

TEXAS HMO SUPPLEMENT

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

OF THE **Humana Health Plan 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.....	391,592	301,857	0	89,735	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,183,710	915,830	0	267,880	0	0	0	0	0	0
3. Direct Premium Income.....	508,458,139	256,940,567	0	251,490,511	0	0	0	XXXXXXXX	0	27,061
4. Net Premium Income.....	507,091,249	255,573,677	0	251,490,511	0	0	0	0	0	27,061
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).....	507,091,249	255,573,677	0	251,490,511	0	0	0	0	0	27,061
11. Hospital & Medical Benefits.....	474,411,995	252,373,729	0	222,038,266	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	10,551,024	10,551,024	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	463,860,971	241,822,705	0	222,038,266	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	18,476,007	8,765,573	0	9,710,434	0	0	0	0	0	0
15. General Administrative Expenses.....	52,200,641	33,699,771	0	18,501,155	0	0	0	0	0	(285)
16. Increase in Reserves for A&H contracts.....	74	74	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	534,537,693	284,288,123	0	250,249,855	0	0	0	0	0	(285)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(27,446,444)	(28,714,446)	0	1,240,656	0	0	0	0	0	27,346
19. Net Investments Gains / (Losses).....	2,437,326	804,875	0	1,632,214	0	0	0	0	0	237
20. Aggregate write-ins for other expenses.....	(1,170,638)	(802,011)	0	(368,621)	0	0	0	0	0	(6)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(26,179,756)	(28,711,582)	0	2,504,249	0	0	0	0	0	27,577
22. Federal and foreign income taxes incurred.....	(9,351,065)	(17,192,791)	0	7,796,807	0	0	0	0	0	44,919
23. NET INCOME/(LOSS) (L21 less L22).....	(16,828,691)	(11,518,791)	0	(5,292,558)	0	0	0	0	0	(17,342)
24 Medical Loss Ratio	91.5%	94.6%	0.0%	88.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,475	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		35,058	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Humana Health Plan 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: 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.....	391,592	301,857	0	89,735	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,332,233	1,800,024	0	532,209	0	0	0	0	0	0
3. Direct Premium Income.....	1,039,495,755	544,399,948	0	495,043,500	0	0	0	XXXXXXXX	0	52,307
4. Net Premium Income.....	1,036,854,524	541,758,717	0	495,043,500	0	0	0	0	0	52,307
5. Change in unearned premium reserve and reserve for rate credits.....	1,134	1,134	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).....	1,036,855,658	541,759,851	0	495,043,500	0	0	0	0	0	52,307
11. Hospital & Medical Benefits.....	905,512,844	472,964,442	0	432,548,402	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	8,932,326	8,932,326	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	896,580,518	464,032,116	0	432,548,402	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	33,803,207	19,397,941	0	14,405,265	0	0	0	0	0	1
15. General Administrative Expenses.....	143,487,548	99,792,872	0	43,694,807	0	0	0	0	0	(131)
16. Increase in Reserves for A&H contracts.....	(44,258)	(44,258)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,073,827,015	583,178,671	0	490,648,474	0	0	0	0	0	(130)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(36,971,357)	(41,418,820)	0	4,395,026	0	0	0	0	0	52,437
19. Net Investments Gains / (Losses).....	5,051,350	2,626,306	0	2,424,807	0	0	0	0	0	237
20. Aggregate write-ins for other expenses.....	(77,609)	(40,351)	0	(37,252)	0	0	0	0	0	(6)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(31,997,616)	(38,832,865)	0	6,782,581	0	0	0	0	0	52,668
22. Federal and foreign income taxes incurred.....	2,010,419	2,437,582	0	(423,872)	0	0	0	0	0	(3,291)
23. NET INCOME/(LOSS) (L21 less L22).....	(34,008,035)	(41,270,447)	0	7,206,453	0	0	0	0	0	55,959
24 Medical Loss Ratio	86.5%	85.7%	0.0%	87.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,475	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		74,540	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

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	31,662	2,905	14,547	0	0	0	197	14,013	0	0
2. First Quarter	0									
3. Second Quarter	32,773	2,771	15,539	0	0	0	211	14,252	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	195,011	16,437	91,704	0	0	0	1,239	85,631	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	186,167	7,854	39,140	0	0	0	894	138,279	0	0
8. Non-Physician	80,768	3,113	10,143	0	0	0	394	67,118	0	0
9. Total	266,935	10,967	49,283	0	0	0	1,288	205,397	0	0
10. Hospital Patient Days Incurred	28,677	773	2,306	0	0	0	50	25,548	0	0
11. Number of Inpatient Admissions	3,019	108	371	0	0	0	8	2,532	0	0
12. Health Premiums Written	122,799,356	4,610,270	26,088,327	0	0	0	546,049	91,554,786	0	(76)
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	122,799,386	4,610,300	26,088,327	0	0	0	546,049	91,554,786	0	(76)
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	102,949,400	5,043,480	22,572,829	0	0	0	672,840	74,660,251	0	0
18. Amount Incurred for Provision of Health Care Services	107,167,424	4,493,084	23,336,808	0	0	0	748,444	78,589,088	0	0

TEXAS HMO SUPPLEMENT

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	32,773	18,521	0	14,252	0	0	0	0	0	0
2. MEMBER MONTHS.....	96,684	53,937	0	42,747	0	0	0	0	0	0
3. Direct Premium Income.....	61,012,387	14,603,350	0	46,409,038	0	0	0	XXXXXXXX	0	(1)
4. Net Premium Income.....	60,968,182	14,559,145	0	46,409,038	0	0	0	0	0	(1)
5. Change in unearned premium reserve and reserve for rate credits.....	(8)	(8)	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).....	60,968,174	14,559,137	0	46,409,038	0	0	0	0	0	(1)
11. Hospital & Medical Benefits.....	54,626,530	14,552,850	0	40,073,680	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	524,819	524,819	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	54,101,711	14,028,031	0	40,073,680	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,272,816	478,913	0	1,793,903	0	0	0	0	0	0
15. General Administrative Expenses.....	5,214,622	1,803,552	0	3,411,070	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).....	61,589,149	16,310,496	0	45,278,653	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(620,975)	(1,751,359)	0	1,130,385	0	0	0	0	0	(1)
19. Net Investments Gains / (Losses).....	385,959	84,426	0	301,533	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(107,038)	(38,724)	0	(68,314)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(342,054)	(1,705,657)	0	1,363,604	0	0	0	0	0	(1)
22. Federal and foreign income taxes incurred.....	(1,099,093)	(3,427,537)	0	2,328,583	0	0	0	0	0	(139)
23. NET INCOME/(LOSS) (L21 less L22).....	757,039	1,721,880	0	(964,979)	0	0	0	0	0	138
24 Medical Loss Ratio	88.7%	96.4%	0.0%	86.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	32,773	18,521	0	14,252	0	0	0	0	0	0
2. MEMBER MONTHS.....	195,011	109,380	0	85,631	0	0	0	0	0	0
3. Direct Premium Income.....	122,799,356	31,244,646	0	91,554,786	0	0	0	XXXXXXXX	0	(76)
4. Net Premium Income.....	122,700,648	31,145,938	0	91,554,786	0	0	0	0	0	(76)
5. Change in unearned premium reserve and reserve for rate credits.....	30	30	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).....	122,700,678	31,145,968	0	91,554,786	0	0	0	0	0	(76)
11. Hospital & Medical Benefits.....	107,167,424	28,578,336	0	78,589,088	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	484,995	484,995	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	106,682,429	28,093,341	0	78,589,088	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,812,334	1,148,182	0	2,664,152	0	0	0	0	0	0
15. General Administrative Expenses.....	13,760,395	5,679,350	0	8,081,045	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).....	124,255,158	34,920,873	0	89,334,285	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,554,480)	(3,774,905)	0	2,220,501	0	0	0	0	0	(76)
19. Net Investments Gains / (Losses).....	619,204	170,753	0	448,451	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(9,513)	(2,623)	0	(6,890)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(944,789)	(3,606,775)	0	2,662,062	0	0	0	0	0	(76)
22. Federal and foreign income taxes incurred.....	59,044	225,403	0	(166,364)	0	0	0	0	0	5
23. NET INCOME/(LOSS) (L21 less L22).....	(1,003,833)	(3,832,178)	0	2,828,426	0	0	0	0	0	(81)
24 Medical Loss Ratio	86.9%	90.2%	0.0%	85.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		211	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(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	78,963	16,856	58,312	0	0	0	293	3,502	0	0
2. First Quarter	0									
3. Second Quarter	70,685	10,188	55,056	0	0	0	410	5,031	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	436,868	64,321	340,933	0	0	0	2,330	29,284	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	228,360	48,015	133,758	0	0	0	1,563	45,024	0	0
8. Non-Physician	73,092	17,380	34,278	0	0	0	497	20,937	0	0
9. Total	301,452	65,395	168,036	0	0	0	2,060	65,961	0	0
10. Hospital Patient Days Incurred	19,115	4,041	7,736	0	0	0	91	7,247	0	0
11. Number of Inpatient Admissions	2,618	623	1,221	0	0	0	15	759	0	0
12. Health Premiums Written	167,655,332	21,494,071	118,570,435	0	0	0	930,859	26,660,570	0	(604)
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	167,655,473	21,494,212	118,570,435	0	0	0	930,859	26,660,570	0	(604)
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	155,791,785	42,811,966	89,402,743	0	0	0	1,080,286	22,496,790	0	0
18. Amount Incurred for Provision of Health Care Services	153,802,786	35,433,547	92,198,952	0	0	0	1,376,487	24,793,800	0	0

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

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston
(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.....	70,685	65,654	0	5,031	0	0	0	0	0	0
2. MEMBER MONTHS.....	206,892	191,940	0	14,952	0	0	0	0	0	0
3. Direct Premium Income.....	78,736,707	65,051,931	0	13,685,133	0	0	0	XXXXXXXX	0	(357)
4. Net Premium Income.....	78,565,990	64,881,214	0	13,685,133	0	0	0	0	0	(357)
5. Change in unearned premium reserve and reserve for rate credits.....	(75)	(75)	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).....	78,565,915	64,881,139	0	13,685,133	0	0	0	0	0	(357)
11. Hospital & Medical Benefits.....	82,762,742	69,244,309	0	13,518,433	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,696,495	3,696,495	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	79,066,247	65,547,814	0	13,518,433	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,731,706	2,206,030	0	525,676	0	0	0	0	0	0
15. General Administrative Expenses.....	9,037,472	8,026,492	0	1,010,977	0	0	0	0	0	3
16. Increase in Reserves for A&H contracts.....	74	74	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	90,835,499	75,780,410	0	15,055,086	0	0	0	0	0	3
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(12,269,584)	(10,899,271)	0	(1,369,953)	0	0	0	0	0	(360)
19. Net Investments Gains / (Losses).....	432,194	343,835	0	88,362	0	0	0	0	0	(3)
20. Aggregate write-ins for other expenses.....	(208,831)	(189,171)	0	(19,660)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(12,046,221)	(10,744,607)	0	(1,301,251)	0	0	0	0	0	(363)
22. Federal and foreign income taxes incurred.....	(6,394,971)	(6,787,464)	0	392,926	0	0	0	0	0	(433)
23. NET INCOME/(LOSS) (L21 less L22).....	(5,651,250)	(3,957,143)	0	(1,694,177)	0	0	0	0	0	70
24 Medical Loss Ratio	100.6%	101.0%	0.0%	98.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		16	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston

(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.....	70,685	65,654	0	5,031	0	0	0	0	0	0
2. MEMBER MONTHS.....	436,868	407,584	0	29,284	0	0	0	0	0	0
3. Direct Premium Income.....	167,655,332	140,995,366	0	26,660,570	0	0	0	XXXXXXXX	0	(604)
4. Net Premium Income.....	167,204,366	140,544,400	0	26,660,570	0	0	0	0	0	(604)
5. Change in unearned premium reserve and reserve for rate credits.....	141	141	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).....	167,204,507	140,544,541	0	26,660,570	0	0	0	0	0	(604)
11. Hospital & Medical Benefits.....	153,802,786	129,008,986	0	24,793,800	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,739,694	3,739,694	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	150,063,092	125,269,292	0	24,793,800	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,952,765	5,176,969	0	775,796	0	0	0	0	0	0
15. General Administrative Expenses.....	27,987,790	25,634,605	0	2,353,184	0	0	0	0	0	1
16. Increase in Reserves for A&H contracts.....	(23,120)	(23,120)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	183,980,527	156,057,746	0	27,922,780	0	0	0	0	0	1
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(16,776,020)	(15,513,205)	0	(1,262,210)	0	0	0	0	0	(605)
19. Net Investments Gains / (Losses).....	898,583	767,998	0	130,588	0	0	0	0	0	(3)
20. Aggregate write-ins for other expenses.....	(13,805)	(11,799)	0	(2,006)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(15,891,242)	(14,757,006)	0	(1,133,628)	0	0	0	0	0	(608)
22. Federal and foreign income taxes incurred.....	993,112	922,229	0	70,845	0	0	0	0	0	38
23. NET INCOME/(LOSS) (L21 less L22).....	(16,884,354)	(15,679,235)	0	(1,204,473)	0	0	0	0	0	(646)
24 Medical Loss Ratio	89.7%	89.1%	0.0%	93.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		410	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **San Antonio**

(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	113,631	31,942	50,772	0	0	0	10,112	20,805	0	0
2. First Quarter	0									
3. Second Quarter	122,258	37,780	50,690	0	0	0	9,425	24,363	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	730,589	224,275	303,991	0	0	0	56,585	145,738	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	547,398	106,256	144,423	0	0	0	55,215	241,504	0	0
8. Non-Physician	204,144	46,027	32,560	0	0	0	19,425	106,132	0	0
9. Total	751,542	152,283	176,983	0	0	0	74,640	347,636	0	0
10. Hospital Patient Days Incurred	54,842	6,439	7,631	0	0	0	2,473	38,299	0	0
11. Number of Inpatient Admissions	6,167	1,066	1,104	0	0	0	328	3,669	0	0
12. Health Premiums Written	313,184,471	48,984,001	87,671,707	0	0	0	32,563,896	143,965,160	0	(293)
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	313,184,793	48,984,323	87,671,707	0	0	0	32,563,896	143,965,160	0	(293)
Property/Casualty 16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	250,923,487	41,708,391	71,035,349	0	0	0	26,109,464	112,070,283	0	0
18. Amount Incurred for Provision of Health Care Services	264,350,266	40,829,903	79,424,913	0	0	0	26,041,703	118,053,747	0	0

TEXAS HMO SUPPLEMENT

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(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.....	122,258	97,895	0	24,363	0	0	0	0	0	0
2. MEMBER MONTHS.....	402,590	329,598	0	72,992	0	0	0	0	0	0
3. Direct Premium Income.....	147,421,730	74,103,019	0	73,318,713	0	0	0	XXXXXXXX	0	(2)
4. Net Premium Income.....	147,079,849	73,761,138	0	73,318,713	0	0	0	0	0	(2)
5. Change in unearned premium reserve and reserve for rate credits.....	(66)	(66)	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).....	147,079,783	73,761,072	0	73,318,713	0	0	0	0	0	(2)
11. Hospital & Medical Benefits.....	139,347,384	78,719,462	0	60,627,922	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,903,067	2,903,067	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	136,444,317	75,816,395	0	60,627,922	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,394,482	2,567,055	0	2,827,427	0	0	0	0	0	0
15. General Administrative Expenses.....	14,509,497	9,110,292	0	5,399,202	0	0	0	0	0	3
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).....	156,348,296	87,493,742	0	68,854,551	0	0	0	0	0	3
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(9,268,513)	(13,732,670)	0	4,464,162	0	0	0	0	0	(5)
19. Net Investments Gains / (Losses).....	699,177	223,916	0	475,262	0	0	0	0	0	(1)
20. Aggregate write-ins for other expenses.....	(375,699)	(268,747)	0	(106,952)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(8,945,035)	(13,777,501)	0	4,832,472	0	0	0	0	0	(6)
22. Federal and foreign income taxes incurred.....	11,776,021	3,012,325	0	8,764,234	0	0	0	0	0	(538)
23. NET INCOME/(LOSS) (L21 less L22).....	(20,721,056)	(16,789,826)	0	(3,931,762)	0	0	0	0	0	532
24 Medical Loss Ratio	92.8%	102.8%	0.0%	82.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		(554)	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(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.....	122,258	97,895	0	24,363	0	0	0	0	0	0
2. MEMBER MONTHS.....	730,589	584,851	0	145,738	0	0	0	0	0	0
3. Direct Premium Income.....	313,184,471	169,219,604	0	143,965,160	0	0	0	XXXXXXXX	0	(293)
4. Net Premium Income.....	312,418,624	168,453,757	0	143,965,160	0	0	0	0	0	(293)
5. Change in unearned premium reserve and reserve for rate credits.....	322	322	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).....	312,418,946	168,454,079	0	143,965,160	0	0	0	0	0	(293)
11. Hospital & Medical Benefits.....	264,350,266	146,296,519	0	118,053,747	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,419,745	1,419,745	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	262,930,521	144,876,774	0	118,053,747	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	10,255,204	6,065,966	0	4,189,238	0	0	0	0	0	0
15. General Administrative Expenses.....	43,661,673	30,954,647	0	12,707,025	0	0	0	0	0	1
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).....	316,847,398	181,897,387	0	134,950,010	0	0	0	0	0	1
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,428,452)	(13,443,308)	0	9,015,150	0	0	0	0	0	(294)
19. Net Investments Gains / (Losses).....	1,541,076	835,911	0	705,166	0	0	0	0	0	(1)
20. Aggregate write-ins for other expenses.....	(23,676)	(12,843)	0	(10,833)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,911,052)	(12,620,240)	0	9,709,483	0	0	0	0	0	(295)
22. Federal and foreign income taxes incurred.....	181,923	788,693	0	(606,788)	0	0	0	0	0	18
23. NET INCOME/(LOSS) (L21 less L22).....	(3,092,975)	(13,408,933)	0	10,316,271	0	0	0	0	0	(313)
24 Medical Loss Ratio	84.2%	86.0%	0.0%	82.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		9,425	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

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	104,279	36,916	51,031	0	1,491	7,613	2,525	4,703	0	0
2. First Quarter	0									
3. Second Quarter	122,914	52,819	52,518	0	0	9,802	2,429	5,346	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	716,939	297,434	319,226	0	0	54,223	14,386	31,670	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	365,238	151,347	156,043	0	0	0	11,840	46,008	0	0
8. Non-Physician	107,731	38,317	47,196	0	0	0	4,752	17,466	0	0
9. Total	472,969	189,664	203,239	0	0	0	16,592	63,474	0	0
10. Hospital Patient Days Incurred	20,888	8,618	5,818	0	0	0	444	6,008	0	0
11. Number of Inpatient Admissions	3,131	1,355	1,087	0	0	0	70	619	0	0
12. Health Premiums Written	226,560,940	97,560,460	94,053,494	0	(6,435)	1,147,212	6,872,924	26,914,508	0	18,777
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	226,561,581	97,561,101	94,053,494	0	(6,435)	1,147,212	6,872,924	26,914,508	0	18,777
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	186,924,851	80,257,668	72,971,982	0	15,899	610,075	10,459,363	22,609,864	0	0
18. Amount Incurred for Provision of Health Care Services	189,661,467	80,991,509	74,975,333	0	(1,785)	649,995	10,512,155	22,534,260	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	122,914	117,568	0	5,346	0	0	0	0	0	0
2. MEMBER MONTHS.....	349,840	333,856	0	15,984	0	0	0	0	0	0
3. Direct Premium Income.....	115,400,943	101,582,313	0	13,808,954	0	0	0	XXXXXXXX	0	9,676
4. Net Premium Income.....	114,593,464	100,774,834	0	13,808,954	0	0	0	0	0	9,676
5. Change in unearned premium reserve and reserve for rate credits.....	149	149	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).....	114,593,613	100,774,983	0	13,808,954	0	0	0	0	0	9,676
11. Hospital & Medical Benefits.....	101,446,900	89,452,163	0	11,994,737	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,414,532	3,414,532	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	98,032,368	86,037,631	0	11,994,737	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,995,467	3,464,910	0	530,557	0	0	0	0	0	0
15. General Administrative Expenses.....	15,586,889	14,567,061	0	1,019,931	0	0	0	0	0	(103)
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).....	117,614,724	104,069,602	0	13,545,225	0	0	0	0	0	(103)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,021,111)	(3,294,619)	0	263,729	0	0	0	0	0	9,779
19. Net Investments Gains / (Losses).....	228,287	139,019	0	89,183	0	0	0	0	0	85
20. Aggregate write-ins for other expenses.....	(322,314)	(302,455)	0	(19,856)	0	0	0	0	0	(3)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,115,138)	(3,458,055)	0	333,056	0	0	0	0	0	9,861
22. Federal and foreign income taxes incurred.....	(7,461,388)	(9,349,607)	0	1,872,021	0	0	0	0	0	16,198
23. NET INCOME/(LOSS) (L21 less L22).....	4,346,250	5,891,552	0	(1,538,965)	0	0	0	0	0	(6,337)
24 Medical Loss Ratio	85.5%	85.4%	0.0%	86.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		(145)	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	122,914	117,568	0	5,346	0	0	0	0	0	0
2. MEMBER MONTHS.....	716,939	685,269	0	31,670	0	0	0	0	0	0
3. Direct Premium Income.....	226,560,940	199,627,655	0	26,914,508	0	0	0	XXXXXXXX	0	18,777
4. Net Premium Income.....	225,240,732	198,307,447	0	26,914,508	0	0	0	0	0	18,777
5. Change in unearned premium reserve and reserve for rate credits.....	641	641	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).....	225,241,373	198,308,088	0	26,914,508	0	0	0	0	0	18,777
11. Hospital & Medical Benefits.....	189,661,467	167,127,207	0	22,534,260	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,275,781	3,275,781	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	186,385,686	163,851,426	0	22,534,260	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,665,162	6,881,976	0	783,185	0	0	0	0	0	1
15. General Administrative Expenses.....	39,301,608	36,926,057	0	2,375,598	0	0	0	0	0	(47)
16. Increase in Reserves for A&H contracts.....	(21,138)	(21,138)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	233,331,318	207,638,321	0	25,693,043	0	0	0	0	0	(46)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,089,945)	(9,330,233)	0	1,221,465	0	0	0	0	0	18,823
19. Net Investments Gains / (Losses).....	963,646	831,729	0	131,832	0	0	0	0	0	85
20. Aggregate write-ins for other expenses.....	(14,809)	(12,780)	0	(2,025)	0	0	0	0	0	(4)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(7,141,108)	(8,511,284)	0	1,351,272	0	0	0	0	0	18,904
22. Federal and foreign income taxes incurred.....	457,029	542,657	0	(84,447)	0	0	0	0	0	(1,181)
23. NET INCOME/(LOSS) (L21 less L22).....	(7,598,137)	(9,053,941)	0	1,435,719	0	0	0	0	0	20,085
24 Medical Loss Ratio	82.7%	82.6%	0.0%	83.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		2,429	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **Dallas**

(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	15,682	0	0	0	0	0	0	15,682	0	0
2. First Quarter	0									
3. Second Quarter	20,985	0	0	0	0	0	0	20,985	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	121,664	0	0	0	0	0	0	121,664	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	193,875	0	0	0	0	0	0	193,875	0	0
8. Non-Physician	102,706	0	0	0	0	0	0	102,706	0	0
9. Total	296,581	0	0	0	0	0	0	296,581	0	0
10. Hospital Patient Days Incurred	31,205	0	0	0	0	0	0	31,205	0	0
11. Number of Inpatient Admissions	3,377	0	0	0	0	0	0	3,377	0	0
12. Health Premiums Written	105,656,245	0	0	0	0	0	0	105,656,245	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	105,656,245	0	0	0	0	0	0	105,656,245	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	97,487,474	0	0	0	0	0	0	97,487,474	0	0
18. Amount Incurred for Provision of Health Care Services	103,582,512	0	0	0	0	0	0	103,582,512	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(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.....	20,985	0	0	20,985	0	0	0	0	0	0
2. MEMBER MONTHS.....	62,043	0	0	62,043	0	0	0	0	0	0
3. Direct Premium Income.....	53,847,411	0	0	53,847,411	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	53,847,411	0	0	53,847,411	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).....	53,847,411	0	0	53,847,411	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	52,970,376	0	0	52,970,376	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).....	52,970,376	0	0	52,970,376	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,075,801	0	0	2,075,801	0	0	0	0	0	0
15. General Administrative Expenses.....	3,966,485	0	0	3,966,485	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).....	59,012,662	0	0	59,012,662	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,165,251)	0	0	(5,165,251)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	348,921	0	0	348,921	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(78,440)	0	0	(78,440)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,894,770)	0	0	(4,894,770)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(6,922,728)	0	0	(6,922,728)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,027,958	0	0	2,027,958	0	0	0	0	0	0
24 Medical Loss Ratio	98.4%	0.0%	0.0%	98.4%	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.....		(20,063)	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(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.....	20,985	0	0	20,985	0	0	0	0	0	0
2. MEMBER MONTHS.....	121,664	0	0	121,664	0	0	0	0	0	0
3. Direct Premium Income.....	105,656,245	0	0	105,656,245	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	105,656,245	0	0	105,656,245	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).....	105,656,245	0	0	105,656,245	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	102,582,512	0	0	102,582,512	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).....	102,582,512	0	0	102,582,512	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,074,490	0	0	3,074,490	0	0	0	0	0	0
15. General Administrative Expenses.....	9,325,704	0	0	9,325,704	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).....	114,982,706	0	0	114,982,706	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(9,326,461)	0	0	(9,326,461)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	517,522	0	0	517,522	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(7,951)	0	0	(7,951)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(8,816,890)	0	0	(8,816,890)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	613,500	0	0	613,500	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(9,430,390)	0	0	(9,430,390)	0	0	0	0	0	0
24 Medical Loss Ratio	97.1%	0.0%	0.0%	97.1%	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 **Humana Health Plan of Texas, Inc.**

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	9,999	0	0	0	0	0	0	9,999	0	0
2. First Quarter	0									
3. Second Quarter	9,476	0	0	0	0	0	0	9,476	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	57,034	0	0	0	0	0	0	57,034	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	88,133	0	0	0	0	0	0	88,133	0	0
8. Non-Physician	44,545	0	0	0	0	0	0	44,545	0	0
9. Total	132,678	0	0	0	0	0	0	132,678	0	0
10. Hospital Patient Days Incurred	9,548	0	0	0	0	0	0	9,548	0	0
11. Number of Inpatient Admissions	1,120	0	0	0	0	0	0	1,120	0	0
12. Health Premiums Written	47,982,474	0	0	0	0	0	0	47,982,474	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	47,982,474	0	0	0	0	0	0	47,982,474	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	33,477,891	0	0	0	0	0	0	33,477,891	0	0
18. Amount Incurred for Provision of Health Care Services	36,827,502	0	0	0	0	0	0	36,827,502	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	9,476	0	0	9,476	0	0	0	0	0	0
2. MEMBER MONTHS.....	28,440	0	0	28,440	0	0	0	0	0	0
3. Direct Premium Income.....	24,248,625	0	0	24,248,625	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	24,248,625	0	0	24,248,625	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).....	24,248,625	0	0	24,248,625	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	17,955,437	0	0	17,955,437	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).....	17,955,437	0	0	17,955,437	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	938,737	0	0	938,737	0	0	0	0	0	0
15. General Administrative Expenses.....	1,780,072	0	0	1,780,072	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).....	20,674,246	0	0	20,674,246	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,574,379	0	0	3,574,379	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	157,789	0	0	157,789	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(35,902)	0	0	(35,902)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,696,266	0	0	3,696,266	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,596,126	0	0	3,596,126	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	100,140	0	0	100,140	0	0	0	0	0	0
24 Medical Loss Ratio	74.0%	0.0%	0.0%	74.0%	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 **Humana Health Plan of Texas, Inc.**

(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.....	9,476	0	0	9,476	0	0	0	0	0	0
2. MEMBER MONTHS.....	57,034	0	0	57,034	0	0	0	0	0	0
3. Direct Premium Income.....	47,982,474	0	0	47,982,474	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	47,982,474	0	0	47,982,474	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).....	47,982,474	0	0	47,982,474	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	36,827,502	0	0	36,827,502	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).....	36,827,502	0	0	36,827,502	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,396,241	0	0	1,396,241	0	0	0	0	0	0
15. General Administrative Expenses.....	4,235,153	0	0	4,235,153	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).....	42,458,896	0	0	42,458,896	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,523,578	0	0	5,523,578	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	235,026	0	0	235,026	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,611)	0	0	(3,611)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,754,993	0	0	5,754,993	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(359,654)	0	0	(359,654)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	6,114,647	0	0	6,114,647	0	0	0	0	0	0
24 Medical Loss Ratio	76.8%	0.0%	0.0%	76.8%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

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	2,081	0	2,081	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	2,219	0	2,219	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	12,940	0	12,940	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	2,930	0	2,930	0	0	0	0	0	0	0
8. Non-Physician	1,019	0	1,019	0	0	0	0	0	0	0
9. Total	3,949	0	3,949	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	96	0	96	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	26	0	26	0	0	0	0	0	0	0
12. Health Premiums Written	3,312,678	0	3,312,678	0	0	0	0	0	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	3,312,678	0	3,312,678	0	0	0	0	0	0	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	1,849,708	0	1,849,708	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,953,393	0	1,953,395	0	0	0	(2)	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	2,219	2,219	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,499	6,499	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,599,956	1,599,956	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,597,347	1,597,347	0	0	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).....	1,597,347	1,597,347	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,404,946	1,404,946	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	12,111	12,111	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,392,835	1,392,835	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	48,667	48,667	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	192,373	192,373	0	0	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).....	1,633,875	1,633,875	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(36,528)	(36,528)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	13,679	13,679	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,914)	(2,914)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(25,763)	(25,763)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(640,507)	(640,507)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	614,744	614,744	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	87.2%	87.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **Humana Health Plan of Texas, Inc.**

(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.....	2,219	2,219	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,940	12,940	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	3,312,678	3,312,678	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	3,307,176	3,307,176	0	0	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).....	3,307,176	3,307,176	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,953,395	2,953,395	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	12,111	12,111	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,941,284	2,941,284	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	124,850	124,850	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	598,212	598,212	0	0	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).....	3,664,346	3,664,346	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(357,170)	(357,170)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	19,915	19,915	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(306)	(306)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(337,561)	(337,561)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(41,399)	(41,399)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(296,162)	(296,162)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	88.9%	88.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **East 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	9,184	0	0	0	0	0	0	9,184	0	0
2. First Quarter	0									
3. Second Quarter	10,282	0	0	0	0	0	0	10,282	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	61,188	0	0	0	0	0	0	61,188	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	91,257	0	0	0	0	0	0	91,257	0	0
8. Non-Physician	63,790	0	0	0	0	0	0	63,790	0	0
9. Total	155,047	0	0	0	0	0	0	155,047	0	0
10. Hospital Patient Days Incurred	14,262	0	0	0	0	0	0	14,262	0	0
11. Number of Inpatient Admissions	1,668	0	0	0	0	0	0	1,668	0	0
12. Health Premiums Written	52,344,259	0	0	0	0	0	0	52,309,758	0	34,501
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	52,344,259	0	0	0	0	0	0	52,309,758	0	34,501
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	47,470,662	0	0	0	0	0	0	47,470,662	0	0
18. Amount Incurred for Provision of Health Care Services	48,167,492	0	0	0	0	0	0	48,167,492	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

East 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.....	10,282	0	0	10,282	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,722	0	0	30,722	0	0	0	0	0	0
3. Direct Premium Income.....	26,190,381	0	0	26,172,638	0	0	0	XXXXXXXX	0	17,743
4. Net Premium Income.....	26,190,381	0	0	26,172,638	0	0	0	0	0	17,743
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).....	26,190,381	0	0	26,172,638	0	0	0	0	0	17,743
11. Hospital & Medical Benefits.....	23,897,680	0	0	23,897,680	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).....	23,897,680	0	0	23,897,680	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,018,331	0	0	1,018,331	0	0	0	0	0	0
15. General Administrative Expenses.....	1,913,231	0	0	1,913,419	0	0	0	0	0	(188)
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).....	26,829,242	0	0	26,829,430	0	0	0	0	0	(188)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(638,861)	0	0	(656,792)	0	0	0	0	0	17,931
19. Net Investments Gains / (Losses).....	171,320	0	0	171,164	0	0	0	0	0	156
20. Aggregate write-ins for other expenses.....	(39,500)	0	0	(39,497)	0	0	0	0	0	(3)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(507,041)	0	0	(525,125)	0	0	0	0	0	18,084
22. Federal and foreign income taxes incurred.....	(2,204,525)	0	0	(2,234,356)	0	0	0	0	0	29,831
23. NET INCOME/(LOSS) (L21 less L22).....	1,697,484	0	0	1,709,231	0	0	0	0	0	(11,747)
24 Medical Loss Ratio	91.2%	0.0%	0.0%	91.3%	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 **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

East 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.....	10,282	0	0	10,282	0	0	0	0	0	0
2. MEMBER MONTHS.....	61,188	0	0	61,188	0	0	0	0	0	0
3. Direct Premium Income.....	52,344,259	0	0	52,309,758	0	0	0	XXXXXXXX	0	34,501
4. Net Premium Income.....	52,344,259	0	0	52,309,758	0	0	0	0	0	34,501
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).....	52,344,259	0	0	52,309,758	0	0	0	0	0	34,501
11. Hospital & Medical Benefits.....	48,167,492	0	0	48,167,492	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).....	48,167,492	0	0	48,167,492	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,522,161	0	0	1,522,161	0	0	0	0	0	0
15. General Administrative Expenses.....	4,617,013	0	0	4,617,099	0	0	0	0	0	(86)
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).....	54,306,666	0	0	54,306,752	0	0	0	0	0	(86)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,962,407)	0	0	(1,996,994)	0	0	0	0	0	34,587
19. Net Investments Gains / (Losses).....	256,378	0	0	256,222	0	0	0	0	0	156
20. Aggregate write-ins for other expenses.....	(3,938)	0	0	(3,936)	0	0	0	0	0	(2)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,709,967)	0	0	(1,744,708)	0	0	0	0	0	34,741
22. Federal and foreign income taxes incurred.....	106,864	0	0	109,035	0	0	0	0	0	(2,171)
23. NET INCOME/(LOSS) (L21 less L22).....	(1,816,831)	0	0	(1,853,743)	0	0	0	0	0	36,912
24. Medical Loss Ratio	92.0%	0.0%	0.0%	92.1%	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				