

TEXAS HMO SUPPLEMENT

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

OF THE **Healthspring Life & Health Ins. Co., 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.....	163,060	0	110,719	0	0	52,341	0	0	0	0
2. MEMBER MONTHS.....	477,966	0	331,955	0	0	146,011	0	0	0	0
3. Direct Premium Income.....	519,069,546	0	355,852,578	0	(466,518)	163,683,486	0	XXXXXXXX	0	0
4. Net Premium Income.....	519,069,546	0	355,852,578	0	(466,518)	163,683,486	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.....	904,854	0	0	0	20	904,835	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).....	519,974,401	0	355,852,578	0	(466,498)	164,588,321	0	0	0	0
11. Hospital & Medical Benefits.....	426,373,437	0	300,220,285	0	(10,807,651)	136,960,803	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).....	426,373,437	0	300,220,285	0	(10,807,651)	136,960,803	0	0	0	0
14. Claims Adjustment Expenses.....	33,042,825	0	22,711,104	0	0	10,331,720	0	0	0	0
15. General Administrative Expenses.....	75,471,096	0	49,249,081	0	360,482	25,861,533	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(30,211,757)	0	0	0	0	(30,211,757)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	504,675,600	0	372,180,471	0	(10,447,169)	142,942,299	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	15,298,801	0	(16,327,893)	0	9,980,671	21,646,022	0	0	0	0
19. Net Investments Gains / (Losses).....	1,906,668	0	1,443,766	0	360,741	102,161	0	0	0	0
20. Aggregate write-ins for other expenses.....	(460,946)	0	(39,933)	0	(421,013)	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	16,744,522	0	(14,924,060)	0	9,920,399	21,748,183	0	0	0	0
22. Federal and foreign income taxes incurred.....	12,292,026	0	73,358,709	0	(18,409,601)	(42,657,082)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,452,496	0	(88,282,769)	0	28,330,000	64,405,265	0	0	0	0
24 Medical Loss Ratio	82.1%	0.0%	84.4%	0.0%	2316.7%	83.7%	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 **Healthspring Life & Health Ins. Co., 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.....	163,060	0	110,719	0	0	52,341	0	0	0	0
2. MEMBER MONTHS.....	477,966	0	331,955	0	0	146,011	0	0	0	0
3. Direct Premium Income.....	519,069,546	0	355,852,578	0	(466,518)	163,683,486	0	XXXXXXXX	0	0
4. Net Premium Income.....	519,069,546	0	355,852,578	0	(466,518)	163,683,486	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.....	904,854	0	0	0	20	904,835	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).....	519,974,401	0	355,852,578	0	(466,498)	164,588,321	0	0	0	0
11. Hospital & Medical Benefits.....	426,373,437	0	300,220,285	0	(10,807,651)	136,960,803	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).....	426,373,437	0	300,220,285	0	(10,807,651)	136,960,803	0	0	0	0
14. Claims Adjustment Expenses.....	33,042,825	0	22,711,104	0	0	10,331,720	0	0	0	0
15. General Administrative Expenses.....	75,471,096	0	49,249,081	0	360,482	25,861,533	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(30,211,757)	0	0	0	0	(30,211,757)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	504,675,600	0	372,180,471	0	(10,447,169)	142,942,299	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	15,298,801	0	(16,327,893)	0	9,980,671	21,646,022	0	0	0	0
19. Net Investments Gains / (Losses).....	1,906,668	0	1,443,766	0	360,741	102,161	0	0	0	0
20. Aggregate write-ins for other expenses.....	(460,946)	0	(39,933)	0	(421,013)	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	16,744,522	0	(14,924,060)	0	9,920,399	21,748,183	0	0	0	0
22. Federal and foreign income taxes incurred.....	12,292,026	0	73,358,709	0	(18,409,601)	(42,657,082)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,452,496	0	(88,282,769)	0	28,330,000	64,405,265	0	0	0	0
24 Medical Loss Ratio	82.1%	0.0%	84.4%	0.0%	2316.7%	83.7%	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 **Healthspring Life & Health Ins. Co., Inc.**

REPORT FOR DIVISION: **TX HMO**

(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	150,776	0	0	0	0	0	0	104,351	46,425	0
2. First Quarter	157,563	0	0	0	0	0	0	105,222	52,341	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	461,451	0	0	0	0	0	0	315,440	146,011	0
Total Member Ambulatory Encounters for Year:										
7. Physician	793,237	0	0	0	0	0	0	451,401	341,836	0
8. Non-Physician	425,157	0	0	0	0	0	0	354,498	70,659	0
9. Total	1,218,394	0	0	0	0	0	0	805,899	412,495	0
10. Hospital Patient Days Incurred	33,410	0	0	0	0	0	0	33,041	369	0
11. Number of Inpatient Admissions	5,316	0	0	0	0	0	0	5,205	111	0
12. Health Premiums Written	505,880,099	0	0	0	0	0	0	342,196,613	163,683,486	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	506,717,615	0	0	0	0	0	0	341,609,056	165,108,560	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	404,559,478	0	0	0	0	0	0	281,807,602	122,751,876	0
18. Amount Incurred for Provision of Health Care Services	425,225,910	0	0	0	0	0	0	288,265,107	136,960,803	0

TEXAS HMO SUPPLEMENT

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

OF THE Healthspring Life & Health Ins. Co., Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

TX HMO

(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.....	157,563	0	105,222	0	0	52,341	0	0	0	0
2. MEMBER MONTHS.....	461,451	0	315,440	0	0	146,011	0	0	0	0
3. Direct Premium Income.....	505,880,099	0	342,196,613	0	0	163,683,486	0	XXXXXXXX	0	0
4. Net Premium Income.....	505,880,099	0	342,196,613	0	0	163,683,486	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.....	904,835	0	0	0	0	904,835	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).....	506,784,934	0	342,196,613	0	0	164,588,321	0	0	0	0
11. Hospital & Medical Benefits.....	425,225,910	0	288,265,107	0	0	136,960,803	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).....	425,225,910	0	288,265,107	0	0	136,960,803	0	0	0	0
14. Claims Adjustment Expenses.....	32,327,408	0	21,995,687	0	0	10,331,720	0	0	0	0
15. General Administrative Expenses.....	72,698,103	0	46,836,570	0	0	25,861,533	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(30,211,757)	0	0	0	0	(30,211,757)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	500,039,664	0	357,097,365	0	0	142,942,299	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,745,270	0	(14,900,752)	0	0	21,646,022	0	0	0	0
19. Net Investments Gains / (Losses).....	1,509,806	0	1,407,645	0	0	102,161	0	0	0	0
20. Aggregate write-ins for other expenses.....	(61,257)	0	(61,257)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	8,193,819	0	(13,554,364)	0	0	21,748,183	0	0	0	0
22. Federal and foreign income taxes incurred.....	37,683,963	0	80,341,044	0	0	(42,657,082)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(29,490,143)	0	(93,895,408)	0	0	64,405,265	0	0	0	0
24 Medical Loss Ratio	84.1%	0.0%	84.2%	0.0%	0.0%	83.7%	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 Healthspring Life & Health Ins. Co., Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

TX HMO

(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.....	157,563	0	105,222	0	0	52,341	0	0	0	0
2. MEMBER MONTHS.....	461,451	0	315,440	0	0	146,011	0	0	0	0
3. Direct Premium Income.....	505,880,099	0	342,196,613	0	0	163,683,486	0	XXXXXXXX	0	0
4. Net Premium Income.....	505,880,099	0	342,196,613	0	0	163,683,486	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.....	904,835	0	0	0	0	904,835	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).....	506,784,934	0	342,196,613	0	0	164,588,321	0	0	0	0
11. Hospital & Medical Benefits.....	425,225,910	0	288,265,107	0	0	136,960,803	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).....	425,225,910	0	288,265,107	0	0	136,960,803	0	0	0	0
14. Claims Adjustment Expenses.....	32,327,408	0	21,995,687	0	0	10,331,720	0	0	0	0
15. General Administrative Expenses.....	72,698,103	0	46,836,570	0	0	25,861,533	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(30,211,757)	0	0	0	0	(30,211,757)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	500,039,664	0	357,097,365	0	0	142,942,299	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,745,270	0	(14,900,752)	0	0	21,646,022	0	0	0	0
19. Net Investments Gains / (Losses).....	1,509,806	0	1,407,645	0	0	102,161	0	0	0	0
20. Aggregate write-ins for other expenses.....	(61,257)	0	(61,257)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	8,193,819	0	(13,554,364)	0	0	21,748,183	0	0	0	0
22. Federal and foreign income taxes incurred.....	37,683,963	0	80,341,044	0	0	(42,657,082)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(29,490,143)	0	(93,895,408)	0	0	64,405,265	0	0	0	0
24 Medical Loss Ratio	84.1%	0.0%	84.2%	0.0%	0.0%	83.7%	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 **Healthspring Life & Health Ins. Co., Inc.**

REPORT FOR DIVISION: **TX Non-HMO**

(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	61,884	0	0	0	0	0	0	1,286	0	60,598
2. First Quarter	1,187	0	0	0	0	0	0	1,187	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	3,551	0	0	0	0	0	0	3,551	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	4,647	0	0	0	0	0	0	4,647	0	0
8. Non-Physician	5,219	0	0	0	0	0	0	5,219	0	0
9. Total	9,866	0	0	0	0	0	0	9,866	0	0
10. Hospital Patient Days Incurred	505	0	0	0	0	0	0	505	0	0
11. Number of Inpatient Admissions	84	0	0	0	0	0	0	84	0	0
12. Health Premiums Written	2,952,466	0	0	0	0	0	0	3,031,226	0	(78,760)
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	1,136,064	0	0	0	0	0	0	3,070,969	0	(1,934,905)
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	(4,601,482)	0	0	0	0	0	0	2,557,588	0	(7,159,070)
18. Amount Incurred for Provision of Health Care Services	759,247	0	0	0	0	0	0	2,583,842	0	(1,824,595)

TEXAS HMO SUPPLEMENT

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

OF THE **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

TX Non-HMO

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	1,187	0	1,187	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,551	0	3,551	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,952,466	0	3,031,226	0	(78,760)	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,952,466	0	3,031,226	0	(78,760)	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	3	0	0	0	3	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	2,952,469	0	3,031,226	0	(78,756)	0	0	0	0	0
11. Hospital & Medical Benefits.....	759,247	0	2,583,842	0	(1,824,595)	0	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).....	759,247	0	2,583,842	0	(1,824,595)	0	0	0	0	0
14. Claims Adjustment Expenses.....	192,627	0	192,627	0	0	0	0	0	0	0
15. General Administrative Expenses.....	577,488	0	516,630	0	60,858	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).....	1,529,362	0	3,293,099	0	(1,763,737)	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,423,108	0	(261,873)	0	1,684,981	0	0	0	0	0
19. Net Investments Gains / (Losses).....	60,902	0	0	0	60,902	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(78,597)	0	(7,520)	0	(71,077)	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,405,413	0	(269,393)	0	1,674,805	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(4,418,787)	0	(1,413,238)	0	(3,005,549)	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,824,200	0	1,143,845	0	4,680,354	0	0	0	0	0
24 Medical Loss Ratio	25.7%	0.0%	85.2%	0.0%	2316.7%	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 **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

TX Non-HMO

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	1,187	0	1,187	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,551	0	3,551	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,952,466	0	3,031,226	0	(78,760)	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,952,466	0	3,031,226	0	(78,760)	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	3	0	0	0	3	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	2,952,469	0	3,031,226	0	(78,756)	0	0	0	0	0
11. Hospital & Medical Benefits.....	759,247	0	2,583,842	0	(1,824,595)	0	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).....	759,247	0	2,583,842	0	(1,824,595)	0	0	0	0	0
14. Claims Adjustment Expenses.....	192,627	0	192,627	0	0	0	0	0	0	0
15. General Administrative Expenses.....	577,488	0	516,630	0	60,858	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).....	1,529,362	0	3,293,099	0	(1,763,737)	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,423,108	0	(261,873)	0	1,684,981	0	0	0	0	0
19. Net Investments Gains / (Losses).....	60,902	0	0	0	60,902	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(78,597)	0	(7,520)	0	(71,077)	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,405,413	0	(269,393)	0	1,674,805	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(4,418,787)	0	(1,413,238)	0	(3,005,549)	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,824,200	0	1,143,845	0	4,680,354	0	0	0	0	0
24 Medical Loss Ratio	25.7%	0.0%	85.2%	0.0%	2316.7%	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 **Healthspring Life & Health Ins. Co., Inc.**

REPORT FOR DIVISION: **National Part D**

(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	299,071	0	0	0	0	0	0	5,516	0	293,555
2. First Quarter	4,310	0	0	0	0	0	0	4,310	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	12,964	0	0	0	0	0	0	12,964	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	14,817	0	0	0	0	0	0	14,817	0	0
8. Non-Physician	7,262	0	0	0	0	0	0	7,262	0	0
9. Total	22,079	0	0	0	0	0	0	22,079	0	0
10. Hospital Patient Days Incurred	1,517	0	0	0	0	0	0	1,517	0	0
11. Number of Inpatient Admissions	229	0	0	0	0	0	0	229	0	0
12. Health Premiums Written	10,236,981	0	0	0	0	0	0	10,624,739	0	(387,758)
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	1,140,772	0	0	0	0	0	0	10,666,917	0	(9,526,145)
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	(25,939,263)	0	0	0	0	0	0	9,307,089	0	(35,246,352)
18. Amount Incurred for Provision of Health Care Services	388,280	0	0	0	0	0	0	9,371,336	0	(8,983,056)

TEXAS HMO SUPPLEMENT

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

OF THE **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

National Part D

(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.....	4,310	0	4,310	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,964	0	12,964	0	0	0	0	0	0	0
3. Direct Premium Income.....	10,236,981	0	10,624,739	0	(387,758)	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	10,236,981	0	10,624,739	0	(387,758)	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	16	0	0	0	16	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).....	10,236,998	0	10,624,739	0	(387,742)	0	0	0	0	0
11. Hospital & Medical Benefits.....	388,280	0	9,371,336	0	(8,983,056)	0	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).....	388,280	0	9,371,336	0	(8,983,056)	0	0	0	0	0
14. Claims Adjustment Expenses.....	522,790	0	522,790	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,195,505	0	1,895,881	0	299,624	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).....	3,106,575	0	11,790,007	0	(8,683,432)	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,130,423	0	(1,165,267)	0	8,295,690	0	0	0	0	0
19. Net Investments Gains / (Losses).....	335,960	0	36,121	0	299,839	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(321,092)	0	28,843	0	(349,936)	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	7,145,290	0	(1,100,303)	0	8,245,594	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(20,973,149)	0	(5,569,097)	0	(15,404,052)	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	28,118,440	0	4,468,794	0	23,649,646	0	0	0	0	0
24 Medical Loss Ratio	3.8%	0.0%	88.2%	0.0%	2316.7%	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 Healthspring Life & Health Ins. Co., Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

National Part D

(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.....	4,310	0	4,310	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,964	0	12,964	0	0	0	0	0	0	0
3. Direct Premium Income.....	10,236,981	0	10,624,739	0	(387,758)	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	10,236,981	0	10,624,739	0	(387,758)	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	16	0	0	0	16	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).....	10,236,998	0	10,624,739	0	(387,742)	0	0	0	0	0
11. Hospital & Medical Benefits.....	388,280	0	9,371,336	0	(8,983,056)	0	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).....	388,280	0	9,371,336	0	(8,983,056)	0	0	0	0	0
14. Claims Adjustment Expenses.....	522,790	0	522,790	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,195,505	0	1,895,881	0	299,624	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).....	3,106,575	0	11,790,007	0	(8,683,432)	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,130,423	0	(1,165,267)	0	8,295,690	0	0	0	0	0
19. Net Investments Gains / (Losses).....	335,960	0	36,121	0	299,839	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(321,092)	0	28,843	0	(349,936)	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	7,145,290	0	(1,100,303)	0	8,245,594	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(20,973,149)	0	(5,569,097)	0	(15,404,052)	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	28,118,440	0	4,468,794	0	23,649,646	0	0	0	0	0
24 Medical Loss Ratio	3.8%	0.0%	88.2%	0.0%	2316.7%	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				