

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	27,517	0	0	27,517	0	0	0	0	0	0
2. MEMBER MONTHS.....	82,372	0	0	82,372	0	0	0	0	0	0
3. Direct Premium Income.....	101,640,462	0	0	101,640,462	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	97,493,425	0	0	97,493,425	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,422,356)	0	0	(1,422,356)	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).....	96,071,069	0	0	96,071,069	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	83,274,852	0	0	83,274,852	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	402,294	0	0	402,294	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	82,872,558	0	0	82,872,558	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,588,640	0	0	2,588,640	0	0	0	0	0	0
15. General Administrative Expenses.....	5,373,013	0	0	5,373,013	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).....	90,834,211	0	0	90,834,211	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,236,858	0	0	5,236,858	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	177,566	0	0	177,566	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(11,786)	0	0	(11,786)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,402,638	0	0	5,402,638	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,874,609	0	0	1,874,609	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,528,029	0	0	3,528,029	0	0	0	0	0	0
24 Medical Loss Ratio	85.0%	0.0%	0.0%	85.0%	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 **Physicians Health Choice of Texas, LLC**

(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.....	27,517	0	0	27,517	0	0	0	0	0	0
2. MEMBER MONTHS.....	246,829	0	0	246,829	0	0	0	0	0	0
3. Direct Premium Income.....	287,106,841	0	0	287,106,841	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	284,731,749	0	0	284,731,749	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,706,070)	0	0	(2,706,070)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXX	0	0	0	XXXXXXX	XXXXXXX	XXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXX	0	0	0	XXXXXXX	XXXXXXX	0	XXXXXXX	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).....	282,025,679	0	0	282,025,679	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	246,755,696	0	0	246,755,696	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,287,725	0	0	1,287,725	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	245,467,971	0	0	245,467,971	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,581,569	0	0	7,581,569	0	0	0	0	0	0
15. General Administrative Expenses.....	22,216,723	0	0	22,216,723	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).....	275,266,263	0	0	275,266,263	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,759,416	0	0	6,759,416	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	565,251	0	0	565,251	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(31,587)	0	0	(31,587)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	7,293,080	0	0	7,293,080	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	4,755,754	0	0	4,755,754	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,537,326	0	0	2,537,326	0	0	0	0	0	0
24 Medical Loss Ratio	86.2%	0.0%	0.0%	86.2%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

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	7,697	0	0	0	0	0	0	7,697	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	8,076	0	0	0	0	0	0	8,076	0	0
5. Current Year	0									
6. Current Year Member Months	71,959	0	0	0	0	0	0	71,959	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	168,392	0	0	0	0	0	0	168,392	0	0
8. Non-Physician	132,048	0	0	0	0	0	0	132,048	0	0
9. Total	300,440	0	0	0	0	0	0	300,440	0	0
10. Hospital Patient Days Incurred	13,752	0	0	0	0	0	0	13,752	0	0
11. Number of Inpatient Admissions	2,354	0	0	0	0	0	0	2,354	0	0
12. Health Premiums Written	72,925,138	0	0	0	0	0	0	72,925,138	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	71,933,783	0	0	0	0	0	0	71,933,783	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	62,853,913	0	0	0	0	0	0	62,853,913	0	0
18. Amount Incurred for Provision of Health Care Services	61,043,465	0	0	0	0	0	0	61,043,465	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	8,076	0	0	8,076	0	0	0	0	0	0
2. MEMBER MONTHS.....	24,177	0	0	24,177	0	0	0	0	0	0
3. Direct Premium Income.....	23,591,081	0	0	23,591,081	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	22,326,699	0	0	22,326,699	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(328,886)	0	0	(328,886)	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).....	21,997,813	0	0	21,997,813	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	21,484,219	0	0	21,484,219	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	98,420	0	0	98,420	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	21,385,799	0	0	21,385,799	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	597,598	0	0	597,598	0	0	0	0	0	0
15. General Administrative Expenses.....	1,162,621	0	0	1,162,621	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).....	23,146,018	0	0	23,146,018	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,148,205)	0	0	(1,148,205)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,019)	0	0	(3,019)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,151,224)	0	0	(1,151,224)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(413,167)	0	0	(413,167)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(738,057)	0	0	(738,057)	0	0	0	0	0	0
24 Medical Loss Ratio	95.8%	0.0%	0.0%	95.8%	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 **Physicians Health Choice of Texas, LLC**

(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.....	8,076	0	0	8,076	0	0	0	0	0	0
2. MEMBER MONTHS.....	71,959	0	0	71,959	0	0	0	0	0	0
3. Direct Premium Income.....	72,925,138	0	0	72,925,138	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	72,200,317	0	0	72,200,317	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(991,354)	0	0	(991,354)	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).....	71,208,963	0	0	71,208,963	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	61,043,465	0	0	61,043,465	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	317,169	0	0	317,169	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	60,726,296	0	0	60,726,296	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,925,718	0	0	1,925,718	0	0	0	0	0	0
15. General Administrative Expenses.....	5,643,048	0	0	5,643,048	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).....	68,295,062	0	0	68,295,062	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,913,901	0	0	2,913,901	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(8,494)	0	0	(8,494)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,905,407	0	0	2,905,407	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,569,696	0	0	1,569,696	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,335,711	0	0	1,335,711	0	0	0	0	0	0
24 Medical Loss Ratio	84.1%	0.0%	0.0%	84.1%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

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	11,734	0	0	0	0	0	0	11,734	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	12,075	0	0	0	0	0	0	12,075	0	0
5. Current Year	0									
6. Current Year Member Months	108,650	0	0	0	0	0	0	108,650	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	251,774	0	0	0	0	0	0	251,774	0	0
8. Non-Physician	197,435	0	0	0	0	0	0	197,435	0	0
9. Total	449,209	0	0	0	0	0	0	449,209	0	0
10. Hospital Patient Days Incurred	20,561	0	0	0	0	0	0	20,561	0	0
11. Number of Inpatient Admissions	3,521	0	0	0	0	0	0	3,521	0	0
12. Health Premiums Written	134,940,215	0	0	0	0	0	0	134,940,215	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	134,036,822	0	0	0	0	0	0	134,036,822	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	117,117,971	0	0	0	0	0	0	117,117,971	0	0
18. Amount Incurred for Provision of Health Care Services	114,498,671	0	0	0	0	0	0	114,498,671	0	0

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OF THE **Physicians Health Choice of Texas, LLC**

(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.....	12,075	0	0	12,075	0	0	0	0	0	0
2. MEMBER MONTHS.....	36,146	0	0	36,146	0	0	0	0	0	0
3. Direct Premium Income.....	52,222,210	0	0	52,222,210	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	50,651,073	0	0	50,651,073	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(602,649)	0	0	(602,649)	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).....	50,048,424	0	0	50,048,424	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	37,986,880	0	0	37,986,880	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	151,829	0	0	151,829	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	37,835,051	0	0	37,835,051	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,336,491	0	0	1,336,491	0	0	0	0	0	0
15. General Administrative Expenses.....	2,929,565	0	0	2,929,565	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).....	42,101,107	0	0	42,101,107	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,947,317	0	0	7,947,317	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	177,567	0	0	177,567	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(5,445)	0	0	(5,445)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	8,119,439	0	0	8,119,439	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,847,566	0	0	2,847,566	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,271,873	0	0	5,271,873	0	0	0	0	0	0
24 Medical Loss Ratio	74.7%	0.0%	0.0%	74.7%	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				

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	12,075	0	0	12,075	0	0	0	0	0	0
2. MEMBER MONTHS.....	108,650	0	0	108,650	0	0	0	0	0	0
3. Direct Premium Income.....	134,940,215	0	0	134,940,215	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	134,040,966	0	0	134,040,966	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(903,393)	0	0	(903,393)	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).....	133,137,573	0	0	133,137,573	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	114,498,671	0	0	114,498,671	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	468,705	0	0	468,705	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	114,029,966	0	0	114,029,966	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,563,337	0	0	3,563,337	0	0	0	0	0	0
15. General Administrative Expenses.....	10,441,860	0	0	10,441,860	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).....	128,035,163	0	0	128,035,163	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,102,410	0	0	5,102,410	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	565,252	0	0	565,252	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(13,398)	0	0	(13,398)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,654,264	0	0	5,654,264	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,000,101	0	0	3,000,101	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,654,163	0	0	2,654,163	0	0	0	0	0	0
24 Medical Loss Ratio	85.1%	0.0%	0.0%	85.1%	0.0%	0.0%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

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	2,975	0	0	0	0	0	0	2,975	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	2,795	0	0	0	0	0	0	2,795	0	0
5. Current Year	0									
6. Current Year Member Months	25,410	0	0	0	0	0	0	25,410	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	58,278	0	0	0	0	0	0	58,278	0	0
8. Non-Physician	45,700	0	0	0	0	0	0	45,700	0	0
9. Total	103,978	0	0	0	0	0	0	103,978	0	0
10. Hospital Patient Days Incurred	4,759	0	0	0	0	0	0	4,759	0	0
11. Number of Inpatient Admissions	815	0	0	0	0	0	0	815	0	0
12. Health Premiums Written	30,146,218	0	0	0	0	0	0	30,146,218	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	29,885,826	0	0	0	0	0	0	29,885,826	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	26,113,476	0	0	0	0	0	0	26,113,476	0	0
18. Amount Incurred for Provision of Health Care Services	27,266,776	0	0	0	0	0	0	27,266,776	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	2,795	0	0	2,795	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,366	0	0	8,366	0	0	0	0	0	0
3. Direct Premium Income.....	9,744,916	0	0	9,744,916	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	9,209,277	0	0	9,209,277	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(149,179)	0	0	(149,179)	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).....	9,060,098	0	0	9,060,098	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,999,101	0	0	8,999,101	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	51,123	0	0	51,123	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,947,978	0	0	8,947,978	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	246,843	0	0	246,843	0	0	0	0	0	0
15. General Administrative Expenses.....	479,948	0	0	479,948	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).....	9,674,769	0	0	9,674,769	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(614,671)	0	0	(614,671)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(505)	0	0	(505)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(615,176)	0	0	(615,176)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(220,828)	0	0	(220,828)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(394,348)	0	0	(394,348)	0	0	0	0	0	0
24 Medical Loss Ratio	97.2%	0.0%	0.0%	97.2%	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 **Physicians Health Choice of Texas, LLC**

(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.....	2,795	0	0	2,795	0	0	0	0	0	0
2. MEMBER MONTHS.....	25,410	0	0	25,410	0	0	0	0	0	0
3. Direct Premium Income.....	30,146,218	0	0	30,146,218	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	29,840,389	0	0	29,840,389	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(260,392)	0	0	(260,392)	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).....	29,579,997	0	0	29,579,997	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	27,266,776	0	0	27,266,776	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	179,308	0	0	179,308	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	27,087,468	0	0	27,087,468	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	796,065	0	0	796,065	0	0	0	0	0	0
15. General Administrative Expenses.....	2,332,756	0	0	2,332,756	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).....	30,216,289	0	0	30,216,289	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(636,292)	0	0	(636,292)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(1,431)	0	0	(1,431)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(637,723)	0	0	(637,723)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	17,198	0	0	17,198	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(654,921)	0	0	(654,921)	0	0	0	0	0	0
24 Medical Loss Ratio	90.8%	0.0%	0.0%	90.8%	0.0%	0.0%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

OF THE **Physicians Health Choice of Texas, LLC**

REPORT FOR DIVISION: **Rio Grande**

(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	4,861	0	0	0	0	0	0	4,861	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	4,571	0	0	0	0	0	0	4,571	0	0
5. Current Year	0									
6. Current Year Member Months	40,810	0	0	0	0	0	0	40,810	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	95,309	0	0	0	0	0	0	95,309	0	0
8. Non-Physician	74,739	0	0	0	0	0	0	74,739	0	0
9. Total	170,048	0	0	0	0	0	0	170,048	0	0
10. Hospital Patient Days Incurred	7,783	0	0	0	0	0	0	7,783	0	0
11. Number of Inpatient Admissions	1,333	0	0	0	0	0	0	1,333	0	0
12. Health Premiums Written	49,095,270	0	0	0	0	0	0	49,095,270	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	48,544,339	0	0	0	0	0	0	48,544,339	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	42,416,811	0	0	0	0	0	0	42,416,811	0	0
18. Amount Incurred for Provision of Health Care Services	43,946,784	0	0	0	0	0	0	43,946,784	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	4,571	0	0	4,571	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,683	0	0	13,683	0	0	0	0	0	0
3. Direct Premium Income.....	16,082,255	0	0	16,082,255	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	15,306,376	0	0	15,306,376	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(341,642)	0	0	(341,642)	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).....	14,964,734	0	0	14,964,734	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	14,804,652	0	0	14,804,652	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	100,922	0	0	100,922	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,703,730	0	0	14,703,730	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	407,708	0	0	407,708	0	0	0	0	0	0
15. General Administrative Expenses.....	800,879	0	0	800,879	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).....	15,912,317	0	0	15,912,317	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(947,583)	0	0	(947,583)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,817)	0	0	(2,817)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(950,400)	0	0	(950,400)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(338,961)	0	0	(338,961)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(611,439)	0	0	(611,439)	0	0	0	0	0	0
24 Medical Loss Ratio	96.1%	0.0%	0.0%	96.1%	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 **Physicians Health Choice of Texas, LLC**

(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.....	4,571	0	0	4,571	0	0	0	0	0	0
2. MEMBER MONTHS.....	40,810	0	0	40,810	0	0	0	0	0	0
3. Direct Premium Income.....	49,095,270	0	0	49,095,270	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	48,650,077	0	0	48,650,077	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(550,931)	0	0	(550,931)	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).....	48,099,146	0	0	48,099,146	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	43,946,784	0	0	43,946,784	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	322,543	0	0	322,543	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	43,624,241	0	0	43,624,241	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,296,449	0	0	1,296,449	0	0	0	0	0	0
15. General Administrative Expenses.....	3,799,059	0	0	3,799,059	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).....	48,719,749	0	0	48,719,749	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(620,603)	0	0	(620,603)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(8,264)	0	0	(8,264)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(628,867)	0	0	(628,867)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	168,760	0	0	168,760	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(797,627)	0	0	(797,627)	0	0	0	0	0	0
24 Medical Loss Ratio	89.7%	0.0%	0.0%	89.7%	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				