

TEXAS HMO SUPPLEMENT

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

OF THE **Superior Healthplan, 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.....	462,915	9,689	7,524	1,413	0	419,641	0	0	24,648	0
2. MEMBER MONTHS.....	1,392,183	30,336	15,596	5,461	0	1,266,214	0	0	74,576	0
3. Direct Premium Income.....	699,180,886	5,928,481	25,280,960	7,750,360	0	649,763,146	0	XXXXXXXX	10,457,939	0
4. Net Premium Income.....	698,895,389	5,690,460	25,280,337	7,750,141	0	649,719,491	0	0	10,454,960	0
5. Change in unearned premium reserve and reserve for rate credits.....	79,519	0	0	0	0	74,751	0	0	4,768	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).....	698,974,908	5,690,460	25,280,337	7,750,141	0	649,794,242	0	0	10,459,728	0
11. Hospital & Medical Benefits.....	610,998,413	4,423,570	22,609,902	7,955,146	0	566,913,035	0	0	9,096,760	0
12. Net Reins Recoveries Incurred.....	232,221	194,221	0	0	0	38,000	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	610,766,192	4,229,349	22,609,902	7,955,146	0	566,875,035	0	0	9,096,760	0
14. Claims Adjustment Expenses.....	16,013,428	211,670	861,830	166,128	0	14,518,424	0	0	255,376	0
15. General Administrative Expenses.....	50,695,854	1,058,290	2,620,225	709,032	0	45,457,636	0	0	850,671	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).....	677,475,474	5,499,309	26,091,957	8,830,306	0	626,851,095	0	0	10,202,807	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	21,499,434	191,151	(811,620)	(1,080,165)	0	22,943,147	0	0	256,921	0
19. Net Investments Gains / (Losses).....	888,734	0	29,328	0	0	812,120	0	0	47,286	0
20. Aggregate write-ins for other expenses.....	(93,029)	(93,029)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	22,295,139	98,122	(782,292)	(1,080,165)	0	23,755,267	0	0	304,207	0
22. Federal and foreign income taxes incurred.....	8,737,430	(134,355)	507,003	2,690,475	0	5,600,104	0	0	74,203	0
23. NET INCOME/(LOSS) (L21 less L22).....	13,557,709	232,477	(1,289,295)	(3,770,640)	0	18,155,163	0	0	230,004	0
24 Medical Loss Ratio	87.4%	74.3%	89.4%	102.6%	0.0%	87.2%	0.0%	0.0%	87.0%	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 **Superior Healthplan, 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.....	462,915	9,689	7,524	1,413	0	419,641	0	0	24,648	0
2. MEMBER MONTHS.....	2,745,495	51,504	15,611	13,373	0	2,515,740	0	0	149,267	0
3. Direct Premium Income.....	1,259,511,775	10,815,684	25,306,764	18,438,246	0	1,184,176,037	0	XXXXXXXX	20,775,044	0
4. Net Premium Income.....	1,259,012,697	10,411,732	25,306,141	18,437,711	0	1,184,088,071	0	0	20,769,042	0
5. Change in unearned premium reserve and reserve for rate credits.....	(67,038)	0	0	0	0	(63,014)	0	0	(4,024)	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).....	1,258,945,659	10,411,732	25,306,141	18,437,711	0	1,184,025,057	0	0	20,765,018	0
11. Hospital & Medical Benefits.....	1,120,383,052	7,641,287	22,631,296	19,628,368	0	1,052,372,056	0	0	18,110,045	0
12. Net Reins Recoveries Incurred.....	193,801	234,040	0	0	0	(40,239)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,120,189,251	7,407,247	22,631,296	19,628,368	0	1,052,412,295	0	0	18,110,045	0
14. Claims Adjustment Expenses.....	29,790,496	433,064	862,752	436,778	0	27,548,652	0	0	509,250	0
15. General Administrative Expenses.....	125,129,111	2,216,726	2,639,468	2,408,511	0	115,532,822	0	0	2,331,584	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).....	1,275,108,858	10,057,037	26,133,516	22,473,657	0	1,195,493,769	0	0	20,950,879	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(16,163,199)	354,695	(827,375)	(4,035,946)	0	(11,468,712)	0	0	(185,861)	0
19. Net Investments Gains / (Losses).....	1,762,931	0	29,358	0	0	1,637,399	0	0	96,174	0
20. Aggregate write-ins for other expenses.....	2,963,881	(150,291)	0	0	0	3,114,172	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(11,436,387)	204,404	(798,017)	(4,035,946)	0	(6,717,141)	0	0	(89,687)	0
22. Federal and foreign income taxes incurred.....	7,255,964	(129,687)	506,312	2,560,659	0	4,261,777	0	0	56,903	0
23. NET INCOME/(LOSS) (L21 less L22).....	(18,692,351)	334,091	(1,304,329)	(6,596,605)	0	(10,978,918)	0	0	(146,590)	0
24 Medical Loss Ratio	89.0%	71.1%	89.4%	106.5%	0.0%	88.9%	0.0%	0.0%	87.2%	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 **Superior Healthplan, 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	147,228	7,134	0	0	0	0	0	2,806	137,288	0
2. First Quarter	0									
3. Second Quarter	149,276	7,159	0	0	0	0	0	4,144	137,973	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	892,036	42,715	0	0	0	0	0	18,955	830,366	0
Total Member Ambulatory Encounters for Year:										
7. Physician	460,993	13,925	0	0	0	0	0	36,517	410,551	0
8. Non-Physician	601,727	15,414	0	0	0	0	0	12,550	573,763	0
9. Total	1,062,720	29,339	0	0	0	0	0	49,067	984,314	0
10. Hospital Patient Days Incurred	227,894	281	0	0	0	0	0	6,606	221,007	0
11. Number of Inpatient Admissions	15,951	47	0	0	0	0	0	838	15,066	0
12. Health Premiums Written	416,674,462	5,818,629	0	0	0	0	0	28,872,387	381,983,446	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	414,639,728	5,816,918	0	0	0	0	0	26,872,387	381,950,423	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	369,739,945	5,418,872	0	0	0	0	0	28,549,562	335,771,511	0
18. Amount Incurred for Provision of Health Care Services	380,221,764	5,367,489	0	0	0	0	0	32,426,450	342,427,825	0

TEXAS HMO SUPPLEMENT

OF THE **Superior Healthplan, 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.....	149,276	0	2,731	1,413	0	137,973	0	0	7,159	0
2. MEMBER MONTHS.....	449,715	0	5,579	5,461	0	417,067	0	0	21,608	0
3. Direct Premium Income.....	221,496,664	0	8,431,446	7,750,360	0	202,358,080	0	XXXXXXXX	2,956,778	0
4. Net Premium Income.....	221,480,516	0	8,431,223	7,750,141	0	202,343,239	0	0	2,955,913	0
5. Change in unearned premium reserve and reserve for rate credits.....	41,185	0	0	0	0	39,158	0	0	2,027	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).....	221,521,701	0	8,431,223	7,750,141	0	202,382,397	0	0	2,957,940	0
11. Hospital & Medical Benefits.....	199,240,248	0	12,787,315	7,955,146	0	175,840,307	0	0	2,657,480	0
12. Net Reins Recoveries Incurred.....	15,892	0	0	0	0	15,892	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	199,224,356	0	12,787,315	7,955,146	0	175,824,415	0	0	2,657,480	0
14. Claims Adjustment Expenses.....	5,312,714	0	309,584	166,128	0	4,764,528	0	0	72,474	0
15. General Administrative Expenses.....	16,384,708	0	915,483	709,032	0	14,517,008	0	0	243,185	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).....	220,921,778	0	14,012,382	8,830,306	0	195,105,951	0	0	2,973,139	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	599,923	0	(5,581,159)	(1,080,165)	0	7,276,446	0	0	(15,199)	0
19. Net Investments Gains / (Losses).....	291,561	0	10,650	0	0	266,859	0	0	14,052	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).....	891,484	0	(5,570,509)	(1,080,165)	0	7,543,305	0	0	(1,147)	0
22. Federal and foreign income taxes incurred.....	11,248,229	0	3,541,310	2,690,475	0	4,797,863	0	0	218,581	0
23. NET INCOME/(LOSS) (L21 less L22).....	(10,356,745)	0	(9,111,819)	(3,770,640)	0	2,745,442	0	0	(219,728)	0
24 Medical Loss Ratio	90.0%	0.0%	151.7%	102.6%	0.0%	86.9%	0.0%	0.0%	89.9%	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 **Superior Healthplan, 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.....	149,276	0	2,731	1,413	0	137,973	0	0	7,159	0
2. MEMBER MONTHS.....	892,036	0	5,582	13,373	0	830,366	0	0	42,715	0
3. Direct Premium Income.....	414,674,462	0	8,434,141	18,438,246	0	381,983,446	0	XXXXXXXX	5,818,629	0
4. Net Premium Income.....	414,642,205	0	8,433,918	18,437,711	0	381,953,661	0	0	5,816,915	0
5. Change in unearned premium reserve and reserve for rate credits.....	(34,734)	0	0	0	0	(33,023)	0	0	(1,711)	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).....	414,607,471	0	8,433,918	18,437,711	0	381,920,638	0	0	5,815,204	0
11. Hospital & Medical Benefits.....	380,221,763	0	12,798,081	19,628,368	0	342,427,825	0	0	5,367,489	0
12. Net Reins Recoveries Incurred.....	(48,335)	0	0	0	0	(48,335)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	380,270,098	0	12,798,081	19,628,368	0	342,476,160	0	0	5,367,489	0
14. Claims Adjustment Expenses.....	10,236,155	0	309,791	436,778	0	9,345,617	0	0	143,969	0
15. General Administrative Expenses.....	42,576,890	0	917,572	2,408,511	0	38,596,843	0	0	653,964	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).....	433,083,143	0	14,025,444	22,473,657	0	390,418,620	0	0	6,165,422	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(18,475,672)	0	(5,591,526)	(4,035,946)	0	(8,497,982)	0	0	(350,218)	0
19. Net Investments Gains / (Losses).....	576,948	0	10,656	0	0	538,358	0	0	27,934	0
20. Aggregate write-ins for other expenses.....	1,375,482	0	0	0	0	1,375,482	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(16,523,242)	0	(5,580,870)	(4,035,946)	0	(6,584,142)	0	0	(322,284)	0
22. Federal and foreign income taxes incurred.....	10,483,386	0	3,540,855	2,560,659	0	4,177,395	0	0	204,477	0
23. NET INCOME/(LOSS) (L21 less L22).....	(27,006,628)	0	(9,121,725)	(6,596,605)	0	(10,761,537)	0	0	(526,761)	0
24 Medical Loss Ratio	91.7%	0.0%	151.7%	106.5%	0.0%	89.7%	0.0%	0.0%	92.3%	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 **Superior Healthplan, 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	64,622	4,669	0	0	0	0	0	0	59,953	0
2. First Quarter	0									
3. Second Quarter	61,081	4,317	0	0	0	0	0	0	56,764	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	375,489	26,439	0	0	0	0	0	0	349,050	0
Total Member Ambulatory Encounters for Year:										
7. Physician	181,114	10,371	0	0	0	0	0	0	170,743	0
8. Non-Physician	82,557	4,729	0	0	0	0	0	0	77,828	0
9. Total	263,671	15,100	0	0	0	0	0	0	248,571	0
10. Hospital Patient Days Incurred	9,166	130	0	0	0	0	0	0	9,036	0
11. Number of Inpatient Admissions	2,465	39	0	0	0	0	0	0	2,426	0
12. Health Premiums Written	101,173,618	3,261,971	0	0	0	0	0	0	97,911,647	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	101,166,464	3,261,185	0	0	0	0	0	0	97,905,279	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	65,304,885	2,550,249	0	0	0	0	0	0	62,754,636	0
18. Amount Incurred for Provision of Health Care Services	65,969,696	2,449,962	0	0	0	0	0	0	63,519,734	0

TEXAS HMO SUPPLEMENT

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

OF THE **Superior Healthplan, 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.....	61,081	0	0	0	0	56,764	0	0	4,317	0
2. MEMBER MONTHS.....	185,761	0	0	0	0	172,684	0	0	13,077	0
3. Direct Premium Income.....	52,705,655	0	0	0	0	51,082,787	0	XXXXXXXX	1,622,868	0
4. Net Premium Income.....	52,698,227	0	0	0	0	51,075,882	0	0	1,622,345	0
5. Change in unearned premium reserve and reserve for rate credits.....	8,486	0	0	0	0	7,553	0	0	933	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).....	52,706,713	0	0	0	0	51,083,435	0	0	1,623,278	0
11. Hospital & Medical Benefits.....	34,391,059	0	0	0	0	33,212,130	0	0	1,178,929	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	34,391,059	0	0	0	0	33,212,130	0	0	1,178,929	0
14. Claims Adjustment Expenses.....	1,014,418	0	0	0	0	975,683	0	0	38,735	0
15. General Administrative Expenses.....	3,602,376	0	0	0	0	3,468,235	0	0	134,141	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).....	39,007,853	0	0	0	0	37,656,048	0	0	1,351,805	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	13,698,860	0	0	0	0	13,427,387	0	0	271,473	0
19. Net Investments Gains / (Losses).....	115,246	0	0	0	0	107,122	0	0	8,124	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).....	13,814,106	0	0	0	0	13,534,509	0	0	279,597	0
22. Federal and foreign income taxes incurred.....	(15,695,750)	0	0	0	0	(15,454,204)	0	0	(241,546)	0
23. NET INCOME/(LOSS) (L21 less L22).....	29,509,856	0	0	0	0	28,988,713	0	0	521,143	0
24 Medical Loss Ratio	65.3%	0.0%	0.0%	0.0%	0.0%	65.0%	0.0%	0.0%	72.7%	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 **Superior Healthplan, 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.....	61,081	0	0	0	0	56,764	0	0	4,317	0
2. MEMBER MONTHS.....	375,489	0	0	0	0	349,050	0	0	26,439	0
3. Direct Premium Income.....	101,173,618	0	0	0	0	97,911,647	0	XXXXXXXX	3,261,971	0
4. Net Premium Income.....	101,158,541	0	0	0	0	97,897,635	0	0	3,260,906	0
5. Change in unearned premium reserve and reserve for rate credits.....	(7,154)	0	0	0	0	(6,368)	0	0	(786)	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).....	101,151,387	0	0	0	0	97,891,267	0	0	3,260,120	0
11. Hospital & Medical Benefits.....	65,969,696	0	0	0	0	63,519,734	0	0	2,449,962	0
12. Net Reins Recoveries Incurred.....	(44,535)	0	0	0	0	(44,535)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	66,014,231	0	0	0	0	63,564,269	0	0	2,449,962	0
14. Claims Adjustment Expenses.....	1,945,836	0	0	0	0	1,866,410	0	0	79,426	0
15. General Administrative Expenses.....	9,398,280	0	0	0	0	9,024,866	0	0	373,414	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).....	77,358,347	0	0	0	0	74,455,545	0	0	2,902,802	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	23,793,040	0	0	0	0	23,435,722	0	0	357,318	0
19. Net Investments Gains / (Losses).....	238,333	0	0	0	0	221,488	0	0	16,845	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).....	24,031,373	0	0	0	0	23,657,210	0	0	374,163	0
22. Federal and foreign income taxes incurred.....	(15,247,015)	0	0	0	0	(15,009,622)	0	0	(237,393)	0
23. NET INCOME/(LOSS) (L21 less L22).....	39,278,388	0	0	0	0	38,666,832	0	0	611,556	0
24 Medical Loss Ratio	65.3%	0.0%	0.0%	0.0%	0.0%	64.9%	0.0%	0.0%	75.1%	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 **Superior Healthplan, 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	108,695	9,785	0	0	0	0	0	0	98,910	0
2. First Quarter	0									
3. Second Quarter	111,578	17,890	0	0	0	0	0	0	93,688	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	678,768	102,028	0	0	0	0	0	0	576,740	0
Total Member Ambulatory Encounters for Year:										
7. Physician	263,874	40,409	0	0	0	0	0	0	223,465	0
8. Non-Physician	233,383	37,600	0	0	0	0	0	0	195,783	0
9. Total	497,257	78,009	0	0	0	0	0	0	419,248	0
10. Hospital Patient Days Incurred	17,970	1,445	0	0	0	0	0	0	16,525	0
11. Number of Inpatient Admissions	4,172	266	0	0	0	0	0	0	3,906	0
12. Health Premiums Written	140,099,535	18,876,596	0	0	0	0	0	0	121,222,939	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	140,090,529	18,875,209	0	0	0	0	0	0	121,215,320	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	122,579,742	11,313,491	0	0	0	0	0	0	111,266,251	0
18. Amount Incurred for Provision of Health Care Services	124,942,597	14,775,674	0	0	0	0	0	0	110,166,923	0

TEXAS HMO SUPPLEMENT

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

OF THE **Superior Healthplan, 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.....	111,578	9,689	0	0	0	93,688	0	0	8,201	0
2. MEMBER MONTHS.....	340,592	30,336	0	0	0	285,181	0	0	25,075	0
3. Direct Premium Income.....	71,008,961	5,928,481	0	0	0	61,026,266	0	XXXXXXXX	4,054,214	0
4. Net Premium Income.....	70,758,538	5,690,460	0	0	0	61,014,868	0	0	4,053,210	0
5. Change in unearned premium reserve and reserve for rate credits.....	10,708	0	0	0	0	9,064	0	0	1,644	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).....	70,769,246	5,690,460	0	0	0	61,023,932	0	0	4,054,854	0
11. Hospital & Medical Benefits.....	62,438,124	4,423,570	0	0	0	54,343,695	0	0	3,670,859	0
12. Net Reins Recoveries Incurred.....	194,221	194,221	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	62,243,903	4,229,349	0	0	0	54,343,695	0	0	3,670,859	0
14. Claims Adjustment Expenses.....	1,795,050	211,672	0	0	0	1,483,654	0	0	99,724	0
15. General Administrative Expenses.....	6,027,022	1,058,288	0	0	0	4,646,474	0	0	322,260	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).....	70,065,975	5,499,309	0	0	0	60,473,823	0	0	4,092,843	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	703,271	191,151	0	0	0	550,109	0	0	(37,989)	0
19. Net Investments Gains / (Losses).....	192,418	0	0	0	0	176,992	0	0	15,426	0
20. Aggregate write-ins for other expenses.....	(93,029)	(93,029)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	802,660	98,122	0	0	0	727,101	0	0	(22,563)	0
22. Federal and foreign income taxes incurred.....	3,284,223	(134,355)	0	0	0	3,329,768	0	0	88,810	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,481,563)	232,477	0	0	0	(2,602,667)	0	0	(111,373)	0
24 Medical Loss Ratio	88.0%	74.3%	0.0%	0.0%	0.0%	89.1%	0.0%	0.0%	90.6%	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 **Superior Healthplan, 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.....	111,578	9,689	0	0	0	93,688	0	0	8,201	0
2. MEMBER MONTHS.....	678,768	51,504	0	0	0	576,740	0	0	50,524	0
3. Direct Premium Income.....	140,099,534	10,815,684	0	0	0	121,222,939	0	XXXXXXXX	8,060,911	0
4. Net Premium Income.....	139,670,392	10,411,732	0	0	0	121,199,786	0	0	8,058,874	0
5. Change in unearned premium reserve and reserve for rate credits.....	(9,006)	0	0	0	0	(7,619)	0	0	(1,387)	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).....	139,661,386	10,411,732	0	0	0	121,192,167	0	0	8,057,487	0
11. Hospital & Medical Benefits.....	124,942,597	7,641,287	0	0	0	110,166,923	0	0	7,134,387	0
12. Net Reins Recoveries Incurred.....	(13,051)	234,040	0	0	0	(247,091)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	124,955,648	7,407,247	0	0	0	110,414,014	0	0	7,134,387	0
14. Claims Adjustment Expenses.....	3,621,148	433,064	0	0	0	2,990,856	0	0	197,228	0
15. General Administrative Expenses.....	16,121,155	2,216,726	0	0	0	13,014,181	0	0	890,248	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).....	144,697,951	10,057,037	0	0	0	126,419,051	0	0	8,221,863	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,036,565)	354,695	0	0	0	(5,226,884)	0	0	(164,376)	0
19. Net Investments Gains / (Losses).....	397,562	0	0	0	0	365,562	0	0	32,000	0
20. Aggregate write-ins for other expenses.....	(150,291)	(150,291)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,789,294)	204,404	0	0	0	(4,861,322)	0	0	(132,376)	0
22. Federal and foreign income taxes incurred.....	3,038,628	(129,687)	0	0	0	3,084,328	0	0	83,987	0
23. NET INCOME/(LOSS) (L21 less L22).....	(7,827,922)	334,091	0	0	0	(7,945,650)	0	0	(216,363)	0
24 Medical Loss Ratio	89.5%	71.1%	0.0%	0.0%	0.0%	91.1%	0.0%	0.0%	88.5%	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.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Superior Healthplan, Inc.**

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	37,023	3,912	0	0	0	0	0	0	33,111	0
2. First Quarter	0									
3. Second Quarter	37,293	3,936	0	0	0	0	0	0	33,357	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	223,653	23,390	0	0	0	0	0	0	200,263	0
Total Member Ambulatory Encounters for Year:										
7. Physician	91,638	6,607	0	0	0	0	0	0	85,031	0
8. Non-Physician	132,542	7,451	0	0	0	0	0	0	125,091	0
9. Total	224,180	14,058	0	0	0	0	0	0	210,122	0
10. Hospital Patient Days Incurred	84,546	118	0	0	0	0	0	0	84,428	0
11. Number of Inpatient Admissions	4,744	29	0	0	0	0	0	0	4,715	0
12. Health Premiums Written	81,985,819	2,666,402	0	0	0	0	0	0	79,319,417	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	81,982,500	2,666,373	0	0	0	0	0	0	79,316,127	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	69,043,161	2,361,063	0	0	0	0	0	0	66,682,098	0
18. Amount Incurred for Provision of Health Care Services	72,166,586	2,278,509	0	0	0	0	0	0	69,888,077	0

TEXAS HMO SUPPLEMENT

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

OF THE **Superior Healthplan, Inc.**

(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.....	37,293	0	0	0	0	33,357	0	0	3,936	0
2. MEMBER MONTHS.....	112,355	0	0	0	0	100,638	0	0	11,717	0
3. Direct Premium Income.....	44,827,132	0	0	0	0	43,498,607	0	XXXXXXXX	1,328,525	0
4. Net Premium Income.....	44,823,038	0	0	0	0	43,494,979	0	0	1,328,059	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,938	0	0	0	0	3,903	0	0	35	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).....	44,826,976	0	0	0	0	43,498,882	0	0	1,328,094	0
11. Hospital & Medical Benefits.....	39,610,289	0	0	0	0	38,474,207	0	0	1,136,082	0
12. Net Reins Recoveries Incurred.....	22,108	0	0	0	0	22,108	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	39,588,181	0	0	0	0	38,452,099	0	0	1,136,082	0
14. Claims Adjustment Expenses.....	998,343	0	0	0	0	966,217	0	0	32,126	0
15. General Administrative Expenses.....	3,162,892	0	0	0	0	3,051,760	0	0	111,132	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).....	43,749,416	0	0	0	0	42,470,076	0	0	1,279,340	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,077,560	0	0	0	0	1,028,806	0	0	48,754	0
19. Net Investments Gains / (Losses).....	72,208	0	0	0	0	64,545	0	0	7,663	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).....	1,149,768	0	0	0	0	1,093,351	0	0	56,417	0
22. Federal and foreign income taxes incurred.....	(280,129)	0	0	0	0	(262,176)	0	0	(17,953)	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,429,897	0	0	0	0	1,355,527	0	0	74,370	0
24 Medical Loss Ratio	88.3%	0.0%	0.0%	0.0%	0.0%	88.4%	0.0%	0.0%	85.5%	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 **Superior Healthplan, Inc.**

(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.....	37,293	0	0	0	0	33,357	0	0	3,936	0
2. MEMBER MONTHS.....	223,653	0	0	0	0	200,263	0	0	23,390	0
3. Direct Premium Income.....	81,985,819	0	0	0	0	79,319,417	0	XXXXXXXX	2,666,402	0
4. Net Premium Income.....	81,977,576	0	0	0	0	79,312,113	0	0	2,665,463	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,319)	0	0	0	0	(3,290)	0	0	(29)	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).....	81,974,257	0	0	0	0	79,308,823	0	0	2,665,434	0
11. Hospital & Medical Benefits.....	72,166,586	0	0	0	0	69,888,077	0	0	2,278,509	0
12. Net Reins Recoveries Incurred.....	314,128	0	0	0	0	314,128	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	71,852,458	0	0	0	0	69,573,949	0	0	2,278,509	0
14. Claims Adjustment Expenses.....	1,902,817	0	0	0	0	1,837,642	0	0	65,175	0
15. General Administrative Expenses.....	8,130,631	0	0	0	0	7,823,639	0	0	306,992	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).....	81,885,906	0	0	0	0	79,235,230	0	0	2,650,676	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	88,351	0	0	0	0	73,593	0	0	14,758	0
19. Net Investments Gains / (Losses).....	145,514	0	0	0	0	130,156	0	0	15,358	0
20. Aggregate write-ins for other expenses.....	253,508	0	0	0	0	253,508	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	487,373	0	0	0	0	457,257	0	0	30,116	0
22. Federal and foreign income taxes incurred.....	(309,221)	0	0	0	0	(290,113)	0	0	(19,108)	0
23. NET INCOME/(LOSS) (L21 less L22).....	796,594	0	0	0	0	747,370	0	0	49,224	0
24 Medical Loss Ratio	87.6%	0.0%	0.0%	0.0%	0.0%	87.7%	0.0%	0.0%	85.5%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Superior Healthplan, 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	31,203	1,082	0	0	0	0	0	0	30,121	0
2. First Quarter	0									
3. Second Quarter	31,228	1,035	0	0	0	0	0	0	30,193	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	187,442	6,199	0	0	0	0	0	0	181,243	0
Total Member Ambulatory Encounters for Year:										
7. Physician	85,105	2,495	0	0	0	0	0	0	82,610	0
8. Non-Physician	164,141	1,359	0	0	0	0	0	0	162,782	0
9. Total	249,246	3,854	0	0	0	0	0	0	245,392	0
10. Hospital Patient Days Incurred	102,602	17	0	0	0	0	0	0	102,585	0
11. Number of Inpatient Admissions	4,672	8	0	0	0	0	0	0	4,664	0
12. Health Premiums Written	116,050,593	967,131	0	0	0	0	0	0	115,083,462	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	116,042,319	967,020	0	0	0	0	0	0	115,075,299	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	100,065,118	918,156	0	0	0	0	0	0	99,146,962	0
18. Amount Incurred for Provision of Health Care Services	104,192,429	879,699	0	0	0	0	0	0	103,312,730	0

TEXAS HMO SUPPLEMENT

OF THE **Superior Healthplan, 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.....	31,228	0	0	0	0	30,193	0	0	1,035	0
2. MEMBER MONTHS.....	94,207	0	0	0	0	91,108	0	0	3,099	0
3. Direct Premium Income.....	62,714,937	0	0	0	0	62,219,382	0	XXXXXXXX	495,555	0
4. Net Premium Income.....	62,711,971	0	0	0	0	62,216,539	0	0	495,432	0
5. Change in unearned premium reserve and reserve for rate credits.....	9,809	0	0	0	0	9,680	0	0	129	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).....	62,721,780	0	0	0	0	62,226,219	0	0	495,561	0
11. Hospital & Medical Benefits.....	54,249,367	0	0	0	0	53,795,956	0	0	453,411	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	54,249,367	0	0	0	0	53,795,956	0	0	453,411	0
14. Claims Adjustment Expenses.....	1,409,190	0	0	0	0	1,396,874	0	0	12,316	0
15. General Administrative Expenses.....	4,323,715	0	0	0	0	4,283,759	0	0	39,956	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).....	59,982,272	0	0	0	0	59,476,589	0	0	505,683	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,739,508	0	0	0	0	2,749,630	0	0	(10,122)	0
19. Net Investments Gains / (Losses).....	60,266	0	0	0	0	58,243	0	0	2,023	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).....	2,799,774	0	0	0	0	2,807,873	0	0	(8,099)	0
22. Federal and foreign income taxes incurred.....	1,228,027	0	0	0	0	1,201,717	0	0	26,310	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,571,747	0	0	0	0	1,606,156	0	0	(34,409)	0
24 Medical Loss Ratio	86.5%	0.0%	0.0%	0.0%	0.0%	86.5%	0.0%	0.0%	91.5%	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 **Superior Healthplan, 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.....	31,228	0	0	0	0	30,193	0	0	1,035	0
2. MEMBER MONTHS.....	187,442	0	0	0	0	181,243	0	0	6,199	0
3. Direct Premium Income.....	116,050,593	0	0	0	0	115,083,462	0	XXXXXXXX	967,131	0
4. Net Premium Income.....	116,044,622	0	0	0	0	115,077,738	0	0	966,884	0
5. Change in unearned premium reserve and reserve for rate credits.....	(8,274)	0	0	0	0	(8,163)	0	0	(111)	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).....	116,036,348	0	0	0	0	115,069,575	0	0	966,773	0
11. Hospital & Medical Benefits.....	104,192,429	0	0	0	0	103,312,730	0	0	879,699	0
12. Net Reins Recoveries Incurred.....	(14,406)	0	0	0	0	(14,406)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	104,206,835	0	0	0	0	103,327,136	0	0	879,699	0
14. Claims Adjustment Expenses.....	2,758,470	0	0	0	0	2,735,018	0	0	23,452	0
15. General Administrative Expenses.....	11,379,950	0	0	0	0	11,272,982	0	0	106,968	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).....	118,345,255	0	0	0	0	117,335,136	0	0	1,010,119	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,308,907)	0	0	0	0	(2,265,561)	0	0	(43,346)	0
19. Net Investments Gains / (Losses).....	121,848	0	0	0	0	117,810	0	0	4,038	0
20. Aggregate write-ins for other expenses.....	558,091	0	0	0	0	558,091	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,628,968)	0	0	0	0	(1,589,660)	0	0	(39,308)	0
22. Federal and foreign income taxes incurred.....	1,033,519	0	0	0	0	1,008,580	0	0	24,939	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,662,487)	0	0	0	0	(2,598,240)	0	0	(64,247)	0
24 Medical Loss Ratio	89.8%	0.0%	0.0%	0.0%	0.0%	89.8%	0.0%	0.0%	91.0%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Superior Healthplan, 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	26,414	0	0	0	0	0	0	0	26,414	0
2. First Quarter	0									
3. Second Quarter	31,047	0	0	0	0	0	0	2,039	29,008	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	172,841	0	0	0	0	0	0	4,386	168,455	0
Total Member Ambulatory Encounters for Year:										
7. Physician	87,313	0	0	0	0	0	0	8,072	79,241	0
8. Non-Physician	187,607	0	0	0	0	0	0	3,911	183,696	0
9. Total	274,920	0	0	0	0	0	0	11,983	262,937	0
10. Hospital Patient Days Incurred	272,606	0	0	0	0	0	0	1,357	271,249	0
11. Number of Inpatient Admissions	11,086	0	0	0	0	0	0	171	10,915	0
12. Health Premiums Written	172,356,834	0	0	0	0	0	0	7,147,025	165,209,809	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	172,352,283	0	0	0	0	0	0	7,147,025	165,205,258	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	145,268,624	0	0	0	0	0	0	1,198,222	144,070,402	0
18. Amount Incurred for Provision of Health Care Services	153,471,065	0	0	0	0	0	0	3,596,944	149,874,121	0

TEXAS HMO SUPPLEMENT

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

OF THE **Superior Healthplan, 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.....	31,047	0	2,039	0	0	29,008	0	0	0	0
2. MEMBER MONTHS.....	91,215	0	4,386	0	0	86,829	0	0	0	0
3. Direct Premium Income.....	100,508,320	0	7,147,025	0	0	93,361,295	0	XXXXXXXX	0	0
4. Net Premium Income.....	100,506,301	0	7,146,850	0	0	93,359,451	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	5,393	0	0	0	0	5,393	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).....	100,511,694	0	7,146,850	0	0	93,364,844	0	0	0	0
11. Hospital & Medical Benefits.....	86,087,737	0	3,596,902	0	0	82,490,835	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).....	86,087,737	0	3,596,902	0	0	82,490,835	0	0	0	0
14. Claims Adjustment Expenses.....	2,284,388	0	224,339	0	0	2,060,049	0	0	0	0
15. General Administrative Expenses.....	7,053,754	0	730,059	0	0	6,323,695	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).....	95,425,879	0	4,551,300	0	0	90,874,579	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,085,815	0	2,595,550	0	0	2,490,265	0	0	0	0
19. Net Investments Gains / (Losses).....	64,616	0	7,956	0	0	56,660	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,150,431	0	2,603,506	0	0	2,546,925	0	0	0	0
22. Federal and foreign income taxes incurred.....	529,274	0	(1,651,800)	0	0	2,181,074	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,621,157	0	4,255,306	0	0	365,851	0	0	0	0
24 Medical Loss Ratio	85.7%	0.0%	50.3%	0.0%	0.0%	88.4%	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 **Superior Healthplan, 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.....	31,047	0	2,039	0	0	29,008	0	0	0	0
2. MEMBER MONTHS.....	172,841	0	4,386	0	0	168,455	0	0	0	0
3. Direct Premium Income.....	172,356,834	0	7,147,025	0	0	165,209,809	0	XXXXXXXX	0	0
4. Net Premium Income.....	172,352,992	0	7,146,850	0	0	165,206,142	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,551)	0	0	0	0	(4,551)	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).....	172,348,441	0	7,146,850	0	0	165,201,591	0	0	0	0
11. Hospital & Medical Benefits.....	153,471,065	0	3,596,944	0	0	149,874,121	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).....	153,471,065	0	3,596,944	0	0	149,874,121	0	0	0	0
14. Claims Adjustment Expenses.....	3,984,070	0	224,339	0	0	3,759,731	0	0	0	0
15. General Administrative Expenses.....	16,388,295	0	730,059	0	0	15,658,236	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).....	173,843,430	0	4,551,342	0	0	169,292,088	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,494,989)	0	2,595,508	0	0	(4,090,497)	0	0	0	0
19. Net Investments Gains / (Losses).....	121,142	0	7,956	0	0	113,186	0	0	0	0
20. Aggregate write-ins for other expenses.....	927,091	0	0	0	0	927,091	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(446,756)	0	2,603,464	0	0	(3,050,220)	0	0	0	0
22. Federal and foreign income taxes incurred.....	283,449	0	(1,651,802)	0	0	1,935,251	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(730,205)	0	4,255,266	0	0	(4,985,471)	0	0	0	0
24 Medical Loss Ratio	89.0%	0.0%	50.3%	0.0%	0.0%	90.7%	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 **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **MRSAWest**

(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	17,361	0	0	0	0	0	0	0	17,361	0
2. First Quarter	0									
3. Second Quarter	20,440	0	0	0	0	0	0	0	20,440	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	116,387	0	0	0	0	0	0	0	116,387	0
Total Member Ambulatory Encounters for Year:										
7. Physician	51,422	0	0	0	0	0	0	0	51,422	0
8. Non-Physician	134,562	0	0	0	0	0	0	0	134,562	0
9. Total	185,984	0	0	0	0	0	0	0	185,984	0
10. Hospital Patient Days Incurred	262,272	0	0	0	0	0	0	0	262,272	0
11. Number of Inpatient Admissions	10,044	0	0	0	0	0	0	0	10,044	0
12. Health Premiums Written	123,527,575	0	0	0	0	0	0	0	123,527,575	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	123,527,575	0	0	0	0	0	0	0	123,527,575	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	97,974,279	0	0	0	0	0	0	0	97,974,279	0
18. Amount Incurred for Provision of Health Care Services	120,395,083	0	0	0	0	0	0	0	120,395,083	0

TEXAS HMO SUPPLEMENT

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

MRSAWest

(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.....	20,440	0	0	0	0	20,440	0	0	0	0
2. MEMBER MONTHS.....	61,041	0	0	0	0	61,041	0	0	0	0
3. Direct Premium Income.....	73,804,864	0	0	0	0	73,804,864	0	XXXXXXXX	0	0
4. Net Premium Income.....	73,803,722	0	0	0	0	73,803,722	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).....	73,803,722	0	0	0	0	73,803,722	0	0	0	0
11. Hospital & Medical Benefits.....	68,525,835	0	0	0	0	68,525,835	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).....	68,525,835	0	0	0	0	68,525,835	0	0	0	0
14. Claims Adjustment Expenses.....	1,503,761	0	0	0	0	1,503,761	0	0	0	0
15. General Administrative Expenses.....	4,773,394	0	0	0	0	4,773,394	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).....	74,802,990	0	0	0	0	74,802,990	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(999,268)	0	0	0	0	(999,268)	0	0	0	0
19. Net Investments Gains / (Losses).....	40,285	0	0	0	0	40,285	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(958,983)	0	0	0	0	(958,983)	0	0	0	0
22. Federal and foreign income taxes incurred.....	7,168,283	0	0	0	0	7,168,283	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(8,127,266)	0	0	0	0	(8,127,266)	0	0	0	0
24 Medical Loss Ratio	92.8%	0.0%	0.0%	0.0%	0.0%	92.8%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

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

TEXAS HMO SUPPLEMENT

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

MRSAWest

(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.....	20,440	0	0	0	0	20,440	0	0	0	0
2. MEMBER MONTHS.....	116,387	0	0	0	0	116,387	0	0	0	0
3. Direct Premium Income.....	123,527,575	0	0	0	0	123,527,575	0	XXXXXXXX	0	0
4. Net Premium Income.....	123,525,333	0	0	0	0	123,525,333	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).....	123,525,333	0	0	0	0	123,525,333	0	0	0	0
11. Hospital & Medical Benefits.....	120,395,083	0	0	0	0	120,395,083	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).....	120,395,083	0	0	0	0	120,395,083	0	0	0	0
14. Claims Adjustment Expenses.....	2,815,030	0	0	0	0	2,815,030	0	0	0	0
15. General Administrative Expenses.....	11,023,794	0	0	0	0	11,023,794	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).....	134,233,907	0	0	0	0	134,233,907	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(10,708,574)	0	0	0	0	(10,708,574)	0	0	0	0
19. Net Investments Gains / (Losses).....	79,755	0	0	0	0	79,755	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,628,819)	0	0	0	0	(10,628,819)	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,743,591	0	0	0	0	6,743,591	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(17,372,410)	0	0	0	0	(17,372,410)	0	0	0	0
24 Medical Loss Ratio	97.5%	0.0%	0.0%	0.0%	0.0%	97.5%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **MRSACentral**

(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	13,055	0	0	0	0	0	0	0	13,055	0
2. First Quarter	0									
3. Second Quarter	15,460	0	0	0	0	0	0	0	15,460	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	87,581	0	0	0	0	0	0	0	87,581	0
Total Member Ambulatory Encounters for Year:										
7. Physician	48,402	0	0	0	0	0	0	0	48,402	0
8. Non-Physician	102,042	0	0	0	0	0	0	0	102,042	0
9. Total	150,444	0	0	0	0	0	0	0	150,444	0
10. Hospital Patient Days Incurred	202,382	0	0	0	0	0	0	0	202,382	0
11. Number of Inpatient Admissions	7,958	0	0	0	0	0	0	0	7,958	0
12. Health Premiums Written	93,159,485	0	0	0	0	0	0	0	93,159,485	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	93,159,485	0	0	0	0	0	0	0	93,159,485	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	76,947,900	0	0	0	0	0	0	0	76,947,900	0
18. Amount Incurred for Provision of Health Care Services	84,110,718	0	0	0	0	0	0	0	84,110,718	0

TEXAS HMO SUPPLEMENT

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

MRSACentral

(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.....	15,460	0	0	0	0	15,460	0	0	0	0
2. MEMBER MONTHS.....	46,021	0	0	0	0	46,021	0	0	0	0
3. Direct Premium Income.....	55,664,065	0	0	0	0	55,664,065	0	XXXXXXXX	0	0
4. Net Premium Income.....	55,663,013	0	0	0	0	55,663,013	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).....	55,663,013	0	0	0	0	55,663,013	0	0	0	0
11. Hospital & Medical Benefits.....	51,553,449	0	0	0	0	51,553,449	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).....	51,553,449	0	0	0	0	51,553,449	0	0	0	0
14. Claims Adjustment Expenses.....	1,122,635	0	0	0	0	1,122,635	0	0	0	0
15. General Administrative Expenses.....	3,607,851	0	0	0	0	3,607,851	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).....	56,283,935	0	0	0	0	56,283,935	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(620,922)	0	0	0	0	(620,922)	0	0	0	0
19. Net Investments Gains / (Losses).....	30,674	0	0	0	0	30,674	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(590,248)	0	0	0	0	(590,248)	0	0	0	0
22. Federal and foreign income taxes incurred.....	768,424	0	0	0	0	768,424	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,358,672)	0	0	0	0	(1,358,672)	0	0	0	0
24 Medical Loss Ratio	92.6%	0.0%	0.0%	0.0%	0.0%	92.6%	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 **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

MRSACentral

(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.....	15,460	0	0	0	0	15,460	0	0	0	0
2. MEMBER MONTHS.....	87,581	0	0	0	0	87,581	0	0	0	0
3. Direct Premium Income.....	93,159,485	0	0	0	0	93,159,485	0	XXXXXXXX	0	0
4. Net Premium Income.....	93,157,407	0	0	0	0	93,157,407	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).....	93,157,407	0	0	0	0	93,157,407	0	0	0	0
11. Hospital & Medical Benefits.....	84,110,718	0	0	0	0	84,110,718	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).....	84,110,718	0	0	0	0	84,110,718	0	0	0	0
14. Claims Adjustment Expenses.....	1,953,068	0	0	0	0	1,953,068	0	0	0	0
15. General Administrative Expenses.....	8,324,888	0	0	0	0	8,324,888	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).....	94,388,674	0	0	0	0	94,388,674	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,231,267)	0	0	0	0	(1,231,267)	0	0	0	0
19. Net Investments Gains / (Losses).....	60,323	0	0	0	0	60,323	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,170,944)	0	0	0	0	(1,170,944)	0	0	0	0
22. Federal and foreign income taxes incurred.....	742,920	0	0	0	0	742,920	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,913,864)	0	0	0	0	(1,913,864)	0	0	0	0
24 Medical Loss Ratio	90.3%	0.0%	0.0%	0.0%	0.0%	90.3%	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 **Superior Healthplan, Inc.**

REPORT FOR DIVISION: **South 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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	5,512	0	0	0	0	0	0	2,754	2,758	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	11,298	0	0	0	0	0	0	5,643	5,655	0
Total Member Ambulatory Encounters for Year:										
7. Physician	17,485	0	0	0	0	0	0	10,984	6,501	0
8. Non-Physician	39,506	0	0	0	0	0	0	5,322	34,184	0
9. Total	56,991	0	0	0	0	0	0	16,306	40,685	0
10. Hospital Patient Days Incurred	1,548	0	0	0	0	0	0	1,548	0	0
11. Number of Inpatient Admissions	209	0	0	0	0	0	0	209	0	0
12. Health Premiums Written	16,483,855	0	0	0	0	0	0	9,725,597	6,758,258	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	16,483,855	0	0	0	0	0	0	9,725,597	6,758,258	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	6,030,875	0	0	0	0	0	0	1,684,409	4,346,466	0
18. Amount Incurred for Provision of Health Care Services	14,913,114	0	0	0	0	0	0	6,236,270	8,676,844	0

TEXAS HMO SUPPLEMENT

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

South 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.....	5,512	0	2,754	0	0	2,758	0	0	0	0
2. MEMBER MONTHS.....	11,276	0	5,631	0	0	5,645	0	0	0	0
3. Direct Premium Income.....	16,450,287	0	9,702,488	0	0	6,747,799	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,450,063	0	9,702,264	0	0	6,747,799	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).....	16,450,063	0	9,702,264	0	0	6,747,799	0	0	0	0
11. Hospital & Medical Benefits.....	14,902,303	0	6,225,684	0	0	8,676,619	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).....	14,902,303	0	6,225,684	0	0	8,676,619	0	0	0	0
14. Claims Adjustment Expenses.....	572,930	0	327,907	0	0	245,023	0	0	0	0
15. General Administrative Expenses.....	1,760,147	0	974,683	0	0	785,464	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).....	17,235,380	0	7,528,274	0	0	9,707,106	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(785,317)	0	2,173,990	0	0	(2,959,307)	0	0	0	0
19. Net Investments Gains / (Losses).....	21,463	0	10,722	0	0	10,741	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(763,854)	0	2,184,712	0	0	(2,948,566)	0	0	0	0
22. Federal and foreign income taxes incurred.....	486,848	0	(1,382,507)	0	0	1,869,355	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,250,702)	0	3,567,219	0	0	(4,817,921)	0	0	0	0
24 Medical Loss Ratio	90.6%	0.0%	64.2%	0.0%	0.0%	128.6%	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

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

OF THE **Superior Healthplan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

South 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.....	5,512	0	2,754	0	0	2,758	0	0	0	0
2. MEMBER MONTHS.....	11,298	0	5,643	0	0	5,655	0	0	0	0
3. Direct Premium Income.....	16,483,855	0	9,725,597	0	0	6,758,258	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,483,631	0	9,725,373	0	0	6,758,258	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).....	16,483,631	0	9,725,373	0	0	6,758,258	0	0	0	0
11. Hospital & Medical Benefits.....	14,913,114	0	6,236,270	0	0	8,676,844	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).....	14,913,114	0	6,236,270	0	0	8,676,844	0	0	0	0
14. Claims Adjustment Expenses.....	573,903	0	328,623	0	0	245,280	0	0	0	0
15. General Administrative Expenses.....	1,785,233	0	991,837	0	0	793,396	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).....	17,272,250	0	7,556,730	0	0	9,715,520	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(788,619)	0	2,168,643	0	0	(2,957,262)	0	0	0	0
19. Net Investments Gains / (Losses).....	21,507	0	10,746	0	0	10,761	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(767,112)	0	2,179,389	0	0	(2,946,501)	0	0	0	0
22. Federal and foreign income taxes incurred.....	486,705	0	(1,382,741)	0	0	1,869,446	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,253,817)	0	3,562,130	0	0	(4,815,947)	0	0	0	0
24 Medical Loss Ratio	90.5%	0.0%	64.1%	0.0%	0.0%	128.4%	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				