

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

OF THE **Humana Health Plan, 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.....	103,657	0	0	103,657	0	0	0	0	0	0
2. MEMBER MONTHS.....	309,929	0	0	309,929	0	0	0	0	0	0
3. Direct Premium Income.....	276,899,085	0	0	276,899,085	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	276,899,085	0	0	276,899,085	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	276,899,085	0	0	276,899,085	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	248,753,958	0	0	248,753,958	0	0	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).....	248,753,958	0	0	248,753,958	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	8,668,465	0	0	8,050,865	0	0	0	0	0	617,600
15. General Administrative Expenses.....	30,383,340	0	0	31,422,580	0	0	0	0	0	(1,039,240)
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).....	287,805,763	0	0	288,227,403	0	0	0	0	0	(421,640)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(10,906,678)	0	0	(11,328,318)	0	0	0	0	0	421,640
19. Net Investments Gains / (Losses).....	(930,297)	0	0	(930,297)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	4,972	0	0	4,972	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(11,832,003)	0	0	(12,253,643)	0	0	0	0	0	421,640
22. Federal and foreign income taxes incurred.....	2,943,952	0	0	2,932,509	0	0	0	0	0	11,443
23. NET INCOME/(LOSS) (L21 less L22).....	(14,775,955)	0	0	(15,186,152)	0	0	0	0	0	410,197
24 Medical Loss Ratio	89.8%	0.0%	0.0%	89.8%	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 **MARCH 31, 2016**

OF THE **Humana Health Plan, 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.....	103,657	0	0	103,657	0	0	0	0	0	0
2. MEMBER MONTHS.....	309,929	0	0	309,929	0	0	0	0	0	0
3. Direct Premium Income.....	276,899,085	0	0	276,899,085	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	276,899,085	0	0	276,899,085	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXX	0	0	0	0	XXXXXXX	XXXXXXX	XXXXXXX	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).....	276,899,085	0	0	276,899,085	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	248,753,958	0	0	248,753,958	0	0	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).....	248,753,958	0	0	248,753,958	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	8,668,465	0	0	8,050,865	0	0	0	0	0	617,600
15. General Administrative Expenses.....	30,383,340	0	0	31,422,580	0	0	0	0	0	(1,039,240)
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).....	287,805,763	0	0	288,227,403	0	0	0	0	0	(421,640)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(10,906,678)	0	0	(11,328,318)	0	0	0	0	0	421,640
19. Net Investments Gains / (Losses).....	(930,297)	0	0	(930,297)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	4,972	0	0	4,972	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(11,832,003)	0	0	(12,253,643)	0	0	0	0	0	421,640
22. Federal and foreign income taxes incurred.....	2,943,952	0	0	2,932,509	0	0	0	0	0	11,443
23. NET INCOME/(LOSS) (L21 less L22).....	(14,775,955)	0	0	(15,186,152)	0	0	0	0	0	410,197
24 Medical Loss Ratio	89.8%	0.0%	0.0%	89.8%	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				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

REPORT FOR DIVISION: **Austin, 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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	40,856	0	0	0	0	0	0	40,856	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	121,696	0	0	0	0	0	0	121,696	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	107,059	0	0	0	0	0	0	107,059	0	0
8. Non-Physician	46,182	0	0	0	0	0	0	46,182	0	0
9. Total	153,241	0	0	0	0	0	0	153,241	0	0
10. Hospital Patient Days Incurred	9,484	0	0	0	0	0	0	9,484	0	0
11. Number of Inpatient Admissions	1,300	0	0	0	0	0	0	1,300	0	0
12. Health Premiums Written	92,089,764	0	0	0	0	0	0	92,089,764	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	92,089,764	0	0	0	0	0	0	92,089,764	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	50,086,435	0	0	0	0	0	0	50,086,435	0	0
18. Amount Incurred for Provision of Health Care Services	77,884,313	0	0	0	0	0	0	77,884,313	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin,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.....	40,856	0	0	40,856	0	0	0	0	0	0
2. MEMBER MONTHS.....	121,696	0	0	121,696	0	0	0	0	0	0
3. Direct Premium Income.....	92,089,764	0	0	92,089,764	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	92,089,764	0	0	92,089,764	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	92,089,764	0	0	92,089,764	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	77,884,313	0	0	77,884,313	0	0	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).....	77,884,313	0	0	77,884,313	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,872,803	0	0	2,677,518	0	0	0	0	0	195,285
15. General Administrative Expenses.....	8,922,292	0	0	10,450,370	0	0	0	0	0	(1,528,078)
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).....	89,679,408	0	0	91,012,201	0	0	0	0	0	(1,332,793)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,410,356	0	0	1,077,563	0	0	0	0	0	1,332,793
19. Net Investments Gains / (Losses).....	(309,394)	0	0	(309,394)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,654	0	0	1,654	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,102,616	0	0	769,823	0	0	0	0	0	1,332,793
22. Federal and foreign income taxes incurred.....	(148,533)	0	0	(184,704)	0	0	0	0	0	36,171
23. NET INCOME/(LOSS) (L21 less L22).....	2,251,149	0	0	954,527	0	0	0	0	0	1,296,622
24 Medical Loss Ratio	84.6%	0.0%	0.0%	84.6%	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 **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin,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.....	40,856	0	0	40,856	0	0	0	0	0	0
2. MEMBER MONTHS.....	121,696	0	0	121,696	0	0	0	0	0	0
3. Direct Premium Income.....	92,089,764	0	0	92,089,764	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	92,089,764	0	0	92,089,764	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	92,089,764	0	0	92,089,764	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	77,884,313	0	0	77,884,313	0	0	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).....	77,884,313	0	0	77,884,313	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,872,803	0	0	2,677,518	0	0	0	0	0	195,285
15. General Administrative Expenses.....	8,922,292	0	0	10,450,370	0	0	0	0	0	(1,528,078)
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).....	89,679,408	0	0	91,012,201	0	0	0	0	0	(1,332,793)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,410,356	0	0	1,077,563	0	0	0	0	0	1,332,793
19. Net Investments Gains / (Losses).....	(309,394)	0	0	(309,394)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,654	0	0	1,654	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,102,616	0	0	769,823	0	0	0	0	0	1,332,793
22. Federal and foreign income taxes incurred.....	(148,533)	0	0	(184,704)	0	0	0	0	0	36,171
23. NET INCOME/(LOSS) (L21 less L22).....	2,251,149	0	0	954,527	0	0	0	0	0	1,296,622
24 Medical Loss Ratio	84.6%	0.0%	0.0%	84.6%	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 **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

REPORT FOR DIVISION: **Dallas, Ft Worth**

(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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	23,697	0	0	0	0	0	0	23,697	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	70,892	0	0	0	0	0	0	70,892	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	90,486	0	0	0	0	0	0	90,486	0	0
8. Non-Physician	41,875	0	0	0	0	0	0	41,875	0	0
9. Total	132,361	0	0	0	0	0	0	132,361	0	0
10. Hospital Patient Days Incurred	9,912	0	0	0	0	0	0	9,912	0	0
11. Number of Inpatient Admissions	1,278	0	0	0	0	0	0	1,278	0	0
12. Health Premiums Written	65,392,798	0	0	0	0	0	0	65,392,798	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	65,392,798	0	0	0	0	0	0	65,392,798	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	42,788,368	0	0	0	0	0	0	42,788,368	0	0
18. Amount Incurred for Provision of Health Care Services	63,491,930	0	0	0	0	0	0	63,491,930	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas,Ft Worth**

(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.....	23,697	0	0	23,697	0	0	0	0	0	0
2. MEMBER MONTHS.....	70,892	0	0	70,892	0	0	0	0	0	0
3. Direct Premium Income.....	65,392,798	0	0	65,392,798	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	65,392,798	0	0	65,392,798	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	65,392,798	0	0	65,392,798	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	63,491,930	0	0	63,491,930	0	0	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).....	63,491,930	0	0	63,491,930	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,901,301	0	0	1,901,301	0	0	0	0	0	0
15. General Administrative Expenses.....	7,420,792	0	0	7,420,792	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).....	72,814,023	0	0	72,814,023	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,421,225)	0	0	(7,421,225)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(219,700)	0	0	(219,700)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,174	0	0	1,174	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(7,639,751)	0	0	(7,639,751)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,828,787	0	0	1,828,787	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(9,468,538)	0	0	(9,468,538)	0	0	0	0	0	0
24 Medical Loss Ratio	97.1%	0.0%	0.0%	97.1%	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 **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas,Ft Worth**

(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.....	23,697	0	0	23,697	0	0	0	0	0	0
2. MEMBER MONTHS.....	70,892	0	0	70,892	0	0	0	0	0	0
3. Direct Premium Income.....	65,392,798	0	0	65,392,798	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	65,392,798	0	0	65,392,798	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	65,392,798	0	0	65,392,798	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	63,491,930	0	0	63,491,930	0	0	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).....	63,491,930	0	0	63,491,930	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,901,301	0	0	1,901,301	0	0	0	0	0	0
15. General Administrative Expenses.....	7,420,792	0	0	7,420,792	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).....	72,814,023	0	0	72,814,023	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,421,225)	0	0	(7,421,225)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(219,700)	0	0	(219,700)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1,174	0	0	1,174	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(7,639,751)	0	0	(7,639,751)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,828,787	0	0	1,828,787	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(9,468,538)	0	0	(9,468,538)	0	0	0	0	0	0
24 Medical Loss Ratio	97.1%	0.0%	0.0%	97.1%	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 **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

REPORT FOR DIVISION: **East Texas**

(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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	9,979	0	0	0	0	0	0	9,979	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	29,973	0	0	0	0	0	0	29,973	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	40,985	0	0	0	0	0	0	40,985	0	0
8. Non-Physician	24,743	0	0	0	0	0	0	24,743	0	0
9. Total	65,728	0	0	0	0	0	0	65,728	0	0
10. Hospital Patient Days Incurred	4,173	0	0	0	0	0	0	4,173	0	0
11. Number of Inpatient Admissions	654	0	0	0	0	0	0	654	0	0
12. Health Premiums Written	27,520,415	0	0	0	0	0	0	27,520,415	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	27,520,415	0	0	0	0	0	0	27,520,415	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	19,965,269	0	0	0	0	0	0	19,965,269	0	0
18. Amount Incurred for Provision of Health Care Services	25,582,906	0	0	0	0	0	0	25,582,906	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**East Texas**

(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.....	9,979	0	0	9,979	0	0	0	0	0	0
2. MEMBER MONTHS.....	29,973	0	0	29,973	0	0	0	0	0	0
3. Direct Premium Income.....	27,520,415	0	0	27,520,415	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	27,520,415	0	0	27,520,415	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	27,520,415	0	0	27,520,415	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	25,582,906	0	0	25,582,906	0	0	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).....	25,582,906	0	0	25,582,906	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,269,106	0	0	800,159	0	0	0	0	0	468,947
15. General Administrative Expenses.....	4,236,023	0	0	3,123,024	0	0	0	0	0	1,112,999
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).....	31,088,035	0	0	29,506,089	0	0	0	0	0	1,581,946
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,567,620)	0	0	(1,985,674)	0	0	0	0	0	(1,581,946)
19. Net Investments Gains / (Losses).....	(92,460)	0	0	(92,460)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	494	0	0	494	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,659,586)	0	0	(2,077,640)	0	0	0	0	0	(1,581,946)
22. Federal and foreign income taxes incurred.....	1,651,440	0	0	1,694,372	0	0	0	0	0	(42,932)
23. NET INCOME/(LOSS) (L21 less L22).....	(5,311,026)	0	0	(3,772,012)	0	0	0	0	0	(1,539,014)
24 Medical Loss Ratio	93.0%	0.0%	0.0%	93.0%	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 **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**East Texas**

(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.....	9,979	0	0	9,979	0	0	0	0	0	0
2. MEMBER MONTHS.....	29,973	0	0	29,973	0	0	0	0	0	0
3. Direct Premium Income.....	27,520,415	0	0	27,520,415	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	27,520,415	0	0	27,520,415	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	27,520,415	0	0	27,520,415	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	25,582,906	0	0	25,582,906	0	0	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).....	25,582,906	0	0	25,582,906	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,269,106	0	0	800,159	0	0	0	0	0	468,947
15. General Administrative Expenses.....	4,236,023	0	0	3,123,024	0	0	0	0	0	1,112,999
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).....	31,088,035	0	0	29,506,089	0	0	0	0	0	1,581,946
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,567,620)	0	0	(1,985,674)	0	0	0	0	0	(1,581,946)
19. Net Investments Gains / (Losses).....	(92,460)	0	0	(92,460)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	494	0	0	494	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,659,586)	0	0	(2,077,640)	0	0	0	0	0	(1,581,946)
22. Federal and foreign income taxes incurred.....	1,651,440	0	0	1,694,372	0	0	0	0	0	(42,932)
23. NET INCOME/(LOSS) (L21 less L22).....	(5,311,026)	0	0	(3,772,012)	0	0	0	0	0	(1,539,014)
24 Medical Loss Ratio	93.0%	0.0%	0.0%	93.0%	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				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

REPORT FOR DIVISION: **South Texas**

(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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	14,317	0	0	0	0	0	0	14,317	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	43,037	0	0	0	0	0	0	43,037	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	51,211	0	0	0	0	0	0	51,211	0	0
8. Non-Physician	27,594	0	0	0	0	0	0	27,594	0	0
9. Total	78,805	0	0	0	0	0	0	78,805	0	0
10. Hospital Patient Days Incurred	5,023	0	0	0	0	0	0	5,023	0	0
11. Number of Inpatient Admissions	756	0	0	0	0	0	0	756	0	0
12. Health Premiums Written	47,598,562	0	0	0	0	0	0	47,598,562	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	47,598,562	0	0	0	0	0	0	47,598,562	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	25,830,656	0	0	0	0	0	0	25,830,656	0	0
18. Amount Incurred for Provision of Health Care Services	41,167,069	0	0	0	0	0	0	41,167,069	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**South Texas**

(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.....	14,317	0	0	14,317	0	0	0	0	0	0
2. MEMBER MONTHS.....	43,037	0	0	43,037	0	0	0	0	0	0
3. Direct Premium Income.....	47,598,562	0	0	47,598,562	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	47,598,562	0	0	47,598,562	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	47,598,562	0	0	47,598,562	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	41,167,069	0	0	41,167,069	0	0	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).....	41,167,069	0	0	41,167,069	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,337,300	0	0	1,383,932	0	0	0	0	0	(46,632)
15. General Administrative Expenses.....	5,003,216	0	0	5,401,497	0	0	0	0	0	(398,281)
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).....	47,507,585	0	0	47,952,498	0	0	0	0	0	(444,913)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	90,977	0	0	(353,936)	0	0	0	0	0	444,913
19. Net Investments Gains / (Losses).....	(159,917)	0	0	(159,917)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	855	0	0	855	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(68,085)	0	0	(512,998)	0	0	0	0	0	444,913
22. Federal and foreign income taxes incurred.....	(344,141)	0	0	(356,215)	0	0	0	0	0	12,074
23. NET INCOME/(LOSS) (L21 less L22).....	276,056	0	0	(156,783)	0	0	0	0	0	432,839
24 Medical Loss Ratio	86.5%	0.0%	0.0%	86.5%	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 **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**South Texas**

(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.....	14,317	0	0	14,317	0	0	0	0	0	0
2. MEMBER MONTHS.....	43,037	0	0	43,037	0	0	0	0	0	0
3. Direct Premium Income.....	47,598,562	0	0	47,598,562	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	47,598,562	0	0	47,598,562	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	47,598,562	0	0	47,598,562	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	41,167,069	0	0	41,167,069	0	0	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).....	41,167,069	0	0	41,167,069	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,337,300	0	0	1,383,932	0	0	0	0	0	(46,632)
15. General Administrative Expenses.....	5,003,216	0	0	5,401,497	0	0	0	0	0	(398,281)
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).....	47,507,585	0	0	47,952,498	0	0	0	0	0	(444,913)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	90,977	0	0	(353,936)	0	0	0	0	0	444,913
19. Net Investments Gains / (Losses).....	(159,917)	0	0	(159,917)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	855	0	0	855	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(68,085)	0	0	(512,998)	0	0	0	0	0	444,913
22. Federal and foreign income taxes incurred.....	(344,141)	0	0	(356,215)	0	0	0	0	0	12,074
23. NET INCOME/(LOSS) (L21 less L22).....	276,056	0	0	(156,783)	0	0	0	0	0	432,839
24 Medical Loss Ratio	86.5%	0.0%	0.0%	86.5%	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 **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

REPORT FOR DIVISION: **West Texas**

(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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	8,820	0	0	0	0	0	0	8,820	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	26,581	0	0	0	0	0	0	26,581	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	24,011	0	0	0	0	0	0	24,011	0	0
8. Non-Physician	12,214	0	0	0	0	0	0	12,214	0	0
9. Total	36,225	0	0	0	0	0	0	36,225	0	0
10. Hospital Patient Days Incurred	1,970	0	0	0	0	0	0	1,970	0	0
11. Number of Inpatient Admissions	280	0	0	0	0	0	0	280	0	0
12. Health Premiums Written	26,450,941	0	0	0	0	0	0	26,450,941	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	26,450,941	0	0	0	0	0	0	26,450,941	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	15,959,208	0	0	0	0	0	0	15,959,208	0	0
18. Amount Incurred for Provision of Health Care Services	24,131,614	0	0	0	0	0	0	24,131,614	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**West Texas**

(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.....	8,820	0	0	8,820	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,581	0	0	26,581	0	0	0	0	0	0
3. Direct Premium Income.....	26,450,941	0	0	26,450,941	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	26,450,941	0	0	26,450,941	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	26,450,941	0	0	26,450,941	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	24,131,614	0	0	24,131,614	0	0	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).....	24,131,614	0	0	24,131,614	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	769,063	0	0	769,063	0	0	0	0	0	0
15. General Administrative Expenses.....	3,001,660	0	0	3,001,660	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).....	27,902,337	0	0	27,902,337	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,451,396)	0	0	(1,451,396)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(88,867)	0	0	(88,867)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	475	0	0	475	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,539,788)	0	0	(1,539,788)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(349,710)	0	0	(349,710)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,190,078)	0	0	(1,190,078)	0	0	0	0	0	0
24 Medical Loss Ratio	91.2%	0.0%	0.0%	91.2%	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 **MARCH 31, 2016**

OF THE **Humana Health Plan, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**West Texas**

(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.....	8,820	0	0	8,820	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,581	0	0	26,581	0	0	0	0	0	0
3. Direct Premium Income.....	26,450,941	0	0	26,450,941	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	26,450,941	0	0	26,450,941	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	26,450,941	0	0	26,450,941	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	24,131,614	0	0	24,131,614	0	0	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).....	24,131,614	0	0	24,131,614	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	769,063	0	0	769,063	0	0	0	0	0	0
15. General Administrative Expenses.....	3,001,660	0	0	3,001,660	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).....	27,902,337	0	0	27,902,337	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,451,396)	0	0	(1,451,396)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(88,867)	0	0	(88,867)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	475	0	0	475	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,539,788)	0	0	(1,539,788)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(349,710)	0	0	(349,710)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,190,078)	0	0	(1,190,078)	0	0	0	0	0	0
24 Medical Loss Ratio	91.2%	0.0%	0.0%	91.2%	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 **MARCH 31, 2016**

OF THE **Humana Health Plan, 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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	5,988	0	0	0	0	0	0	5,988	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	17,750	0	0	0	0	0	0	17,750	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	21,037	0	0	0	0	0	0	21,037	0	0
8. Non-Physician	10,378	0	0	0	0	0	0	10,378	0	0
9. Total	31,415	0	0	0	0	0	0	31,415	0	0
10. Hospital Patient Days Incurred	2,724	0	0	0	0	0	0	2,724	0	0
11. Number of Inpatient Admissions	331	0	0	0	0	0	0	331	0	0
12. Health Premiums Written	17,846,605	0	0	0	0	0	0	17,846,605	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	17,846,605	0	0	0	0	0	0	17,846,605	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	10,973,308	0	0	0	0	0	0	10,973,308	0	0
18. Amount Incurred for Provision of Health Care Services	16,496,126	0	0	0	0	0	0	16,496,126	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

OF THE **Humana Health Plan, 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.....	5,988	0	0	5,988	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,750	0	0	17,750	0	0	0	0	0	0
3. Direct Premium Income.....	17,846,605	0	0	17,846,605	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	17,846,605	0	0	17,846,605	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	17,846,605	0	0	17,846,605	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,496,126	0	0	16,496,126	0	0	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).....	16,496,126	0	0	16,496,126	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	518,892	0	0	518,892	0	0	0	0	0	0
15. General Administrative Expenses.....	1,799,357	0	0	2,025,237	0	0	0	0	0	(225,880)
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).....	18,814,375	0	0	19,040,255	0	0	0	0	0	(225,880)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(967,770)	0	0	(1,193,650)	0	0	0	0	0	225,880
19. Net Investments Gains / (Losses).....	(59,959)	0	0	(59,959)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	320	0	0	320	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,027,409)	0	0	(1,253,289)	0	0	0	0	0	225,880
22. Federal and foreign income taxes incurred.....	306,109	0	0	299,979	0	0	0	0	0	6,130
23. NET INCOME/(LOSS) (L21 less L22).....	(1,333,518)	0	0	(1,553,268)	0	0	0	0	0	219,750
24 Medical Loss Ratio	92.4%	0.0%	0.0%	92.4%	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 **MARCH 31, 2016**

OF THE **Humana Health Plan, 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.....	5,988	0	0	5,988	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,750	0	0	17,750	0	0	0	0	0	0
3. Direct Premium Income.....	17,846,605	0	0	17,846,605	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	17,846,605	0	0	17,846,605	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	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).....	17,846,605	0	0	17,846,605	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,496,126	0	0	16,496,126	0	0	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).....	16,496,126	0	0	16,496,126	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	518,892	0	0	518,892	0	0	0	0	0	0
15. General Administrative Expenses.....	1,799,357	0	0	2,025,237	0	0	0	0	0	(225,880)
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).....	18,814,375	0	0	19,040,255	0	0	0	0	0	(225,880)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(967,770)	0	0	(1,193,650)	0	0	0	0	0	225,880
19. Net Investments Gains / (Losses).....	(59,959)	0	0	(59,959)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	320	0	0	320	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,027,409)	0	0	(1,253,289)	0	0	0	0	0	225,880
22. Federal and foreign income taxes incurred.....	306,109	0	0	299,979	0	0	0	0	0	6,130
23. NET INCOME/(LOSS) (L21 less L22).....	(1,333,518)	0	0	(1,553,268)	0	0	0	0	0	219,750
24 Medical Loss Ratio	92.4%	0.0%	0.0%	92.4%	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				