

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**
(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.....	27,409	0	0	27,409	0	0	0	0	0	0
2. MEMBER MONTHS.....	82,276	0	0	82,276	0	0	0	0	0	0
3. Direct Premium Income.....	95,129,466	0	0	95,129,466	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	94,243,395	0	0	94,243,395	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(269,637)	0	0	(269,637)	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).....	93,973,758	0	0	93,973,758	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	81,059,709	0	0	81,059,709	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	332,769	0	0	332,769	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	80,726,940	0	0	80,726,940	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,472,071	0	0	2,472,071	0	0	0	0	0	0
15. General Administrative Expenses.....	11,848,012	0	0	11,848,012	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).....	95,047,023	0	0	95,047,023	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,073,265)	0	0	(1,073,265)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	183,628	0	0	183,628	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(11,691)	0	0	(11,691)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(901,328)	0	0	(901,328)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,951,170	0	0	1,951,170	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,852,498)	0	0	(2,852,498)	0	0	0	0	0	0
24 Medical Loss Ratio	85.7%	0.0%	0.0%	85.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	27,409	0	0	27,409	0	0	0	0	0	0
2. MEMBER MONTHS.....	82,276	0	0	82,276	0	0	0	0	0	0
3. Direct Premium Income.....	95,129,466	0	0	95,129,466	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	94,243,395	0	0	94,243,395	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(269,637)	0	0	(269,637)	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).....	93,973,758	0	0	93,973,758	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	81,059,709	0	0	81,059,709	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	332,769	0	0	332,769	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	80,726,940	0	0	80,726,940	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,472,071	0	0	2,472,071	0	0	0	0	0	0
15. General Administrative Expenses.....	11,848,012	0	0	11,848,012	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).....	95,047,023	0	0	95,047,023	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,073,265)	0	0	(1,073,265)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	183,628	0	0	183,628	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(11,691)	0	0	(11,691)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(901,328)	0	0	(901,328)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,951,170	0	0	1,951,170	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,852,498)	0	0	(2,852,498)	0	0	0	0	0	0
24 Medical Loss Ratio	85.7%	0.0%	0.0%	85.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

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	7,697	0	0	0	0	0	0	7,697	0	0
2. First Quarter	8,529	0	0	0	0	0	0	8,529	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	23,822	0	0	0	0	0	0	23,822	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	56,396	0	0	0	0	0	0	56,396	0	0
8. Non-Physician	45,230	0	0	0	0	0	0	45,230	0	0
9. Total	101,626	0	0	0	0	0	0	101,626	0	0
10. Hospital Patient Days Incurred	5,029	0	0	0	0	0	0	5,029	0	0
11. Number of Inpatient Admissions	848	0	0	0	0	0	0	848	0	0
12. Health Premiums Written	26,842,076	0	0	0	0	0	0	26,842,076	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	26,542,250	0	0	0	0	0	0	26,542,250	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	21,203,743	0	0	0	0	0	0	21,203,743	0	0
18. Amount Incurred for Provision of Health Care Services	19,439,752	0	0	0	0	0	0	19,439,752	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	8,529	0	0	8,529	0	0	0	0	0	0
2. MEMBER MONTHS.....	23,822	0	0	23,822	0	0	0	0	0	0
3. Direct Premium Income.....	26,842,076	0	0	26,842,076	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	26,573,589	0	0	26,573,589	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(299,826)	0	0	(299,826)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	26,273,763	0	0	26,273,763	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	19,439,752	0	0	19,439,752	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	82,321	0	0	82,321	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	19,357,431	0	0	19,357,431	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	697,528	0	0	697,528	0	0	0	0	0	0
15. General Administrative Expenses.....	3,343,079	0	0	3,343,079	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).....	23,398,038	0	0	23,398,038	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,875,725	0	0	2,875,725	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,349)	0	0	(3,349)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,872,376	0	0	2,872,376	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,629,223	0	0	1,629,223	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,243,153	0	0	1,243,153	0	0	0	0	0	0
24 Medical Loss Ratio	72.8%	0.0%	0.0%	72.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	8,529	0	0	8,529	0	0	0	0	0	0
2. MEMBER MONTHS.....	23,822	0	0	23,822	0	0	0	0	0	0
3. Direct Premium Income.....	26,842,076	0	0	26,842,076	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	26,573,589	0	0	26,573,589	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(299,826)	0	0	(299,826)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	26,273,763	0	0	26,273,763	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	19,439,752	0	0	19,439,752	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	82,321	0	0	82,321	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	19,357,431	0	0	19,357,431	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	697,528	0	0	697,528	0	0	0	0	0	0
15. General Administrative Expenses.....	3,343,079	0	0	3,343,079	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).....	23,398,038	0	0	23,398,038	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,875,725	0	0	2,875,725	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,349)	0	0	(3,349)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,872,376	0	0	2,872,376	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,629,223	0	0	1,629,223	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,243,153	0	0	1,243,153	0	0	0	0	0	0
24 Medical Loss Ratio	72.8%	0.0%	0.0%	72.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

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	11,734	0	0	0	0	0	0	11,734	0	0
2. First Quarter	11,330	0	0	0	0	0	0	11,330	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	36,346	0	0	0	0	0	0	36,346	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	74,917	0	0	0	0	0	0	74,917	0	0
8. Non-Physician	60,085	0	0	0	0	0	0	60,085	0	0
9. Total	135,002	0	0	0	0	0	0	135,002	0	0
10. Hospital Patient Days Incurred	6,682	0	0	0	0	0	0	6,682	0	0
11. Number of Inpatient Admissions	1,128	0	0	0	0	0	0	1,128	0	0
12. Health Premiums Written	40,461,604	0	0	0	0	0	0	40,461,604	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	40,575,367	0	0	0	0	0	0	40,575,367	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	32,414,344	0	0	0	0	0	0	32,414,344	0	0
18. Amount Incurred for Provision of Health Care Services	37,989,283	0	0	0	0	0	0	37,989,283	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	11,330	0	0	11,330	0	0	0	0	0	0
2. MEMBER MONTHS.....	36,346	0	0	36,346	0	0	0	0	0	0
3. Direct Premium Income.....	40,461,604	0	0	40,461,604	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	40,123,480	0	0	40,123,480	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	113,763	0	0	113,763	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).....	40,237,243	0	0	40,237,243	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	37,989,283	0	0	37,989,283	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	118,207	0	0	118,207	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	37,871,076	0	0	37,871,076	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,051,452	0	0	1,051,452	0	0	0	0	0	0
15. General Administrative Expenses.....	5,039,337	0	0	5,039,337	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).....	43,961,865	0	0	43,961,865	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,724,622)	0	0	(3,724,622)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	183,628	0	0	183,628	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(4,506)	0	0	(4,506)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,545,500)	0	0	(3,545,500)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(261,005)	0	0	(261,005)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,284,495)	0	0	(3,284,495)	0	0	0	0	0	0
24 Medical Loss Ratio	94.4%	0.0%	0.0%	94.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	11,330	0	0	11,330	0	0	0	0	0	0
2. MEMBER MONTHS.....	36,346	0	0	36,346	0	0	0	0	0	0
3. Direct Premium Income.....	40,461,604	0	0	40,461,604	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	40,123,480	0	0	40,123,480	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	113,763	0	0	113,763	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).....	40,237,243	0	0	40,237,243	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	37,989,283	0	0	37,989,283	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	118,207	0	0	118,207	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	37,871,076	0	0	37,871,076	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,051,452	0	0	1,051,452	0	0	0	0	0	0
15. General Administrative Expenses.....	5,039,337	0	0	5,039,337	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).....	43,961,865	0	0	43,961,865	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,724,622)	0	0	(3,724,622)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	183,628	0	0	183,628	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(4,506)	0	0	(4,506)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,545,500)	0	0	(3,545,500)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(261,005)	0	0	(261,005)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,284,495)	0	0	(3,284,495)	0	0	0	0	0	0
24 Medical Loss Ratio	94.4%	0.0%	0.0%	94.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State				* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)				0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

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	2,975	0	0	0	0	0	0	2,975	0	0
2. First Quarter	2,970	0	0	0	0	0	0	2,970	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	8,546	0	0	0	0	0	0	8,546	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	19,638	0	0	0	0	0	0	19,638	0	0
8. Non-Physician	15,750	0	0	0	0	0	0	15,750	0	0
9. Total	35,388	0	0	0	0	0	0	35,388	0	0
10. Hospital Patient Days Incurred	1,752	0	0	0	0	0	0	1,752	0	0
11. Number of Inpatient Admissions	296	0	0	0	0	0	0	296	0	0
12. Health Premiums Written	10,864,433	0	0	0	0	0	0	10,864,433	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	10,836,012	0	0	0	0	0	0	10,836,012	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	8,656,539	0	0	0	0	0	0	8,656,539	0	0
18. Amount Incurred for Provision of Health Care Services	9,312,092	0	0	0	0	0	0	9,312,092	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	2,970	0	0	2,970	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,546	0	0	8,546	0	0	0	0	0	0
3. Direct Premium Income.....	10,864,433	0	0	10,864,433	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	10,749,699	0	0	10,749,699	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(28,421)	0	0	(28,421)	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).....	10,721,278	0	0	10,721,278	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,312,092	0	0	9,312,092	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	48,976	0	0	48,976	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,263,116	0	0	9,263,116	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	282,327	0	0	282,327	0	0	0	0	0	0
15. General Administrative Expenses.....	1,353,124	0	0	1,353,124	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).....	10,898,567	0	0	10,898,567	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(177,289)	0	0	(177,289)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(535)	0	0	(535)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(177,824)	0	0	(177,824)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	197,002	0	0	197,002	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(374,826)	0	0	(374,826)	0	0	0	0	0	0
24 Medical Loss Ratio	86.2%	0.0%	0.0%	86.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	2,970	0	0	2,970	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,546	0	0	8,546	0	0	0	0	0	0
3. Direct Premium Income.....	10,864,433	0	0	10,864,433	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	10,749,699	0	0	10,749,699	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(28,421)	0	0	(28,421)	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).....	10,721,278	0	0	10,721,278	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,312,092	0	0	9,312,092	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	48,976	0	0	48,976	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,263,116	0	0	9,263,116	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	282,327	0	0	282,327	0	0	0	0	0	0
15. General Administrative Expenses.....	1,353,124	0	0	1,353,124	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).....	10,898,567	0	0	10,898,567	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(177,289)	0	0	(177,289)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(535)	0	0	(535)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(177,824)	0	0	(177,824)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	197,002	0	0	197,002	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(374,826)	0	0	(374,826)	0	0	0	0	0	0
24 Medical Loss Ratio	86.2%	0.0%	0.0%	86.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

REPORT FOR DIVISION: **Rio Grande**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,861	0	0	0	0	0	0	4,861	0	0
2. First Quarter	4,580	0	0	0	0	0	0	4,580	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	13,562	0	0	0	0	0	0	13,562	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	30,284	0	0	0	0	0	0	30,284	0	0
8. Non-Physician	24,288	0	0	0	0	0	0	24,288	0	0
9. Total	54,572	0	0	0	0	0	0	54,572	0	0
10. Hospital Patient Days Incurred	2,701	0	0	0	0	0	0	2,701	0	0
11. Number of Inpatient Admissions	456	0	0	0	0	0	0	456	0	0
12. Health Premiums Written	16,961,353	0	0	0	0	0	0	16,961,353	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	16,906,200	0	0	0	0	0	0	16,906,200	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	13,505,815	0	0	0	0	0	0	13,505,815	0	0
18. Amount Incurred for Provision of Health Care Services	14,318,582	0	0	0	0	0	0	14,318,582	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Rio Grande

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4,580	0	0	4,580	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,562	0	0	13,562	0	0	0	0	0	0
3. Direct Premium Income.....	16,961,353	0	0	16,961,353	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	16,796,627	0	0	16,796,627	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(55,153)	0	0	(55,153)	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).....	16,741,474	0	0	16,741,474	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	14,318,582	0	0	14,318,582	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	83,265	0	0	83,265	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,235,317	0	0	14,235,317	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	440,764	0	0	440,764	0	0	0	0	0	0
15. General Administrative Expenses.....	2,112,472	0	0	2,112,472	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).....	16,788,553	0	0	16,788,553	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(47,079)	0	0	(47,079)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,301)	0	0	(3,301)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(50,380)	0	0	(50,380)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	385,950	0	0	385,950	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(436,330)	0	0	(436,330)	0	0	0	0	0	0
24 Medical Loss Ratio	84.8%	0.0%	0.0%	84.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Rio Grande

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4,580	0	0	4,580	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,562	0	0	13,562	0	0	0	0	0	0
3. Direct Premium Income.....	16,961,353	0	0	16,961,353	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	16,796,627	0	0	16,796,627	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(55,153)	0	0	(55,153)	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).....	16,741,474	0	0	16,741,474	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	14,318,582	0	0	14,318,582	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	83,265	0	0	83,265	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,235,317	0	0	14,235,317	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	440,764	0	0	440,764	0	0	0	0	0	0
15. General Administrative Expenses.....	2,112,472	0	0	2,112,472	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).....	16,788,553	0	0	16,788,553	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(47,079)	0	0	(47,079)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,301)	0	0	(3,301)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(50,380)	0	0	(50,380)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	385,950	0	0	385,950	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(436,330)	0	0	(436,330)	0	0	0	0	0	0
24 Medical Loss Ratio	84.8%	0.0%	0.0%	84.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				