

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	265,692	16,883	13,625	0	0	195,058	0	34,635	5,491	0
2. MEMBER MONTHS.....	806,003	50,451	34,694	0	0	598,266	0	104,731	17,861	0
3. Direct Premium Income.....	512,872,046	18,522,435	42,069,883	0	0	447,674,547	0	XXXXXXX	4,605,181	0
4. Net Premium Income.....	526,212,691	18,351,785	42,063,552	0	0	447,444,095	0	13,749,495	4,603,764	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,071,215)	(295,991)	(891,130)	0	0	106,050	0	7,091	2,765	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).....	525,141,476	18,055,794	41,172,422	0	0	447,550,145	0	13,756,586	4,606,529	0
11. Hospital & Medical Benefits.....	454,821,431	12,448,511	41,692,205	0	0	387,445,837	0	10,578,367	2,656,511	0
12. Net Reins Recoveries Incurred.....	777,766	193,889	0	0	0	583,877	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	454,043,665	12,254,622	41,692,205	0	0	386,861,960	0	10,578,367	2,656,511	0
14. Claims Adjustment Expenses.....	21,459,784	790,462	762,892	0	0	19,050,008	0	656,026	200,396	0
15. General Administrative Expenses.....	48,900,891	1,838,721	4,213,439	0	0	41,214,667	0	1,220,588	413,476	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).....	524,404,340	14,883,805	46,668,536	0	0	447,126,635	0	12,454,981	3,270,383	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	737,136	3,171,989	(5,496,114)	0	0	423,510	0	1,301,605	1,336,146	0
19. Net Investments Gains / (Losses).....	301,107	10,815	24,829	0	0	255,137	0	7,728	2,598	0
20. Aggregate write-ins for other expenses.....	1	307	1,024	0	0	(1,098)	0	(186)	(46)	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,038,244	3,183,111	(5,470,261)	0	0	677,549	0	1,309,147	1,338,698	0
22. Federal and foreign income taxes incurred.....	(854,497)	(8,388,631)	14,525,513	0	0	(900,696)	0	(2,341,767)	(3,748,916)	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,892,741	11,571,742	(19,995,774)	0	0	1,578,245	0	3,650,914	5,087,614	0
24 Medical Loss Ratio	86.3%	66.8%	99.1%	0.0%	0.0%	86.5%	0.0%	76.9%	57.7%	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 **JUNE 30, 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.....	265,692	16,883	13,625	0	0	195,058	0	34,635	5,491	0
2. MEMBER MONTHS.....	1,581,387	84,006	54,214	0	0	1,200,508	0	207,581	35,078	0
3. Direct Premium Income.....	920,409,783	29,837,392	63,651,994	0	0	818,091,955	0	XXXXXXX	8,828,442	0
4. Net Premium Income.....	946,569,590	29,554,208	63,640,983	0	0	817,633,037	0	26,915,776	8,825,586	0
5. Change in unearned premium reserve and reserve for rate credits.....	(9,990,939)	(3,159,455)	(1,845,858)	0	0	(4,635,264)	0	(281,043)	(69,319)	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).....	936,578,651	26,394,753	61,795,125	0	0	812,997,773	0	26,634,733	8,756,267	0
11. Hospital & Medical Benefits.....	792,865,799	18,405,285	60,759,667	0	0	686,436,688	0	21,876,560	5,387,599	0
12. Net Reins Recoveries Incurred.....	1,428,260	844,315	0	0	0	583,945	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	791,437,539	17,560,970	60,759,667	0	0	685,852,743	0	21,876,560	5,387,599	0
14. Claims Adjustment Expenses.....	39,238,567	1,280,249	1,121,939	0	0	35,180,085	0	1,276,974	379,320	0
15. General Administrative Expenses.....	107,337,489	3,425,323	7,211,517	0	0	92,650,594	0	3,049,978	1,000,077	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).....	938,013,595	22,266,542	69,093,123	0	0	813,683,422	0	26,203,512	6,766,996	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,434,944)	4,128,211	(7,297,998)	0	0	(685,649)	0	431,221	1,989,271	0
19. Net Investments Gains / (Losses).....	590,486	18,598	39,674	0	0	509,919	0	16,792	5,503	0
20. Aggregate write-ins for other expenses.....	64,459	2,057	4,331	0	0	55,638	0	1,832	601	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(779,999)	4,148,866	(7,253,993)	0	0	(120,092)	0	449,845	1,995,375	0
22. Federal and foreign income taxes incurred.....	1,846,838	(9,823,438)	17,175,577	0	0	284,346	0	(1,065,116)	(4,724,531)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,626,837)	13,972,304	(24,429,570)	0	0	(404,438)	0	1,514,961	6,719,906	0
24 Medical Loss Ratio	83.6%	59.4%	95.5%	0.0%	0.0%	83.9%	0.0%	81.3%	61.0%	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 **JUNE 30, 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	0									
3. Second Quarter	41,008	2,087	0	0	0	0	0	0	38,921	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	248,094	13,010	0	0	0	0	0	0	235,084	0
Total Member Ambulatory Encounters for Year:										
7. Physician	107,952	5,032	0	0	0	0	0	0	102,920	0
8. Non-Physician	188,888	9,632	0	0	0	0	0	0	179,256	0
9. Total	296,840	14,664	0	0	0	0	0	0	282,176	0
10. Hospital Patient Days Incurred	261,216	119	0	0	0	0	0	0	261,097	0
11. Number of Inpatient Admissions	39,613	30	0	0	0	0	0	0	39,583	0
12. Health Premiums Written	188,659,403	3,969,981	0	0	0	0	0	0	184,689,422	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	187,500,415	3,942,613	0	0	0	0	0	0	183,557,802	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	158,778,603	2,443,985	0	0	0	0	0	0	156,334,618	0
18. Amount Incurred for Provision of Health Care Services	165,988,996	2,374,215	0	0	0	0	0	0	163,614,781	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	75,643	0	0	0	0	38,921	0	34,635	2,087	0
2. MEMBER MONTHS.....	229,981	0	0	0	0	118,475	0	104,731	6,775	0
3. Direct Premium Income.....	105,306,226	0	0	0	0	103,215,859	0	XXXXXXXX	2,090,367	0
4. Net Premium Income.....	118,993,387	0	0	0	0	103,157,028	0	13,749,495	2,086,864	0
5. Change in unearned premium reserve and reserve for rate credits.....	19,601	0	0	0	0	11,131	0	7,091	1,379	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).....	119,012,988	0	0	0	0	103,168,159	0	13,756,586	2,088,243	0
11. Hospital & Medical Benefits.....	106,840,239	0	0	0	0	95,076,753	0	10,578,367	1,185,119	0
12. Net Reins Recoveries Incurred.....	880,847	0	0	0	0	880,847	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	105,959,392	0	0	0	0	94,195,906	0	10,578,367	1,185,119	0
14. Claims Adjustment Expenses.....	5,365,502	0	0	0	0	4,622,267	0	656,026	87,209	0
15. General Administrative Expenses.....	11,011,382	0	0	0	0	9,602,558	0	1,220,588	188,236	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).....	122,336,276	0	0	0	0	108,420,731	0	12,454,981	1,460,564	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,323,288)	0	0	0	0	(5,252,572)	0	1,301,605	627,679	0
19. Net Investments Gains / (Losses).....	67,985	0	0	0	0	59,077	0	7,728	1,180	0
20. Aggregate write-ins for other expenses.....	(123)	0	0	0	0	81	0	(186)	(18)	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,255,426)	0	0	0	0	(5,193,414)	0	1,309,147	628,841	0
22. Federal and foreign income taxes incurred.....	11,534,723	0	0	0	0	15,646,532	0	(2,341,767)	(1,770,042)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(14,790,149)	0	0	0	0	(20,839,946)	0	3,650,914	2,398,883	0
24 Medical Loss Ratio	89.0%	0.0%	0.0%	0.0%	0.0%	91.3%	0.0%	76.9%	56.8%	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 **JUNE 30, 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.....	75,643	0	0	0	0	38,921	0	34,635	2,087	0
2. MEMBER MONTHS.....	455,675	0	0	0	0	235,084	0	207,581	13,010	0
3. Direct Premium Income.....	188,662,403	0	0	0	0	184,689,422	0	XXXXXXXX	3,972,981	0
4. Net Premium Income.....	215,461,609	0	0	0	0	184,576,833	0	26,915,776	3,969,000	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,327,441)	0	0	0	0	(1,019,030)	0	(281,043)	(27,368)	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).....	214,134,168	0	0	0	0	183,557,803	0	26,634,733	3,941,632	0
11. Hospital & Medical Benefits.....	188,746,403	0	0	0	0	164,495,628	0	21,876,560	2,374,215	0
12. Net Reins Recoveries Incurred.....	880,847	0	0	0	0	880,847	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	187,865,556	0	0	0	0	163,614,781	0	21,876,560	2,374,215	0
14. Claims Adjustment Expenses.....	9,596,319	0	0	0	0	8,146,477	0	1,276,974	172,868	0
15. General Administrative Expenses.....	24,415,166	0	0	0	0	20,915,438	0	3,049,978	449,750	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).....	221,877,041	0	0	0	0	192,676,696	0	26,203,512	2,996,833	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,742,873)	0	0	0	0	(9,118,893)	0	431,221	944,799	0
19. Net Investments Gains / (Losses).....	134,384	0	0	0	0	115,117	0	16,792	2,475	0
20. Aggregate write-ins for other expenses.....	14,662	0	0	0	0	12,560	0	1,832	270	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(7,593,827)	0	0	0	0	(8,991,216)	0	449,845	947,544	0
22. Federal and foreign income taxes incurred.....	17,980,219	0	0	0	0	21,288,872	0	(1,065,116)	(2,243,537)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(25,574,046)	0	0	0	0	(30,280,088)	0	1,514,961	3,191,081	0
24 Medical Loss Ratio	87.2%	0.0%	0.0%	0.0%	0.0%	88.6%	0.0%	81.3%	59.8%	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 **JUNE 30, 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	0									
3. Second Quarter	117,162	16,883	0	0	0	0	0	13,625	86,654	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	675,142	84,006	0	0	0	0	0	54,214	536,922	0
Total Member Ambulatory Encounters for Year:										
7. Physician	342,835	27,174	0	0	0	0	0	53,167	262,494	0
8. Non-Physician	477,453	21,190	0	0	0	0	0	57,689	398,574	0
9. Total	820,288	48,364	0	0	0	0	0	110,856	661,068	0
10. Hospital Patient Days Incurred	281,127	1,707	0	0	0	0	0	11,656	267,764	0
11. Number of Inpatient Admissions	39,983	344	0	0	0	0	0	1,573	38,066	0
12. Health Premiums Written	388,469,902	29,837,392	0	0	0	0	0	63,651,994	294,980,516	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	381,395,792	26,677,937	0	0	0	0	0	61,806,136	292,911,719	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	274,197,278	10,944,641	0	0	0	0	0	47,000,955	216,251,682	0
18. Amount Incurred for Provision of Health Care Services	304,652,690	17,560,970	0	0	0	0	0	60,759,667	226,332,053	0

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

TEXAS HMO SUPPLEMENT

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.....	117,162	16,883	13,625	0	0	86,654	0	0	0	0
2. MEMBER MONTHS.....	350,847	50,451	34,694	0	0	265,702	0	0	0	0
3. Direct Premium Income.....	217,811,155	18,522,435	42,069,883	0	0	157,218,837	0	XXXXXXXX	0	0
4. Net Premium Income.....	217,557,501	18,351,785	42,063,552	0	0	157,142,164	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,131,450)	(295,991)	(891,130)	0	0	55,671	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).....	216,426,051	18,055,794	41,172,422	0	0	157,197,835	0	0	0	0
11. Hospital & Medical Benefits.....	178,206,165	12,448,511	41,692,205	0	0	124,065,449	0	0	0	0
12. Net Reins Recoveries Incurred.....	198,326	193,889	0	0	0	4,437	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	178,007,839	12,254,622	41,692,205	0	0	124,061,012	0	0	0	0
14. Claims Adjustment Expenses.....	8,123,993	790,462	762,892	0	0	6,570,639	0	0	0	0
15. General Administrative Expenses.....	20,330,051	1,838,721	4,213,439	0	0	14,277,891	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).....	206,461,883	14,883,805	46,668,536	0	0	144,909,542	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	9,964,168	3,171,989	(5,496,114)	0	0	12,288,293	0	0	0	0
19. Net Investments Gains / (Losses).....	124,750	10,815	24,829	0	0	89,106	0	0	0	0
20. Aggregate write-ins for other expenses.....	291	307	1,024	0	0	(1,040)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,089,209	3,183,111	(5,470,261)	0	0	12,376,359	0	0	0	0
22. Federal and foreign income taxes incurred.....	(30,514,870)	(8,388,631)	14,525,513	0	0	(36,651,752)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	40,604,079	11,571,742	(19,995,774)	0	0	49,028,111	0	0	0	0
24 Medical Loss Ratio	81.8%	66.8%	99.1%	0.0%	0.0%	78.9%	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				

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

TEXAS HMO SUPPLEMENT

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.....	117,162	16,883	13,625	0	0	86,654	0	0	0	0
2. MEMBER MONTHS.....	675,142	84,006	54,214	0	0	536,922	0	0	0	0
3. Direct Premium Income.....	388,469,902	29,837,392	63,651,994	0	0	294,980,516	0	XXXXXXXX	0	0
4. Net Premium Income.....	388,021,606	29,554,208	63,640,983	0	0	294,826,415	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(7,074,110)	(3,159,455)	(1,845,858)	0	0	(2,068,797)	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).....	380,947,496	26,394,753	61,795,125	0	0	292,757,618	0	0	0	0
11. Hospital & Medical Benefits.....	305,491,509	18,405,285	60,759,667	0	0	226,326,557	0	0	0	0
12. Net Reins Recoveries Incurred.....	848,820	844,315	0	0	0	4,505	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	304,642,689	17,560,970	60,759,667	0	0	226,322,052	0	0	0	0
14. Claims Adjustment Expenses.....	14,926,642	1,280,249	1,121,939	0	0	12,524,454	0	0	0	0
15. General Administrative Expenses.....	44,045,278	3,425,323	7,211,517	0	0	33,408,438	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).....	363,614,609	22,266,542	69,093,123	0	0	272,254,944	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	17,332,887	4,128,211	(7,297,998)	0	0	20,502,674	0	0	0	0
19. Net Investments Gains / (Losses).....	242,134	18,598	39,674	0	0	183,862	0	0	0	0
20. Aggregate write-ins for other expenses.....	26,450	2,057	4,331	0	0	20,062	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	17,601,471	4,148,866	(7,253,993)	0	0	20,706,598	0	0	0	0
22. Federal and foreign income taxes incurred.....	(41,675,724)	(9,823,438)	17,175,577	0	0	(49,027,863)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	59,277,195	13,972,304	(24,429,570)	0	0	69,734,461	0	0	0	0
24 Medical Loss Ratio	78.5%	59.4%	95.5%	0.0%	0.0%	76.8%	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 **JUNE 30, 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	0									
3. Second Quarter	59,222	3,404	0	0	0	0	0	0	55,818	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	361,140	22,068	0	0	0	0	0	0	339,072	0
Total Member Ambulatory Encounters for Year:										
7. Physician	155,973	8,967	0	0	0	0	0	0	147,006	0
8. Non-Physician	314,496	17,826	0	0	0	0	0	0	296,670	0
9. Total	470,469	26,793	0	0	0	0	0	0	443,676	0
10. Hospital Patient Days Incurred	350,532	271	0	0	0	0	0	0	350,261	0
11. Number of Inpatient Admissions	57,681	89	0	0	0	0	0	0	57,592	0
12. Health Premiums Written	276,728,360	4,858,461	0	0	0	0	0	0	271,869,899	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	275,178,418	4,816,510	0	0	0	0	0	0	270,361,908	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	230,197,438	3,101,937	0	0	0	0	0	0	227,095,501	0
18. Amount Incurred for Provision of Health Care Services	240,684,229	3,013,384	0	0	0	0	0	0	237,670,845	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	59,222	0	0	0	0	55,818	0	0	3,404	0
2. MEMBER MONTHS.....	182,117	0	0	0	0	171,031	0	0	11,086	0
3. Direct Premium Income.....	154,724,514	0	0	0	0	152,206,700	0	XXXXXXXX	2,517,814	0
4. Net Premium Income.....	154,642,407	0	0	0	0	152,125,506	0	0	2,516,901	0
5. Change in unearned premium reserve and reserve for rate credits.....	23,456	0	0	0	0	22,070	0	0	1,386	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).....	154,665,863	0	0	0	0	152,147,576	0	0	2,518,287	0
11. Hospital & Medical Benefits.....	138,834,694	0	0	0	0	137,363,302	0	0	1,471,392	0
12. Net Reins Recoveries Incurred.....	(635,384)	0	0	0	0	(635,384)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	139,470,078	0	0	0	0	137,998,686	0	0	1,471,392	0
14. Claims Adjustment Expenses.....	6,520,248	0	0	0	0	6,407,060	0	0	113,188	0
15. General Administrative Expenses.....	14,398,675	0	0	0	0	14,173,436	0	0	225,239	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).....	160,389,001	0	0	0	0	158,579,182	0	0	1,809,819	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,723,138)	0	0	0	0	(6,431,606)	0	0	708,468	0
19. Net Investments Gains / (Losses).....	88,568	0	0	0	0	87,150	0	0	1,418	0
20. Aggregate write-ins for other expenses.....	133	0	0	0	0	162	0	0	(29)	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,634,437)	0	0	0	0	(6,344,294)	0	0	709,857	0
22. Federal and foreign income taxes incurred.....	16,061,664	0	0	0	0	18,040,537	0	0	(1,978,873)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(21,696,101)	0	0	0	0	(24,384,831)	0	0	2,688,730	0
24 Medical Loss Ratio	90.2%	0.0%	0.0%	0.0%	0.0%	90.7%	0.0%	0.0%	58.5%	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 **JUNE 30, 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.....	59,222	0	0	0	0	55,818	0	0	3,404	0
2. MEMBER MONTHS.....	361,140	0	0	0	0	339,072	0	0	22,068	0
3. Direct Premium Income.....	276,728,360	0	0	0	0	271,869,899	0	XXXXXXXX	4,858,461	0
4. Net Premium Income.....	276,561,735	0	0	0	0	271,705,148	0	0	4,856,587	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,549,942)	0	0	0	0	(1,507,991)	0	0	(41,951)	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).....	275,011,793	0	0	0	0	270,197,157	0	0	4,814,636	0
11. Hospital & Medical Benefits.....	240,048,845	0	0	0	0	237,035,461	0	0	3,013,384	0
12. Net Reins Recoveries Incurred.....	(635,384)	0	0	0	0	(635,384)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	240,684,229	0	0	0	0	237,670,845	0	0	3,013,384	0
14. Claims Adjustment Expenses.....	11,899,130	0	0	0	0	11,692,677	0	0	206,453	0
15. General Administrative Expenses.....	31,338,764	0	0	0	0	30,788,437	0	0	550,327	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).....	283,922,123	0	0	0	0	280,151,959	0	0	3,770,164	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,910,330)	0	0	0	0	(9,954,802)	0	0	1,044,472	0
19. Net Investments Gains / (Losses).....	172,485	0	0	0	0	169,457	0	0	3,028	0
20. Aggregate write-ins for other expenses.....	18,819	0	0	0	0	18,489	0	0	330	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(8,719,026)	0	0	0	0	(9,766,856)	0	0	1,047,830	0
22. Federal and foreign income taxes incurred.....	20,644,392	0	0	0	0	23,125,386	0	0	(2,480,994)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(29,363,418)	0	0	0	0	(32,892,242)	0	0	3,528,824	0
24. Medical Loss Ratio	87.0%	0.0%	0.0%	0.0%	0.0%	87.5%	0.0%	0.0%	62.0%	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 **JUNE 30, 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	0									
3. Second Quarter	13,665	0	0	0	0	0	0	0	13,665	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	89,430	0	0	0	0	0	0	0	89,430	0
Total Member Ambulatory Encounters for Year:										
7. Physician	33,435	0	0	0	0	0	0	0	33,435	0
8. Non-Physician	118,134	0	0	0	0	0	0	0	118,134	0
9. Total	151,569	0	0	0	0	0	0	0	151,569	0
10. Hospital Patient Days Incurred	42,031	0	0	0	0	0	0	0	42,031	0
11. Number of Inpatient Admissions	6,612	0	0	0	0	0	0	0	6,612	0
12. Health Premiums Written	66,552,118	0	0	0	0	0	0	0	66,552,118	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	66,512,673	0	0	0	0	0	0	0	66,512,673	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	55,653,406	0	0	0	0	0	0	0	55,653,406	0
18. Amount Incurred for Provision of Health Care Services	58,245,064	0	0	0	0	0	0	0	58,245,064	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	13,665	0	0	0	0	13,665	0	0	0	0
2. MEMBER MONTHS.....	43,058	0	0	0	0	43,058	0	0	0	0
3. Direct Premium Income.....	35,033,151	0	0	0	0	35,033,151	0	XXXXXXXX	0	0
4. Net Premium Income.....	35,019,395	0	0	0	0	35,019,395	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	17,180	0	0	0	0	17,180	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).....	35,036,575	0	0	0	0	35,036,575	0	0	0	0
11. Hospital & Medical Benefits.....	30,940,333	0	0	0	0	30,940,333	0	0	0	0
12. Net Reins Recoveries Incurred.....	333,978	0	0	0	0	333,978	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	30,606,355	0	0	0	0	30,606,355	0	0	0	0
14. Claims Adjustment Expenses.....	1,450,043	0	0	0	0	1,450,043	0	0	0	0
15. General Administrative Expenses.....	3,160,783	0	0	0	0	3,160,783	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).....	35,217,181	0	0	0	0	35,217,181	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(180,606)	0	0	0	0	(180,606)	0	0	0	0
19. Net Investments Gains / (Losses).....	19,802	0	0	0	0	19,802	0	0	0	0
20. Aggregate write-ins for other expenses.....	(302)	0	0	0	0	(302)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(161,106)	0	0	0	0	(161,106)	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,063,988	0	0	0	0	2,063,988	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,225,094)	0	0	0	0	(2,225,094)	0	0	0	0
24 Medical Loss Ratio	87.4%	0.0%	0.0%	0.0%	0.0%	87.4%	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 **JUNE 30, 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.....	13,665	0	0	0	0	13,665	0	0	0	0
2. MEMBER MONTHS.....	89,430	0	0	0	0	89,430	0	0	0	0
3. Direct Premium Income.....	66,552,118	0	0	0	0	66,552,118	0	XXXXXXXX	0	0
4. Net Premium Income.....	66,524,640	0	0	0	0	66,524,640	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(39,444)	0	0	0	0	(39,444)	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).....	66,485,196	0	0	0	0	66,485,196	0	0	0	0
11. Hospital & Medical Benefits.....	58,579,041	0	0	0	0	58,579,041	0	0	0	0
12. Net Reins Recoveries Incurred.....	333,978	0	0	0	0	333,978	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	58,245,063	0	0	0	0	58,245,063	0	0	0	0
14. Claims Adjustment Expenses.....	2,816,478	0	0	0	0	2,816,478	0	0	0	0
15. General Administrative Expenses.....	7,538,281	0	0	0	0	7,538,281	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).....	68,599,822	0	0	0	0	68,599,822	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,114,626)	0	0	0	0	(2,114,626)	0	0	0	0
19. Net Investments Gains / (Losses).....	41,482	0	0	0	0	41,482	0	0	0	0
20. Aggregate write-ins for other expenses.....	4,527	0	0	0	0	4,527	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,068,617)	0	0	0	0	(2,068,617)	0	0	0	0
22. Federal and foreign income taxes incurred.....	4,897,951	0	0	0	0	4,897,951	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(6,966,568)	0	0	0	0	(6,966,568)	0	0	0	0
24. Medical Loss Ratio	87.6%	0.0%	0.0%	0.0%	0.0%	87.6%	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				