

TEXAS HMO SUPPLEMENT

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

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

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

(Location)

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

Indicate Reporting Period: **Current Quarter**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,385,958	0	0	0	0	1,385,958	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,286,876	0	0	0	0	19,286,876	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.....	23,408,458	0	0	0	0	0	0	0	0	23,408,458
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).....	42,695,334	0	0	0	0	19,286,876	0	0	0	23,408,458
11. Hospital & Medical Benefits.....	35,940,028	0	0	0	0	10,377,875	0	0	0	25,562,153
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	35,940,028	0	0	0	0	10,377,875	0	0	0	25,562,153
14. Claims Adjustment Expenses.....	42,596	0	0	0	0	12,300	0	0	0	30,296
15. General Administrative Expenses.....	6,090,064	0	0	0	0	2,790,836	0	0	0	3,299,228
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).....	42,072,688	0	0	0	0	13,181,011	0	0	0	28,891,677
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	622,646	0	0	0	0	6,105,865	0	0	0	(5,483,219)
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	619	0	0	0	0	280	0	0	0	339
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	623,265	0	0	0	0	6,106,145	0	0	0	(5,482,880)
22. Federal and foreign income taxes incurred.....	600,493	0	0	0	0	600,493	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	22,772	0	0	0	0	5,505,652	0	0	0	(5,482,880)
24 Medical Loss Ratio	186.3%	0.0%	0.0%	0.0%	0.0%	53.8%	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.)			1				

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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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,385,958	0	0	0	0	1,385,958	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,286,876	0	0	0	0	19,286,876	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.....	23,408,458	0	0	0	0	0	0	0	0	23,408,458
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10. TOTAL REVENUE (L4 to L9).....	42,695,334	0	0	0	0	19,286,876	0	0	0	23,408,458
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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				