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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Scott & White Health Plan**
(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**	196,492	108,441	28,360	0	0	42,610	17,081	0	0	0
2. **MEMBER MONTHS**	585,633	322,356	84,884	0	0	127,264	51,129	0	0	0
3. Direct Premium Income	180,890,512	87,655,582	37,318,335	0	0	28,054,067	27,862,528	XXXXXXXX	0	0
4. Net Premium Income	178,775,700	86,017,573	37,318,335	0	0	27,884,806	27,554,986	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	356,889	0	0	0	0	0	0	0	0	356,889
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)	179,132,589	86,017,573	37,318,335	0	0	27,884,806	27,554,986	0	0	356,889
11. Hospital & Medical Benefits	155,687,016	79,839,591	31,574,236	0	0	19,858,291	24,414,898	0	0	0
12. Net Reins Recoveries Incurred	2,262,969	2,576,835	0	0	0	(313,866)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	153,424,047	77,262,756	31,574,236	0	0	20,172,157	24,414,898	0	0	0
14. Claims Adjustment Expenses	2,550,303	1,452,345	563,624	0	0	408,442	125,892	0	0	0
15. General Administrative Expenses	16,696,438	9,141,462	3,346,471	0	0	3,097,321	1,111,184	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)	172,670,788	87,856,563	35,484,331	0	0	23,677,920	25,651,974	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	6,461,801	(1,838,990)	1,834,004	0	0	4,206,886	1,903,012	0	0	356,889
19. Net Investments Gains / (Losses)	381,654	381,654	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	(1,646,066)	0	0	0	0	0	0	0	0	(1,646,066)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	5,197,389	(1,457,336)	1,834,004	0	0	4,206,886	1,903,012	0	0	(1,289,177)
22. Federal and foreign income taxes incurred	258,859	258,859	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	4,938,530	(1,716,195)	1,834,004	0	0	4,206,886	1,903,012	0	0	(1,289,177)
24 Medical Loss Ratio	85.8%	89.8%	84.6%	0.0%	0.0%	72.3%	88.6%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 25,980
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 74,265

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

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

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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Scott & White Health Plan**
(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**	196,492	108,441	28,360	0	0	42,610	17,081	0	0	0
2. **MEMBER MONTHS**	1,737,627	953,990	252,113	0	0	376,998	154,526	0	0	0
3. Direct Premium Income	513,452,550	256,005,166	88,211,645	0	0	85,460,693	83,775,046	XXXXXXXX	0	0
4. Net Premium Income	507,360,507	251,312,289	88,211,645	0	0	84,964,100	82,872,473	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	856,151	0	0	0	0	0	0	0	0	856,151
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)	508,216,658	251,312,289	88,211,645	0	0	84,964,100	82,872,473	0	0	856,151
11. Hospital & Medical Benefits	453,348,968	228,684,195	91,202,820	0	0	63,759,782	69,702,171	0	0	0
12. Net Reins Recoveries Incurred	5,564,900	5,076,347	0	0	0	488,553	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	447,784,068	223,607,848	91,202,820	0	0	63,271,229	69,702,171	0	0	0
14. Claims Adjustment Expenses	9,456,084	4,946,281	2,169,618	0	0	1,591,996	748,189	0	0	0
15. General Administrative Expenses	59,370,120	29,919,492	13,516,850	0	0	10,759,791	5,173,987	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)	516,610,272	258,473,621	106,889,288	0	0	75,623,016	75,624,347	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	(8,393,614)	(7,161,332)	(18,677,643)	0	0	9,341,084	7,248,126	0	0	856,151
19. Net Investments Gains / (Losses)	1,032,224	1,032,224	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses	(1,351,753)	0	0	0	0	0	0	0	0	(1,351,753)
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	(8,713,143)	(6,129,108)	(18,677,643)	0	0	9,341,084	7,248,126	0	0	(495,602)
22. Federal and foreign income taxes incurred	192,523	192,523	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	(8,905,666)	(6,321,631)	(18,677,643)	0	0	9,341,084	7,248,126	0	0	(495,602)
24 Medical Loss Ratio	88.3%	89.0%	103.4%	0.0%	0.0%	74.5%	84.1%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 25,980
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 219,770

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

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