

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**
(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.....	27,380	0	0	27,380	0	0	0	0	0	0
2. MEMBER MONTHS.....	82,181	0	0	82,181	0	0	0	0	0	0
3. Direct Premium Income.....	90,336,913	0	0	90,336,913	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	92,994,929	0	0	92,994,929	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,014,077)	0	0	(1,014,077)	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).....	91,980,852	0	0	91,980,852	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	82,421,135	0	0	82,421,135	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	552,662	0	0	552,662	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	81,868,473	0	0	81,868,473	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,520,858	0	0	2,520,858	0	0	0	0	0	0
15. General Administrative Expenses.....	4,995,698	0	0	4,995,698	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	89,385,029	0	0	89,385,029	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,595,823	0	0	2,595,823	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	204,057	0	0	204,057	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(8,110)	0	0	(8,110)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,791,770	0	0	2,791,770	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	929,975	0	0	929,975	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,861,795	0	0	1,861,795	0	0	0	0	0	0
24 Medical Loss Ratio	88.0%	0.0%	0.0%	88.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	27,380	0	0	27,380	0	0	0	0	0	0
2. MEMBER MONTHS.....	164,457	0	0	164,457	0	0	0	0	0	0
3. Direct Premium Income.....	185,466,379	0	0	185,466,379	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	187,238,324	0	0	187,238,324	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,283,714)	0	0	(1,283,714)	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).....	185,954,610	0	0	185,954,610	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	163,480,844	0	0	163,480,844	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	885,431	0	0	885,431	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	162,595,413	0	0	162,595,413	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,992,929	0	0	4,992,929	0	0	0	0	0	0
15. General Administrative Expenses.....	16,843,710	0	0	16,843,710	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	184,432,052	0	0	184,432,052	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,522,558	0	0	1,522,558	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	387,685	0	0	387,685	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(19,801)	0	0	(19,801)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,890,442	0	0	1,890,442	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,881,145	0	0	2,881,145	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(990,703)	0	0	(990,703)	0	0	0	0	0	0
24 Medical Loss Ratio	86.8%	0.0%	0.0%	86.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

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	7,697	0	0	0	0	0	0	7,697	0	0
2. First Quarter	0									
3. Second Quarter	7,983	0	0	0	0	0	0	7,983	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	47,782	0	0	0	0	0	0	47,782	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	108,753	0	0	0	0	0	0	108,753	0	0
8. Non-Physician	86,716	0	0	0	0	0	0	86,716	0	0
9. Total	195,469	0	0	0	0	0	0	195,469	0	0
10. Hospital Patient Days Incurred	9,216	0	0	0	0	0	0	9,216	0	0
11. Number of Inpatient Admissions	1,544	0	0	0	0	0	0	1,544	0	0
12. Health Premiums Written	49,334,057	0	0	0	0	0	0	49,334,057	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	48,671,590	0	0	0	0	0	0	48,671,590	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	40,233,799	0	0	0	0	0	0	40,233,799	0	0
18. Amount Incurred for Provision of Health Care Services	39,559,246	0	0	0	0	0	0	39,559,246	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	7,983	0	0	7,983	0	0	0	0	0	0
2. MEMBER MONTHS.....	23,960	0	0	23,960	0	0	0	0	0	0
3. Direct Premium Income.....	22,491,981	0	0	22,491,981	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	23,300,029	0	0	23,300,029	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(362,642)	0	0	(362,642)	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).....	22,937,387	0	0	22,937,387	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	20,119,494	0	0	20,119,494	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	136,428	0	0	136,428	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	19,983,066	0	0	19,983,066	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	630,592	0	0	630,592	0	0	0	0	0	0
15. General Administrative Expenses.....	1,137,348	0	0	1,137,348	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	21,751,006	0	0	21,751,006	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,186,381	0	0	1,186,381	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,126)	0	0	(2,126)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,184,255	0	0	1,184,255	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	353,640	0	0	353,640	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	830,615	0	0	830,615	0	0	0	0	0	0
24 Medical Loss Ratio	85.8%	0.0%	0.0%	85.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	7,983	0	0	7,983	0	0	0	0	0	0
2. MEMBER MONTHS.....	47,782	0	0	47,782	0	0	0	0	0	0
3. Direct Premium Income.....	49,334,057	0	0	49,334,057	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	49,873,618	0	0	49,873,618	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(662,468)	0	0	(662,468)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	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).....	49,211,150	0	0	49,211,150	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	39,559,246	0	0	39,559,246	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	218,749	0	0	218,749	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	39,340,497	0	0	39,340,497	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,328,120	0	0	1,328,120	0	0	0	0	0	0
15. General Administrative Expenses.....	4,480,427	0	0	4,480,427	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	45,149,044	0	0	45,149,044	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,062,106	0	0	4,062,106	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(5,475)	0	0	(5,475)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,056,631	0	0	4,056,631	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,982,863	0	0	1,982,863	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,073,768	0	0	2,073,768	0	0	0	0	0	0
24 Medical Loss Ratio	78.9%	0.0%	0.0%	78.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State				* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)				0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

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	11,734	0	0	0	0	0	0	11,734	0	0
2. First Quarter	0									
3. Second Quarter	12,047	0	0	0	0	0	0	12,047	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	72,504	0	0	0	0	0	0	72,504	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	164,118	0	0	0	0	0	0	164,118	0	0
8. Non-Physician	130,861	0	0	0	0	0	0	130,861	0	0
9. Total	294,979	0	0	0	0	0	0	294,979	0	0
10. Hospital Patient Days Incurred	13,907	0	0	0	0	0	0	13,907	0	0
11. Number of Inpatient Admissions	2,329	0	0	0	0	0	0	2,329	0	0
12. Health Premiums Written	82,718,005	0	0	0	0	0	0	82,718,005	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	82,417,261	0	0	0	0	0	0	82,417,261	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	68,129,263	0	0	0	0	0	0	68,129,263	0	0
18. Amount Incurred for Provision of Health Care Services	76,511,791	0	0	0	0	0	0	76,511,791	0	0

TEXAS HMO SUPPLEMENT

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	12,047	0	0	12,047	0	0	0	0	0	0
2. MEMBER MONTHS.....	36,158	0	0	36,158	0	0	0	0	0	0
3. Direct Premium Income.....	42,256,401	0	0	42,256,401	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	43,266,413	0	0	43,266,413	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(414,507)	0	0	(414,507)	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).....	42,851,906	0	0	42,851,906	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	38,522,508	0	0	38,522,508	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	198,669	0	0	198,669	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	38,323,839	0	0	38,323,839	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,175,394	0	0	1,175,394	0	0	0	0	0	0
15. General Administrative Expenses.....	2,472,958	0	0	2,472,958	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	41,972,191	0	0	41,972,191	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	879,715	0	0	879,715	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	204,057	0	0	204,057	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,447)	0	0	(3,447)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,080,325	0	0	1,080,325	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	413,540	0	0	413,540	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	666,785	0	0	666,785	0	0	0	0	0	0
24 Medical Loss Ratio	88.6%	0.0%	0.0%	88.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	12,047	0	0	12,047	0	0	0	0	0	0
2. MEMBER MONTHS.....	72,504	0	0	72,504	0	0	0	0	0	0
3. Direct Premium Income.....	82,718,005	0	0	82,718,005	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	83,389,893	0	0	83,389,893	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(300,744)	0	0	(300,744)	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).....	83,089,149	0	0	83,089,149	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	76,511,791	0	0	76,511,791	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	316,876	0	0	316,876	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	76,194,915	0	0	76,194,915	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,226,846	0	0	2,226,846	0	0	0	0	0	0
15. General Administrative Expenses.....	7,512,295	0	0	7,512,295	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	85,934,056	0	0	85,934,056	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,844,907)	0	0	(2,844,907)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	387,685	0	0	387,685	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(7,953)	0	0	(7,953)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,465,175)	0	0	(2,465,175)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	152,535	0	0	152,535	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,617,710)	0	0	(2,617,710)	0	0	0	0	0	0
24 Medical Loss Ratio	91.4%	0.0%	0.0%	91.4%	0.0%	0.0%	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 **Physicians Health Choice of Texas, LLC**

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	2,975	0	0	0	0	0	0	2,975	0	0
2. First Quarter	0									
3. Second Quarter	2,831	0	0	0	0	0	0	2,831	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	17,044	0	0	0	0	0	0	17,044	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	38,567	0	0	0	0	0	0	38,567	0	0
8. Non-Physician	30,752	0	0	0	0	0	0	30,752	0	0
9. Total	69,319	0	0	0	0	0	0	69,319	0	0
10. Hospital Patient Days Incurred	3,268	0	0	0	0	0	0	3,268	0	0
11. Number of Inpatient Admissions	547	0	0	0	0	0	0	547	0	0
12. Health Premiums Written	20,401,302	0	0	0	0	0	0	20,401,302	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	20,290,089	0	0	0	0	0	0	20,290,089	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	16,772,564	0	0	0	0	0	0	16,772,564	0	0
18. Amount Incurred for Provision of Health Care Services	18,267,675	0	0	0	0	0	0	18,267,675	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	2,831	0	0	2,831	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,498	0	0	8,498	0	0	0	0	0	0
3. Direct Premium Income.....	9,536,869	0	0	9,536,869	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	9,881,413	0	0	9,881,413	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(82,792)	0	0	(82,792)	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	0	XXXXXXXX	XXXXXXXX	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).....	9,798,621	0	0	9,798,621	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,955,583	0	0	8,955,583	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	79,209	0	0	79,209	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,876,374	0	0	8,876,374	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	266,895	0	0	266,895	0	0	0	0	0	0
15. General Administrative Expenses.....	499,684	0	0	499,684	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	9,642,953	0	0	9,642,953	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	155,668	0	0	155,668	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(391)	0	0	(391)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	155,277	0	0	155,277	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	41,024	0	0	41,024	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	114,253	0	0	114,253	0	0	0	0	0	0
24 Medical Loss Ratio	89.8%	0.0%	0.0%	89.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	2,831	0	0	2,831	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,044	0	0	17,044	0	0	0	0	0	0
3. Direct Premium Income.....	20,401,302	0	0	20,401,302	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	20,631,112	0	0	20,631,112	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(111,213)	0	0	(111,213)	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).....	20,519,899	0	0	20,519,899	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	18,267,675	0	0	18,267,675	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	128,185	0	0	128,185	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	18,139,490	0	0	18,139,490	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	549,222	0	0	549,222	0	0	0	0	0	0
15. General Administrative Expenses.....	1,852,808	0	0	1,852,808	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	20,541,520	0	0	20,541,520	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(21,621)	0	0	(21,621)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(926)	0	0	(926)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(22,547)	0	0	(22,547)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	238,026	0	0	238,026	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(260,573)	0	0	(260,573)	0	0	0	0	0	0
24 Medical Loss Ratio	87.9%	0.0%	0.0%	87.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

REPORT FOR DIVISION: **Rio Grande**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,861	0	0	0	0	0	0	4,861	0	0
2. First Quarter	0									
3. Second Quarter	4,519	0	0	0	0	0	0	4,519	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	27,127	0	0	0	0	0	0	27,127	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	61,563	0	0	0	0	0	0	61,563	0	0
8. Non-Physician	49,088	0	0	0	0	0	0	49,088	0	0
9. Total	110,651	0	0	0	0	0	0	110,651	0	0
10. Hospital Patient Days Incurred	5,217	0	0	0	0	0	0	5,217	0	0
11. Number of Inpatient Admissions	874	0	0	0	0	0	0	874	0	0
12. Health Premiums Written	33,013,015	0	0	0	0	0	0	33,013,015	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	32,803,726	0	0	0	0	0	0	32,803,726	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	27,116,816	0	0	0	0	0	0	27,116,816	0	0
18. Amount Incurred for Provision of Health Care Services	29,142,132	0	0	0	0	0	0	29,142,132	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Rio Grande

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4,580	0	0	4,580	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,565	0	0	13,565	0	0	0	0	0	0
3. Direct Premium Income.....	16,051,662	0	0	16,051,662	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,547,074	0	0	16,547,074	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(154,136)	0	0	(154,136)	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).....	16,392,938	0	0	16,392,938	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	14,823,550	0	0	14,823,550	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	138,356	0	0	138,356	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,685,194	0	0	14,685,194	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	447,977	0	0	447,977	0	0	0	0	0	0
15. General Administrative Expenses.....	885,708	0	0	885,708	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	16,018,879	0	0	16,018,879	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	374,059	0	0	374,059	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,146)	0	0	(2,146)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	371,913	0	0	371,913	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	121,771	0	0	121,771	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	250,142	0	0	250,142	0	0	0	0	0	0
24 Medical Loss Ratio	88.7%	0.0%	0.0%	88.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Rio Grande

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4,580	0	0	4,580	0	0	0	0	0	0
2. MEMBER MONTHS.....	27,127	0	0	27,127	0	0	0	0	0	0
3. Direct Premium Income.....	33,013,015	0	0	33,013,015	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	33,343,701	0	0	33,343,701	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(209,289)	0	0	(209,289)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	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).....	33,134,412	0	0	33,134,412	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	29,142,132	0	0	29,142,132	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	221,621	0	0	221,621	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	28,920,511	0	0	28,920,511	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	888,741	0	0	888,741	0	0	0	0	0	0
15. General Administrative Expenses.....	2,998,180	0	0	2,998,180	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	32,807,432	0	0	32,807,432	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	326,980	0	0	326,980	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(5,447)	0	0	(5,447)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	321,533	0	0	321,533	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	507,721	0	0	507,721	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(186,188)	0	0	(186,188)	0	0	0	0	0	0
24. Medical Loss Ratio	86.7%	0.0%	0.0%	86.7%	0.0%	0.0%	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				