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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2015** OF THE **Scott & White Health Plan**
(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**	196,604	109,222	28,143	0	0	42,012	17,227	0	0	0
2. **MEMBER MONTHS**	586,589	325,947	84,060	0	0	125,216	51,366	0	0	0
3. Direct Premium Income	156,254,644	86,821,123	12,909,430	0	0	28,385,743	28,138,348	XXXXXXXX	0	0
4. Net Premium Income	154,199,613	85,228,334	12,909,430	0	0	28,218,943	27,842,906	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	843,194	0	0	0	0	0	0	0	0	843,194
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)	155,042,807	85,228,334	12,909,430	0	0	28,218,943	27,842,906	0	0	843,194
11. Hospital & Medical Benefits	149,724,641	76,388,586	30,316,066	0	0	20,974,874	22,045,115	0	0	0
12. Net Reins Recoveries Incurred	2,053,768	1,606,477	0	0	0	447,291	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	147,670,873	74,782,109	30,316,066	0	0	20,527,583	22,045,115	0	0	0
14. Claims Adjustment Expenses	3,570,075	1,876,504	845,055	0	0	634,572	213,944	0	0	0
15. General Administrative Expenses	19,943,587	10,976,176	4,188,651	0	0	3,343,685	1,435,075	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)	171,184,535	87,634,789	35,349,772	0	0	24,505,840	23,694,134	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	(16,141,728)	(2,406,455)	(22,440,342)	0	0	3,713,103	4,148,772	0	0	843,194
19. Net Investments Gains / (Losses)	405,371	405,371	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	1,622,226	0	0	0	0	0	0	0	0	1,622,226
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	(14,114,131)	(2,001,084)	(22,440,342)	0	0	3,713,103	4,148,772	0	0	2,465,420
22. Federal and foreign income taxes incurred	(117,564)	(117,564)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	(13,996,567)	(1,883,520)	(22,440,342)	0	0	3,713,103	4,148,772	0	0	2,465,420
24 Medical Loss Ratio	95.8%	87.7%	234.8%	0.0%	0.0%	72.7%	79.2%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 24,245
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 72,600

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
0

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STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2015** OF THE **Scott & White Health Plan**
(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**	196,604	109,222	28,143	0	0	42,012	17,227	0	0	0
2. **MEMBER MONTHS**	1,151,994	631,634	167,229	0	0	249,734	103,397	0	0	0
3. Direct Premium Income	332,562,038	168,349,584	50,893,310	0	0	57,406,626	55,912,518	XXXXXXXX	0	0
4. Net Premium Income	328,584,807	165,294,716	50,893,310	0	0	57,079,294	55,317,487	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	499,262	0	0	0	0	0	0	0	0	499,262
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)	329,084,069	165,294,716	50,893,310	0	0	57,079,294	55,317,487	0	0	499,262
11. Hospital & Medical Benefits	297,661,952	148,844,604	59,628,584	0	0	43,901,491	45,287,273	0	0	0
12. Net Reins Recoveries Incurred	3,301,931	2,499,512	0	0	0	802,419	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	294,360,021	146,345,092	59,628,584	0	0	43,099,072	45,287,273	0	0	0
14. Claims Adjustment Expenses	6,905,781	3,458,489	1,676,386	0	0	1,239,585	531,321	0	0	0
15. General Administrative Expenses	41,036,673	19,933,913	10,048,792	0	0	7,565,689	3,488,279	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)	342,302,475	169,737,494	71,353,762	0	0	51,904,346	49,306,873	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	(13,218,406)	(4,442,778)	(20,460,452)	0	0	5,174,948	6,010,614	0	0	499,262
19. Net Investments Gains / (Losses)	650,743	650,743	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	(1,342,869)	0	0	0	0	0	0	0	0	(1,342,869)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	(13,910,532)	(3,792,035)	(20,460,452)	0	0	5,174,948	6,010,614	0	0	(843,607)
22. Federal and foreign income taxes incurred	(66,336)	(66,336)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	(13,844,196)	(3,725,699)	(20,460,452)	0	0	5,174,948	6,010,614	0	0	(843,607)
24 Medical Loss Ratio	89.6%	88.5%	117.2%	0.0%	0.0%	75.5%	81.9%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 24,245
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 145,505

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):
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