

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	233,334	233,334	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	701,208	701,208	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	232,326,511	230,917,786	0	1,408,725	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	231,719,784	230,311,059	0	1,408,725	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(22,062,441)	(22,062,441)	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).....	209,657,343	208,248,618	0	1,408,725	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	175,384,739	178,000,298	0	(2,615,559)	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	4,238,225	4,238,225	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	171,146,514	173,762,073	0	(2,615,559)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,656,628	7,793,126	0	(136,498)	0	0	0	0	0	0
15. General Administrative Expenses.....	48,883,445	49,780,067	0	(896,622)	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,701)	(1,701)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	227,684,886	231,333,565	0	(3,648,679)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(18,027,543)	(23,084,947)	0	5,057,404	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,054,716	2,077,904	0	(23,188)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(62,585)	(63,291)	0	706	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(16,035,412)	(21,070,334)	0	5,034,922	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,832,841)	(3,722,319)	0	889,478	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(13,202,571)	(17,348,015)	0	4,145,444	0	0	0	0	0	0
24 Medical Loss Ratio	73.9%	75.4%	0.0%	-185.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		11,329	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		32,971	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	233,334	233,334	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	701,208	701,208	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	232,326,511	230,917,786	0	1,408,725	0	0	0	XXXXXXX	0	0
4. Net Premium Income.....	231,719,784	230,311,059	0	1,408,725	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(22,062,441)	(22,062,441)	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).....	209,657,343	208,248,618	0	1,408,725	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	175,384,739	178,000,298	0	(2,615,559)	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	4,238,225	4,238,225	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	171,146,514	173,762,073	0	(2,615,559)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,656,628	7,793,126	0	(136,498)	0	0	0	0	0	0
15. General Administrative Expenses.....	48,883,445	49,780,067	0	(896,622)	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,701)	(1,701)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	227,684,886	231,333,565	0	(3,648,679)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(18,027,543)	(23,084,947)	0	5,057,404	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,054,716	2,077,904	0	(23,188)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(62,585)	(63,291)	0	706	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(16,035,412)	(21,070,334)	0	5,034,922	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,832,841)	(3,722,319)	0	889,478	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(13,202,571)	(17,348,015)	0	4,145,444	0	0	0	0	0	0
24 Medical Loss Ratio	73.9%	75.4%	0.0%	-185.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		11,329	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		32,971	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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

REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	15,630	1,776	13,641	0	0	0	213	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	47,722	5,023	42,060	0	0	0	639	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	22,255	3,525	18,080	0	0	0	650	0	0	0
8. Non-Physician	8,822	1,478	7,164	0	0	0	180	0	0	0
9. Total	31,077	5,003	25,244	0	0	0	830	0	0	0
10. Hospital Patient Days Incurred	1,130	195	895	0	0	0	40	0	0	0
11. Number of Inpatient Admissions	224	35	184	0	0	0	5	0	0	0
12. Health Premiums Written	13,819,794	2,105,481	10,948,770	0	0	0	292,460	473,083	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	12,996,159	1,281,846	10,948,770	0	0	0	292,460	473,083	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	25,977,365	2,000,212	9,134,810	0	0	0	367,868	14,474,475	0	0
18. Amount Incurred for Provision of Health Care Services	12,949,865	1,501,314	9,070,927	0	0	0	385,541	1,992,083	0	0

**TEXAS HMO SUPPLEMENT**

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Corpus Christi**  
(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	15,630	15,630	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	47,722	47,722	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	13,819,794	13,346,711	0	473,083	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,789,454	13,316,371	0	473,083	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(823,636)	(823,636)	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).....	12,965,818	12,492,735	0	473,083	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	12,949,865	10,957,782	0	1,992,083	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	63,306	63,306	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,886,559	10,894,476	0	1,992,083	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	416,187	462,026	0	(45,839)	0	0	0	0	0	0
15. General Administrative Expenses.....	2,533,205	2,834,311	0	(301,106)	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	15,835,951	14,190,813	0	1,645,138	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,870,133)	(1,698,078)	0	(1,172,055)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	111,800	119,587	0	(7,787)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,406)	(3,643)	0	237	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,761,739)	(1,582,134)	0	(1,179,605)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(611,556)	(403,165)	0	(208,391)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,150,183)	(1,178,969)	0	(971,214)	0	0	0	0	0	0
24 Medical Loss Ratio	93.5%	81.8%	0.0%	421.1%	0.0%	0.0%	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.....		213	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Corpus Christi**  
(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	15,630	15,630	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	47,722	47,722	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	13,819,794	13,346,711	0	473,083	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,789,454	13,316,371	0	473,083	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(823,636)	(823,636)	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).....	12,965,818	12,492,735	0	473,083	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	12,949,865	10,957,782	0	1,992,083	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	63,306	63,306	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,886,559	10,894,476	0	1,992,083	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	416,187	462,026	0	(45,839)	0	0	0	0	0	0
15. General Administrative Expenses.....	2,533,205	2,834,311	0	(301,106)	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	15,835,951	14,190,813	0	1,645,138	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,870,133)	(1,698,078)	0	(1,172,055)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	111,800	119,587	0	(7,787)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(3,406)	(3,643)	0	237	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,761,739)	(1,582,134)	0	(1,179,605)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(611,556)	(403,165)	0	(208,391)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,150,183)	(1,178,969)	0	(971,214)	0	0	0	0	0	0
24 Medical Loss Ratio	93.5%	81.8%	0.0%	421.1%	0.0%	0.0%	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.....		213	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Humana Health Plan 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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	54,171	3,282	50,331	0	0	0	558	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	164,679	9,855	153,147	0	0	0	1,677	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	71,834	12,284	58,631	0	0	0	919	0	0	0
8. Non-Physician	30,894	6,314	24,170	0	0	0	410	0	0	0
9. Total	102,728	18,598	82,801	0	0	0	1,329	0	0	0
10. Hospital Patient Days Incurred	4,495	1,382	3,036	0	0	0	77	0	0	0
11. Number of Inpatient Admissions	693	179	505	0	0	0	9	0	0	0
12. Health Premiums Written	56,152,169	11,355,533	43,948,628	0	0	0	780,363	67,645	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	51,709,894	6,913,258	43,948,628	0	0	0	780,363	67,645	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	56,839,036	13,125,698	39,184,538	0	0	0	1,118,165	3,410,635	0	0
18. Amount Incurred for Provision of Health Care Services	44,703,636	7,200,827	36,330,262	0	0	0	1,122,931	49,616	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	54,171	54,171	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	164,679	164,679	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	56,152,169	56,084,524	0	67,645	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	56,018,216	55,950,571	0	67,645	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,442,275)	(4,442,275)	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).....	51,575,941	51,508,296	0	67,645	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	44,703,636	44,654,020	0	49,616	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,031,139	1,031,139	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	43,672,497	43,622,881	0	49,616	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,909,878	1,916,433	0	(6,555)	0	0	0	0	0	0
15. General Administrative Expenses.....	11,961,093	12,004,148	0	(43,055)	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,701)	(1,701)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	57,541,767	57,541,761	0	6	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,965,826)	(6,033,465)	0	67,639	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	502,556	503,669	0	(1,113)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(15,308)	(15,342)	0	34	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,478,578)	(5,545,138)	0	66,560	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,851,164)	(1,862,922)	0	11,758	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,627,414)	(3,682,216)	0	54,802	0	0	0	0	0	0
24 Medical Loss Ratio	78.0%	78.0%	0.0%	73.3%	0.0%	0.0%	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.....		558	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	54,171	54,171	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	164,679	164,679	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	56,152,169	56,084,524	0	67,645	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	56,018,216	55,950,571	0	67,645	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,442,275)	(4,442,275)	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).....	51,575,941	51,508,296	0	67,645	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	44,703,636	44,654,020	0	49,616	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,031,139	1,031,139	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	43,672,497	43,622,881	0	49,616	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,909,878	1,916,433	0	(6,555)	0	0	0	0	0	0
15. General Administrative Expenses.....	11,961,093	12,004,148	0	(43,055)	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,701)	(1,701)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	57,541,767	57,541,761	0	6	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,965,826)	(6,033,465)	0	67,639	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	502,556	503,669	0	(1,113)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(15,308)	(15,342)	0	34	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,478,578)	(5,545,138)	0	66,560	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,851,164)	(1,862,922)	0	11,758	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,627,414)	(3,682,216)	0	54,802	0	0	0	0	0	0
24 Medical Loss Ratio	78.0%	78.0%	0.0%	73.3%	0.0%	0.0%	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.....		558	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Humana Health Plan 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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	76,832	15,457	52,590	0	0	0	8,785	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	231,505	48,793	157,330	0	0	0	25,382	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	122,446	39,837	56,151	0	0	0	26,458	0	0	0
8. Non-Physician	44,196	15,430	19,948	0	0	0	8,818	0	0	0
9. Total	166,642	55,267	76,099	0	0	0	35,276	0	0	0
10. Hospital Patient Days Incurred	6,556	2,954	2,552	0	0	0	1,050	0	0	0
11. Number of Inpatient Admissions	979	437	400	0	0	0	142	0	0	0
12. Health Premiums Written	75,810,097	14,538,855	45,454,889	0	0	0	15,598,075	218,278	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	70,122,807	8,851,565	45,454,889	0	0	0	15,598,075	218,278	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	83,025,828	20,550,611	28,061,596	0	0	0	12,513,994	21,899,627	0	0
18. Amount Incurred for Provision of Health Care Services	56,229,357	13,780,452	34,244,178	0	0	0	11,247,664	(3,042,937)	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	76,832	76,832	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	231,505	231,505	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	75,810,097	75,591,819	0	218,278	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	75,631,174	75,412,896	0	218,278	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,687,290)	(5,687,290)	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).....	69,943,884	69,725,606	0	218,278	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	56,229,357	59,272,294	0	(3,042,937)	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	467,506	467,506	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	55,761,851	58,804,788	0	(3,042,937)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,569,505	2,590,655	0	(21,150)	0	0	0	0	0	0
15. General Administrative Expenses.....	16,011,671	16,150,600	0	(138,929)	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).....	74,343,027	77,546,043	0	(3,203,016)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,399,143)	(7,820,437)	0	3,421,294	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	674,907	678,500	0	(3,593)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(20,554)	(20,664)	0	110	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,744,790)	(7,162,601)	0	3,417,811	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(661,561)	(1,265,357)	0	603,796	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,083,229)	(5,897,244)	0	2,814,015	0	0	0	0	0	0
24 Medical Loss Ratio	73.7%	78.0%	0.0%	-1394.1%	0.0%	0.0%	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.....		8,785	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	76,832	76,832	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	231,505	231,505	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	75,810,097	75,591,819	0	218,278	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	75,631,174	75,412,896	0	218,278	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,687,290)	(5,687,290)	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).....	69,943,884	69,725,606	0	218,278	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	56,229,357	59,272,294	0	(3,042,937)	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	467,506	467,506	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	55,761,851	58,804,788	0	(3,042,937)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,569,505	2,590,655	0	(21,150)	0	0	0	0	0	0
15. General Administrative Expenses.....	16,011,671	16,150,600	0	(138,929)	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).....	74,343,027	77,546,043	0	(3,203,016)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,399,143)	(7,820,437)	0	3,421,294	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	674,907	678,500	0	(3,593)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(20,554)	(20,664)	0	110	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,744,790)	(7,162,601)	0	3,417,811	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(661,561)	(1,265,357)	0	603,796	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,083,229)	(5,897,244)	0	2,814,015	0	0	0	0	0	0
24 Medical Loss Ratio	73.7%	78.0%	0.0%	-1394.1%	0.0%	0.0%	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.....		8,785	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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

REPORT FOR DIVISION: **Austin**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	84,319	34,986	47,560	0	0	0	1,773	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	251,057	101,042	144,742	0	0	0	5,273	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	137,820	62,092	70,387	0	0	0	5,341	0	0	0
8. Non-Physician	41,457	15,943	23,472	0	0	0	2,042	0	0	0
9. Total	179,277	78,035	93,859	0	0	0	7,383	0	0	0
10. Hospital Patient Days Incurred	6,750	3,503	3,100	0	0	0	147	0	0	0
11. Number of Inpatient Admissions	1,081	559	493	0	0	0	29	0	0	0
12. Health Premiums Written	84,278,862	28,399,616	52,916,795	0	0	0	2,885,238	77,213	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	73,169,622	17,290,376	52,916,795	0	0	0	2,885,238	77,213	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	74,541,084	30,511,200	34,153,397	0	0	0	2,697,871	7,178,616	0	0
18. Amount Incurred for Provision of Health Care Services	61,266,426	19,840,617	38,926,397	0	0	0	2,948,212	(448,800)	0	0

**TEXAS HMO SUPPLEMENT**

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	84,319	84,319	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	251,057	251,057	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	84,278,862	84,201,649	0	77,213	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	84,017,389	83,940,176	0	77,213	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(11,109,240)	(11,109,240)	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).....	72,908,149	72,830,936	0	77,213	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	61,266,426	61,715,226	0	(448,800)	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,676,274	2,676,274	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	58,590,152	59,038,952	0	(448,800)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,755,211	2,762,693	0	(7,482)	0	0	0	0	0	0
15. General Administrative Expenses.....	18,392,099	18,441,244	0	(49,145)	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).....	79,737,462	80,242,889	0	(505,427)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,829,313)	(7,411,953)	0	582,640	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	759,819	761,090	0	(1,271)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(23,144)	(23,183)	0	39	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(6,092,638)	(6,674,046)	0	581,408	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(193,026)	(295,739)	0	102,713	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,899,612)	(6,378,307)	0	478,695	0	0	0	0	0	0
24 Medical Loss Ratio	69.7%	70.3%	0.0%	-581.2%	0.0%	0.0%	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.....		1,773	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	84,319	84,319	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	251,057	251,057	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	84,278,862	84,201,649	0	77,213	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	84,017,389	83,940,176	0	77,213	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(11,109,240)	(11,109,240)	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).....	72,908,149	72,830,936	0	77,213	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	61,266,426	61,715,226	0	(448,800)	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,676,274	2,676,274	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	58,590,152	59,038,952	0	(448,800)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,755,211	2,762,693	0	(7,482)	0	0	0	0	0	0
15. General Administrative Expenses.....	18,392,099	18,441,244	0	(49,145)	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).....	79,737,462	80,242,889	0	(505,427)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,829,313)	(7,411,953)	0	582,640	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	759,819	761,090	0	(1,271)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(23,144)	(23,183)	0	39	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(6,092,638)	(6,674,046)	0	581,408	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(193,026)	(295,739)	0	102,713	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,899,612)	(6,378,307)	0	478,695	0	0	0	0	0	0
24 Medical Loss Ratio	69.7%	70.3%	0.0%	-581.2%	0.0%	0.0%	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.....		1,773	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Humana Health Plan 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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	(194,681)	0	0	0	0	0	0	(194,681)	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	(194,681)	0	0	0	0	0	0	(194,681)	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	16,050,584	0	(2,757)	0	0	0	0	16,053,341	0	0
18. Amount Incurred for Provision of Health Care Services	(2,761,110)	0	0	0	0	0	0	(2,761,110)	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	(194,681)	0	0	(194,681)	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	(194,681)	0	0	(194,681)	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).....	(194,681)	0	0	(194,681)	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(2,761,110)	0	0	(2,761,110)	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).....	(2,761,110)	0	0	(2,761,110)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	18,864	0	0	18,864	0	0	0	0	0	0
15. General Administrative Expenses.....	123,910	0	0	123,910	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).....	(2,618,336)	0	0	(2,618,336)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,423,655	0	0	2,423,655	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,205	0	0	3,205	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(98)	0	0	(98)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,426,762	0	0	2,426,762	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	428,716	0	0	428,716	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,998,046	0	0	1,998,046	0	0	0	0	0	0
24 Medical Loss Ratio	1418.3%	0.0%	0.0%	1418.3%	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 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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	(194,681)	0	0	(194,681)	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	(194,681)	0	0	(194,681)	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).....	(194,681)	0	0	(194,681)	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(2,761,110)	0	0	(2,761,110)	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).....	(2,761,110)	0	0	(2,761,110)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	18,864	0	0	18,864	0	0	0	0	0	0
15. General Administrative Expenses.....	123,910	0	0	123,910	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).....	(2,618,336)	0	0	(2,618,336)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,423,655	0	0	2,423,655	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,205	0	0	3,205	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(98)	0	0	(98)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,426,762	0	0	2,426,762	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	428,716	0	0	428,716	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,998,046	0	0	1,998,046	0	0	0	0	0	0
24. Medical Loss Ratio	1418.3%	0.0%	0.0%	1418.3%	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 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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	506,459	0	0	0	0	0	0	506,459	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	506,459	0	0	0	0	0	0	506,459	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	4,019,243	0	0	0	0	0	0	4,019,243	0	0
18. Amount Incurred for Provision of Health Care Services	(1,129,067)	0	0	0	0	0	0	(1,129,067)	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan 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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	506,459	0	0	506,459	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	506,459	0	0	506,459	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).....	506,459	0	0	506,459	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(1,129,067)	0	0	(1,129,067)	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).....	(1,129,067)	0	0	(1,129,067)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(49,073)	0	0	(49,073)	0	0	0	0	0	0
15. General Administrative Expenses.....	(322,350)	0	0	(322,350)	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).....	(1,500,490)	0	0	(1,500,490)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,006,949	0	0	2,006,949	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(8,337)	0	0	(8,337)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	254	0	0	254	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,998,866	0	0	1,998,866	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	353,123	0	0	353,123	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,645,743	0	0	1,645,743	0	0	0	0	0	0
24 Medical Loss Ratio	-222.9%	0.0%	0.0%	-222.9%	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 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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	506,459	0	0	506,459	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	506,459	0	0	506,459	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).....	506,459	0	0	506,459	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(1,129,067)	0	0	(1,129,067)	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).....	(1,129,067)	0	0	(1,129,067)	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(49,073)	0	0	(49,073)	0	0	0	0	0	0
15. General Administrative Expenses.....	(322,350)	0	0	(322,350)	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).....	(1,500,490)	0	0	(1,500,490)	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,006,949	0	0	2,006,949	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(8,337)	0	0	(8,337)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	254	0	0	254	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,998,866	0	0	1,998,866	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	353,123	0	0	353,123	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,645,743	0	0	1,645,743	0	0	0	0	0	0
24 Medical Loss Ratio	-222.9%	0.0%	0.0%	-222.9%	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 of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Rio Grande**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	2,382	2,382	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,245	6,245	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,693,083	1,693,083	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	1,691,044	1,691,044	0	0	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).....	1,691,044	1,691,044	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,400,976	1,400,976	0	0	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).....	1,400,976	1,400,976	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	61,319	61,319	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	349,764	349,764	0	0	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).....	1,812,059	1,812,059	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(121,015)	(121,015)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	15,058	15,058	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(459)	(459)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(106,416)	(106,416)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	104,864	104,864	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(211,280)	(211,280)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	82.8%	82.8%	0.0%	0.0%	0.0%	0.0%	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, 2016**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Rio Grande**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	2,382	2,382	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,245	6,245	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,693,083	1,693,083	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,691,044	1,691,044	0	0	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).....	1,691,044	1,691,044	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,400,976	1,400,976	0	0	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).....	1,400,976	1,400,976	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	61,319	61,319	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	349,764	349,764	0	0	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).....	1,812,059	1,812,059	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(121,015)	(121,015)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	15,058	15,058	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(459)	(459)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(106,416)	(106,416)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	104,864	104,864	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(211,280)	(211,280)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	82.8%	82.8%	0.0%	0.0%	0.0%	0.0%	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, 2016**

OF THE **Humana Health Plan of Texas, 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	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	260,728	0	0	0	0	0	0	260,728	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	260,728	0	0	0	0	0	0	260,728	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	5,491,097	0	0	0	0	0	0	5,491,097	0	0
18. Amount Incurred for Provision of Health Care Services	2,724,656	0	0	0	0	0	0	2,724,656	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Humana Health Plan of Texas, 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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	260,728	0	0	260,728	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	260,728	0	0	260,728	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).....	260,728	0	0	260,728	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,724,656	0	0	2,724,656	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).....	2,724,656	0	0	2,724,656	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(25,263)	0	0	(25,263)	0	0	0	0	0	0
15. General Administrative Expenses.....	(165,947)	0	0	(165,947)	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).....	2,533,446	0	0	2,533,446	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,272,718)	0	0	(2,272,718)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(4,292)	0	0	(4,292)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	130	0	0	130	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,276,880)	0	0	(2,276,880)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(402,237)	0	0	(402,237)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,874,643)	0	0	(1,874,643)	0	0	0	0	0	0
24 Medical Loss Ratio	1045.0%	0.0%	0.0%	1045.0%	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 of Texas, 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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	260,728	0	0	260,728	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	260,728	0	0	260,728	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).....	260,728	0	0	260,728	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,724,656	0	0	2,724,656	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).....	2,724,656	0	0	2,724,656	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(25,263)	0	0	(25,263)	0	0	0	0	0	0
15. General Administrative Expenses.....	(165,947)	0	0	(165,947)	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).....	2,533,446	0	0	2,533,446	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,272,718)	0	0	(2,272,718)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(4,292)	0	0	(4,292)	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	130	0	0	130	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,276,880)	0	0	(2,276,880)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(402,237)	0	0	(402,237)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,874,643)	0	0	(1,874,643)	0	0	0	0	0	0
24 Medical Loss Ratio	1045.0%	0.0%	0.0%	1045.0%	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				