

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, 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.....	379,969	278,855	0	101,114	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,143,979	787,506	0	356,473	0	0	0	0	0	0
3. Direct Premium Income.....	492,543,532	245,233,343	0	247,362,496	0	0	0	XXXXXXXX	0	(52,307)
4. Net Premium Income.....	491,286,646	243,976,457	0	247,362,496	0	0	0	0	0	(52,307)
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).....	491,286,646	243,976,457	0	247,362,496	0	0	0	0	0	(52,307)
11. Hospital & Medical Benefits.....	477,228,167	253,024,279	0	224,203,888	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	20,929,422	20,929,422	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	456,298,745	232,094,857	0	224,203,888	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	16,797,873	9,786,218	0	7,011,656	0	0	0	0	0	(1)
15. General Administrative Expenses.....	58,480,126	43,600,066	0	14,879,929	0	0	0	0	0	131
16. Increase in Reserves for A&H contracts.....	185	185	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	531,576,929	285,481,326	0	246,095,473	0	0	0	0	0	130
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(40,290,283)	(41,504,869)	0	1,267,023	0	0	0	0	0	(52,437)
19. Net Investments Gains / (Losses).....	3,215,754	1,531,251	0	1,684,740	0	0	0	0	0	(237)
20. Aggregate write-ins for other expenses.....	71	1,357	0	(1,292)	0	0	0	0	0	6
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(37,074,458)	(39,972,261)	0	2,950,471	0	0	0	0	0	(52,668)
22. Federal and foreign income taxes incurred.....	(13,482,184)	(15,525,852)	0	2,040,377	0	0	0	0	0	3,291
23. NET INCOME/(LOSS) (L21 less L22).....	(23,592,274)	(24,446,409)	0	910,094	0	0	0	0	0	(55,959)
24 Medical Loss Ratio	92.9%	95.1%	0.0%	90.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,349	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		36,089	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, 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.....	379,969	278,855	0	101,114	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,476,212	2,587,530	0	888,682	0	0	0	0	0	0
3. Direct Premium Income.....	1,532,039,287	789,633,291	0	742,405,996	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,528,141,170	785,735,174	0	742,405,996	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,134	1,134	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).....	1,528,142,304	785,736,308	0	742,405,996	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,382,741,011	725,988,721	0	656,752,290	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	29,861,748	29,861,748	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,352,879,263	696,126,973	0	656,752,290	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	50,601,080	29,184,159	0	21,416,921	0	0	0	0	0	0
15. General Administrative Expenses.....	201,967,674	143,392,938	0	58,574,736	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(44,073)	(44,073)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,605,403,944	868,659,997	0	736,743,947	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(77,261,640)	(82,923,689)	0	5,662,049	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	8,267,104	4,157,557	0	4,109,547	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(77,538)	(38,994)	0	(38,544)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(69,072,074)	(78,805,126)	0	9,733,052	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(11,471,765)	(13,088,270)	0	1,616,505	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(57,600,309)	(65,716,856)	0	8,116,547	0	0	0	0	0	0
24 Medical Loss Ratio	88.5%	88.6%	0.0%	88.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,349	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		110,629	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, 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	31,662	2,905	14,547	0	0	0	197	14,013	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	31,820	2,408	14,961	0	0	0	221	14,230	0	0
5. Current Year	0									
6. Current Year Member Months	291,387	23,919	137,218	0	0	0	1,897	128,353	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	277,140	11,851	54,176	0	0	0	1,360	209,753	0	0
8. Non-Physician	121,808	4,621	14,773	0	0	0	596	101,818	0	0
9. Total	398,948	16,472	68,949	0	0	0	1,956	311,571	0	0
10. Hospital Patient Days Incurred	40,582	1,208	2,916	0	0	0	59	36,399	0	0
11. Number of Inpatient Admissions	4,299	172	518	0	0	0	10	3,599	0	0
12. Health Premiums Written	179,486,560	5,981,885	35,526,881	0	0	0	783,796	137,193,998	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	179,486,589	5,981,914	35,526,881	0	0	0	783,796	137,193,998	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	159,307,815	7,728,667	34,063,168	0	0	0	940,904	116,575,076	0	0
18. Amount Incurred for Provision of Health Care Services	161,632,721	7,369,282	34,421,147	0	0	0	926,576	118,915,716	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, 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.....	31,820	17,590	0	14,230	0	0	0	0	0	0
2. MEMBER MONTHS.....	96,376	53,654	0	42,722	0	0	0	0	0	0
3. Direct Premium Income.....	56,687,204	11,047,916	0	45,639,212	0	0	0	XXXXXXXX	0	76
4. Net Premium Income.....	56,650,645	11,011,357	0	45,639,212	0	0	0	0	0	76
5. Change in unearned premium reserve and reserve for rate credits.....	(2)	(2)	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).....	56,650,643	11,011,355	0	45,639,212	0	0	0	0	0	76
11. Hospital & Medical Benefits.....	53,465,297	13,138,669	0	40,326,628	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	779,054	779,054	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	52,686,243	12,359,615	0	40,326,628	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,727,291	433,679	0	1,293,612	0	0	0	0	0	0
15. General Administrative Expenses.....	4,682,069	1,938,714	0	2,743,355	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).....	59,095,603	14,732,008	0	44,363,595	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,444,960)	(3,720,653)	0	1,275,617	0	0	0	0	0	76
19. Net Investments Gains / (Losses).....	381,215	70,236	0	310,979	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	132	365	0	(233)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,063,613)	(3,650,052)	0	1,586,363	0	0	0	0	0	76
22. Federal and foreign income taxes incurred.....	(724,777)	(1,596,731)	0	871,959	0	0	0	0	0	(5)
23. NET INCOME/(LOSS) (L21 less L22).....	(1,338,836)	(2,053,321)	0	714,404	0	0	0	0	0	81
24 Medical Loss Ratio	93.0%	112.2%	0.0%	88.4%	0.0%	0.0%	0.0%	0.0%	0.0%	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.....		10	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, 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.....	31,820	17,590	0	14,230	0	0	0	0	0	0
2. MEMBER MONTHS.....	291,387	163,034	0	128,353	0	0	0	0	0	0
3. Direct Premium Income.....	179,486,560	42,292,562	0	137,193,998	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	179,351,293	42,157,295	0	137,193,998	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	28	28	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).....	179,351,321	42,157,323	0	137,193,998	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	160,632,721	41,717,005	0	118,915,716	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,264,049	1,264,049	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	159,368,672	40,452,956	0	118,915,716	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,539,625	1,581,861	0	3,957,764	0	0	0	0	0	0
15. General Administrative Expenses.....	18,442,464	7,618,064	0	10,824,400	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).....	183,350,761	49,652,881	0	133,697,880	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,999,440)	(7,495,558)	0	3,496,118	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,000,419	240,989	0	759,430	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(9,381)	(2,258)	0	(7,123)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,008,402)	(7,256,827)	0	4,248,425	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(665,733)	(1,371,328)	0	705,595	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,342,669)	(5,885,499)	0	3,542,830	0	0	0	0	0	0
24 Medical Loss Ratio	88.9%	96.0%	0.0%	86.7%	0.0%	0.0%	0.0%	0.0%	0.0%	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.....		221	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(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	78,963	16,856	58,312	0	0	0	293	3,502	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	68,797	9,496	53,637	0	0	0	418	5,246	0	0
5. Current Year	0									
6. Current Year Member Months	644,103	93,285	502,521	0	0	0	3,505	44,792	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	327,708	69,334	186,500	0	0	0	2,314	69,560	0	0
8. Non-Physician	107,900	25,034	48,690	0	0	0	708	33,468	0	0
9. Total	435,608	94,368	235,190	0	0	0	3,022	103,028	0	0
10. Hospital Patient Days Incurred	27,069	5,629	10,477	0	0	0	162	10,801	0	0
11. Number of Inpatient Admissions	3,751	862	1,717	0	0	0	16	1,156	0	0
12. Health Premiums Written	228,947,114	28,969,141	158,403,195	0	0	0	1,408,533	40,166,246	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	228,947,252	28,969,279	158,403,195	0	0	0	1,408,533	40,166,246	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	236,402,521	62,884,504	136,142,081	0	0	0	1,759,208	35,616,727	0	0
18. Amount Incurred for Provision of Health Care Services	230,918,285	55,919,684	135,476,780	0	0	0	1,906,932	37,614,889	0	0

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OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**  
(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.....	68,797	63,551	0	5,246	0	0	0	0	0	0
2. MEMBER MONTHS.....	207,235	191,727	0	15,508	0	0	0	0	0	0
3. Direct Premium Income.....	61,291,782	47,785,502	0	13,505,676	0	0	0	XXXXXXXX	0	604
4. Net Premium Income.....	61,117,574	47,611,294	0	13,505,676	0	0	0	0	0	604
5. Change in unearned premium reserve and reserve for rate credits.....	(3)	(3)	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).....	61,117,571	47,611,291	0	13,505,676	0	0	0	0	0	604
11. Hospital & Medical Benefits.....	77,115,499	64,294,410	0	12,821,089	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	6,229,387	6,229,387	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	70,886,112	58,065,023	0	12,821,089	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,260,694	1,877,777	0	382,917	0	0	0	0	0	0
15. General Administrative Expenses.....	9,207,428	8,391,557	0	815,872	0	0	0	0	0	(1)
16. Increase in Reserves for A&H contracts.....	185	185	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	82,354,419	68,334,542	0	14,019,878	0	0	0	0	0	(1)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(21,236,848)	(20,723,251)	0	(514,202)	0	0	0	0	0	605
19. Net Investments Gains / (Losses).....	393,308	301,555	0	91,750	0	0	0	0	0	3
20. Aggregate write-ins for other expenses.....	1,689	1,768	0	(79)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(20,841,851)	(20,419,928)	0	(422,531)	0	0	0	0	0	608
22. Federal and foreign income taxes incurred.....	(7,093,890)	(6,764,554)	0	(329,298)	0	0	0	0	0	(38)
23. NET INCOME/(LOSS) (L21 less L22).....	(13,747,961)	(13,655,374)	0	(93,233)	0	0	0	0	0	646
24 Medical Loss Ratio	116.0%	122.0%	0.0%	94.9%	0.0%	0.0%	0.0%	0.0%	0.0%	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.....		8	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**  
(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.....	68,797	63,551	0	5,246	0	0	0	0	0	0
2. MEMBER MONTHS.....	644,103	599,311	0	44,792	0	0	0	0	0	0
3. Direct Premium Income.....	228,947,114	188,780,868	0	40,166,246	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	228,321,940	188,155,694	0	40,166,246	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	138	138	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).....	228,322,078	188,155,832	0	40,166,246	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	230,918,285	193,303,396	0	37,614,889	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	9,969,081	9,969,081	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	220,949,204	183,334,315	0	37,614,889	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	8,213,459	7,054,746	0	1,158,713	0	0	0	0	0	0
15. General Administrative Expenses.....	37,195,218	34,026,162	0	3,169,056	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(22,935)	(22,935)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	266,334,946	224,392,288	0	41,942,658	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(38,012,868)	(36,236,456)	0	(1,776,412)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,291,891	1,069,553	0	222,338	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(12,116)	(10,031)	0	(2,085)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(36,733,093)	(35,176,934)	0	(1,556,159)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(6,100,778)	(5,842,325)	0	(258,453)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(30,632,315)	(29,334,609)	0	(1,297,706)	0	0	0	0	0	0
24 Medical Loss Ratio	96.8%	97.4%	0.0%	93.6%	0.0%	0.0%	0.0%	0.0%	0.0%	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.....		418	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, 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	113,631	31,942	50,772	0	0	0	10,112	20,805	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	117,258	33,307	50,154	0	0	0	9,297	24,500	0	0
5. Current Year	0									
6. Current Year Member Months	1,086,146	327,296	455,896	0	0	0	83,779	219,175	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	816,827	161,866	206,400	0	0	0	81,349	367,212	0	0
8. Non-Physician	307,609	70,978	48,391	0	0	0	28,931	159,309	0	0
9. Total	1,124,436	232,844	254,791	0	0	0	110,280	526,521	0	0
10. Hospital Patient Days Incurred	79,980	9,812	10,446	0	0	0	3,491	56,231	0	0
11. Number of Inpatient Admissions	9,266	1,627	1,607	0	0	0	479	5,553	0	0
12. Health Premiums Written	473,789,450	79,149,473	130,225,732	0	0	0	48,145,216	216,269,029	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	473,789,828	79,149,851	130,225,732	0	0	0	48,145,216	216,269,029	0	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	374,709,110	60,530,748	98,313,954	0	0	0	45,508,071	170,356,337	0	0
18. Amount Incurred for Provision of Health Care Services	403,878,513	63,518,968	111,526,125	0	0	0	45,187,454	183,645,966	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, 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.....	117,258	92,758	0	24,500	0	0	0	0	0	0
2. MEMBER MONTHS.....	355,557	282,120	0	73,437	0	0	0	0	0	0
3. Direct Premium Income.....	160,604,979	88,300,817	0	72,303,869	0	0	0	XXXXXXXX	0	293
4. Net Premium Income.....	160,081,437	87,777,275	0	72,303,869	0	0	0	0	0	293
5. Change in unearned premium reserve and reserve for rate credits.....	56	56	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).....	160,081,493	87,777,331	0	72,303,869	0	0	0	0	0	293
11. Hospital & Medical Benefits.....	139,528,247	73,936,028	0	65,592,219	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,931,663	3,931,663	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	135,596,584	70,004,365	0	65,592,219	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,496,793	3,447,116	0	2,049,677	0	0	0	0	0	0
15. General Administrative Expenses.....	20,181,281	15,825,006	0	4,356,276	0	0	0	0	0	(1)
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).....	161,274,658	89,276,487	0	71,998,172	0	0	0	0	0	(1)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,193,165)	(1,499,156)	0	305,697	0	0	0	0	0	294
19. Net Investments Gains / (Losses).....	1,007,419	515,439	0	491,979	0	0	0	0	0	1
20. Aggregate write-ins for other expenses.....	(226)	168	0	(394)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(185,972)	(983,549)	0	797,282	0	0	0	0	0	295
22. Federal and foreign income taxes incurred.....	(696,289)	(3,048,064)	0	2,351,793	0	0	0	0	0	(18)
23. NET INCOME/(LOSS) (L21 less L22).....	510,317	2,064,515	0	(1,554,511)	0	0	0	0	0	313
24 Medical Loss Ratio	84.7%	79.8%	0.0%	90.7%	0.0%	0.0%	0.0%	0.0%	0.0%	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.....		(128)	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, 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.....	117,258	92,758	0	24,500	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,086,146	866,971	0	219,175	0	0	0	0	0	0
3. Direct Premium Income.....	473,789,450	257,520,421	0	216,269,029	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	472,500,061	256,231,032	0	216,269,029	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	378	378	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).....	472,500,439	256,231,410	0	216,269,029	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	403,878,513	220,232,547	0	183,645,966	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,351,408	5,351,408	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	398,527,105	214,881,139	0	183,645,966	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	15,751,997	9,513,082	0	6,238,915	0	0	0	0	0	0
15. General Administrative Expenses.....	63,842,954	46,779,653	0	17,063,301	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).....	478,122,056	271,173,874	0	206,948,182	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,621,617)	(14,942,464)	0	9,320,847	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,548,495	1,351,350	0	1,197,145	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(23,902)	(12,675)	0	(11,227)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,097,024)	(13,603,789)	0	10,506,765	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(514,366)	(2,259,371)	0	1,745,005	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,582,658)	(11,344,418)	0	8,761,760	0	0	0	0	0	0
24 Medical Loss Ratio	84.3%	83.9%	0.0%	84.9%	0.0%	0.0%	0.0%	0.0%	0.0%	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.....		9,297	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, 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	104,279	36,916	51,031	0	1,491	7,613	2,525	4,703	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	118,291	48,609	51,730	0	0	0	2,413	15,539	0	0
5. Current Year	0									
6. Current Year Member Months	1,070,949	440,539	476,607	0	0	0	21,448	132,355	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	539,608	231,945	219,633	0	0	0	17,314	70,716	0	0
8. Non-Physician	160,752	59,190	68,183	0	0	0	6,913	26,466	0	0
9. Total	700,360	291,135	287,816	0	0	0	24,227	97,182	0	0
10. Hospital Patient Days Incurred	31,687	13,585	8,479	0	0	0	691	8,932	0	0
11. Number of Inpatient Admissions	4,717	2,114	1,547	0	0	0	102	954	0	0
12. Health Premiums Written	336,987,762	123,459,469	163,181,851	0	0	0	10,212,846	40,133,596	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	336,988,352	123,460,059	163,181,851	0	0	0	10,212,846	40,133,596	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	299,027,691	130,981,239	116,783,787	0	15,899	47,193	14,149,685	37,049,888	0	0
18. Amount Incurred for Provision of Health Care Services	303,545,380	132,403,512	120,536,526	0	0	0	14,129,007	36,476,335	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, 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.....	118,291	102,752	0	15,539	0	0	0	0	0	0
2. MEMBER MONTHS.....	354,010	253,325	0	100,685	0	0	0	0	0	0
3. Direct Premium Income.....	110,426,822	97,226,511	0	13,219,088	0	0	0	XXXXXXXX	0	(18,777)
4. Net Premium Income.....	109,905,520	96,705,209	0	13,219,088	0	0	0	0	0	(18,777)
5. Change in unearned premium reserve and reserve for rate credits.....	(51)	(51)	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).....	109,905,469	96,705,158	0	13,219,088	0	0	0	0	0	(18,777)
11. Hospital & Medical Benefits.....	113,883,913	99,941,838	0	13,942,075	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	9,978,687	9,978,687	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	103,905,226	89,963,151	0	13,942,075	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,368,900	3,994,300	0	374,601	0	0	0	0	0	(1)
15. General Administrative Expenses.....	18,085,474	17,294,536	0	790,891	0	0	0	0	0	47
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).....	126,359,600	111,251,987	0	15,107,567	0	0	0	0	0	46
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(16,454,131)	(14,546,829)	0	(1,888,479)	0	0	0	0	0	(18,823)
19. Net Investments Gains / (Losses).....	728,719	638,479	0	90,325	0	0	0	0	0	(85)
20. Aggregate write-ins for other expenses.....	(1,067)	(1,011)	0	(60)	0	0	0	0	0	4
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(15,726,479)	(13,909,361)	0	(1,798,214)	0	0	0	0	0	(18,904)
22. Federal and foreign income taxes incurred.....	(4,254,969)	(4,266,367)	0	10,217	0	0	0	0	0	1,181
23. NET INCOME/(LOSS) (L21 less L22).....	(11,471,510)	(9,642,994)	0	(1,808,431)	0	0	0	0	0	(20,085)
24 Medical Loss Ratio	94.5%	93.0%	0.0%	105.5%	0.0%	0.0%	0.0%	0.0%	0.0%	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.....		(16)	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, 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.....	118,291	102,752	0	15,539	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,070,949	938,594	0	132,355	0	0	0	0	0	0
3. Direct Premium Income.....	336,987,762	296,854,166	0	40,133,596	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	335,146,252	295,012,656	0	40,133,596	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	590	590	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).....	335,146,842	295,013,246	0	40,133,596	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	303,545,380	267,069,045	0	36,476,335	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	13,254,468	13,254,468	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	290,290,912	253,814,577	0	36,476,335	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	12,034,062	10,876,276	0	1,157,786	0	0	0	0	0	0
15. General Administrative Expenses.....	57,387,082	54,220,593	0	3,166,489	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(21,138)	(21,138)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	359,690,918	318,890,308	0	40,800,610	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(24,544,076)	(23,877,062)	0	(667,014)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,692,365	1,470,208	0	222,157	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(15,876)	(13,791)	0	(2,085)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(22,867,587)	(22,420,645)	0	(446,942)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(3,797,940)	(3,723,710)	0	(74,230)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(19,069,647)	(18,696,935)	0	(372,712)	0	0	0	0	0	0
24 Medical Loss Ratio	86.6%	86.0%	0.0%	90.9%	0.0%	0.0%	0.0%	0.0%	0.0%	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.....		2,413	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, 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	15,682	0	0	0	0	0	0	15,682	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	21,771	0	0	0	0	0	0	21,771	0	0
5. Current Year	0									
6. Current Year Member Months	186,341	0	0	0	0	0	0	186,341	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	299,244	0	0	0	0	0	0	299,244	0	0
8. Non-Physician	163,965	0	0	0	0	0	0	163,965	0	0
9. Total	463,209	0	0	0	0	0	0	463,209	0	0
10. Hospital Patient Days Incurred	48,112	0	0	0	0	0	0	48,112	0	0
11. Number of Inpatient Admissions	5,058	0	0	0	0	0	0	5,058	0	0
12. Health Premiums Written	160,393,996	0	0	0	0	0	0	160,393,996	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	160,393,996	0	0	0	0	0	0	160,393,996	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	148,335,381	0	0	0	0	0	0	148,335,381	0	0
18. Amount Incurred for Provision of Health Care Services	150,816,954	0	0	0	0	0	0	150,816,954	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, 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.....	21,771	0	0	21,771	0	0	0	0	0	0
2. MEMBER MONTHS.....	64,677	0	0	64,677	0	0	0	0	0	0
3. Direct Premium Income.....	54,737,751	0	0	54,737,751	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	54,737,751	0	0	54,737,751	0	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).....	54,737,751	0	0	54,737,751	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	48,234,442	0	0	48,234,442	0	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).....	48,234,442	0	0	48,234,442	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,552,546	0	0	1,552,546	0	0	0	0	0	0
15. General Administrative Expenses.....	3,329,141	0	0	3,329,141	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).....	53,116,129	0	0	53,116,129	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,621,622	0	0	1,621,622	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	370,330	0	0	370,330	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(376)	0	0	(376)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,991,576	0	0	1,991,576	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,747,075)	0	0	(1,747,075)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,738,651	0	0	3,738,651	0	0	0	0	0	0
24 Medical Loss Ratio	88.1%	0.0%	0.0%	88.1%	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 **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, 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.....	21,771	0	0	21,771	0	0	0	0	0	0
2. MEMBER MONTHS.....	186,341	0	0	186,341	0	0	0	0	0	0
3. Direct Premium Income.....	160,393,996	0	0	160,393,996	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	160,393,996	0	0	160,393,996	0	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).....	160,393,996	0	0	160,393,996	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	150,816,954	0	0	150,816,954	0	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).....	150,816,954	0	0	150,816,954	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,627,036	0	0	4,627,036	0	0	0	0	0	0
15. General Administrative Expenses.....	12,654,845	0	0	12,654,845	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).....	168,098,835	0	0	168,098,835	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,704,839)	0	0	(7,704,839)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	887,852	0	0	887,852	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(8,327)	0	0	(8,327)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(6,825,314)	0	0	(6,825,314)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,133,575)	0	0	(1,133,575)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,691,739)	0	0	(5,691,739)	0	0	0	0	0	0
24. Medical Loss Ratio	94.0%	0.0%	0.0%	94.0%	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				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, 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	9,999	0	0	0	0	0	0	9,999	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	9,433	0	0	0	0	0	0	9,433	0	0
5. Current Year	0									
6. Current Year Member Months	85,402	0	0	0	0	0	0	85,402	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	129,619	0	0	0	0	0	0	129,619	0	0
8. Non-Physician	68,898	0	0	0	0	0	0	68,898	0	0
9. Total	198,517	0	0	0	0	0	0	198,517	0	0
10. Hospital Patient Days Incurred	14,771	0	0	0	0	0	0	14,771	0	0
11. Number of Inpatient Admissions	1,660	0	0	0	0	0	0	1,660	0	0
12. Health Premiums Written	71,029,125	0	0	0	0	0	0	71,029,125	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	71,029,125	0	0	0	0	0	0	71,029,125	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	59,578,449	0	0	0	0	0	0	59,578,449	0	0
18. Amount Incurred for Provision of Health Care Services	56,959,793	0	0	0	0	0	0	56,959,793	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, 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.....	9,433	0	0	9,433	0	0	0	0	0	0
2. MEMBER MONTHS.....	28,368	0	0	28,368	0	0	0	0	0	0
3. Direct Premium Income.....	23,046,651	0	0	23,046,651	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	23,046,651	0	0	23,046,651	0	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).....	23,046,651	0	0	23,046,651	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	20,132,291	0	0	20,132,291	0	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).....	20,132,291	0	0	20,132,291	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	652,803	0	0	652,803	0	0	0	0	0	0
15. General Administrative Expenses.....	1,368,938	0	0	1,368,938	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).....	22,154,032	0	0	22,154,032	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	892,619	0	0	892,619	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	158,152	0	0	158,152	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(77)	0	0	(77)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,050,694	0	0	1,050,694	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,489,970	0	0	1,489,970	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(439,276)	0	0	(439,276)	0	0	0	0	0	0
24 Medical Loss Ratio	87.4%	0.0%	0.0%	87.4%	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 **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, 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.....	9,433	0	0	9,433	0	0	0	0	0	0
2. MEMBER MONTHS.....	85,402	0	0	85,402	0	0	0	0	0	0
3. Direct Premium Income.....	71,029,125	0	0	71,029,125	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	71,029,125	0	0	71,029,125	0	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).....	71,029,125	0	0	71,029,125	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	56,959,793	0	0	56,959,793	0	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).....	56,959,793	0	0	56,959,793	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,049,044	0	0	2,049,044	0	0	0	0	0	0
15. General Administrative Expenses.....	5,604,091	0	0	5,604,091	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).....	64,612,928	0	0	64,612,928	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,416,197	0	0	6,416,197	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	393,178	0	0	393,178	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,688)	0	0	(3,688)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,805,687	0	0	6,805,687	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,130,316	0	0	1,130,316	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,675,371	0	0	5,675,371	0	0	0	0	0	0
24 Medical Loss Ratio	80.2%	0.0%	0.0%	80.2%	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 **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	2,204	2,204	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,680	6,680	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	872,595	872,595	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	871,321	871,321	0	0	0	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).....	871,321	871,321	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	713,333	713,333	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	10,631	10,631	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	702,702	702,702	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	33,344	33,344	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	150,254	150,254	0	0	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).....	886,300	886,300	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(14,979)	(14,979)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,542	5,542	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	67	67	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(9,370)	(9,370)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	149,863	149,863	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(159,233)	(159,233)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	80.6%	80.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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 **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

(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.....	2,204	2,204	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,620	19,620	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,185,274	4,185,274	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,178,497	4,178,497	0	0	0	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).....	4,178,497	4,178,497	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,666,728	3,666,728	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	22,742	22,742	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,643,986	3,643,986	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	158,194	158,194	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	748,466	748,466	0	0	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).....	4,550,646	4,550,646	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(372,149)	(372,149)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	25,457	25,457	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(239)	(239)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(346,931)	(346,931)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	108,464	108,464	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(455,395)	(455,395)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	87.2%	87.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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 **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

REPORT FOR DIVISION: **East Texas**

(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	9,184	0	0	0	0	0	0	9,184	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	10,395	0	0	0	0	0	0	10,395	0	0
5. Current Year	0									
6. Current Year Member Months	92,264	0	0	0	0	0	0	92,264	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	137,809	0	0	0	0	0	0	137,809	0	0
8. Non-Physician	97,979	0	0	0	0	0	0	97,979	0	0
9. Total	235,788	0	0	0	0	0	0	235,788	0	0
10. Hospital Patient Days Incurred	21,020	0	0	0	0	0	0	21,020	0	0
11. Number of Inpatient Admissions	2,477	0	0	0	0	0	0	2,477	0	0
12. Health Premiums Written	77,220,006	0	0	0	0	0	0	77,220,006	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	77,220,006	0	0	0	0	0	0	77,220,006	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	71,419,347	0	0	0	0	0	0	71,419,347	0	0
18. Amount Incurred for Provision of Health Care Services	72,322,637	0	0	0	0	0	0	72,322,637	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**East Texas**

(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.....	10,395	0	0	10,395	0	0	0	0	0	0
2. MEMBER MONTHS.....	31,076	0	0	31,076	0	0	0	0	0	0
3. Direct Premium Income.....	24,875,747	0	0	24,910,248	0	0	XXXXXXX	0	(34,501)	
4. Net Premium Income.....	24,875,747	0	0	24,910,248	0	0	0	0	(34,501)	
5. Change in unearned premium reserve and reserve for rate credits.....	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).....	24,875,747	0	0	24,910,248	0	0	0	0	0	(34,501)
11. Hospital & Medical Benefits.....	24,155,145	0	0	24,155,145	0	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).....	24,155,145	0	0	24,155,145	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	705,502	0	0	705,502	0	0	0	0	0	0
15. General Administrative Expenses.....	1,475,541	0	0	1,475,455	0	0	0	0	0	86
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).....	26,336,188	0	0	26,336,102	0	0	0	0	0	86
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,460,441)	0	0	(1,425,854)	0	0	0	0	0	(34,587)
19. Net Investments Gains / (Losses).....	171,069	0	0	171,225	0	0	0	0	0	(156)
20. Aggregate write-ins for other expenses.....	(71)	0	0	(73)	0	0	0	0	0	2
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,289,443)	0	0	(1,254,702)	0	0	0	0	0	(34,741)
22. Federal and foreign income taxes incurred.....	(605,017)	0	0	(607,188)	0	0	0	0	0	2,171
23. NET INCOME/(LOSS) (L21 less L22).....	(684,426)	0	0	(647,514)	0	0	0	0	0	(36,912)
24 Medical Loss Ratio	97.1%	0.0%	0.0%	97.0%	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 **SEPTEMBER 30, 2015**

OF THE **Humana Health Plan of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**East Texas**  
(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.....	10,395	0	0	10,395	0	0	0	0	0	0
2. MEMBER MONTHS.....	92,264	0	0	92,264	0	0	0	0	0	0
3. Direct Premium Income.....	77,220,006	0	0	77,220,006	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	77,220,006	0	0	77,220,006	0	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).....	77,220,006	0	0	77,220,006	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	72,322,637	0	0	72,322,637	0	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).....	72,322,637	0	0	72,322,637	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,227,663	0	0	2,227,663	0	0	0	0	0	0
15. General Administrative Expenses.....	6,092,554	0	0	6,092,554	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).....	80,642,854	0	0	80,642,854	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,422,848)	0	0	(3,422,848)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	427,447	0	0	427,447	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(4,009)	0	0	(4,009)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,999,410)	0	0	(2,999,410)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(498,153)	0	0	(498,153)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,501,257)	0	0	(2,501,257)	0	0	0	0	0	0
24 Medical Loss Ratio	93.7%	0.0%	0.0%	93.7%	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				