

TEXAS HMO SUPPLEMENT

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

OF THE **Healthspring Life & Health Ins. Co., 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.....	163,790	0	110,621	0	0	53,169	0	0	0	0
2. MEMBER MONTHS.....	490,847	0	331,931	0	0	158,916	0	0	0	0
3. Direct Premium Income.....	565,477,267	0	344,605,554	0	2,493,085	218,378,627	0	XXXXXXXX	0	0
4. Net Premium Income.....	565,477,267	0	344,605,554	0	2,493,085	218,378,627	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.....	1,015,312	0	0	0	(20)	1,015,331	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).....	566,492,578	0	344,605,554	0	2,493,066	219,393,958	0	0	0	0
11. Hospital & Medical Benefits.....	466,265,139	0	282,811,139	0	1,921,359	181,532,641	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).....	466,265,139	0	282,811,139	0	1,921,359	181,532,641	0	0	0	0
14. Claims Adjustment Expenses.....	34,866,669	0	20,619,021	0	0	14,247,648	0	0	0	0
15. General Administrative Expenses.....	51,100,753	0	23,981,378	0	(15,989)	27,135,364	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(10,973,060)	0	0	0	0	(10,973,060)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	541,259,500	0	327,411,538	0	1,905,370	211,942,593	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	25,233,078	0	17,194,017	0	587,696	7,451,366	0	0	0	0
19. Net Investments Gains / (Losses).....	2,039,504	0	1,197,801	0	819,946	21,758	0	0	0	0
20. Aggregate write-ins for other expenses.....	183,512	0	(337,481)	0	520,993	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	27,456,094	0	18,054,337	0	1,928,634	7,473,123	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,455,068	0	(62,443,139)	0	28,152,346	36,745,862	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	25,001,026	0	80,497,476	0	(26,223,711)	(29,272,739)	0	0	0	0
24 Medical Loss Ratio	82.5%	0.0%	82.1%	0.0%	77.1%	83.1%	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 **Healthspring Life & Health Ins. Co., 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.....	163,790	0	110,621	0	0	53,169	0	0	0	0
2. MEMBER MONTHS.....	968,813	0	663,886	0	0	304,927	0	0	0	0
3. Direct Premium Income.....	1,084,546,813	0	700,458,132	0	2,026,568	382,062,113	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,084,546,813	0	700,458,132	0	2,026,568	382,062,113	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.....	1,920,166	0	0	0	0	1,920,166	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).....	1,086,466,979	0	700,458,132	0	2,026,568	383,982,279	0	0	0	0
11. Hospital & Medical Benefits.....	892,638,575	0	583,031,425	0	(8,886,292)	318,493,443	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).....	892,638,575	0	583,031,425	0	(8,886,292)	318,493,443	0	0	0	0
14. Claims Adjustment Expenses.....	67,909,493	0	43,330,125	0	0	24,579,368	0	0	0	0
15. General Administrative Expenses.....	126,571,849	0	73,230,459	0	344,493	52,996,896	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(41,184,817)	0	0	0	0	(41,184,817)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,045,935,100	0	699,592,008	0	(8,541,799)	354,884,891	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	40,531,879	0	866,124	0	10,568,367	29,097,388	0	0	0	0
19. Net Investments Gains / (Losses).....	3,946,172	0	2,641,567	0	1,180,687	123,918	0	0	0	0
20. Aggregate write-ins for other expenses.....	(277,434)	0	(377,414)	0	99,980	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	44,200,616	0	3,130,277	0	11,849,034	29,221,306	0	0	0	0
22. Federal and foreign income taxes incurred.....	14,747,095	0	10,915,570	0	9,742,745	(5,911,220)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	29,453,521	0	(7,785,294)	0	2,106,289	35,132,526	0	0	0	0
24 Medical Loss Ratio	82.3%	0.0%	83.2%	0.0%	-438.5%	83.4%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Healthspring Life & Health Ins. Co., Inc.**

REPORT FOR DIVISION: **TX HMO**

(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	150,776	0	0	0	0	0	0	104,351	46,425	0
2. First Quarter	0									
3. Second Quarter	158,292	0	0	0	0	0	0	105,123	53,169	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	935,783	0	0	0	0	0	0	630,856	304,927	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,913,866	0	0	0	0	0	0	1,088,267	825,599	0
8. Non-Physician	1,083,838	0	0	0	0	0	0	858,037	225,801	0
9. Total	2,997,704	0	0	0	0	0	0	1,946,304	1,051,400	0
10. Hospital Patient Days Incurred	83,109	0	0	0	0	0	0	68,256	14,853	0
11. Number of Inpatient Admissions	13,266	0	0	0	0	0	0	10,526	2,740	0
12. Health Premiums Written	1,056,107,644	0	0	0	0	0	0	674,045,531	382,062,113	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	1,056,945,160	0	0	0	0	0	0	673,457,974	383,487,187	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	843,817,457	0	0	0	0	0	0	548,548,834	295,268,623	0
18. Amount Incurred for Provision of Health Care Services	878,099,389	0	0	0	0	0	0	559,605,945	318,493,443	0

TEXAS HMO SUPPLEMENT

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

OF THE **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

TX HMO

(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.....	158,292	0	105,123	0	0	53,169	0	0	0	0
2. MEMBER MONTHS.....	474,332	0	315,416	0	0	158,916	0	0	0	0
3. Direct Premium Income.....	550,227,545	0	331,848,918	0	0	218,378,627	0	XXXXXXXX	0	0
4. Net Premium Income.....	550,227,545	0	331,848,918	0	0	218,378,627	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.....	1,015,331	0	0	0	0	1,015,331	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).....	551,242,876	0	331,848,918	0	0	219,393,958	0	0	0	0
11. Hospital & Medical Benefits.....	452,873,479	0	271,340,838	0	0	181,532,641	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).....	452,873,479	0	271,340,838	0	0	181,532,641	0	0	0	0
14. Claims Adjustment Expenses.....	34,182,439	0	19,934,791	0	0	14,247,648	0	0	0	0
15. General Administrative Expenses.....	49,763,565	0	22,628,201	0	0	27,135,364	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(10,973,060)	0	0	0	0	(10,973,060)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	525,846,423	0	313,903,830	0	0	211,942,593	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	25,396,453	0	17,945,088	0	0	7,451,366	0	0	0	0
19. Net Investments Gains / (Losses).....	1,214,505	0	1,192,747	0	0	21,758	0	0	0	0
20. Aggregate write-ins for other expenses.....	(343,297)	0	(343,297)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	26,267,660	0	18,794,537	0	0	7,473,123	0	0	0	0
22. Federal and foreign income taxes incurred.....	(31,698,106)	0	(68,443,968)	0	0	36,745,862	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	57,965,766	0	87,238,505	0	0	(29,272,739)	0	0	0	0
24 Medical Loss Ratio	82.3%	0.0%	81.8%	0.0%	0.0%	83.1%	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 **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

TX HMO

(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.....	158,292	0	105,123	0	0	53,169	0	0	0	0
2. MEMBER MONTHS.....	935,783	0	630,856	0	0	304,927	0	0	0	0
3. Direct Premium Income.....	1,056,107,644	0	674,045,531	0	0	382,062,113	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,056,107,644	0	674,045,531	0	0	382,062,113	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.....	1,920,166	0	0	0	0	1,920,166	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).....	1,058,027,810	0	674,045,531	0	0	383,982,279	0	0	0	0
11. Hospital & Medical Benefits.....	878,099,389	0	559,605,945	0	0	318,493,443	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).....	878,099,389	0	559,605,945	0	0	318,493,443	0	0	0	0
14. Claims Adjustment Expenses.....	66,509,847	0	41,930,478	0	0	24,579,368	0	0	0	0
15. General Administrative Expenses.....	122,461,668	0	69,464,772	0	0	52,996,896	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(41,184,817)	0	0	0	0	(41,184,817)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,025,886,087	0	671,001,195	0	0	354,884,891	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	32,141,723	0	3,044,335	0	0	29,097,388	0	0	0	0
19. Net Investments Gains / (Losses).....	2,724,310	0	2,600,392	0	0	123,918	0	0	0	0
20. Aggregate write-ins for other expenses.....	(404,554)	0	(404,554)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	34,461,480	0	5,240,173	0	0	29,221,306	0	0	0	0
22. Federal and foreign income taxes incurred.....	5,985,857	0	11,897,077	0	0	(5,911,220)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	28,475,623	0	(6,656,903)	0	0	35,132,526	0	0	0	0
24 Medical Loss Ratio	83.1%	0.0%	83.0%	0.0%	0.0%	83.4%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2015**

OF THE **Healthspring Life & Health Ins. Co., Inc.**

REPORT FOR DIVISION: **TX Non-HMO**

(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	61,884	0	0	0	0	0	0	1,286	0	60,598
2. First Quarter	0									
3. Second Quarter	1,188	0	0	0	0	0	0	1,188	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	7,121	0	0	0	0	0	0	7,121	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	11,440	0	0	0	0	0	0	11,440	0	0
8. Non-Physician	13,477	0	0	0	0	0	0	13,477	0	0
9. Total	24,917	0	0	0	0	0	0	24,917	0	0
10. Hospital Patient Days Incurred	1,128	0	0	0	0	0	0	1,128	0	0
11. Number of Inpatient Admissions	185	0	0	0	0	0	0	185	0	0
12. Health Premiums Written	6,231,638	0	0	0	0	0	0	5,889,504	0	342,134
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	4,415,520	0	0	0	0	0	0	5,929,531	0	(1,514,011)
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	(3,622,110)	0	0	0	0	0	0	5,066,727	0	(8,688,837)
18. Amount Incurred for Provision of Health Care Services	3,549,310	0	0	0	0	0	0	5,049,533	0	(1,500,223)

TEXAS HMO SUPPLEMENT

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

OF THE **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

TX Non-HMO

(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.....	1,188	0	1,188	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,570	0	3,570	0	0	0	0	0	0	0
3. Direct Premium Income.....	3,279,172	0	2,858,278	0	420,894	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	3,279,172	0	2,858,278	0	420,894	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	(3)	0	0	0	(3)	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	3,279,169	0	2,858,278	0	420,890	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,790,063	0	2,465,691	0	324,372	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,790,063	0	2,465,691	0	324,372	0	0	0	0	0
14. Claims Adjustment Expenses.....	186,732	0	186,732	0	0	0	0	0	0	0
15. General Administrative Expenses.....	280,245	0	282,944	0	(2,699)	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,257,041	0	2,935,368	0	321,673	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	22,128	0	(77,089)	0	99,217	0	0	0	0	0
19. Net Investments Gains / (Losses).....	138,427	0	0	0	138,427	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	92,330	0	4,374	0	87,956	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	252,885	0	(72,715)	0	325,600	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	5,948,445	0	1,268,480	0	4,679,965	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,695,560)	0	(1,341,195)	0	(4,354,365)	0	0	0	0	0
24 Medical Loss Ratio	85.1%	0.0%	86.3%	0.0%	77.1%	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 **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

TX Non-HMO

(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.....	1,188	0	1,188	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	7,121	0	7,121	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,231,638	0	5,889,504	0	342,134	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,231,638	0	5,889,504	0	342,134	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	6,231,638	0	5,889,504	0	342,134	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,549,310	0	5,049,533	0	(1,500,223)	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,549,310	0	5,049,533	0	(1,500,223)	0	0	0	0	0
14. Claims Adjustment Expenses.....	379,359	0	379,359	0	0	0	0	0	0	0
15. General Administrative Expenses.....	857,733	0	799,574	0	58,159	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).....	4,786,402	0	6,228,466	0	(1,442,064)	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,445,236	0	(338,962)	0	1,784,198	0	0	0	0	0
19. Net Investments Gains / (Losses).....	199,329	0	0	0	199,329	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	13,733	0	(3,146)	0	16,879	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,658,298	0	(342,108)	0	2,000,406	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,529,658	0	(144,758)	0	1,674,416	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	128,640	0	(197,350)	0	325,990	0	0	0	0	0
24 Medical Loss Ratio	57.0%	0.0%	85.7%	0.0%	-438.5%	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 **Healthspring Life & Health Ins. Co., Inc.**

REPORT FOR DIVISION: **National Part D**

(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	299,071	0	0	0	0	0	0	5,516	0	293,555
2. First Quarter	0									
3. Second Quarter	4,310	0	0	0	0	0	0	4,310	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	25,909	0	0	0	0	0	0	25,909	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	37,497	0	0	0	0	0	0	37,497	0	0
8. Non-Physician	18,055	0	0	0	0	0	0	18,055	0	0
9. Total	55,552	0	0	0	0	0	0	55,552	0	0
10. Hospital Patient Days Incurred	3,872	0	0	0	0	0	0	3,872	0	0
11. Number of Inpatient Admissions	570	0	0	0	0	0	0	570	0	0
12. Health Premiums Written	22,207,531	0	0	0	0	0	0	20,523,097	0	1,684,434
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	13,111,038	0	0	0	0	0	0	20,564,991	0	(7,453,953)
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	(24,379,515)	0	0	0	0	0	0	18,398,362	0	(42,777,877)
18. Amount Incurred for Provision of Health Care Services	10,989,877	0	0	0	0	0	0	18,375,946	0	(7,386,070)

TEXAS HMO SUPPLEMENT

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

OF THE **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

National Part D

(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.....	4,310	0	4,310	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,945	0	12,945	0	0	0	0	0	0	0
3. Direct Premium Income.....	11,970,550	0	9,898,358	0	2,072,192	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	11,970,550	0	9,898,358	0	2,072,192	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	(16)	0	0	0	(16)	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	11,970,533	0	9,898,358	0	2,072,175	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,601,597	0	9,004,610	0	1,596,987	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,601,597	0	9,004,610	0	1,596,987	0	0	0	0	0
14. Claims Adjustment Expenses.....	497,497	0	497,497	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,056,943	0	1,070,232	0	(13,289)	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).....	12,156,037	0	10,572,340	0	1,583,697	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(185,503)	0	(673,982)	0	488,478	0	0	0	0	0
19. Net Investments Gains / (Losses).....	686,573	0	5,054	0	681,519	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	434,479	0	1,442	0	433,037	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	935,548	0	(667,485)	0	1,603,034	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	28,204,729	0	4,732,349	0	23,472,381	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(27,269,181)	0	(5,399,834)	0	(21,869,347)	0	0	0	0	0
24 Medical Loss Ratio	88.6%	0.0%	91.0%	0.0%	77.1%	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 **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

National Part D

(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.....	4,310	0	4,310	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	25,909	0	25,909	0	0	0	0	0	0	0
3. Direct Premium Income.....	22,207,531	0	20,523,097	0	1,684,434	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	22,207,531	0	20,523,097	0	1,684,434	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	22,207,531	0	20,523,097	0	1,684,434	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,989,877	0	18,375,946	0	(7,386,070)	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,989,877	0	18,375,946	0	(7,386,070)	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,020,287	0	1,020,287	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,252,447	0	2,966,113	0	286,335	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).....	15,262,611	0	22,362,346	0	(7,099,735)	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,944,919	0	(1,839,249)	0	8,784,169	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,022,533	0	41,175	0	981,358	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	113,387	0	30,286	0	83,101	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	8,080,839	0	(1,767,789)	0	9,848,628	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	7,231,580	0	(836,748)	0	8,068,328	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	849,259	0	(931,040)	0	1,780,299	0	0	0	0	0
24 Medical Loss Ratio	49.5%	0.0%	89.5%	0.0%	-438.5%	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				