

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2015**

OF THE **Prominence HealthFirst of Texas**
(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.....	435	0	0	435	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,301	0	0	1,301	0	0	0	0	0	0
3. Direct Premium Income.....	1,026,458	0	0	1,026,458	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	992,766	0	0	992,766	0	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.....	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).....	992,766	0	0	992,766	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	922,811	0	0	922,811	0	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).....	922,811	0	0	922,811	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	85,140	0	0	85,140	0	0	0	0	0	0
15. General Administrative Expenses.....	450,704	0	0	450,704	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).....	1,458,655	0	0	1,458,655	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(465,889)	0	0	(465,889)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(184)	0	0	(184)	0	0	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).....	(466,073)	0	0	(466,073)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(466,073)	0	0	(466,073)	0	0	0	0	0	0
24 Medical Loss Ratio	93.0%	0.0%	0.0%	93.0%	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 **JUNE 30, 2015**

OF THE **Prominence HealthFirst of Texas**
(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.....	435	0	0	435	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,580	0	0	2,580	0	0	0	0	0	0
3. Direct Premium Income.....	2,060,828	0	0	2,060,828	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	1,987,993	0	0	1,987,993	0	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	XXXXXXX	0	0	0	0	XXXXXXX	XXXXXXX	XXXXXXX	0
7. Risk Revenue.....	0	XXXXXXX	0	0	0	XXXXXXX	XXXXXXX	0	XXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,987,993	0	0	1,987,993	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,926,168	0	0	1,926,168	0	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).....	1,926,168	0	0	1,926,168	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	179,201	0	0	179,201	0	0	0	0	0	0
15. General Administrative Expenses.....	746,348	0	0	746,348	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).....	2,851,717	0	0	2,851,717	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(863,724)	0	0	(863,724)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(184)	0	0	(184)	0	0	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).....	(863,908)	0	0	(863,908)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(863,908)	0	0	(863,908)	0	0	0	0	0	0
24 Medical Loss Ratio	96.9%	0.0%	0.0%	96.9%	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 **JUNE 30, 2015**

OF THE **Prominence HealthFirst of Texas**

REPORT FOR DIVISION: **Amarillo**

(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	0									
3. Second Quarter	121	0	0	0	0	0	0	121	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	715	0	0	0	0	0	0	715	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	705	0	0	0	0	0	0	705	0	0
8. Non-Physician	80	0	0	0	0	0	0	80	0	0
9. Total	785	0	0	0	0	0	0	785	0	0
10. Hospital Patient Days Incurred	135	0	0	0	0	0	0	135	0	0
11. Number of Inpatient Admissions	12	0	0	0	0	0	0	12	0	0
12. Health Premiums Written	440,648	0	0	0	0	0	0	440,648	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	440,648	0	0	0	0	0	0	440,648	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	419,130	0	0	0	0	0	0	419,130	0	0
18. Amount Incurred for Provision of Health Care Services	636,162	0	0	0	0	0	0	636,162	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2015**

OF THE **Prominence HealthFirst of Texas**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo
(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.....	121	0	0	121	0	0	0	0	0	0
2. MEMBER MONTHS.....	715	0	0	715	0	0	0	0	0	0
3. Direct Premium Income.....	440,648	0	0	440,648	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	420,492	0	0	420,492	0	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.....	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).....	420,492	0	0	420,492	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	636,162	0	0	636,162	0	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).....	636,162	0	0	636,162	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	49,662	0	0	49,662	0	0	0	0	0	0
15. General Administrative Expenses.....	236,962	0	0	236,962	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).....	922,787	0	0	922,787	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(502,295)	0	0	(502,295)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(51)	0	0	(51)	0	0	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).....	(502,346)	0	0	(502,346)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(502,346)	0	0	(502,346)	0	0	0	0	0	0
24 Medical Loss Ratio	151.3%	0.0%	0.0%	151.3%	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 **JUNE 30, 2015**

OF THE **Prominence HealthFirst of Texas**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo
(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.....	121	0	0	121	0	0	0	0	0	0
2. MEMBER MONTHS.....	715	0	0	715	0	0	0	0	0	0
3. Direct Premium Income.....	440,648	0	0	440,648	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	420,492	0	0	420,492	0	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.....	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).....	420,492	0	0	420,492	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	636,162	0	0	636,162	0	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).....	636,162	0	0	636,162	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	49,662	0	0	49,662	0	0	0	0	0	0
15. General Administrative Expenses.....	236,962	0	0	236,962	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).....	922,787	0	0	922,787	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(502,295)	0	0	(502,295)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(51)	0	0	(51)	0	0	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).....	(502,346)	0	0	(502,346)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(502,346)	0	0	(502,346)	0	0	0	0	0	0
24 Medical Loss Ratio	151.3%	0.0%	0.0%	151.3%	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 **JUNE 30, 2015**

OF THE **Prominence HealthFirst of Texas**

REPORT FOR DIVISION: **South Texas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	314	0	0	0	0	0	0	314	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,865	0	0	0	0	0	0	1,865	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	2,686	0	0	0	0	0	0	2,686	0	0
8. Non-Physician	180	0	0	0	0	0	0	180	0	0
9. Total	2,866	0	0	0	0	0	0	2,866	0	0
10. Hospital Patient Days Incurred	608	0	0	0	0	0	0	608	0	0
11. Number of Inpatient Admissions	37	0	0	0	0	0	0	37	0	0
12. Health Premiums Written	1,620,180	0	0	0	0	0	0	1,620,180	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	1,620,180	0	0	0	0	0	0	1,620,180	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	713,229	0	0	0	0	0	0	713,229	0	0
18. Amount Incurred for Provision of Health Care Services	1,290,005	0	0	0	0	0	0	1,290,005	0	0

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2015**

TEXAS HMO SUPPLEMENT

OF THE **Prominence HealthFirst of Texas**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

South Texas

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	314	0	0	314	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,865	0	0	1,865	0	0	0	0	0	0
3. Direct Premium Income.....	1,620,180	0	0	1,620,180	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	1,567,501	0	0	1,567,501	0	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.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,567,501	0	0	1,567,501	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,290,005	0	0	1,290,005	0	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).....	1,290,005	0	0	1,290,005	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	129,539	0	0	129,539	0	0	0	0	0	0
15. General Administrative Expenses.....	509,386	0	0	509,386	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).....	1,928,930	0	0	1,928,930	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(361,430)	0	0	(361,430)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(133)	0	0	(133)	0	0	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).....	(361,563)	0	0	(361,563)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(361,563)	0	0	(361,563)	0	0	0	0	0	0
24 Medical Loss Ratio	82.3%	0.0%	0.0%	82.3%	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				

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2015**

TEXAS HMO SUPPLEMENT

OF THE **Prominence HealthFirst of Texas**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

South Texas

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	314	0	0	314	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,865	0	0	1,865	0	0	0	0	0	0
3. Direct Premium Income.....	1,620,180	0	0	1,620,180	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,567,501	0	0	1,567,501	0	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.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,567,501	0	0	1,567,501	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,290,005	0	0	1,290,005	0	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).....	1,290,005	0	0	1,290,005	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	129,539	0	0	129,539	0	0	0	0	0	0
15. General Administrative Expenses.....	509,386	0	0	509,386	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).....	1,928,930	0	0	1,928,930	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(361,430)	0	0	(361,430)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(133)	0	0	(133)	0	0	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).....	(361,563)	0	0	(361,563)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(361,563)	0	0	(361,563)	0	0	0	0	0	0
24 Medical Loss Ratio	82.3%	0.0%	0.0%	82.3%	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				