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TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015** OF THE **Block Vision 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**	2,290,765	231,710	0	0	0	0	0	2,031,338	0	27,717
2. **MEMBER MONTHS**	6,791,813	708,394	0	0	0	0	0	5,999,178	0	84,241
3. Direct Premium Income	3,728,151	3,728,151	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	3,728,151	3,728,151	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)	15,150	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	15,150
7. Risk Revenue	10,020,090	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	10,020,090	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)	13,763,391	3,728,151	0	0	0	0	0	10,020,090	0	15,150
11. Hospital & Medical Benefits	13,222,377	3,441,216	0	0	0	0	0	9,781,161	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	13,222,377	3,441,216	0	0	0	0	0	9,781,161	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	1,634,148	674,006	0	0	0	0	0	960,142	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)	14,856,525	4,115,222	0	0	0	0	0	10,741,303	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	(1,093,134)	(387,071)	0	0	0	0	0	(721,213)	0	15,150
19. Net Investments Gains / (Losses)	6,576	6,379	0	0	0	0	0	197	0	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)	(1,086,558)	(380,692)	0	0	0	0	0	(721,016)	0	15,150
22. Federal and foreign income taxes incurred	(339,123)	(328,949)	0	0	0	0	0	(10,174)	0	0
23. NET INCOME/(LOSS) (L21 less L22)	(747,435)	(51,743)	0	0	0	0	0	(710,842)	0	15,150
24 Medical Loss Ratio	354.7%	92.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

(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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(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**	2,290,765	231,710	0	0	0	0	0	2,031,338	0	27,717
2. **MEMBER MONTHS**	20,414,557	2,181,015	0	0	0	0	0	17,946,581	0	286,961
3. Direct Premium Income	11,494,337	11,494,337	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income	11,494,337	11,494,337	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)	51,633	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	51,633
7. Risk Revenue	29,521,141	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	29,521,141	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)	41,067,111	11,494,337	0	0	0	0	0	29,521,141	0	51,633
11. Hospital & Medical Benefits	34,658,597	8,377,279	0	0	0	0	0	26,281,318	0	0
12. Net Reins Recoveries Incurred	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12)	34,658,597	8,377,279	0	0	0	0	0	26,281,318	0	0
14. Claims Adjustment Expenses	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses	5,326,823	2,410,119	0	0	0	0	0	2,916,704	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)	39,985,420	10,787,398	0	0	0	0	0	29,198,022	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17)	1,081,691	706,939	0	0	0	0	0	323,119	0	51,633
19. Net Investments Gains / (Losses)	21,365	20,724	0	0	0	0	0	641	0	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)	1,103,056	727,663	0	0	0	0	0	323,760	0	51,633
22. Federal and foreign income taxes incurred	427,242	414,425	0	0	0	0	0	12,817	0	0
23. NET INCOME/(LOSS) (L21 less L22)	675,814	313,238	0	0	0	0	0	310,943	0	51,633
24 Medical Loss Ratio	301.5%	72.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS 0

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

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