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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2015** OF THE **Community First Health Plans, 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**	132,809	6,508	0	0	0	109,041	0	0	17,260	0
2. **MEMBER MONTHS**	413,343	19,671	0	0	0	327,642	0	0	51,643	14,387
3. Direct Premium Income	90,206,825	7,082,197	0	0	0	76,504,446	0	XXXXXXXX	6,534,387	85,795
4. Net Premium Income	87,809,093	6,832,256	0	0	0	74,453,400	0	0	6,523,437	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	639,163	0	0	0	0	639,163	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)	88,448,256	6,832,256	0	0	0	75,092,563	0	0	6,523,437	0
11. Hospital & Medical Benefits	70,778,438	6,079,500	0	0	0	59,144,067	0	0	5,554,871	0
12. Net Reins Recoveries Incurred	265,793	43,677	0	0	0	134,603	0	0	87,513	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	70,512,645	6,035,823	0	0	0	59,009,464	0	0	5,467,358	0
14. Claims Adjustment Expenses	(643,447)	142,356	0	0	0	(719,305)	0	0	13,366	(79,864)
15. General Administrative Expenses	15,508,496	550,981	0	0	0	14,411,660	0	0	644,155	(98,300)
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)	85,377,694	6,729,160	0	0	0	72,701,819	0	0	6,124,879	(178,164)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	3,070,562	103,096	0	0	0	2,390,744	0	0	398,558	178,164
19. Net Investments Gains / (Losses)	99,853	77,827	0	0	0	20,077	0	0	1,949	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	3,170,415	180,923	0	0	0	2,410,821	0	0	400,507	178,164
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	3,170,415	180,923	0	0	0	2,410,821	0	0	400,507	178,164
24 Medical Loss Ratio	80.3%	88.3%	0.0%	0.0%	0.0%	79.3%	0.0%	0.0%	83.8%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 5,134
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 15,574

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

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

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STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2015** OF THE **Community First Health Plans, 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**	132,809	6,508	0	0	0	109,041	0	0	17,260	0
2. **MEMBER MONTHS**	812,523	37,946	0	0	0	658,086	0	0	102,104	14,387
3. Direct Premium Income	174,864,393	13,897,532	0	0	0	148,033,174	0	XXXXXXXX	12,847,892	85,795
4. Net Premium Income	171,952,771	13,392,350	0	0	0	145,734,244	0	0	12,826,177	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)	171,952,771	13,392,350	0	0	0	145,734,244	0	0	12,826,177	0
11. Hospital & Medical Benefits	144,970,227	11,847,297	0	0	0	121,953,967	0	0	11,168,963	0
12. Net Reins Recoveries Incurred	385,910	159,150	0	0	0	139,247	0	0	87,513	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	144,584,317	11,688,147	0	0	0	121,814,720	0	0	11,081,450	0
14. Claims Adjustment Expenses	1,209,699	272,148	0	0	0	876,793	0	0	165,981	(105,223)
15. General Administrative Expenses	23,415,209	1,354,218	0	0	0	21,250,091	0	0	1,076,123	(265,223)
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)	169,209,225	13,314,513	0	0	0	143,941,604	0	0	12,323,554	(370,446)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	2,743,546	77,837	0	0	0	1,792,640	0	0	502,623	370,446
19. Net Investments Gains / (Losses)	209,946	162,252	0	0	0	43,737	0	0	3,957	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	2,953,492	240,089	0	0	0	1,836,377	0	0	506,580	370,446
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	2,953,492	240,089	0	0	0	1,836,377	0	0	506,580	370,446
24 Medical Loss Ratio	84.1%	87.3%	0.0%	0.0%	0.0%	83.6%	0.0%	0.0%	86.4%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 5,134
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 31,278

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

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