

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(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.....	153,597	52,511	0	3,225	0	93,643	0	0	4,218	0
2. MEMBER MONTHS.....	460,628	169,952	0	9,704	0	280,972	0	0	0	0
3. Direct Premium Income.....	123,232,992	46,288,113	0	9,405,873	0	66,021,874	0	XXXXXXXX	1,517,134	0
4. Net Premium Income.....	121,937,945	45,549,345	0	9,402,415	0	65,493,288	0	0	1,492,896	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,103,059	0	0	0	0	1,090,485	0	0	12,573	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).....	123,041,003	45,549,345	0	9,402,415	0	66,583,773	0	0	1,505,470	0
11. Hospital & Medical Benefits.....	108,863,822	42,024,160	0	9,816,805	0	55,514,364	0	0	1,508,492	0
12. Net Reins Recoveries Incurred.....	1,810,731	506,192	0	0	0	1,304,539	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	107,053,092	41,517,969	0	9,816,805	0	54,209,825	0	0	1,508,492	0
14. Claims Adjustment Expenses.....	5,591,939	(660,278)	0	670,228	0	5,489,436	0	0	93,260	(708)
15. General Administrative Expenses.....	13,453,843	7,483,077	0	1,469,170	0	3,992,794	0	0	182,780	326,022
16. Increase in Reserves for A&H contracts.....	(980,000)	220,000	0	(1,911,525)	0	711,525	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	125,118,874	48,560,768	0	10,044,678	0	64,403,581	0	0	1,784,533	325,314
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,077,870)	(3,011,423)	0	(642,263)	0	2,180,192	0	0	(279,063)	(325,314)
19. Net Investments Gains / (Losses).....	316,074	(40,157)	0	60,560	0	290,212	0	0	8,834	(3,375)
20. Aggregate write-ins for other expenses.....	693	266	0	53	0	369	0	0	8	(3)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,761,103)	(3,051,314)	0	(581,650)	0	2,470,773	0	0	(270,221)	(328,692)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,761,103)	(3,051,314)	0	(581,650)	0	2,470,773	0	0	(270,221)	(328,692)
24 Medical Loss Ratio	87.8%	91.1%	0.0%	104.4%	0.0%	82.8%	0.0%	0.0%	101.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		25,643	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		75,156	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(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.....	153,597	52,511	0	3,225	0	93,643	0	0	4,218	0
2. MEMBER MONTHS.....	920,055	323,607	0	19,517	0	564,398	0	0	12,533	0
3. Direct Premium Income.....	251,534,008	92,121,240	0	19,000,114	0	137,282,663	0	XXXXXXXX	3,129,991	0
4. Net Premium Income.....	248,733,614	90,504,591	0	18,992,736	0	136,156,996	0	0	3,079,290	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,777,387)	0	0	0	0	(1,731,117)	0	0	(46,269)	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).....	246,956,227	90,504,591	0	18,992,736	0	134,425,879	0	0	3,033,021	0
11. Hospital & Medical Benefits.....	215,253,737	81,053,292	0	15,626,909	0	115,417,445	0	0	3,156,091	0
12. Net Reins Recoveries Incurred.....	2,939,162	1,092,865	0	0	0	1,846,297	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	212,314,576	79,960,427	0	15,626,909	0	113,571,148	0	0	3,156,091	0
14. Claims Adjustment Expenses.....	9,038,148	1,378,414	0	770,961	0	6,777,125	0	0	111,648	0
15. General Administrative Expenses.....	30,595,364	14,405,001	0	2,989,976	0	12,791,990	0	0	408,397	0
16. Increase in Reserves for A&H contracts.....	(2,310,000)	0	0	(3,021,525)	0	711,525	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	249,638,087	95,743,843	0	16,366,321	0	133,851,788	0	0	3,676,136	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,681,860)	(5,239,252)	0	2,626,415	0	574,091	0	0	(643,115)	0
19. Net Investments Gains / (Losses).....	709,137	24,257	0	122,824	0	543,472	0	0	18,585	0
20. Aggregate write-ins for other expenses.....	1,255	472	0	96	0	672	0	0	15	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,971,468)	(5,214,523)	0	2,749,335	0	1,118,235	0	0	(624,515)	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).....	(1,971,468)	(5,214,523)	0	2,749,335	0	1,118,235	0	0	(624,515)	0
24 Medical Loss Ratio	85.4%	88.3%	0.0%	82.3%	0.0%	83.4%	0.0%	0.0%	102.5%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		25,643	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		154,047	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Abilene**

(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	21,348	440	8,446	0	0	0	0	228	12,234	0
2. First Quarter	0									
3. Second Quarter	22,510	1,758	8,618	0	0	0	19	251	11,864	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	134,152	9,223	51,497	0	0	0	94	1,523	71,815	0
Total Member Ambulatory Encounters for Year:										
7. Physician	55,777	4,177	19,403	0	0	0	78	1,732	30,387	0
8. Non-Physician	41,694	2,545	11,481	0	0	0	71	1,092	26,505	0
9. Total	97,471	6,722	30,884	0	0	0	149	2,824	56,892	0
10. Hospital Patient Days Incurred	4,762	227	1,112	0	0	0	2	169	3,252	0
11. Number of Inpatient Admissions	1,432	54	266	0	0	0	1	41	1,070	0
12. Health Premiums Written	36,511,817	2,721,984	15,719,623	0	0	0	47,280	1,071,408	16,951,522	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	36,511,817	2,721,984	15,719,623	0	0	0	47,280	1,071,408	16,951,522	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	31,692,928	3,736,553	13,008,684	0	0	0	0	945,800	14,001,891	0
18. Amount Incurred for Provision of Health Care Services	30,894,696	4,397,472	12,553,345	0	0	0	0	946,564	12,997,315	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(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.....	22,510	10,395	0	251	0	11,864	0	0	0	0
2. MEMBER MONTHS.....	67,348	30,986	0	761	0	35,601	0	0	0	0
3. Direct Premium Income.....	18,278,078	9,410,666	0	541,417	0	8,325,996	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,055,930	9,255,543	0	541,145	0	8,259,242	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).....	18,055,930	9,255,543	0	541,145	0	8,259,242	0	0	0	0
11. Hospital & Medical Benefits.....	14,723,308	8,664,471	0	586,528	0	5,472,309	0	0	0	0
12. Net Reins Recoveries Incurred.....	279,768	279,768	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,443,539	8,384,702	0	586,528	0	5,472,309	0	0	0	0
14. Claims Adjustment Expenses.....	259,025	42,874	0	23,694	0	192,528	0	0	0	(70)
15. General Administrative Expenses.....	2,733,784	1,396,181	0	98,776	0	1,121,849	0	0	0	116,977
16. Increase in Reserves for A&H contracts.....	137,011	137,011	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	17,573,360	9,960,769	0	708,998	0	6,786,686	0	0	0	116,907
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	482,570	(705,226)	0	(167,853)	0	1,472,556	0	0	0	(116,907)
19. Net Investments Gains / (Losses).....	70,693	(9,092)	0	5,173	0	76,052	0	0	0	(1,439)
20. Aggregate write-ins for other expenses.....	102	55	0	3	0	46	0	0	0	(1)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	553,366	(714,263)	0	(162,677)	0	1,548,654	0	0	0	(118,347)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	553,366	(714,263)	0	(162,677)	0	1,548,654	0	0	0	(118,347)
24 Medical Loss Ratio	80.0%	90.6%	0.0%	108.4%	0.0%	66.3%	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.....		69	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(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.....	22,510	10,395	0	251	0	11,864	0	0	0	0
2. MEMBER MONTHS.....	134,152	60,814	0	1,523	0	71,815	0	0	0	0
3. Direct Premium Income.....	36,511,817	18,488,887	0	1,071,408	0	16,951,522	0	XXXXXXXX	0	0
4. Net Premium Income.....	36,032,001	18,153,313	0	1,070,832	0	16,807,855	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).....	36,032,001	18,153,313	0	1,070,832	0	16,807,855	0	0	0	0
11. Hospital & Medical Benefits.....	30,894,696	16,950,817	0	946,564	0	12,997,315	0	0	0	0
12. Net Reins Recoveries Incurred.....	459,885	459,885	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	30,434,810	16,490,932	0	946,564	0	12,997,315	0	0	0	0
14. Claims Adjustment Expenses.....	640,299	247,408	0	44,686	0	348,205	0	0	0	0
15. General Administrative Expenses.....	5,365,044	2,858,962	0	187,391	0	2,318,691	0	0	0	0
16. Increase in Reserves for A&H contracts.....	118,546	118,546	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	36,558,699	19,715,848	0	1,178,640	0	15,664,211	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(526,698)	(1,562,535)	0	(107,808)	0	1,143,644	0	0	0	0
19. Net Investments Gains / (Losses).....	245,538	78,088	0	10,417	0	157,034	0	0	0	0
20. Aggregate write-ins for other expenses.....	185	95	0	5	0	84	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(280,976)	(1,484,352)	0	(97,385)	0	1,300,762	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).....	(280,976)	(1,484,352)	0	(97,385)	0	1,300,762	0	0	0	0
24 Medical Loss Ratio	84.5%	90.8%	0.0%	88.4%	0.0%	77.3%	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.....		5,056	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **SHA, L.L.C.**

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	16,341	287	10,552	0	0	0	392	0	5,110	0
2. First Quarter	0									
3. Second Quarter	17,372	1,367	10,805	0	0	0	383	47	4,770	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	103,006	7,197	64,097	0	0	0	2,309	262	29,141	0
Total Member Ambulatory Encounters for Year:										
7. Physician	37,403	3,161	24,371	0	0	0	1,602	209	8,060	0
8. Non-Physician	34,461	1,983	15,500	0	0	0	1,465	124	15,389	0
9. Total	71,864	5,144	39,871	0	0	0	3,067	333	23,449	0
10. Hospital Patient Days Incurred	2,560	144	1,139	0	0	0	40	38	1,199	0
11. Number of Inpatient Admissions	838	43	339	0	0	0	12	6	438	0
12. Health Premiums Written	28,355,613	1,997,890	18,482,186	0	0	0	970,988	137,582	6,766,968	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	28,355,613	1,997,890	18,482,186	0	0	0	970,988	137,582	6,766,968	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	25,812,430	2,241,588	17,043,099	0	0	0	204,470	202,735	6,120,538	0
18. Amount Incurred for Provision of Health Care Services	25,773,452	2,592,010	16,919,683	0	0	0	7,200	202,682	6,051,878	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(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.....	17,372	12,555	0	47	0	4,770	0	0	0	0
2. MEMBER MONTHS.....	51,851	37,366	0	140	0	14,345	0	0	0	0
3. Direct Premium Income.....	14,271,406	10,833,279	0	76,245	0	3,361,883	0	XXXXXXXX	0	0
4. Net Premium Income.....	14,057,724	10,655,503	0	76,195	0	3,326,026	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).....	14,057,724	10,655,503	0	76,195	0	3,326,026	0	0	0	0
11. Hospital & Medical Benefits.....	13,578,238	10,592,019	0	132,745	0	2,853,474	0	0	0	0
12. Net Reins Recoveries Incurred.....	77,052	76,683	0	0	0	369	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,501,187	10,515,336	0	132,745	0	2,853,106	0	0	0	0
14. Claims Adjustment Expenses.....	139,967	64,965	0	4,739	0	70,264	0	0	0	0
15. General Administrative Expenses.....	2,040,452	1,629,889	0	12,047	0	398,517	0	0	0	0
16. Increase in Reserves for A&H contracts.....	173,167	173,167	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	15,854,774	12,383,358	0	149,530	0	3,321,886	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,797,050)	(1,727,855)	0	(73,336)	0	4,140	0	0	0	0
19. Net Investments Gains / (Losses).....	(90,403)	(90,461)	0	3	0	54	0	0	0	0
20. Aggregate write-ins for other expenses.....	80	61	0	1	0	18	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,887,373)	(1,818,255)	0	(73,331)	0	4,213	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).....	(1,887,373)	(1,818,255)	0	(73,331)	0	4,213	0	0	0	0
24 Medical Loss Ratio	96.0%	98.7%	0.0%	174.2%	0.0%	85.8%	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.....		(406)	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(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.....	17,372	12,555	0	47	0	4,770	0	0	0	0
2. MEMBER MONTHS.....	103,006	73,603	0	262	0	29,141	0	0	0	0
3. Direct Premium Income.....	28,355,613	21,451,064	0	137,582	0	6,766,968	0	XXXXXXXX	0	0
4. Net Premium Income.....	27,902,200	21,073,429	0	137,484	0	6,691,287	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).....	27,902,200	21,073,429	0	137,484	0	6,691,287	0	0	0	0
11. Hospital & Medical Benefits.....	25,773,452	19,518,893	0	202,682	0	6,051,878	0	0	0	0
12. Net Reins Recoveries Incurred.....	212,105	211,736	0	0	0	369	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	25,561,347	19,307,157	0	202,682	0	6,051,509	0	0	0	0
14. Claims Adjustment Expenses.....	468,136	319,003	0	4,739	0	144,394	0	0	0	0
15. General Administrative Expenses.....	3,972,922	3,119,553	0	21,372	0	831,998	0	0	0	0
16. Increase in Reserves for A&H contracts.....	149,829	149,829	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	30,152,235	22,895,542	0	228,792	0	7,027,901	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,250,035)	(1,822,112)	0	(91,309)	0	(336,614)	0	0	0	0
19. Net Investments Gains / (Losses).....	(95,127)	(93,986)	0	(13)	0	(1,128)	0	0	0	0
20. Aggregate write-ins for other expenses.....	143	108	0	1	0	34	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,345,019)	(1,915,990)	0	(91,321)	0	(337,708)	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).....	(2,345,019)	(1,915,990)	0	(91,321)	0	(337,708)	0	0	0	0
24 Medical Loss Ratio	91.6%	91.6%	0.0%	147.4%	0.0%	90.4%	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.....		8,348	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Lubbock**

(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	74,338	5,365	20,984	0	0	0	20	2,859	45,110	0
2. First Quarter	0									
3. Second Quarter	74,032	7,227	19,378	0	0	0	40	2,901	44,486	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	443,340	40,964	117,215	0	0	0	237	17,579	267,345	0
Total Member Ambulatory Encounters for Year:										
7. Physician	176,063	14,640	46,127	0	0	0	163	17,359	97,774	0
8. Non-Physician	199,454	12,916	28,607	0	0	0	149	19,843	137,939	0
9. Total	375,517	27,556	74,734	0	0	0	312	37,202	235,713	0
10. Hospital Patient Days Incurred	18,123	969	2,112	0	0	0	4	2,849	12,189	0
11. Number of Inpatient Admissions	4,971	258	550	0	0	0	1	447	3,715	0
12. Health Premiums Written	121,881,234	7,544,822	36,180,468	0	0	0	95,583	17,655,660	60,404,701	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	122,146,347	7,498,553	36,180,468	0	0	0	95,583	17,655,660	60,716,083	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	110,289,519	7,467,415	31,736,444	0	0	0	772	14,958,475	56,126,412	0
18. Amount Incurred for Provision of Health Care Services	108,843,472	7,772,147	30,125,387	0	0	0	0	14,396,231	56,549,706	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(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.....	74,032	22,427	0	2,901	0	44,486	0	0	4,218	0
2. MEMBER MONTHS.....	222,158	80,062	0	8,725	0	133,371	0	0	0	0
3. Direct Premium Income.....	61,156,345	20,414,823	0	8,714,634	0	30,450,911	0	XXXXXXXX	1,575,976	0
4. Net Premium Income.....	59,459,394	20,111,627	0	8,711,527	0	29,143,344	0	0	1,492,896	0
5. Change in unearned premium reserve and reserve for rate credits.....	369,135	0	0	0	0	356,561	0	0	12,573	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).....	59,828,529	20,111,627	0	8,711,527	0	29,499,905	0	0	1,505,470	0
11. Hospital & Medical Benefits.....	56,660,583	17,231,240	0	9,019,268	0	28,901,583	0	0	1,508,492	0
12. Net Reins Recoveries Incurred.....	2,658,084	58,611	0	0	0	2,599,473	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	54,002,499	17,172,629	0	9,019,268	0	26,302,110	0	0	1,508,492	0
14. Claims Adjustment Expenses.....	4,573,866	(782,850)	0	639,438	0	4,624,600	0	0	93,260	(581)
15. General Administrative Expenses.....	4,786,475	3,605,653	0	1,346,582	0	(510,189)	0	0	182,780	161,649
16. Increase in Reserves for A&H contracts.....	(1,395,782)	406,577	0	(1,802,359)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	61,967,058	20,402,010	0	9,202,928	0	30,416,520	0	0	1,784,533	161,068
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,138,530)	(290,383)	0	(491,401)	0	(916,615)	0	0	(279,063)	(161,068)
19. Net Investments Gains / (Losses).....	426,390	150,525	0	55,380	0	213,616	0	0	8,834	(1,964)
20. Aggregate write-ins for other expenses.....	337	118	0	49	0	164	0	0	8	(1)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,711,802)	(139,740)	0	(435,973)	0	(702,835)	0	0	(270,221)	(163,034)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,711,802)	(139,740)	0	(435,973)	0	(702,835)	0	0	(270,221)	(163,034)
24 Medical Loss Ratio	90.8%	85.4%	0.0%	103.5%	0.0%	90.3%	0.0%	0.0%	101.0%	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.....		(229)	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock
(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.....	74,032	22,427	0	2,901	0	44,486	0	0	4,218	0
2. MEMBER MONTHS.....	443,340	145,883	0	17,579	0	267,345	0	0	12,533	0
3. Direct Premium Income.....	121,881,234	40,690,882	0	17,655,660	0	60,404,701	0	XXXXXXXX	3,129,991	0
4. Net Premium Income.....	120,639,274	40,019,893	0	17,649,014	0	59,891,076	0	0	3,079,290	0
5. Change in unearned premium reserve and reserve for rate credits.....	(756,137)	0	0	0	0	(709,868)	0	0	(46,269)	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).....	119,883,136	40,019,893	0	17,649,014	0	59,181,208	0	0	3,033,021	0
11. Hospital & Medical Benefits.....	108,843,472	34,741,444	0	14,396,231	0	56,549,706	0	0	3,156,091	0
12. Net Reins Recoveries Incurred.....	1,829,862	296,818	0	0	0	1,533,044	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	107,013,609	34,444,626	0	14,396,231	0	55,016,662	0	0	3,156,091	0
14. Claims Adjustment Expenses.....	6,662,866	627,897	0	718,863	0	5,204,458	0	0	111,648	0
15. General Administrative Expenses.....	13,211,419	6,690,115	0	2,760,837	0	3,352,070	0	0	408,397	0
16. Increase in Reserves for A&H contracts.....	(2,669,745)	351,780	0	(3,021,525)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	124,218,149	42,114,418	0	14,854,405	0	63,573,190	0	0	3,676,136	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,335,012)	(2,094,525)	0	2,794,610	0	(4,391,982)	0	0	(643,115)	0
19. Net Investments Gains / (Losses).....	660,433	133,526	0	112,426	0	395,897	0	0	18,585	0
20. Aggregate write-ins for other expenses.....	611	209	0	89	0	297	0	0	15	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,673,968)	(1,960,790)	0	2,907,125	0	(3,995,787)	0	0	(624,515)	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).....	(3,673,968)	(1,960,790)	0	2,907,125	0	(3,995,787)	0	0	(624,515)	0
24 Medical Loss Ratio	88.7%	86.1%	0.0%	81.6%	0.0%	91.9%	0.0%	0.0%	102.5%	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.....		8,273	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Waco**

(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	6,849	376	6,473	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	7,134	957	6,118	0	0	0	59	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	43,307	5,238	37,714	0	0	0	355	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	15,141	1,986	12,890	0	0	0	265	0	0	0
8. Non-Physician	8,580	1,057	7,281	0	0	0	242	0	0	0
9. Total	23,721	3,043	20,171	0	0	0	507	0	0	0
10. Hospital Patient Days Incurred	602	81	516	0	0	0	5	0	0	0
11. Number of Inpatient Admissions	175	23	150	0	0	0	2	0	0	0
12. Health Premiums Written	11,490,407	1,352,074	9,977,770	0	0	0	160,563	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	11,490,407	1,352,074	9,977,770	0	0	0	160,563	0	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	9,999,626	1,817,917	8,181,709	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	9,842,139	1,874,357	7,967,782	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Waco
(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.....	7,134	7,134	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,538	21,538	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,629,344	5,629,344	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,526,673	5,526,673	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).....	5,526,673	5,526,673	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,536,430	5,536,430	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	91,129	91,129	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,445,301	5,445,301	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	14,675	14,731	0	0	0	0	0	0	0	(56)
15. General Administrative Expenses.....	898,749	851,353	0	0	0	0	0	0	0	47,396
16. Increase in Reserves for A&H contracts.....	105,603	105,603	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	6,464,329	6,416,989	0	0	0	0	0	0	0	47,340
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(937,656)	(890,316)	0	0	0	0	0	0	0	(47,340)
19. Net Investments Gains / (Losses).....	(91,100)	(91,129)	0	0	0	0	0	0	0	28
20. Aggregate write-ins for other expenses.....	32	33	0	0	0	0	0	0	0	(0)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,028,724)	(981,412)	0	0	0	0	0	0	0	(47,312)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,028,724)	(981,412)	0	0	0	0	0	0	0	(47,312)
24 Medical Loss Ratio	98.5%	98.5%	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.....		510	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Waco

(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.....	7,134	7,134	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	43,307	43,307	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	11,490,407	11,490,407	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	11,257,956	11,257,956	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).....	11,257,956	11,257,956	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,842,139	9,842,139	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	124,426	124,426	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,717,713	9,717,713	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	184,103	184,103	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,736,372	1,736,372	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	91,371	91,371	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	11,729,559	11,729,559	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(471,603)	(471,603)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(93,370)	(93,370)	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	59	59	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(564,915)	(564,915)	0	0	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).....	(564,915)	(564,915)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	86.3%	86.3%	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.....		3,966	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **West & Central TX**

(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	33,765	0	0	0	0	0	0	5	33,760	0
2. First Quarter	0									
3. Second Quarter	32,549	0	0	0	0	0	0	26	32,523	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	196,250	0	0	0	0	0	0	153	196,097	0
Total Member Ambulatory Encounters for Year:										
7. Physician	87,818	0	0	0	0	0	0	122	87,696	0
8. Non-Physician	74,041	0	0	0	0	0	0	81	73,960	0
9. Total	161,859	0	0	0	0	0	0	203	161,656	0
10. Hospital Patient Days Incurred	11,769	0	0	0	0	0	0	0	11,769	0
11. Number of Inpatient Admissions	4,048	0	0	0	0	0	0	0	4,048	0
12. Health Premiums Written	53,294,936	0	0	0	0	0	0	135,464	53,159,472	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	51,252,437	0	0	0	0	0	0	135,464	51,116,972	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	41,370,127	0	0	0	0	0	0	81,455	41,288,672	0
18. Amount Incurred for Provision of Health Care Services	39,899,979	0	0	0	0	0	0	81,433	39,818,546	0

TEXAS HMO SUPPLEMENT

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

West & Central TX

(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.....	32,549	0	0	26	0	32,523	0	0	0	0
2. MEMBER MONTHS.....	97,733	0	0	78	0	97,655	0	0	0	0
3. Direct Premium Income.....	26,778,264	0	0	73,577	0	26,704,687	0	XXXXXXXX	0	0
4. Net Premium Income.....	24,838,224	0	0	73,548	0	24,764,676	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,776,423	0	0	0	0	2,776,423	0	0	0	0
6. Fee-for-Service (gross revenues).....	(1,021,250)	XXXXXXXX	0	0	0	(1,021,250)	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).....	26,593,398	0	0	73,548	0	26,519,850	0	0	0	0
11. Hospital & Medical Benefits.....	18,365,263	0	0	78,264	0	18,286,999	0	0	0	0
12. Net Reins Recoveries Incurred.....	312,884	0	0	0	0	312,884	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	18,052,379	0	0	78,264	0	17,974,115	0	0	0	0
14. Claims Adjustment Expenses.....	604,403	0	0	2,358	0	602,045	0	0	0	0
15. General Administrative Expenses.....	2,994,383	0	0	11,766	0	2,982,618	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).....	21,651,165	0	0	92,388	0	21,558,777	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,942,233	0	0	(18,840)	0	4,961,073	0	0	0	0
19. Net Investments Gains / (Losses).....	495	0	0	5	0	490	0	0	0	0
20. Aggregate write-ins for other expenses.....	141	0	0	0	0	141	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,942,869	0	0	(18,835)	0	4,961,703	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).....	4,942,869	0	0	(18,835)	0	4,961,703	0	0	0	0
24 Medical Loss Ratio	72.7%	0.0%	0.0%	106.4%	0.0%	72.6%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

West & Central TX

(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.....	32,549	0	0	26	0	32,523	0	0	0	0
2. MEMBER MONTHS.....	196,250	0	0	153	0	196,097	0	0	0	0
3. Direct Premium Income.....	53,294,936	0	0	135,464	0	53,159,472	0	XXXXXXXX	0	0
4. Net Premium Income.....	52,902,184	0	0	135,406	0	52,766,778	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,021,250	0	0	0	0	1,021,250	0	0	0	0
6. Fee-for-Service (gross revenues).....	(1,021,250)	XXXXXXXX	0	0	0	(1,021,250)	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).....	52,902,184	0	0	135,406	0	52,766,778	0	0	0	0
11. Hospital & Medical Benefits.....	39,899,979	0	0	81,433	0	39,818,546	0	0	0	0
12. Net Reins Recoveries Incurred.....	312,884	0	0	0	0	312,884	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	39,587,095	0	0	81,433	0	39,505,662	0	0	0	0
14. Claims Adjustment Expenses.....	1,082,742	0	0	2,673	0	1,080,068	0	0	0	0
15. General Administrative Expenses.....	6,309,607	0	0	20,376	0	6,289,231	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).....	46,979,444	0	0	104,483	0	46,874,961	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,922,740	0	0	30,922	0	5,891,817	0	0	0	0
19. Net Investments Gains / (Losses).....	(8,338)	0	0	(6)	0	(8,332)	0	0	0	0
20. Aggregate write-ins for other expenses.....	258	0	0	1	0	258	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,914,660	0	0	30,917	0	5,883,743	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).....	5,914,660	0	0	30,917	0	5,883,743	0	0	0	0
24 Medical Loss Ratio	74.8%	0.0%	0.0%	60.1%	0.0%	74.9%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				