Print Date: 11/23/2015 10:00 AM;
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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Community First Health Plans, 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**	149,744	6,437	0	0	0	110,477	0	0	18,199	14,631
2. **MEMBER MONTHS**	445,962	19,174	0	0	0	329,649	0	0	53,655	43,484
3. Direct Premium Income	91,704,186	7,082,553	0	0	0	77,833,753	0	XXXXXXXX	6,787,880	0
4. Net Premium Income	91,617,067	7,058,828	0	0	0	77,770,757	0	0	6,787,482	0
5. Change in unearned premium reserve and reserve for rate credits	114,170	238,050	0	0	0	(123,880)	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	(817,004)	0	0	0	0	(817,004)	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)	90,914,233	7,296,878	0	0	0	76,829,873	0	0	6,787,482	0
11. Hospital & Medical Benefits	72,430,721	6,582,888	0	0	0	60,389,883	0	0	5,457,950	0
12. Net Reins Recoveries Incurred	286,243	11,826	0	0	0	274,347	0	0	70	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	72,144,478	6,571,062	0	0	0	60,115,536	0	0	5,457,880	0
14. Claims Adjustment Expenses	7,105,629	584,962	0	0	0	6,136,716	0	0	534,989	(151,038)
15. General Administrative Expenses	8,564,564	14,041	0	0	0	8,517,740	0	0	92,834	(60,051)
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)	87,814,671	7,170,065	0	0	0	74,769,992	0	0	6,085,703	(211,089)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	3,099,562	126,813	0	0	0	2,059,881	0	0	701,779	211,089
19. Net Investments Gains / (Losses)	133,465	105,320	0	0	0	26,335	0	0	1,810	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	3,233,027	232,133	0	0	0	2,086,216	0	0	703,589	211,089
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	3,233,027	232,133	0	0	0	2,086,216	0	0	703,589	211,089
24 Medical Loss Ratio	78.7%	93.1%	0.0%	0.0%	0.0%	77.3%	0.0%	0.0%	80.4%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 5,058
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 15,357

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

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

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STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Community First Health Plans, 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**	149,744	6,437	0	0	0	110,477	0	0	18,199	14,631
2. **MEMBER MONTHS**	1,329,893	57,120	0	0	0	987,735	0	0	155,759	129,279
3. Direct Premium Income	266,482,784	20,980,085	0	0	0	225,866,927	0	XXXXXXXX	19,635,772	0
4. Net Premium Income	265,375,155	20,451,178	0	0	0	225,310,318	0	0	19,613,659	0
5. Change in unearned premium reserve and reserve for rate credits	(75,914)	238,050	0	0	0	(313,964)	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	(2,432,238)	0	0	0	0	(2,432,238)	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)	262,867,003	20,689,228	0	0	0	222,564,116	0	0	19,613,659	0
11. Hospital & Medical Benefits	217,400,948	18,430,185	0	0	0	182,343,850	0	0	16,626,913	0
12. Net Reins Recoveries Incurred	672,153	170,976	0	0	0	413,594	0	0	87,583	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	216,728,795	18,259,209	0	0	0	181,930,256	0	0	16,539,330	0
14. Claims Adjustment Expenses	8,315,328	857,110	0	0	0	7,013,509	0	0	700,970	(256,261)
15. General Administrative Expenses	31,979,773	1,368,259	0	0	0	29,767,831	0	0	1,168,957	(325,274)
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)	257,023,896	20,484,578	0	0	0	218,711,596	0	0	18,409,257	(581,535)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	5,843,107	204,650	0	0	0	3,852,520	0	0	1,204,402	581,535
19. Net Investments Gains / (Losses)	343,411	267,572	0	0	0	70,072	0	0	5,767	0
20. Aggregate write-ins for other expenses	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	6,186,518	472,222	0	0	0	3,922,592	0	0	1,210,169	581,535
22. Federal and foreign income taxes incurred	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22)	6,186,518	472,222	0	0	0	3,922,592	0	0	1,210,169	581,535
24 Medical Loss Ratio	81.7%	89.3%	0.0%	0.0%	0.0%	80.7%	0.0%	0.0%	84.3%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 5,058
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 46,635

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

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