

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(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.....	157,758	56,408	0	3,181	0	93,951	0	0	4,218	0
2. MEMBER MONTHS.....	464,934	172,960	0	9,578	0	282,396	0	0	0	0
3. Direct Premium Income.....	126,353,549	47,832,917	0	10,189,512	0	66,738,486	0	XXXXXXXX	1,592,634	0
4. Net Premium Income.....	124,982,963	47,088,664	0	10,185,599	0	66,143,800	0	0	1,564,901	0
5. Change in unearned premium reserve and reserve for rate credits.....	986,158	0	0	0	0	959,977	0	0	26,181	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).....	125,969,122	47,088,664	0	10,185,599	0	67,103,777	0	0	1,591,082	0
11. Hospital & Medical Benefits.....	114,109,936	48,347,874	0	10,024,396	0	54,384,293	0	0	1,353,373	0
12. Net Reins Recoveries Incurred.....	2,630,188	2,036,814	0	0	0	593,373	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	111,479,748	46,311,060	0	10,024,396	0	53,790,920	0	0	1,353,373	0
14. Claims Adjustment Expenses.....	5,024,948	3,320,988	0	794,609	0	783,527	0	0	125,824	0
15. General Administrative Expenses.....	12,799,611	2,825,610	0	1,261,764	0	8,586,947	0	0	125,291	0
16. Increase in Reserves for A&H contracts.....	(820,000)	546,525	0	(655,000)	0	(711,525)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	128,484,307	53,004,184	0	11,425,768	0	62,449,868	0	0	1,604,487	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,515,186)	(5,915,520)	0	(1,240,170)	0	4,653,909	0	0	(13,405)	0
19. Net Investments Gains / (Losses).....	246,903	74,649	0	46,235	0	118,194	0	0	7,824	0
20. Aggregate write-ins for other expenses.....	716	275	0	59	0	373	0	0	9	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,267,567)	(5,840,596)	0	(1,193,876)	0	4,772,476	0	0	(5,572)	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,267,567)	(5,840,596)	0	(1,193,876)	0	4,772,476	0	0	(5,572)	0
24 Medical Loss Ratio	89.2%	98.3%	0.0%	98.4%	0.0%	81.3%	0.0%	0.0%	86.5%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		29,737	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		81,793	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(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.....	157,758	56,408	0	3,181	0	93,951	0	0	4,218	0
2. MEMBER MONTHS.....	1,384,989	496,567	0	29,095	0	846,794	0	0	12,533	0
3. Direct Premium Income.....	377,887,557	139,954,157	0	29,189,626	0	204,021,148	0	XXXXXXXX	4,722,626	0
4. Net Premium Income.....	373,716,577	137,593,255	0	29,178,335	0	202,300,796	0	0	4,644,191	0
5. Change in unearned premium reserve and reserve for rate credits.....	(791,228)	0	0	0	0	(771,140)	0	0	(20,088)	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).....	372,925,349	137,593,255	0	29,178,335	0	201,529,657	0	0	4,624,103	0
11. Hospital & Medical Benefits.....	329,363,673	129,401,166	0	25,651,305	0	169,801,738	0	0	4,509,464	0
12. Net Reins Recoveries Incurred.....	5,569,349	3,129,679	0	0	0	2,439,670	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	323,794,324	126,271,487	0	25,651,305	0	167,362,068	0	0	4,509,464	0
14. Claims Adjustment Expenses.....	14,063,095	4,699,402	0	1,565,570	0	7,560,652	0	0	237,471	0
15. General Administrative Expenses.....	43,394,975	17,230,612	0	4,251,739	0	21,378,936	0	0	533,688	0
16. Increase in Reserves for A&H contracts.....	(3,130,000)	546,525	0	(3,676,525)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	378,122,395	148,748,026	0	27,792,089	0	196,301,656	0	0	5,280,623	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,197,046)	(11,154,772)	0	1,386,246	0	5,228,000	0	0	(656,520)	0
19. Net Investments Gains / (Losses).....	956,039	98,906	0	169,059	0	661,666	0	0	26,409	0
20. Aggregate write-ins for other expenses.....	1,971	747	0	155	0	1,045	0	0	24	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,239,035)	(11,055,119)	0	1,555,460	0	5,890,711	0	0	(630,087)	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,239,035)	(11,055,119)	0	1,555,460	0	5,890,711	0	0	(630,087)	0
24 Medical Loss Ratio	86.6%	91.8%	0.0%	87.9%	0.0%	82.7%	0.0%	0.0%	97.1%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		29,737	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		235,840	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Abilene**

(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	21,348	440	8,446	0	0	0	0	228	12,234	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	23,268	1,670	9,262	0	0	0	18	254	12,064	0
5. Current Year	0									
6. Current Year Member Months	202,504	14,176	77,851	0	0	0	150	2,280	108,047	0
Total Member Ambulatory Encounters for Year:										
7. Physician	80,385	6,166	27,640	0	0	0	105	2,422	44,052	0
8. Non-Physician	61,627	3,828	17,285	0	0	0	102	1,575	38,837	0
9. Total	142,012	9,994	44,925	0	0	0	207	3,997	82,889	0
10. Hospital Patient Days Incurred	7,327	297	1,649	0	0	0	3	340	5,038	0
11. Number of Inpatient Admissions	2,214	72	399	0	0	0	1	70	1,672	0
12. Health Premiums Written	54,755,696	4,081,861	23,933,133	0	0	0	73,441	1,618,991	25,048,269	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	54,755,696	4,081,861	23,933,133	0	0	0	73,441	1,618,991	25,048,269	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	48,595,942	6,300,970	20,396,663	0	0	0	0	1,500,222	20,398,088	0
18. Amount Incurred for Provision of Health Care Services	48,385,969	7,244,043	20,289,695	0	0	0	0	1,496,408	19,355,823	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(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.....	23,268	10,950	0	254	0	12,064	0	0	0	0
2. MEMBER MONTHS.....	68,352	31,363	0	757	0	36,232	0	0	0	0
3. Direct Premium Income.....	18,243,879	9,599,549	0	547,583	0	8,096,747	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,011,336	9,442,755	0	547,274	0	8,021,307	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).....	18,011,336	9,442,755	0	547,274	0	8,021,307	0	0	0	0
11. Hospital & Medical Benefits.....	17,491,273	10,582,921	0	549,844	0	6,358,508	0	0	0	0
12. Net Reins Recoveries Incurred.....	552,340	552,340	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,938,933	10,030,581	0	549,844	0	6,358,508	0	0	0	0
14. Claims Adjustment Expenses.....	1,270,319	654,569	0	46,515	0	569,235	0	0	0	0
15. General Administrative Expenses.....	1,249,994	509,899	0	69,883	0	670,211	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(27,490)	(27,490)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	19,431,755	11,167,559	0	666,242	0	7,597,954	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,420,419)	(1,724,803)	0	(118,969)	0	423,353	0	0	0	0
19. Net Investments Gains / (Losses).....	(357,236)	(203,952)	0	(9,554)	0	(143,729)	0	0	0	0
20. Aggregate write-ins for other expenses.....	103	56	0	3	0	44	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,777,552)	(1,928,700)	0	(128,520)	0	279,668	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,777,552)	(1,928,700)	0	(128,520)	0	279,668	0	0	0	0
24 Medical Loss Ratio	94.0%	106.2%	0.0%	100.5%	0.0%	79.3%	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.....		589	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(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.....	23,268	10,950	0	254	0	12,064	0	0	0	0
2. MEMBER MONTHS.....	202,504	92,177	0	2,280	0	108,047	0	0	0	0
3. Direct Premium Income.....	54,755,696	28,088,436	0	1,618,991	0	25,048,269	0	XXXXXXXX	0	0
4. Net Premium Income.....	54,043,337	27,596,068	0	1,618,106	0	24,829,162	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).....	54,043,337	27,596,068	0	1,618,106	0	24,829,162	0	0	0	0
11. Hospital & Medical Benefits.....	48,385,969	27,533,738	0	1,496,407	0	19,355,823	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,012,225	1,012,225	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	47,373,743	26,521,512	0	1,496,407	0	19,355,823	0	0	0	0
14. Claims Adjustment Expenses.....	1,910,618	901,977	0	91,202	0	917,439	0	0	0	0
15. General Administrative Expenses.....	6,615,038	3,368,862	0	257,274	0	2,988,903	0	0	0	0
16. Increase in Reserves for A&H contracts.....	91,055	91,055	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	55,990,454	30,883,406	0	1,844,883	0	23,262,165	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,947,118)	(3,287,338)	0	(226,777)	0	1,566,997	0	0	0	0
19. Net Investments Gains / (Losses).....	(111,698)	(125,865)	0	863	0	13,304	0	0	0	0
20. Aggregate write-ins for other expenses.....	288	151	0	9	0	128	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,058,528)	(3,413,051)	0	(225,905)	0	1,580,429	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,058,528)	(3,413,051)	0	(225,905)	0	1,580,429	0	0	0	0
24 Medical Loss Ratio	87.7%	96.1%	0.0%	92.5%	0.0%	78.0%	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.....		5,645	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Amarillo**

(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	16,341	287	10,552	0	0	0	392	0	5,110	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	18,098	1,327	11,534	0	0	0	381	46	4,810	0
5. Current Year	0									
6. Current Year Member Months	155,708	11,087	97,213	0	0	0	3,453	400	43,555	0
Total Member Ambulatory Encounters for Year:										
7. Physician	55,275	4,739	36,440	0	0	0	2,076	309	11,711	0
8. Non-Physician	50,761	3,056	23,704	0	0	0	2,013	215	21,773	0
9. Total	106,036	7,795	60,144	0	0	0	4,089	524	33,484	0
10. Hospital Patient Days Incurred	4,335	230	2,067	0	0	0	66	38	1,934	0
11. Number of Inpatient Admissions	1,323	63	568	0	0	0	18	6	668	0
12. Health Premiums Written	43,131,053	2,985,392	28,263,102	0	0	0	1,456,057	255,628	10,170,872	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	43,131,053	2,985,392	28,263,102	0	0	0	1,456,057	255,628	10,170,872	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	41,032,566	4,189,441	27,639,295	0	0	0	188,128	313,868	8,701,835	0
18. Amount Incurred for Provision of Health Care Services	41,446,382	4,585,982	27,922,211	0	0	0	7,200	313,914	8,617,074	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo
(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.....	18,098	13,242	0	46	0	4,810	0	0	0	0
2. MEMBER MONTHS.....	52,702	38,150	0	138	0	14,414	0	0	0	0
3. Direct Premium Income.....	14,775,440	11,253,489	0	118,046	0	3,403,905	0	XXXXXXXX	0	0
4. Net Premium Income.....	14,554,423	11,072,626	0	117,990	0	3,363,808	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).....	14,554,423	11,072,626	0	117,990	0	3,363,808	0	0	0	0
11. Hospital & Medical Benefits.....	15,672,930	12,996,501	0	111,232	0	2,565,197	0	0	0	0
12. Net Reins Recoveries Incurred.....	444,432	444,426	0	0	0	6	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,228,497	12,552,074	0	111,232	0	2,565,190	0	0	0	0
14. Claims Adjustment Expenses.....	1,126,169	889,122	0	6,489	0	230,558	0	0	0	0
15. General Administrative Expenses.....	985,306	696,550	0	43,557	0	245,199	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(34,745)	(34,745)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	17,305,227	14,103,002	0	161,278	0	3,040,947	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,750,804)	(3,030,376)	0	(43,288)	0	322,861	0	0	0	0
19. Net Investments Gains / (Losses).....	163,433	145,853	0	434	0	17,147	0	0	0	0
20. Aggregate write-ins for other expenses.....	83	64	0	1	0	19	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,587,288)	(2,884,459)	0	(42,854)	0	340,026	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,587,288)	(2,884,459)	0	(42,854)	0	340,026	0	0	0	0
24 Medical Loss Ratio	104.6%	113.4%	0.0%	94.3%	0.0%	76.3%	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.....		670	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo
(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.....	18,098	13,242	0	46	0	4,810	0	0	0	0
2. MEMBER MONTHS.....	155,708	111,753	0	400	0	43,555	0	0	0	0
3. Direct Premium Income.....	43,131,053	32,704,552	0	255,628	0	10,170,872	0	XXXXXXXX	0	0
4. Net Premium Income.....	42,456,623	32,146,055	0	255,474	0	10,055,095	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).....	42,456,623	32,146,055	0	255,474	0	10,055,095	0	0	0	0
11. Hospital & Medical Benefits.....	41,446,382	32,515,393	0	313,914	0	8,617,074	0	0	0	0
12. Net Reins Recoveries Incurred.....	656,537	656,162	0	0	0	375	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	40,789,845	31,859,231	0	313,914	0	8,616,699	0	0	0	0
14. Claims Adjustment Expenses.....	1,594,305	1,208,125	0	11,228	0	374,952	0	0	0	0
15. General Administrative Expenses.....	4,958,228	3,816,103	0	64,929	0	1,077,196	0	0	0	0
16. Increase in Reserves for A&H contracts.....	115,084	115,084	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	47,457,462	36,998,543	0	390,071	0	10,068,848	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,000,839)	(4,852,488)	0	(134,597)	0	(13,753)	0	0	0	0
19. Net Investments Gains / (Losses).....	68,306	51,867	0	421	0	16,019	0	0	0	0
20. Aggregate write-ins for other expenses.....	226	172	0	1	0	52	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,932,307)	(4,800,449)	0	(134,175)	0	2,318	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,932,307)	(4,800,449)	0	(134,175)	0	2,318	0	0	0	0
24 Medical Loss Ratio	96.1%	99.1%	0.0%	122.9%	0.0%	85.7%	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.....		9,018	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **Lubbock**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	74,338	5,365	20,984	0	0	0	20	2,859	45,110	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	75,577	7,149	20,848	0	0	0	37	2,862	44,681	0
5. Current Year	0									
6. Current Year Member Months	667,872	62,237	177,025	0	0	0	325	26,202	402,083	0
Total Member Ambulatory Encounters for Year:										
7. Physician	254,203	20,458	67,921	0	0	0	196	24,858	140,770	0
8. Non-Physician	289,171	17,667	42,199	0	0	0	190	28,797	200,318	0
9. Total	543,374	38,125	110,120	0	0	0	386	53,655	341,088	0
10. Hospital Patient Days Incurred	26,181	735	3,325	0	0	0	6	3,896	18,219	0
11. Number of Inpatient Admissions	7,296	184	885	0	0	0	2	644	5,581	0
12. Health Premiums Written	184,402,890	11,302,545	54,938,859	0	0	0	137,484	27,101,213	90,922,789	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	184,062,784	11,282,457	54,938,859	0	0	0	137,485	27,101,213	90,602,770	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	166,358,563	12,003,207	47,183,205	0	0	0	772	23,985,292	83,186,087	0
18. Amount Incurred for Provision of Health Care Services	165,517,144	12,222,897	45,361,099	0	0	0	0	23,651,826	84,281,322	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	75,577	23,816	0	2,862	0	44,681	0	0	4,218	0
2. MEMBER MONTHS.....	224,532	81,171	0	8,623	0	134,738	0	0	0	0
3. Direct Premium Income.....	62,521,656	20,965,380	0	9,445,554	0	30,518,088	0	XXXXXXXX	1,592,634	0
4. Net Premium Income.....	61,915,561	20,663,400	0	9,442,033	0	30,245,228	0	0	1,564,901	0
5. Change in unearned premium reserve and reserve for rate credits.....	416,029	0	0	0	0	389,848	0	0	26,181	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	62,331,590	20,663,400	0	9,442,033	0	30,635,076	0	0	1,591,082	0
11. Hospital & Medical Benefits.....	56,673,672	18,333,089	0	9,255,595	0	27,731,615	0	0	1,353,373	0
12. Net Reins Recoveries Incurred.....	795,698	446,613	0	0	0	349,085	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	55,877,974	17,886,475	0	9,255,595	0	27,382,531	0	0	1,353,373	0
14. Claims Adjustment Expenses.....	409,417	1,364,951	0	736,391	0	(1,817,748)	0	0	125,824	0
15. General Administrative Expenses.....	8,525,712	1,352,421	0	1,107,207	0	5,940,793	0	0	125,291	0
16. Increase in Reserves for A&H contracts.....	(736,577)	(81,577)	0	(655,000)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	64,076,527	20,522,271	0	10,444,194	0	31,505,575	0	0	1,604,487	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,744,936)	141,129	0	(1,002,161)	0	(870,498)	0	0	(13,405)	0
19. Net Investments Gains / (Losses).....	189,242	12,907	0	54,995	0	113,515	0	0	7,824	0
20. Aggregate write-ins for other expenses.....	356	121	0	54	0	172	0	0	9	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,555,338)	154,157	0	(947,112)	0	(756,812)	0	0	(5,572)	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,555,338)	154,157	0	(947,112)	0	(756,812)	0	0	(5,572)	0
24 Medical Loss Ratio	90.2%	86.6%	0.0%	98.0%	0.0%	90.5%	0.0%	0.0%	86.5%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,516	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	75,577	23,816	0	2,862	0	44,681	0	0	4,218	0
2. MEMBER MONTHS.....	667,872	227,054	0	26,202	0	402,083	0	0	12,533	0
3. Direct Premium Income.....	184,402,890	61,656,262	0	27,101,213	0	90,922,789	0	XXXXXXXX	4,722,626	0
4. Net Premium Income.....	182,554,835	60,683,293	0	27,091,047	0	90,136,304	0	0	4,644,191	0
5. Change in unearned premium reserve and reserve for rate credits.....	(340,108)	0	0	0	0	(320,019)	0	0	(20,088)	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).....	182,214,727	60,683,293	0	27,091,047	0	89,816,285	0	0	4,624,103	0
11. Hospital & Medical Benefits.....	165,517,144	53,074,532	0	23,651,826	0	84,281,322	0	0	4,509,464	0
12. Net Reins Recoveries Incurred.....	2,625,560	743,431	0	0	0	1,882,129	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	162,891,584	52,331,101	0	23,651,826	0	82,399,192	0	0	4,509,464	0
14. Claims Adjustment Expenses.....	7,072,283	1,992,848	0	1,455,254	0	3,386,709	0	0	237,471	0
15. General Administrative Expenses.....	21,737,130	8,042,536	0	3,868,044	0	9,292,863	0	0	533,688	0
16. Increase in Reserves for A&H contracts.....	(3,406,322)	270,204	0	(3,676,525)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	188,294,675	62,636,689	0	25,298,599	0	95,078,765	0	0	5,280,623	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,079,948)	(1,953,396)	0	1,792,448	0	(5,262,480)	0	0	(656,520)	0
19. Net Investments Gains / (Losses).....	849,676	146,433	0	167,421	0	509,412	0	0	26,409	0
20. Aggregate write-ins for other expenses.....	967	330	0	144	0	469	0	0	24	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,229,306)	(1,806,633)	0	1,960,013	0	(4,752,599)	0	0	(630,087)	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,229,306)	(1,806,633)	0	1,960,013	0	(4,752,599)	0	0	(630,087)	0
24 Medical Loss Ratio	89.2%	86.2%	0.0%	87.3%	0.0%	91.4%	0.0%	0.0%	97.1%	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.....		9,789	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Waco

(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.....	8,400	8,400	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	22,276	22,276	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,014,500	6,014,500	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	5,909,883	5,909,883	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).....	5,909,883	5,909,883	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,435,364	6,435,364	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	593,435	593,435	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,841,929	5,841,929	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	412,348	412,348	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	266,740	266,740	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(21,188)	(21,188)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	6,499,829	6,499,829	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(589,946)	(589,946)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	119,841	119,841	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	35	35	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(470,070)	(470,070)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(470,070)	(470,070)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	98.9%	98.9%	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.....		1,319	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Waco

(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.....	8,400	8,400	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	65,583	65,583	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	17,504,907	17,504,907	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	17,167,839	17,167,839	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).....	17,167,839	17,167,839	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,277,503	16,277,503	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	717,860	717,860	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,559,642	15,559,642	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	596,451	596,451	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,003,111	2,003,111	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	70,182	70,182	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	18,229,387	18,229,387	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,061,549)	(1,061,549)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	26,470	26,470	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	94	94	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,034,985)	(1,034,985)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,034,985)	(1,034,985)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	90.6%	90.6%	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.....		5,285	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **SHA, L.L.C.**

REPORT FOR DIVISION: **West & Central TX**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	33,765	0	0	0	0	0	0	5	33,760	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	32,415	0	0	0	0	0	0	19	32,396	0
5. Current Year	0									
6. Current Year Member Months	293,322	0	0	0	0	0	0	213	293,109	0
Total Member Ambulatory Encounters for Year:										
7. Physician	126,683	0	0	0	0	0	0	181	126,502	0
8. Non-Physician	107,817	0	0	0	0	0	0	148	107,669	0
9. Total	234,500	0	0	0	0	0	0	329	234,171	0
10. Hospital Patient Days Incurred	17,587	0	0	0	0	0	0	0	17,587	0
11. Number of Inpatient Admissions	5,990	0	0	0	0	0	0	0	5,990	0
12. Health Premiums Written	78,093,011	0	0	0	0	0	0	213,793	77,879,218	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	77,641,890	0	0	0	0	0	0	213,793	77,428,097	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	59,903,610	0	0	0	0	0	0	189,129	59,714,480	0
18. Amount Incurred for Provision of Health Care Services	57,736,676	0	0	0	0	0	0	189,157	57,547,519	0

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

West & Central TX

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	32,415	0	0	19	0	32,396	0	0	0	0
2. MEMBER MONTHS.....	97,072	0	0	60	0	97,012	0	0	0	0
3. Direct Premium Income.....	24,798,075	0	0	78,329	0	24,719,746	0	XXXXXXXX	0	0
4. Net Premium Income.....	24,591,760	0	0	78,303	0	24,513,457	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,472,370)	0	0	0	0	(1,472,370)	0	0	0	0
6. Fee-for-Service (gross revenues).....	1,021,250	XXXXXXXX	0	0	0	1,021,250	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).....	24,140,639	0	0	78,303	0	24,062,336	0	0	0	0
11. Hospital & Medical Benefits.....	17,836,697	0	0	107,724	0	17,728,973	0	0	0	0
12. Net Reins Recoveries Incurred.....	244,282	0	0	0	0	244,282	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	17,592,415	0	0	107,724	0	17,484,691	0	0	0	0
14. Claims Adjustment Expenses.....	1,806,696	0	0	5,213	0	1,801,483	0	0	0	0
15. General Administrative Expenses.....	1,771,860	0	0	41,116	0	1,730,744	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	21,170,971	0	0	154,054	0	21,016,918	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,969,668	0	0	(75,751)	0	3,045,419	0	0	0	0
19. Net Investments Gains / (Losses).....	131,623	0	0	361	0	131,262	0	0	0	0
20. Aggregate write-ins for other expenses.....	139	0	0	0	0	139	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,101,430	0	0	(75,390)	0	3,176,819	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,101,430	0	0	(75,390)	0	3,176,819	0	0	0	0
24 Medical Loss Ratio	71.5%	0.0%	0.0%	137.6%	0.0%	71.3%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **SHA, L.L.C.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

West & Central TX

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	32,415	0	0	19	0	32,396	0	0	0	0
2. MEMBER MONTHS.....	293,322	0	0	213	0	293,109	0	0	0	0
3. Direct Premium Income.....	78,093,011	0	0	213,793	0	77,879,218	0	XXXXXXXX	0	0
4. Net Premium Income.....	77,493,944	0	0	213,708	0	77,280,235	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(451,121)	0	0	0	0	(451,121)	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).....	77,042,823	0	0	213,708	0	76,829,115	0	0	0	0
11. Hospital & Medical Benefits.....	57,736,676	0	0	189,157	0	57,547,519	0	0	0	0
12. Net Reins Recoveries Incurred.....	557,166	0	0	0	0	557,166	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	57,179,510	0	0	189,157	0	56,990,353	0	0	0	0
14. Claims Adjustment Expenses.....	2,889,438	0	0	7,887	0	2,881,551	0	0	0	0
15. General Administrative Expenses.....	8,081,467	0	0	61,493	0	8,019,974	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).....	68,150,415	0	0	258,537	0	67,891,878	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,892,408	0	0	(44,828)	0	8,937,236	0	0	0	0
19. Net Investments Gains / (Losses).....	123,285	0	0	354	0	122,930	0	0	0	0
20. Aggregate write-ins for other expenses.....	397	0	0	1	0	396	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	9,016,090	0	0	(44,473)	0	9,060,563	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	9,016,090	0	0	(44,473)	0	9,060,563	0	0	0	0
24. Medical Loss Ratio	73.8%	0.0%	0.0%	88.5%	0.0%	73.7%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				