

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Molina Healthcare 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.....	267,893	16,409	6,705	0	0	205,027	0	34,215	5,537	0
2. MEMBER MONTHS.....	775,384	33,555	19,520	0	0	602,242	0	102,850	17,217	0
3. Direct Premium Income.....	407,537,737	11,314,957	21,582,111	0	0	370,417,408	0	XXXXXXXX	4,223,261	0
4. Net Premium Income.....	420,356,899	11,202,423	21,577,431	0	0	370,188,942	0	13,166,281	4,221,822	0
5. Change in unearned premium reserve and reserve for rate credits.....	(8,919,724)	(2,863,464)	(954,728)	0	0	(4,741,314)	0	(288,134)	(72,084)	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).....	411,437,175	8,338,959	20,622,703	0	0	365,447,628	0	12,878,147	4,149,738	0
11. Hospital & Medical Benefits.....	338,044,368	5,956,774	19,067,462	0	0	298,990,851	0	11,298,193	2,731,088	0
12. Net Reins Recoveries Incurred.....	650,494	650,426	0	0	0	68	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	337,393,874	5,306,348	19,067,462	0	0	298,990,783	0	11,298,193	2,731,088	0
14. Claims Adjustment Expenses.....	17,778,783	489,787	359,047	0	0	16,130,077	0	620,948	178,924	0
15. General Administrative Expenses.....	58,436,598	1,586,602	2,998,078	0	0	51,435,927	0	1,829,390	586,601	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).....	413,609,255	7,382,737	22,424,587	0	0	366,556,787	0	13,748,531	3,496,613	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,172,080)	956,222	(1,801,884)	0	0	(1,109,159)	0	(870,384)	653,125	0
19. Net Investments Gains / (Losses).....	289,379	7,783	14,845	0	0	254,782	0	9,064	2,905	0
20. Aggregate write-ins for other expenses.....	64,458	1,750	3,307	0	0	56,736	0	2,018	647	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,818,243)	965,755	(1,783,732)	0	0	(797,641)	0	(859,302)	656,677	0
22. Federal and foreign income taxes incurred.....	2,701,335	(1,434,807)	2,650,064	0	0	1,185,042	0	1,276,651	(975,615)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,519,578)	2,400,562	(4,433,796)	0	0	(1,982,683)	0	(2,135,953)	1,632,292	0
24 Medical Loss Ratio	80.3%	47.4%	88.4%	0.0%	0.0%	80.8%	0.0%	85.8%	64.7%	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 **MARCH 31, 2015**

OF THE **Molina Healthcare 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: 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.....	267,893	16,409	6,705	0	0	205,027	0	34,215	5,537	0
2. MEMBER MONTHS.....	775,384	33,555	19,520	0	0	602,242	0	102,850	17,217	0
3. Direct Premium Income.....	407,537,737	11,314,957	21,582,111	0	0	370,417,408	0	XXXXXXX	4,223,261	0
4. Net Premium Income.....	420,356,899	11,202,423	21,577,431	0	0	370,188,942	0	13,166,281	4,221,822	0
5. Change in unearned premium reserve and reserve for rate credits.....	(8,919,724)	(2,863,464)	(954,728)	0	0	(4,741,314)	0	(288,134)	(72,084)	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).....	411,437,175	8,338,959	20,622,703	0	0	365,447,628	0	12,878,147	4,149,738	0
11. Hospital & Medical Benefits.....	338,044,368	5,956,774	19,067,462	0	0	298,990,851	0	11,298,193	2,731,088	0
12. Net Reins Recoveries Incurred.....	650,494	650,426	0	0	0	68	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	337,393,874	5,306,348	19,067,462	0	0	298,990,783	0	11,298,193	2,731,088	0
14. Claims Adjustment Expenses.....	17,778,783	489,787	359,047	0	0	16,130,077	0	620,948	178,924	0
15. General Administrative Expenses.....	58,436,598	1,586,602	2,998,078	0	0	51,435,927	0	1,829,390	586,601	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).....	413,609,255	7,382,737	22,424,587	0	0	366,556,787	0	13,748,531	3,496,613	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,172,080)	956,222	(1,801,884)	0	0	(1,109,159)	0	(870,384)	653,125	0
19. Net Investments Gains / (Losses).....	289,379	7,783	14,845	0	0	254,782	0	9,064	2,905	0
20. Aggregate write-ins for other expenses.....	64,458	1,750	3,307	0	0	56,736	0	2,018	647	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,818,243)	965,755	(1,783,732)	0	0	(797,641)	0	(859,302)	656,677	0
22. Federal and foreign income taxes incurred.....	2,701,335	(1,434,807)	2,650,064	0	0	1,185,042	0	1,276,651	(975,615)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,519,578)	2,400,562	(4,433,796)	0	0	(1,982,683)	0	(2,135,953)	1,632,292	0
24 Medical Loss Ratio	80.3%	47.4%	88.4%	0.0%	0.0%	80.8%	0.0%	85.8%	64.7%	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 **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(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	39,794	2,022	0	0	0	0	0	0	37,772	0
2. First Quarter	42,397	1,997	0	0	0	0	0	0	40,400	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	122,844	6,235	0	0	0	0	0	0	116,609	0
Total Member Ambulatory Encounters for Year:										
7. Physician	51,755	2,237	0	0	0	0	0	0	49,518	0
8. Non-Physician	81,943	4,018	0	0	0	0	0	0	77,925	0
9. Total	133,698	6,255	0	0	0	0	0	0	127,443	0
10. Hospital Patient Days Incurred	55,987	43	0	0	0	0	0	0	55,944	0
11. Number of Inpatient Admissions	10,095	13	0	0	0	0	0	0	10,082	0
12. Health Premiums Written	83,356,177	1,882,614	0	0	0	0	0	0	81,473,563	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	82,297,269	1,853,867	0	0	0	0	0	0	80,443,402	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	67,118,021	1,136,393	0	0	0	0	0	0	65,981,628	0
18. Amount Incurred for Provision of Health Care Services	70,607,971	1,189,096	0	0	0	0	0	0	69,418,875	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**  
(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.....	76,612	0	0	0	0	40,400	0	34,215	1,997	0
2. MEMBER MONTHS.....	225,694	0	0	0	0	116,609	0	102,850	6,235	0
3. Direct Premium Income.....	83,356,177	0	0	0	0	81,473,563	0	XXXXXXXX	1,882,614	0
4. Net Premium Income.....	96,468,222	0	0	0	0	81,419,805	0	13,166,281	1,882,136	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,347,042)	0	0	0	0	(1,030,161)	0	(288,134)	(28,747)	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).....	95,121,180	0	0	0	0	80,389,644	0	12,878,147	1,853,389	0
11. Hospital & Medical Benefits.....	81,906,164	0	0	0	0	69,418,875	0	11,298,193	1,189,096	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	81,906,164	0	0	0	0	69,418,875	0	11,298,193	1,189,096	0
14. Claims Adjustment Expenses.....	4,230,817	0	0	0	0	3,524,210	0	620,948	85,659	0
15. General Administrative Expenses.....	13,403,784	0	0	0	0	11,312,880	0	1,829,390	261,514	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).....	99,540,765	0	0	0	0	84,255,965	0	13,748,531	1,536,269	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,419,585)	0	0	0	0	(3,866,321)	0	(870,384)	317,120	0
19. Net Investments Gains / (Losses).....	66,399	0	0	0	0	56,040	0	9,064	1,295	0
20. Aggregate write-ins for other expenses.....	14,785	0	0	0	0	12,479	0	2,018	288	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,338,401)	0	0	0	0	(3,797,802)	0	(859,302)	318,703	0
22. Federal and foreign income taxes incurred.....	6,445,496	0	0	0	0	5,642,340	0	1,276,651	(473,495)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(10,783,897)	0	0	0	0	(9,440,142)	0	(2,135,953)	792,198	0
24 Medical Loss Ratio	84.9%	0.0%	0.0%	0.0%	0.0%	85.3%	0.0%	85.8%	63.2%	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 **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**  
(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.....	76,612	0	0	0	0	40,400	0	34,215	1,997	0
2. MEMBER MONTHS.....	225,694	0	0	0	0	116,609	0	102,850	6,235	0
3. Direct Premium Income.....	83,356,177	0	0	0	0	81,473,563	0	XXXXXXXX	1,882,614	0
4. Net Premium Income.....	96,468,222	0	0	0	0	81,419,805	0	13,166,281	1,882,136	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,347,042)	0	0	0	0	(1,030,161)	0	(288,134)	(28,747)	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).....	95,121,180	0	0	0	0	80,389,644	0	12,878,147	1,853,389	0
11. Hospital & Medical Benefits.....	81,906,164	0	0	0	0	69,418,875	0	11,298,193	1,189,096	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	81,906,164	0	0	0	0	69,418,875	0	11,298,193	1,189,096	0
14. Claims Adjustment Expenses.....	4,230,817	0	0	0	0	3,524,210	0	620,948	85,659	0
15. General Administrative Expenses.....	13,403,784	0	0	0	0	11,312,880	0	1,829,390	261,514	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).....	99,540,765	0	0	0	0	84,255,965	0	13,748,531	1,536,269	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,419,585)	0	0	0	0	(3,866,321)	0	(870,384)	317,120	0
19. Net Investments Gains / (Losses).....	66,399	0	0	0	0	56,040	0	9,064	1,295	0
20. Aggregate write-ins for other expenses.....	14,785	0	0	0	0	12,479	0	2,018	288	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,338,401)	0	0	0	0	(3,797,802)	0	(859,302)	318,703	0
22. Federal and foreign income taxes incurred.....	6,445,496	0	0	0	0	5,642,340	0	1,276,651	(473,495)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(10,783,897)	0	0	0	0	(9,440,142)	0	(2,135,953)	792,198	0
24 Medical Loss Ratio	84.9%	0.0%	0.0%	0.0%	0.0%	85.3%	0.0%	85.8%	63.2%	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 **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **San Antonio**

(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	97,337	924	0	0	0	0	0	6,162	90,251	0
2. First Quarter	114,059	16,409	0	0	0	0	0	6,705	90,945	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	324,295	33,555	0	0	0	0	0	19,520	271,220	0
Total Member Ambulatory Encounters for Year:										
7. Physician	155,651	8,473	0	0	0	0	0	19,358	127,820	0
8. Non-Physician	203,830	6,673	0	0	0	0	0	16,724	180,433	0
9. Total	359,481	15,146	0	0	0	0	0	36,082	308,253	0
10. Hospital Patient Days Incurred	56,700	481	0	0	0	0	0	2,541	53,678	0
11. Number of Inpatient Admissions	10,561	105	0	0	0	0	0	379	10,077	0
12. Health Premiums Written	170,658,747	11,314,957	0	0	0	0	0	21,582,111	137,761,679	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	164,716,086	8,451,493	0	0	0	0	0	20,627,383	135,637,210	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	116,915,188	2,335,111	0	0	0	0	0	17,382,451	97,197,626	0
18. Amount Incurred for Provision of Health Care Services	127,285,344	5,956,774	0	0	0	0	0	19,067,462	102,261,108	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**

(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.....	114,059	16,409	6,705	0	0	90,945	0	0	0	0
2. MEMBER MONTHS.....	324,295	33,555	19,520	0	0	271,220	0	0	0	0
3. Direct Premium Income.....	170,658,747	11,314,957	21,582,111	0	0	137,761,679	0	XXXXXXXX	0	0
4. Net Premium Income.....	170,464,105	11,202,423	21,577,431	0	0	137,684,251	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,942,660)	(2,863,464)	(954,728)	0	0	(2,124,468)	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).....	164,521,445	8,338,959	20,622,703	0	0	135,559,783	0	0	0	0
11. Hospital & Medical Benefits.....	127,285,344	5,956,774	19,067,462	0	0	102,261,108	0	0	0	0
12. Net Reins Recoveries Incurred.....	650,494	650,426	0	0	0	68	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	126,634,850	5,306,348	19,067,462	0	0	102,261,040	0	0	0	0
14. Claims Adjustment Expenses.....	6,802,649	489,787	359,047	0	0	5,953,815	0	0	0	0
15. General Administrative Expenses.....	23,715,227	1,586,602	2,998,078	0	0	19,130,547	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).....	157,152,726	7,382,737	22,424,587	0	0	127,345,402	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,368,719	956,222	(1,801,884)	0	0	8,214,381	0	0	0	0
19. Net Investments Gains / (Losses).....	117,384	7,783	14,845	0	0	94,756	0	0	0	0
20. Aggregate write-ins for other expenses.....	26,159	1,750	3,307	0	0	21,102	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	7,512,262	965,755	(1,783,732)	0	0	8,330,239	0	0	0	0
22. Federal and foreign income taxes incurred.....	(11,160,854)	(1,434,807)	2,650,064	0	0	(12,376,111)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	18,673,116	2,400,562	(4,433,796)	0	0	20,706,350	0	0	0	0
24 Medical Loss Ratio	74.3%	47.4%	88.4%	0.0%	0.0%	74.3%	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.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**

(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.....	114,059	16,409	6,705	0	0	90,945	0	0	0	0
2. MEMBER MONTHS.....	324,295	33,555	19,520	0	0	271,220	0	0	0	0
3. Direct Premium Income.....	170,658,747	11,314,957	21,582,111	0	0	137,761,679	0	XXXXXXXX	0	0
4. Net Premium Income.....	170,464,105	11,202,423	21,577,431	0	0	137,684,251	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,942,660)	(2,863,464)	(954,728)	0	0	(2,124,468)	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).....	164,521,445	8,338,959	20,622,703	0	0	135,559,783	0	0	0	0
11. Hospital & Medical Benefits.....	127,285,344	5,956,774	19,067,462	0	0	102,261,108	0	0	0	0
12. Net Reins Recoveries Incurred.....	650,494	650,426	0	0	0	68	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	126,634,850	5,306,348	19,067,462	0	0	102,261,040	0	0	0	0
14. Claims Adjustment Expenses.....	6,802,649	489,787	359,047	0	0	5,953,815	0	0	0	0
15. General Administrative Expenses.....	23,715,227	1,586,602	2,998,078	0	0	19,130,547	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).....	157,152,726	7,382,737	22,424,587	0	0	127,345,402	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,368,719	956,222	(1,801,884)	0	0	8,214,381	0	0	0	0
19. Net Investments Gains / (Losses).....	117,384	7,783	14,845	0	0	94,756	0	0	0	0
20. Aggregate write-ins for other expenses.....	26,159	1,750	3,307	0	0	21,102	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	7,512,262	965,755	(1,783,732)	0	0	8,330,239	0	0	0	0
22. Federal and foreign income taxes incurred.....	(11,160,854)	(1,434,807)	2,650,064	0	0	(12,376,111)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	18,673,116	2,400,562	(4,433,796)	0	0	20,706,350	0	0	0	0
24 Medical Loss Ratio	74.3%	47.4%	88.4%	0.0%	0.0%	74.3%	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.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Dallas**

(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	57,936	3,598	0	0	0	0	0	0	54,338	0
2. First Quarter	61,617	3,540	0	0	0	0	0	0	58,077	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	179,023	10,982	0	0	0	0	0	0	168,041	0
Total Member Ambulatory Encounters for Year:										
7. Physician	70,156	3,847	0	0	0	0	0	0	66,309	0
8. Non-Physician	139,962	7,985	0	0	0	0	0	0	131,977	0
9. Total	210,118	11,832	0	0	0	0	0	0	198,286	0
10. Hospital Patient Days Incurred	73,547	120	0	0	0	0	0	0	73,427	0
11. Number of Inpatient Admissions	14,238	31	0	0	0	0	0	0	14,207	0
12. Health Premiums Written	122,003,846	2,340,647	0	0	0	0	0	0	119,663,199	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	120,430,449	2,297,310	0	0	0	0	0	0	118,133,139	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	96,210,582	1,473,649	0	0	0	0	0	0	94,736,933	0
18. Amount Incurred for Provision of Health Care Services	101,214,151	1,541,992	0	0	0	0	0	0	99,672,159	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(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.....	61,617	0	0	0	0	58,077	0	0	3,540	0
2. MEMBER MONTHS.....	179,023	0	0	0	0	168,041	0	0	10,982	0
3. Direct Premium Income.....	122,003,846	0	0	0	0	119,663,199	0	XXXXXXXX	2,340,647	0
4. Net Premium Income.....	121,919,328	0	0	0	0	119,579,642	0	0	2,339,686	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,573,398)	0	0	0	0	(1,530,061)	0	0	(43,337)	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).....	120,345,930	0	0	0	0	118,049,581	0	0	2,296,349	0
11. Hospital & Medical Benefits.....	101,214,151	0	0	0	0	99,672,159	0	0	1,541,992	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	101,214,151	0	0	0	0	99,672,159	0	0	1,541,992	0
14. Claims Adjustment Expenses.....	5,378,882	0	0	0	0	5,285,617	0	0	93,265	0
15. General Administrative Expenses.....	16,940,089	0	0	0	0	16,615,001	0	0	325,088	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).....	123,533,122	0	0	0	0	121,572,777	0	0	1,960,345	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,187,192)	0	0	0	0	(3,523,196)	0	0	336,004	0
19. Net Investments Gains / (Losses).....	83,917	0	0	0	0	82,307	0	0	1,610	0
20. Aggregate write-ins for other expenses.....	18,686	0	0	0	0	18,327	0	0	359	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,084,589)	0	0	0	0	(3,422,562)	0	0	337,973	0
22. Federal and foreign income taxes incurred.....	4,582,728	0	0	0	0	5,084,849	0	0	(502,121)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(7,667,317)	0	0	0	0	(8,507,411)	0	0	840,094	0
24 Medical Loss Ratio	83.0%	0.0%	0.0%	0.0%	0.0%	83.4%	0.0%	0.0%	65.9%	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 **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(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.....	61,617	0	0	0	0	58,077	0	0	3,540	0
2. MEMBER MONTHS.....	179,023	0	0	0	0	168,041	0	0	10,982	0
3. Direct Premium Income.....	122,003,846	0	0	0	0	119,663,199	0	XXXXXXXX	2,340,647	0
4. Net Premium Income.....	121,919,328	0	0	0	0	119,579,642	0	0	2,339,686	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,573,398)	0	0	0	0	(1,530,061)	0	0	(43,337)	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).....	120,345,930	0	0	0	0	118,049,581	0	0	2,296,349	0
11. Hospital & Medical Benefits.....	101,214,151	0	0	0	0	99,672,159	0	0	1,541,992	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	101,214,151	0	0	0	0	99,672,159	0	0	1,541,992	0
14. Claims Adjustment Expenses.....	5,378,882	0	0	0	0	5,285,617	0	0	93,265	0
15. General Administrative Expenses.....	16,940,089	0	0	0	0	16,615,001	0	0	325,088	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).....	123,533,122	0	0	0	0	121,572,777	0	0	1,960,345	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,187,192)	0	0	0	0	(3,523,196)	0	0	336,004	0
19. Net Investments Gains / (Losses).....	83,917	0	0	0	0	82,307	0	0	1,610	0
20. Aggregate write-ins for other expenses.....	18,686	0	0	0	0	18,327	0	0	359	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,084,589)	0	0	0	0	(3,422,562)	0	0	337,973	0
22. Federal and foreign income taxes incurred.....	4,582,728	0	0	0	0	5,084,849	0	0	(502,121)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(7,667,317)	0	0	0	0	(8,507,411)	0	0	840,094	0
24. Medical Loss Ratio	83.0%	0.0%	0.0%	0.0%	0.0%	83.4%	0.0%	0.0%	65.9%	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 **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

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	15,339	0	0	0	0	0	0	0	15,339	0
2. First Quarter	15,605	0	0	0	0	0	0	0	15,605	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	46,372	0	0	0	0	0	0	0	46,372	0
Total Member Ambulatory Encounters for Year:										
7. Physician	14,504	0	0	0	0	0	0	0	14,504	0
8. Non-Physician	51,799	0	0	0	0	0	0	0	51,799	0
9. Total	66,303	0	0	0	0	0	0	0	66,303	0
10. Hospital Patient Days Incurred	11,519	0	0	0	0	0	0	0	11,519	0
11. Number of Inpatient Admissions	1,929	0	0	0	0	0	0	0	1,929	0
12. Health Premiums Written	31,518,967	0	0	0	0	0	0	0	31,518,967	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	31,462,343	0	0	0	0	0	0	0	31,462,343	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	26,270,189	0	0	0	0	0	0	0	26,270,189	0
18. Amount Incurred for Provision of Health Care Services	27,638,708	0	0	0	0	0	0	0	27,638,708	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

(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.....	15,605	0	0	0	0	15,605	0	0	0	0
2. MEMBER MONTHS.....	46,372	0	0	0	0	46,372	0	0	0	0
3. Direct Premium Income.....	31,518,967	0	0	0	0	31,518,967	0	XXXXXXXX	0	0
4. Net Premium Income.....	31,505,245	0	0	0	0	31,505,245	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(56,624)	0	0	0	0	(56,624)	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).....	31,448,621	0	0	0	0	31,448,621	0	0	0	0
11. Hospital & Medical Benefits.....	27,638,708	0	0	0	0	27,638,708	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	27,638,708	0	0	0	0	27,638,708	0	0	0	0
14. Claims Adjustment Expenses.....	1,366,435	0	0	0	0	1,366,435	0	0	0	0
15. General Administrative Expenses.....	4,377,498	0	0	0	0	4,377,498	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).....	33,382,641	0	0	0	0	33,382,641	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,934,020)	0	0	0	0	(1,934,020)	0	0	0	0
19. Net Investments Gains / (Losses).....	21,680	0	0	0	0	21,680	0	0	0	0
20. Aggregate write-ins for other expenses.....	4,829	0	0	0	0	4,829	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,907,511)	0	0	0	0	(1,907,511)	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,833,963	0	0	0	0	2,833,963	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,741,474)	0	0	0	0	(4,741,474)	0	0	0	0
24 Medical Loss Ratio	87.7%	0.0%	0.0%	0.0%	0.0%	87.7%	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 **MARCH 31, 2015**

OF THE **Molina Healthcare of Texas, Inc.**

(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.....	15,605	0	0	0	0	15,605	0	0	0	0
2. MEMBER MONTHS.....	46,372	0	0	0	0	46,372	0	0	0	0
3. Direct Premium Income.....	31,518,967	0	0	0	0	31,518,967	0	XXXXXXXX	0	0
4. Net Premium Income.....	31,505,245	0	0	0	0	31,505,245	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(56,624)	0	0	0	0	(56,624)	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).....	31,448,621	0	0	0	0	31,448,621	0	0	0	0
11. Hospital & Medical Benefits.....	27,638,708	0	0	0	0	27,638,708	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	27,638,708	0	0	0	0	27,638,708	0	0	0	0
14. Claims Adjustment Expenses.....	1,366,435	0	0	0	0	1,366,435	0	0	0	0
15. General Administrative Expenses.....	4,377,498	0	0	0	0	4,377,498	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).....	33,382,641	0	0	0	0	33,382,641	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,934,020)	0	0	0	0	(1,934,020)	0	0	0	0
19. Net Investments Gains / (Losses).....	21,680	0	0	0	0	21,680	0	0	0	0
20. Aggregate write-ins for other expenses.....	4,829	0	0	0	0	4,829	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,907,511)	0	0	0	0	(1,907,511)	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,833,963	0	0	0	0	2,833,963	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,741,474)	0	0	0	0	(4,741,474)	0	0	0	0
24 Medical Loss Ratio	87.7%	0.0%	0.0%	0.0%	0.0%	87.7%	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				