

TEXAS HMO SUPPLEMENT

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

OF THE **Community Health Choice, 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.....	294,139	35,421	0	0	0	230,890	0	0	27,204	624
2. MEMBER MONTHS.....	901,514	104,313	0	0	0	712,617	0	0	82,815	1,769
3. Direct Premium Income.....	220,942,003	25,963,514	0	0	0	178,540,085	0	XXXXXXXX	16,438,404	0
4. Net Premium Income.....	198,274,897	3,873,667	0	0	0	178,014,370	0	0	16,386,860	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.....	20,637	0	0	0	0	0	0	0	0	20,637
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).....	198,295,534	3,873,667	0	0	0	178,014,370	0	0	16,386,860	20,637
11. Hospital & Medical Benefits.....	175,704,684	(801,033)	0	0	0	160,432,531	0	0	16,073,186	0
12. Net Reins Recoveries Incurred.....	2,960,364	2,103,987	0	0	0	856,377	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	172,744,320	(2,905,020)	0	0	0	159,576,154	0	0	16,073,186	0
14. Claims Adjustment Expenses.....	4,829,489	112,113	0	0	0	4,324,125	0	0	393,251	0
15. General Administrative Expenses.....	16,349,129	6,068,689	0	0	0	9,738,119	0	0	904,138	(361,817)
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).....	193,922,938	3,275,783	0	0	0	173,638,398	0	0	17,370,575	(361,817)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,372,596	597,885	0	0	0	4,375,973	0	0	(983,715)	382,454
19. Net Investments Gains / (Losses).....	237,712	0	0	0	0	217,800	0	0	19,912	0
20. Aggregate write-ins for other expenses.....	(10,000)	0	0	0	0	(10,000)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,600,308	597,885	0	0	0	4,583,773	0	0	(963,803)	382,454
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,600,308	597,885	0	0	0	4,583,773	0	0	(963,803)	382,454
24 Medical Loss Ratio	87.1%	-75.0%	0.0%	0.0%	0.0%	89.6%	0.0%	0.0%	98.1%	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 **Community Health Choice, 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.....	294,139	35,421	0	0	0	230,890	0	0	27,204	624
2. MEMBER MONTHS.....	2,668,751	293,863	0	0	0	2,129,664	0	0	237,777	7,447
3. Direct Premium Income.....	648,424,121	84,947,364	0	0	0	517,225,112	0	XXXXXXXX	46,251,645	0
4. Net Premium Income.....	622,257,476	60,445,921	0	0	0	515,703,277	0	0	46,108,278	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.....	59,928	0	0	0	0	0	0	0	0	59,928
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).....	622,317,404	60,445,921	0	0	0	515,703,277	0	0	46,108,278	59,928
11. Hospital & Medical Benefits.....	552,665,351	41,807,900	0	0	0	466,555,895	0	0	44,301,556	0
12. Net Reins Recoveries Incurred.....	3,193,517	2,103,987	0	0	0	1,089,530	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	549,471,834	39,703,913	0	0	0	465,466,365	0	0	44,301,556	0
14. Claims Adjustment Expenses.....	10,805,595	909,508	0	0	0	9,083,908	0	0	812,179	0
15. General Administrative Expenses.....	52,157,808	15,586,400	0	0	0	33,456,562	0	0	2,997,183	117,663
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).....	612,435,237	56,199,822	0	0	0	508,006,835	0	0	48,110,918	117,663
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	9,882,167	4,246,100	0	0	0	7,696,443	0	0	(2,002,640)	(57,735)
19. Net Investments Gains / (Losses).....	580,036	0	0	0	0	532,432	0	0	47,604	0
20. Aggregate write-ins for other expenses.....	(53,521)	0	0	0	0	(53,521)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,408,682	4,246,100	0	0	0	8,175,354	0	0	(1,955,036)	(57,735)
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	10,408,682	4,246,100	0	0	0	8,175,354	0	0	(1,955,036)	(57,735)
24 Medical Loss Ratio	88.3%	65.7%	0.0%	0.0%	0.0%	90.3%	0.0%	0.0%	96.1%	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				