300	0
12. Health Premiums Written	37,495,420	0	0	0	0	0	0	0	37,495,420	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	37,495,420	0	0	0	0	0	0	0	37,495,420	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	31,279,431	0	0	0	0	0	0	0	31,279,431	0
18. Amount Incurred for Provision of Health Care Services	32,557,269	0	0	0	0	0	0	0	32,557,269	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**MRSACentral**

(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.....	15,023	0	0	0	0	15,023	0	0	0	0
2. MEMBER MONTHS.....	41,560	0	0	0	0	41,560	0	0	0	0
3. Direct Premium Income.....	37,495,420	0	0	0	0	37,495,420	0	XXXXXXXX	0	0
4. Net Premium Income.....	37,494,394	0	0	0	0	37,494,394	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	37,494,394	0	0	0	0	37,494,394	0	0	0	0
11. Hospital & Medical Benefits.....	32,557,269	0	0	0	0	32,557,269	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,557,269	0	0	0	0	32,557,269	0	0	0	0
14. Claims Adjustment Expenses.....	830,433	0	0	0	0	830,433	0	0	0	0
15. General Administrative Expenses.....	4,717,037	0	0	0	0	4,717,037	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).....	38,104,739	0	0	0	0	38,104,739	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(610,345)	0	0	0	0	(610,345)	0	0	0	0
19. Net Investments Gains / (Losses).....	29,649	0	0	0	0	29,649	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(580,696)	0	0	0	0	(580,696)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(25,504)	0	0	0	0	(25,504)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(555,192)	0	0	0	0	(555,192)	0	0	0	0
24 Medical Loss Ratio	86.8%	0.0%	0.0%	0.0%	0.0%	86.8%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**MRSACentral**

(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.....	15,023	0	0	0	0	15,023	0	0	0	0
2. MEMBER MONTHS.....	41,560	0	0	0	0	41,560	0	0	0	0
3. Direct Premium Income.....	37,495,420	0	0	0	0	37,495,420	0	XXXXXXXX	0	0
4. Net Premium Income.....	37,494,394	0	0	0	0	37,494,394	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	37,494,394	0	0	0	0	37,494,394	0	0	0	0
11. Hospital & Medical Benefits.....	32,557,269	0	0	0	0	32,557,269	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,557,269	0	0	0	0	32,557,269	0	0	0	0
14. Claims Adjustment Expenses.....	830,433	0	0	0	0	830,433	0	0	0	0
15. General Administrative Expenses.....	4,717,037	0	0	0	0	4,717,037	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).....	38,104,739	0	0	0	0	38,104,739	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(610,345)	0	0	0	0	(610,345)	0	0	0	0
19. Net Investments Gains / (Losses).....	29,649	0	0	0	0	29,649	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(580,696)	0	0	0	0	(580,696)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(25,504)	0	0	0	0	(25,504)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(555,192)	0	0	0	0	(555,192)	0	0	0	0
24 Medical Loss Ratio	86.8%	0.0%	0.0%	0.0%	0.0%	86.8%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **South TX**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	22	0	0	0	0	0	0	12	10	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	22	0	0	0	0	0	0	12	10	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	33,568	0	0	0	0	0	0	23,109	10,459	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	33,568	0	0	0	0	0	0	23,109	10,459	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	4,209	0	0	0	0	0	0	3,991	218	0
18. Amount Incurred for Provision of Health Care Services	10,811	0	0	0	0	0	0	10,586	225	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**South TX**  
(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	22	0	12	0	0	10	0	0	0	0
2. MEMBER MONTHS.....	22	0	12	0	0	10	0	0	0	0
3. Direct Premium Income.....	33,568	0	23,109	0	0	10,459	0	XXXXXXXX	0	0
4. Net Premium Income.....	33,568	0	23,109	0	0	10,459	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	33,568	0	23,109	0	0	10,459	0	0	0	0
11. Hospital & Medical Benefits.....	10,811	0	10,586	0	0	225	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,811	0	10,586	0	0	225	0	0	0	0
14. Claims Adjustment Expenses.....	973	0	716	0	0	257	0	0	0	0
15. General Administrative Expenses.....	25,086	0	17,154	0	0	7,932	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).....	36,870	0	28,456	0	0	8,414	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,302)	0	(5,347)	0	0	2,045	0	0	0	0
19. Net Investments Gains / (Losses).....	44	0	24	0	0	20	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,258)	0	(5,323)	0	0	2,065	0	0	0	0
22. Federal and foreign income taxes incurred.....	(143)	0	(234)	0	0	91	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,115)	0	(5,089)	0	0	1,974	0	0	0	0
24 Medical Loss Ratio	32.2%	0.0%	45.8%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**South TX**  
(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	22	0	12	0	0	10	0	0	0	0
2. MEMBER MONTHS.....	22	0	12	0	0	10	0	0	0	0
3. Direct Premium Income.....	33,568	0	23,109	0	0	10,459	0	XXXXXXXX	0	0
4. Net Premium Income.....	33,568	0	23,109	0	0	10,459	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	33,568	0	23,109	0	0	10,459	0	0	0	0
11. Hospital & Medical Benefits.....	10,811	0	10,586	0	0	225	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,811	0	10,586	0	0	225	0	0	0	0
14. Claims Adjustment Expenses.....	973	0	716	0	0	257	0	0	0	0
15. General Administrative Expenses.....	25,086	0	17,154	0	0	7,932	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).....	36,870	0	28,456	0	0	8,414	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,302)	0	(5,347)	0	0	2,045	0	0	0	0
19. Net Investments Gains / (Losses).....	44	0	24	0	0	20	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,258)	0	(5,323)	0	0	2,065	0	0	0	0
22. Federal and foreign income taxes incurred.....	(143)	0	(234)	0	0	91	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,115)	0	(5,089)	0	0	1,974	0	0	0	0
24 Medical Loss Ratio	32.2%	0.0%	45.8%	0.0%	0.0%	2.2%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				