

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(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.....	1,854,760	1,287,834	0	29,562	0	308,169	0	0	5,941	223,254
2. MEMBER MONTHS.....	5,485,445	3,792,111	0	88,182	0	915,948	0	0	17,894	671,310
3. Direct Premium Income.....	1,691,792,086	1,315,527,276	0	108,388,300	0	265,249,067	0	XXXXXXXX	2,627,443	0
4. Net Premium Income.....	1,691,792,086	1,315,527,276	0	108,388,300	0	265,249,067	0	0	2,627,443	0
5. Change in unearned premium reserve and reserve for rate credits.....	(105,170,782)	(104,049,618)	0	(1,121,164)	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.....	26,880,554	0	0	0	0	0	0	0	0	26,880,554
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).....	1,613,501,858	1,211,477,658	0	107,267,136	0	265,249,067	0	0	2,627,443	26,880,554
11. Hospital & Medical Benefits.....	1,263,313,253	922,427,706	0	96,758,270	0	241,747,565	0	0	2,379,712	0
12. Net Reins Recoveries Incurred.....	20,414,000	20,414,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,242,899,253	902,013,706	0	96,758,270	0	241,747,565	0	0	2,379,712	0
14. Claims Adjustment Expenses.....	77,558,551	42,601,203	0	2,270,941	0	28,028,973	0	0	308,583	4,348,851
15. General Administrative Expenses.....	274,647,783	246,534,083	0	7,711,114	0	14,066,809	0	0	768,120	5,567,657
16. Increase in Reserves for A&H contracts.....	11,456,000	0	0	0	0	11,456,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,606,561,587	1,191,148,992	0	106,740,325	0	295,299,347	0	0	3,456,415	9,916,508
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,940,271	20,328,666	0	526,811	0	(30,050,280)	0	0	(828,972)	16,964,046
19. Net Investments Gains / (Losses).....	11,277,502	8,585,938	0	711,702	0	1,780,572	0	0	20,254	179,036
20. Aggregate write-ins for other expenses.....	(1,532,365)	(1,532,365)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	16,685,408	27,382,239	0	1,238,513	0	(28,269,708)	0	0	(808,718)	17,143,082
22. Federal and foreign income taxes incurred.....	37,776,715	34,158,870	0	2,945,539	0	(6,851,170)	0	0	(266,328)	7,789,804
23. NET INCOME/(LOSS) (L21 less L22).....	(21,091,307)	(6,776,631)	0	(1,707,026)	0	(21,418,538)	0	0	(542,390)	9,353,278
24 Medical Loss Ratio	73.5%	68.6%	0.0%	89.3%	0.0%	91.1%	0.0%	0.0%	90.6%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,124	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		3,357	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(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.....	1,854,760	1,287,834	0	29,562	0	308,169	0	0	5,941	223,254
2. MEMBER MONTHS.....	5,485,445	3,792,111	0	88,182	0	915,948	0	0	17,894	671,310
3. Direct Premium Income.....	1,691,792,086	1,315,527,276	0	108,388,300	0	265,249,067	0	XXXXXXXX	2,627,443	0
4. Net Premium Income.....	1,691,792,086	1,315,527,276	0	108,388,300	0	265,249,067	0	0	2,627,443	0
5. Change in unearned premium reserve and reserve for rate credits.....	(105,170,782)	(104,049,618)	0	(1,121,164)	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.....	26,880,554	0	0	0	0	0	0	0	0	26,880,554
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).....	1,613,501,858	1,211,477,658	0	107,267,136	0	265,249,067	0	0	2,627,443	26,880,554
11. Hospital & Medical Benefits.....	1,263,313,253	922,427,706	0	96,758,270	0	241,747,565	0	0	2,379,712	0
12. Net Reins Recoveries Incurred.....	20,414,000	20,414,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,242,899,253	902,013,706	0	96,758,270	0	241,747,565	0	0	2,379,712	0
14. Claims Adjustment Expenses.....	77,558,551	42,601,203	0	2,270,941	0	28,028,973	0	0	308,583	4,348,851
15. General Administrative Expenses.....	274,647,783	246,534,083	0	7,711,114	0	14,066,809	0	0	768,120	5,567,657
16. Increase in Reserves for A&H contracts.....	11,456,000	0	0	0	0	11,456,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,606,561,587	1,191,148,992	0	106,740,325	0	295,299,347	0	0	3,456,415	9,916,508
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,940,271	20,328,666	0	526,811	0	(30,050,280)	0	0	(828,972)	16,964,046
19. Net Investments Gains / (Losses).....	11,277,502	8,585,938	0	711,702	0	1,780,572	0	0	20,254	179,036
20. Aggregate write-ins for other expenses.....	(1,532,365)	(1,532,365)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	16,685,408	27,382,239	0	1,238,513	0	(28,269,708)	0	0	(808,718)	17,143,082
22. Federal and foreign income taxes incurred.....	37,776,715	34,158,870	0	2,945,539	0	(6,851,170)	0	0	(266,328)	7,789,804
23. NET INCOME/(LOSS) (L21 less L22).....	(21,091,307)	(6,776,631)	0	(1,707,026)	0	(21,418,538)	0	0	(542,390)	9,353,278
24 Medical Loss Ratio	73.5%	68.6%	0.0%	89.3%	0.0%	91.1%	0.0%	0.0%	90.6%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,124	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		3,357	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **Abilene**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,294	4,126	168	0	0	0	0	0	0	0
2. First Quarter	7,024	6,802	222	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	19,921	19,285	636	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	7,314	7,016	298	0	0	0	0	0	0	0
8. Non-Physician	2,685	2,586	99	0	0	0	0	0	0	0
9. Total	9,999	9,602	397	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,041	1,016	25	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	138	133	5	0	0	0	0	0	0	0
12. Health Premiums Written	8,058,545	7,918,105	140,440	0	0	0	0	0	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	6,905,188	6,764,748	140,440	0	0	0	0	0	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	3,997,318	3,782,566	214,752	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	4,638,335	4,408,551	229,784	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene
(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.....	7,025	7,024	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	19,924	19,921	0	0	0	0	0	0	0	3
3. Direct Premium Income.....	8,024,403	8,024,403	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,024,403	8,024,403	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,153,357)	(1,153,357)	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).....	6,871,046	6,871,046	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,638,335	4,638,335	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	251,902	251,902	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,386,433	4,386,433	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	301,422	301,360	0	0	0	0	0	0	0	62
15. General Administrative Expenses.....	1,689,148	1,689,110	0	0	0	0	0	0	0	38
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).....	6,377,003	6,376,903	0	0	0	0	0	0	0	100
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	494,043	494,143	0	0	0	0	0	0	0	(100)
19. Net Investments Gains / (Losses).....	53,117	53,116	0	0	0	0	0	0	0	1
20. Aggregate write-ins for other expenses.....	(7,496)	(7,496)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	539,664	539,763	0	0	0	0	0	0	0	(99)
22. Federal and foreign income taxes incurred.....	372,241	372,238	0	0	0	0	0	0	0	3
23. NET INCOME/(LOSS) (L21 less L22).....	167,423	167,525	0	0	0	0	0	0	0	(102)
24 Medical Loss Ratio	54.7%	54.7%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Abilene

(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.....	7,025	7,024	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	19,924	19,921	0	0	0	0	0	0	0	3
3. Direct Premium Income.....	8,024,403	8,024,403	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,024,403	8,024,403	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,153,357)	(1,153,357)	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.....	107	0	0	0	0	0	0	0	0	107
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).....	6,871,153	6,871,046	0	0	0	0	0	0	0	107
11. Hospital & Medical Benefits.....	4,638,335	4,638,335	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	251,902	251,902	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,386,433	4,386,433	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	301,422	301,360	0	0	0	0	0	0	0	62
15. General Administrative Expenses.....	1,689,148	1,689,110	0	0	0	0	0	0	0	38
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).....	6,377,003	6,376,903	0	0	0	0	0	0	0	100
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	494,150	494,143	0	0	0	0	0	0	0	7
19. Net Investments Gains / (Losses).....	53,117	53,116	0	0	0	0	0	0	0	1
20. Aggregate write-ins for other expenses.....	(7,496)	(7,496)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	539,771	539,763	0	0	0	0	0	0	0	8
22. Federal and foreign income taxes incurred.....	372,241	372,238	0	0	0	0	0	0	0	3
23. NET INCOME/(LOSS) (L21 less L22).....	167,530	167,525	0	0	0	0	0	0	0	5
24 Medical Loss Ratio	54.7%	54.7%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Amarillo, Lubbock**

(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	9,947	9,504	443	0	0	0	0	0	0	0
2. First Quarter	16,323	15,642	681	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	46,833	44,843	1,990	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	15,050	14,437	613	0	0	0	0	0	0	0
8. Non-Physician	5,524	5,321	203	0	0	0	0	0	0	0
9. Total	20,574	19,758	816	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,903	1,857	46	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	294	283	11	0	0	0	0	0	0	0
12. Health Premiums Written	18,905,204	18,411,800	493,404	0	0	0	0	0	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	16,223,328	15,729,924	493,404	0	0	0	0	0	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	8,224,984	7,783,104	441,880	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	9,543,955	9,071,146	472,809	0	0	0	0	0	0	0

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

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo,Lubbock

(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.....	16,323	16,323	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	46,833	46,833	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	18,825,815	18,825,815	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,825,815	18,825,815	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,681,876)	(2,681,876)	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).....	16,143,939	16,143,939	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,543,955	9,543,955	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	518,321	518,321	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,025,634	9,025,634	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	708,479	708,479	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,970,991	3,970,991	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).....	13,705,104	13,705,104	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,438,835	2,438,835	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	124,614	124,614	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(17,623)	(17,623)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,545,826	2,545,826	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,755,687	1,755,687	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	790,139	790,139	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	47.9%	47.9%	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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Amarillo,Lubbock

(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.....	16,323	16,323	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	46,833	46,833	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	18,825,815	18,825,815	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,825,815	18,825,815	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,681,876)	(2,681,876)	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).....	16,143,939	16,143,939	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,543,955	9,543,955	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	518,321	518,321	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,025,634	9,025,634	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	708,479	708,479	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,970,991	3,970,991	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).....	13,705,104	13,705,104	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,438,835	2,438,835	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	124,614	124,614	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(17,623)	(17,623)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,545,826	2,545,826	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,755,687	1,755,687	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	790,139	790,139	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	47.9%	47.9%	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 **Health Care Service Corp.**

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	57,447	24,220	2,307	0	0	0	0	0	30,920	0
2. First Quarter	70,285	36,669	2,467	0	0	0	0	0	31,149	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	207,808	107,184	7,323	0	0	0	0	0	93,301	0
Total Member Ambulatory Encounters for Year:										
7. Physician	74,135	53,322	2,263	0	0	0	0	0	18,550	0
8. Non-Physician	33,680	19,653	750	0	0	0	0	0	13,277	0
9. Total	107,815	72,975	3,013	0	0	0	0	0	31,827	0
10. Hospital Patient Days Incurred	13,003	6,123	150	0	0	0	0	0	6,730	0
11. Number of Inpatient Admissions	2,059	1,129	43	0	0	0	0	0	887	0
12. Health Premiums Written	67,776,067	44,007,992	1,876,461	0	0	0	0	0	21,891,614	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	61,365,831	37,597,756	1,876,461	0	0	0	0	0	21,891,614	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	46,915,428	28,746,238	1,632,047	0	0	0	0	0	16,537,143	0
18. Amount Incurred for Provision of Health Care Services	52,657,936	33,503,511	1,746,282	0	0	0	0	0	17,408,143	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(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.....	70,777	39,136	0	0	0	25,208	0	0	5,941	492
2. MEMBER MONTHS.....	209,501	114,507	0	0	0	75,407	0	0	17,894	1,693
3. Direct Premium Income.....	67,586,311	45,694,697	0	0	0	19,264,171	0	XXXXXXXX	2,627,443	0
4. Net Premium Income.....	67,586,311	45,694,697	0	0	0	19,264,171	0	0	2,627,443	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,410,236)	(6,410,236)	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).....	61,176,075	39,284,461	0	0	0	19,264,171	0	0	2,627,443	0
11. Hospital & Medical Benefits.....	52,657,936	35,249,793	0	0	0	15,028,431	0	0	2,379,712	0
12. Net Reins Recoveries Incurred.....	1,914,373	1,914,373	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	50,743,563	33,335,420	0	0	0	15,028,431	0	0	2,379,712	0
14. Claims Adjustment Expenses.....	3,685,008	1,732,236	0	0	0	1,609,281	0	0	308,583	34,908
15. General Administrative Expenses.....	16,155,824	9,709,099	0	0	0	5,657,215	0	0	768,120	21,390
16. Increase in Reserves for A&H contracts.....	1,238,000	0	0	0	0	1,238,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	71,822,395	44,776,755	0	0	0	23,532,927	0	0	3,456,415	56,298
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(10,646,320)	(5,492,294)	0	0	0	(4,268,756)	0	0	(828,972)	(56,298)
19. Net Investments Gains / (Losses).....	471,687	302,467	0	0	0	148,498	0	0	20,254	468
20. Aggregate write-ins for other expenses.....	(43,088)	(43,088)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,217,721)	(5,232,915)	0	0	0	(4,120,258)	0	0	(808,718)	(55,830)
22. Federal and foreign income taxes incurred.....	(5,152,039)	(3,608,795)	0	0	0	(1,278,716)	0	0	(266,328)	1,800
23. NET INCOME/(LOSS) (L21 less L22).....	(5,065,682)	(1,624,120)	0	0	0	(2,841,542)	0	0	(542,390)	(57,630)
24 Medical Loss Ratio	75.1%	73.0%	0.0%	0.0%	0.0%	78.0%	0.0%	0.0%	90.6%	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 **Health Care Service Corp.**

(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.....	70,777	39,136	0	0	0	25,208	0	0	5,941	492
2. MEMBER MONTHS.....	209,501	114,507	0	0	0	75,407	0	0	17,894	1,693
3. Direct Premium Income.....	67,586,311	45,694,697	0	0	0	19,264,171	0	XXXXXXXX	2,627,443	0
4. Net Premium Income.....	67,586,311	45,694,697	0	0	0	19,264,171	0	0	2,627,443	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,410,236)	(6,410,236)	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.....	60,662	0	0	0	0	0	0	0	0	60,662
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).....	61,236,737	39,284,461	0	0	0	19,264,171	0	0	2,627,443	60,662
11. Hospital & Medical Benefits.....	52,657,936	35,249,793	0	0	0	15,028,431	0	0	2,379,712	0
12. Net Reins Recoveries Incurred.....	1,914,373	1,914,373	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	50,743,563	33,335,420	0	0	0	15,028,431	0	0	2,379,712	0
14. Claims Adjustment Expenses.....	3,685,008	1,732,236	0	0	0	1,609,281	0	0	308,583	34,908
15. General Administrative Expenses.....	16,155,824	9,709,099	0	0	0	5,657,215	0	0	768,120	21,390
16. Increase in Reserves for A&H contracts.....	1,238,000	0	0	0	0	1,238,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	71,822,395	44,776,755	0	0	0	23,532,927	0	0	3,456,415	56,298
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(10,585,658)	(5,492,294)	0	0	0	(4,268,756)	0	0	(828,972)	4,364
19. Net Investments Gains / (Losses).....	471,687	302,467	0	0	0	148,498	0	0	20,254	468
20. Aggregate write-ins for other expenses.....	(43,088)	(43,088)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,157,059)	(5,232,915)	0	0	0	(4,120,258)	0	0	(808,718)	4,832
22. Federal and foreign income taxes incurred.....	(5,152,039)	(3,608,795)	0	0	0	(1,278,716)	0	0	(266,328)	1,800
23. NET INCOME/(LOSS) (L21 less L22).....	(5,005,020)	(1,624,120)	0	0	0	(2,841,542)	0	0	(542,390)	3,032
24 Medical Loss Ratio	75.1%	73.0%	0.0%	0.0%	0.0%	78.0%	0.0%	0.0%	90.6%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Beaumont, Lufkin**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	4,058	3,845	213	0	0	0	0	0	0	0
2. First Quarter	5,030	4,815	215	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	14,772	14,138	634	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	7,150	6,859	291	0	0	0	0	0	0	0
8. Non-Physician	2,624	2,528	96	0	0	0	0	0	0	0
9. Total	9,774	9,387	387	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	736	719	17	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	136	131	5	0	0	0	0	0	0	0
12. Health Premiums Written	5,989,589	5,804,831	184,758	0	0	0	0	0	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	5,144,053	4,959,295	184,758	0	0	0	0	0	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	3,907,862	3,697,916	209,946	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	4,534,533	4,309,891	224,642	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Beaumont,Lufkin

(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.....	5,030	5,030	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	14,772	14,772	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,964,559	5,964,559	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,964,559	5,964,559	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(845,536)	(845,536)	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).....	5,119,023	5,119,023	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,534,533	4,534,533	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	246,265	246,265	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,288,268	4,288,268	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	223,468	223,468	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,252,524	1,252,524	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).....	5,764,260	5,764,260	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(645,237)	(645,237)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	39,481	39,481	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(5,559)	(5,559)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(611,315)	(611,315)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(421,583)	(421,583)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(189,732)	(189,732)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	71.9%	71.9%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Beaumont,Lufkin

(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.....	5,030	5,030	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	14,772	14,772	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,964,559	5,964,559	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,964,559	5,964,559	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(845,536)	(845,536)	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).....	5,119,023	5,119,023	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,534,533	4,534,533	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	246,265	246,265	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,288,268	4,288,268	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	223,468	223,468	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,252,524	1,252,524	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).....	5,764,260	5,764,260	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(645,237)	(645,237)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	39,481	39,481	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(5,559)	(5,559)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(611,315)	(611,315)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(421,583)	(421,583)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(189,732)	(189,732)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	71.9%	71.9%	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 **Health Care Service Corp.**

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	8,110	7,945	165	0	0	0	0	0	0	0
2. First Quarter	11,852	11,635	217	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	33,703	33,108	595	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	12,315	11,814	501	0	0	0	0	0	0	0
8. Non-Physician	4,520	4,354	166	0	0	0	0	0	0	0
9. Total	16,835	16,168	667	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,401	1,367	34	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	234	226	8	0	0	0	0	0	0	0
12. Health Premiums Written	13,711,350	13,593,602	117,748	0	0	0	0	0	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	11,731,296	11,613,548	117,748	0	0	0	0	0	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	6,730,831	6,369,223	361,608	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	7,810,197	7,423,278	386,919	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(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.....	11,853	11,852	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	33,706	33,703	0	0	0	0	0	0	0	3
3. Direct Premium Income.....	13,652,736	13,652,736	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,652,736	13,652,736	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,980,054)	(1,980,054)	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).....	11,672,682	11,672,682	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,810,197	7,810,197	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	424,162	424,162	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	7,386,035	7,386,035	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	509,913	509,851	0	0	0	0	0	0	0	62
15. General Administrative Expenses.....	2,857,730	2,857,692	0	0	0	0	0	0	0	38
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).....	10,753,678	10,753,578	0	0	0	0	0	0	0	100
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	919,004	919,104	0	0	0	0	0	0	0	(100)
19. Net Investments Gains / (Losses).....	90,373	90,372	0	0	0	0	0	0	0	1
20. Aggregate write-ins for other expenses.....	(12,682)	(12,682)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	996,695	996,794	0	0	0	0	0	0	0	(99)
22. Federal and foreign income taxes incurred.....	687,425	687,422	0	0	0	0	0	0	0	3
23. NET INCOME/(LOSS) (L21 less L22).....	309,270	309,372	0	0	0	0	0	0	0	(102)
24 Medical Loss Ratio	54.1%	54.1%	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

OF THE **Health Care Service Corp.**

(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.....	11,853	11,852	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	33,706	33,703	0	0	0	0	0	0	0	3
3. Direct Premium Income.....	13,652,736	13,652,736	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,652,736	13,652,736	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,980,054)	(1,980,054)	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.....	107	0	0	0	0	0	0	0	0	107
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).....	11,672,789	11,672,682	0	0	0	0	0	0	0	107
11. Hospital & Medical Benefits.....	7,810,197	7,810,197	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	424,162	424,162	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	7,386,035	7,386,035	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	509,913	509,851	0	0	0	0	0	0	0	62
15. General Administrative Expenses.....	2,857,730	2,857,692	0	0	0	0	0	0	0	38
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).....	10,753,678	10,753,578	0	0	0	0	0	0	0	100
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	919,111	919,104	0	0	0	0	0	0	0	7
19. Net Investments Gains / (Losses).....	90,373	90,372	0	0	0	0	0	0	0	1
20. Aggregate write-ins for other expenses.....	(12,682)	(12,682)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	996,802	996,794	0	0	0	0	0	0	0	8
22. Federal and foreign income taxes incurred.....	687,425	687,422	0	0	0	0	0	0	0	3
23. NET INCOME/(LOSS) (L21 less L22).....	309,377	309,372	0	0	0	0	0	0	0	5
24 Medical Loss Ratio	54.1%	54.1%	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 **Health Care Service Corp.**

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	143,232	135,346	7,886	0	0	0	0	0	0	0
2. First Quarter	149,703	140,828	8,875	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	438,027	412,000	26,027	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	178,579	171,308	7,271	0	0	0	0	0	0	0
8. Non-Physician	65,549	63,139	2,410	0	0	0	0	0	0	0
9. Total	244,128	234,447	9,681	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	18,308	17,873	435	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	2,671	2,573	98	0	0	0	0	0	0	0
12. Health Premiums Written	176,865,963	169,160,443	7,705,520	0	0	0	0	0	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	152,225,929	144,520,409	7,705,520	0	0	0	0	0	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	97,596,942	92,353,632	5,243,310	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	113,247,737	107,637,421	5,610,316	0	0	0	0	0	0	0

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

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(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.....	152,334	149,703	0	0	0	0	0	0	0	2,631
2. MEMBER MONTHS.....	445,969	438,027	0	0	0	0	0	0	0	7,942
3. Direct Premium Income.....	176,136,565	176,136,565	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	176,136,565	176,136,565	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(24,640,034)	(24,640,034)	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).....	151,496,531	151,496,531	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	113,247,736	113,247,736	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	6,150,346	6,150,346	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	107,097,390	107,097,390	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	6,790,129	6,626,374	0	0	0	0	0	0	0	163,755
15. General Administrative Expenses.....	37,240,845	37,140,504	0	0	0	0	0	0	0	100,341
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).....	151,128,364	150,864,268	0	0	0	0	0	0	0	264,096
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	368,167	632,263	0	0	0	0	0	0	0	(264,096)
19. Net Investments Gains / (Losses).....	1,168,097	1,165,903	0	0	0	0	0	0	0	2,194
20. Aggregate write-ins for other expenses.....	(164,825)	(164,825)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,371,439	1,633,341	0	0	0	0	0	0	0	(261,902)
22. Federal and foreign income taxes incurred.....	1,134,851	1,126,407	0	0	0	0	0	0	0	8,444
23. NET INCOME/(LOSS) (L21 less L22).....	236,588	506,934	0	0	0	0	0	0	0	(270,346)
24 Medical Loss Ratio	60.8%	60.8%	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.....		190	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(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.....	152,334	149,703	0	0	0	0	0	0	0	2,631
2. MEMBER MONTHS.....	445,969	438,027	0	0	0	0	0	0	0	7,942
3. Direct Premium Income.....	176,136,565	176,136,565	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	176,136,565	176,136,565	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(24,640,034)	(24,640,034)	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.....	284,568	0	0	0	0	0	0	0	0	284,568
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).....	151,781,099	151,496,531	0	0	0	0	0	0	0	284,568
11. Hospital & Medical Benefits.....	113,247,736	113,247,736	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	6,150,346	6,150,346	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	107,097,390	107,097,390	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	6,790,129	6,626,374	0	0	0	0	0	0	0	163,755
15. General Administrative Expenses.....	37,240,845	37,140,504	0	0	0	0	0	0	0	100,341
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).....	151,128,364	150,864,268	0	0	0	0	0	0	0	264,096
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	652,735	632,263	0	0	0	0	0	0	0	20,472
19. Net Investments Gains / (Losses).....	1,168,097	1,165,903	0	0	0	0	0	0	0	2,194
20. Aggregate write-ins for other expenses.....	(164,825)	(164,825)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,656,007	1,633,341	0	0	0	0	0	0	0	22,666
22. Federal and foreign income taxes incurred.....	1,134,851	1,126,407	0	0	0	0	0	0	0	8,444
23. NET INCOME/(LOSS) (L21 less L22).....	521,156	506,934	0	0	0	0	0	0	0	14,222
24 Medical Loss Ratio	60.8%	60.8%	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.....		190	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **East Texas, Tyler**

(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	21,248	20,458	790	0	0	0	0	0	0	0
2. First Quarter	32,963	31,996	967	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	94,331	91,482	2,849	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	33,498	32,134	1,364	0	0	0	0	0	0	0
8. Non-Physician	12,296	11,844	452	0	0	0	0	0	0	0
9. Total	45,794	43,978	1,816	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	4,819	4,705	114	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	774	745	29	0	0	0	0	0	0	0
12. Health Premiums Written	38,206,671	37,561,009	645,662	0	0	0	0	0	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	32,735,507	32,089,845	645,662	0	0	0	0	0	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	18,307,325	17,323,780	983,545	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	21,243,115	20,190,727	1,052,388	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

East Texas, Tyler

(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.....	32,968	32,963	0	0	0	0	0	0	0	5
2. MEMBER MONTHS.....	94,346	94,331	0	0	0	0	0	0	0	15
3. Direct Premium Income.....	38,044,712	38,044,712	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	38,044,712	38,044,712	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,471,164)	(5,471,164)	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).....	32,573,548	32,573,548	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	21,243,115	21,243,115	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,153,688	1,153,688	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	20,089,427	20,089,427	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,427,327	1,427,018	0	0	0	0	0	0	0	309
15. General Administrative Expenses.....	7,998,557	7,998,367	0	0	0	0	0	0	0	190
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).....	29,515,311	29,514,812	0	0	0	0	0	0	0	499
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,058,237	3,058,736	0	0	0	0	0	0	0	(499)
19. Net Investments Gains / (Losses).....	251,834	251,830	0	0	0	0	0	0	0	4
20. Aggregate write-ins for other expenses.....	(35,496)	(35,496)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,274,575	3,275,070	0	0	0	0	0	0	0	(495)
22. Federal and foreign income taxes incurred.....	2,258,614	2,258,598	0	0	0	0	0	0	0	16
23. NET INCOME/(LOSS) (L21 less L22).....	1,015,961	1,016,472	0	0	0	0	0	0	0	(511)
24 Medical Loss Ratio	52.8%	52.8%	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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

East Texas, Tyler

(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.....	32,968	32,963	0	0	0	0	0	0	0	5
2. MEMBER MONTHS.....	94,346	94,331	0	0	0	0	0	0	0	15
3. Direct Premium Income.....	38,044,712	38,044,712	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	38,044,712	38,044,712	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,471,164)	(5,471,164)	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.....	537	0	0	0	0	0	0	0	0	537
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).....	32,574,085	32,573,548	0	0	0	0	0	0	0	537
11. Hospital & Medical Benefits.....	21,243,115	21,243,115	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,153,688	1,153,688	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	20,089,427	20,089,427	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,427,327	1,427,018	0	0	0	0	0	0	0	309
15. General Administrative Expenses.....	7,998,557	7,998,367	0	0	0	0	0	0	0	190
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).....	29,515,311	29,514,812	0	0	0	0	0	0	0	499
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,058,774	3,058,736	0	0	0	0	0	0	0	38
19. Net Investments Gains / (Losses).....	251,834	251,830	0	0	0	0	0	0	0	4
20. Aggregate write-ins for other expenses.....	(35,496)	(35,496)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,275,112	3,275,070	0	0	0	0	0	0	0	42
22. Federal and foreign income taxes incurred.....	2,258,614	2,258,598	0	0	0	0	0	0	0	16
23. NET INCOME/(LOSS) (L21 less L22).....	1,016,498	1,016,472	0	0	0	0	0	0	0	26
24 Medical Loss Ratio	52.8%	52.8%	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 **Health Care Service Corp.**

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	33,633	32,781	852	0	0	0	0	0	0	0
2. First Quarter	30,195	29,083	1,112	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	85,735	82,530	3,205	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	24,965	23,949	1,016	0	0	0	0	0	0	0
8. Non-Physician	9,164	8,827	337	0	0	0	0	0	0	0
9. Total	34,129	32,776	1,353	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3,170	3,095	75	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	500	482	18	0	0	0	0	0	0	0
12. Health Premiums Written	34,615,012	33,885,464	729,548	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	29,679,231	28,949,683	729,548	0	0	0	0	0	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	13,644,173	12,911,152	733,021	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	15,832,173	15,047,844	784,329	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(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.....	30,200	30,195	0	0	0	0	0	0	0	5
2. MEMBER MONTHS.....	85,744	85,735	0	0	0	0	0	0	0	9
3. Direct Premium Income.....	34,468,903	34,468,903	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	34,468,903	34,468,903	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,935,782)	(4,935,782)	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).....	29,533,121	29,533,121	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	15,832,174	15,832,174	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	859,826	859,826	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,972,348	14,972,348	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,297,166	1,296,980	0	0	0	0	0	0	0	186
15. General Administrative Expenses.....	7,269,623	7,269,509	0	0	0	0	0	0	0	114
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	23,539,137	23,538,837	0	0	0	0	0	0	0	300
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,993,984	5,994,284	0	0	0	0	0	0	0	(300)
19. Net Investments Gains / (Losses).....	228,162	228,160	0	0	0	0	0	0	0	2
20. Aggregate write-ins for other expenses.....	(32,261)	(32,261)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,189,885	6,190,183	0	0	0	0	0	0	0	(298)
22. Federal and foreign income taxes incurred.....	4,268,970	4,268,960	0	0	0	0	0	0	0	10
23. NET INCOME/(LOSS) (L21 less L22).....	1,920,915	1,921,223	0	0	0	0	0	0	0	(308)
24 Medical Loss Ratio	43.4%	43.4%	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 **Health Care Service Corp.**

(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.....	30,200	30,195	0	0	0	0	0	0	0	5
2. MEMBER MONTHS.....	85,744	85,735	0	0	0	0	0	0	0	9
3. Direct Premium Income.....	34,468,903	34,468,903	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	34,468,903	34,468,903	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,935,782)	(4,935,782)	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.....	322	0	0	0	0	0	0	0	0	322
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	29,533,443	29,533,121	0	0	0	0	0	0	0	322
11. Hospital & Medical Benefits.....	15,832,174	15,832,174	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	859,826	859,826	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	14,972,348	14,972,348	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,297,166	1,296,980	0	0	0	0	0	0	0	186
15. General Administrative Expenses.....	7,269,623	7,269,509	0	0	0	0	0	0	0	114
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	23,539,137	23,538,837	0	0	0	0	0	0	0	300
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,994,306	5,994,284	0	0	0	0	0	0	0	22
19. Net Investments Gains / (Losses).....	228,162	228,160	0	0	0	0	0	0	0	2
20. Aggregate write-ins for other expenses.....	(32,261)	(32,261)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,190,207	6,190,183	0	0	0	0	0	0	0	24
22. Federal and foreign income taxes incurred.....	4,268,970	4,268,960	0	0	0	0	0	0	0	10
23. NET INCOME/(LOSS) (L21 less L22).....	1,921,237	1,921,223	0	0	0	0	0	0	0	14
24. Medical Loss Ratio	43.4%	43.4%	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 **Health Care Service Corp.**

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	137,692	129,362	8,330	0	0	0	0	0	0	0
2. First Quarter	141,102	132,026	9,076	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	416,254	389,476	26,778	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	162,327	155,718	6,609	0	0	0	0	0	0	0
8. Non-Physician	59,584	57,393	2,191	0	0	0	0	0	0	0
9. Total	221,911	213,111	8,800	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	17,693	17,272	421	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	2,439	2,349	90	0	0	0	0	0	0	0
12. Health Premiums Written	166,466,739	159,912,458	6,554,281	0	0	0	0	0	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	143,173,773	136,619,492	6,554,281	0	0	0	0	0	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	88,715,040	83,948,903	4,766,137	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	102,941,520	97,841,776	5,099,744	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(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.....	143,735	141,102	0	0	0	0	0	0	0	2,633
2. MEMBER MONTHS.....	424,167	416,254	0	0	0	0	0	0	0	7,913
3. Direct Premium Income.....	165,777,217	165,777,217	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	165,777,217	165,777,217	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(23,292,966)	(23,292,966)	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).....	142,484,251	142,484,251	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	102,941,520	102,941,520	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,590,628	5,590,628	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	97,350,892	97,350,892	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	6,460,154	6,296,997	0	0	0	0	0	0	0	163,157
15. General Administrative Expenses.....	35,394,337	35,294,362	0	0	0	0	0	0	0	99,975
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).....	139,205,383	138,942,251	0	0	0	0	0	0	0	263,132
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,278,868	3,542,000	0	0	0	0	0	0	0	(263,132)
19. Net Investments Gains / (Losses).....	1,099,517	1,097,331	0	0	0	0	0	0	0	2,186
20. Aggregate write-ins for other expenses.....	(156,632)	(156,632)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,221,753	4,482,699	0	0	0	0	0	0	0	(260,946)
22. Federal and foreign income taxes incurred.....	3,099,834	3,091,421	0	0	0	0	0	0	0	8,413
23. NET INCOME/(LOSS) (L21 less L22).....	1,121,919	1,391,278	0	0	0	0	0	0	0	(269,359)
24 Medical Loss Ratio	58.7%	58.7%	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.....		934	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(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.....	143,735	141,102	0	0	0	0	0	0	0	2,633
2. MEMBER MONTHS.....	424,167	416,254	0	0	0	0	0	0	0	7,913
3. Direct Premium Income.....	165,777,217	165,777,217	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	165,777,217	165,777,217	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(23,292,966)	(23,292,966)	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.....	283,529	0	0	0	0	0	0	0	0	283,529
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).....	142,767,780	142,484,251	0	0	0	0	0	0	0	283,529
11. Hospital & Medical Benefits.....	102,941,520	102,941,520	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,590,628	5,590,628	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	97,350,892	97,350,892	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	6,460,154	6,296,997	0	0	0	0	0	0	0	163,157
15. General Administrative Expenses.....	35,394,337	35,294,362	0	0	0	0	0	0	0	99,975
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).....	139,205,383	138,942,251	0	0	0	0	0	0	0	263,132
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,562,397	3,542,000	0	0	0	0	0	0	0	20,397
19. Net Investments Gains / (Losses).....	1,099,517	1,097,331	0	0	0	0	0	0	0	2,186
20. Aggregate write-ins for other expenses.....	(156,632)	(156,632)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,505,282	4,482,699	0	0	0	0	0	0	0	22,583
22. Federal and foreign income taxes incurred.....	3,099,834	3,091,421	0	0	0	0	0	0	0	8,413
23. NET INCOME/(LOSS) (L21 less L22).....	1,405,448	1,391,278	0	0	0	0	0	0	0	14,170
24 Medical Loss Ratio	58.7%	58.7%	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.....		934	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Health Care Service Corp.**

REPORT FOR DIVISION: **Midland**

(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	5,596	5,416	180	0	0	0	0	0	0	0
2. First Quarter	11,185	10,910	275	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	31,727	30,779	948	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	9,121	8,750	371	0	0	0	0	0	0	0
8. Non-Physician	3,348	3,225	123	0	0	0	0	0	0	0
9. Total	12,469	11,975	494	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,012	988	24	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	184	177	7	0	0	0	0	0	0	0
12. Health Premiums Written	12,866,936	12,637,353	229,583	0	0	0	0	0	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	11,026,170	10,796,587	229,583	0	0	0	0	0	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	4,985,032	4,717,216	267,816	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	5,784,439	5,497,877	286,562	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Midland

(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.....	11,185	11,185	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	31,727	31,727	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	12,812,445	12,812,445	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	12,812,445	12,812,445	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,840,766)	(1,840,766)	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).....	10,971,679	10,971,679	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,784,440	5,784,440	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	314,146	314,146	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,470,294	5,470,294	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	479,959	479,959	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,690,146	2,690,146	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).....	8,640,399	8,640,399	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,331,280	2,331,280	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	84,810	84,810	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(11,939)	(11,939)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,404,151	2,404,151	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,657,984	1,657,984	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	746,167	746,167	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	42.7%	42.7%	0.0%	0.0%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Midland
(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.....	11,185	11,185	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	31,727	31,727	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	12,812,445	12,812,445	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	12,812,445	12,812,445	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,840,766)	(1,840,766)	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).....	10,971,679	10,971,679	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,784,440	5,784,440	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	314,146	314,146	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,470,294	5,470,294	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	479,959	479,959	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,690,146	2,690,146	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).....	8,640,399	8,640,399	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,331,280	2,331,280	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	84,810	84,810	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(11,939)	(11,939)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,404,151	2,404,151	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,657,984	1,657,984	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	746,167	746,167	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	42.7%	42.7%	0.0%	0.0%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Rio Grande Valley**

(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	21,239	20,058	1,181	0	0	0	0	0	0	0
2. First Quarter	21,478	19,848	1,630	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	61,142	56,472	4,670	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	20,237	19,413	824	0	0	0	0	0	0	0
8. Non-Physician	7,428	7,155	273	0	0	0	0	0	0	0
9. Total	27,665	26,568	1,097	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	3,238	3,161	77	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	406	391	15	0	0	0	0	0	0	0
12. Health Premiums Written	24,047,336	23,186,477	860,859	0	0	0	0	0	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	20,669,977	19,809,118	860,859	0	0	0	0	0	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	11,059,792	10,465,614	594,178	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	12,833,356	12,197,589	635,767	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Rio Grande Valley

(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.....	21,483	21,478	0	0	0	0	0	0	0	5
2. MEMBER MONTHS.....	61,157	61,142	0	0	0	0	0	0	0	15
3. Direct Premium Income.....	23,947,359	23,947,359	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	23,947,359	23,947,359	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,377,359)	(3,377,359)	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).....	20,570,000	20,570,000	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	12,833,356	12,833,356	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	696,964	696,964	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,136,392	12,136,392	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	925,251	924,942	0	0	0	0	0	0	0	309
15. General Administrative Expenses.....	5,184,447	5,184,257	0	0	0	0	0	0	0	190
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).....	18,246,090	18,245,591	0	0	0	0	0	0	0	499
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,323,910	2,324,409	0	0	0	0	0	0	0	(499)
19. Net Investments Gains / (Losses).....	158,519	158,515	0	0	0	0	0	0	0	4
20. Aggregate write-ins for other expenses.....	(23,007)	(23,007)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,459,422	2,459,917	0	0	0	0	0	0	0	(495)
22. Federal and foreign income taxes incurred.....	1,696,457	1,696,441	0	0	0	0	0	0	0	16
23. NET INCOME/(LOSS) (L21 less L22).....	762,965	763,476	0	0	0	0	0	0	0	(511)
24 Medical Loss Ratio	50.7%	50.7%	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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Rio Grande Valley

(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.....	21,483	21,478	0	0	0	0	0	0	0	5
2. MEMBER MONTHS.....	61,157	61,142	0	0	0	0	0	0	0	15
3. Direct Premium Income.....	23,947,359	23,947,359	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	23,947,359	23,947,359	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,377,359)	(3,377,359)	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.....	537	0	0	0	0	0	0	0	0	537
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).....	20,570,537	20,570,000	0	0	0	0	0	0	0	537
11. Hospital & Medical Benefits.....	12,833,356	12,833,356	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	696,964	696,964	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	12,136,392	12,136,392	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	925,251	924,942	0	0	0	0	0	0	0	309
15. General Administrative Expenses.....	5,184,447	5,184,257	0	0	0	0	0	0	0	190
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).....	18,246,090	18,245,591	0	0	0	0	0	0	0	499
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,324,447	2,324,409	0	0	0	0	0	0	0	38
19. Net Investments Gains / (Losses).....	158,519	158,515	0	0	0	0	0	0	0	4
20. Aggregate write-ins for other expenses.....	(23,007)	(23,007)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,459,959	2,459,917	0	0	0	0	0	0	0	42
22. Federal and foreign income taxes incurred.....	1,696,457	1,696,441	0	0	0	0	0	0	0	16
23. NET INCOME/(LOSS) (L21 less L22).....	763,502	763,476	0	0	0	0	0	0	0	26
24 Medical Loss Ratio	50.7%	50.7%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **San Angelo**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	2,843	2,722	121	0	0	0	0	0	0	0
2. First Quarter	6,095	5,948	147	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	17,369	16,924	445	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	4,959	4,757	202	0	0	0	0	0	0	0
8. Non-Physician	1,820	1,753	67	0	0	0	0	0	0	0
9. Total	6,779	6,510	269	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	432	421	11	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	74	71	3	0	0	0	0	0	0	0
12. Health Premiums Written	7,053,594	6,948,717	104,877	0	0	0	0	0	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	6,041,439	5,936,562	104,877	0	0	0	0	0	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	2,710,250	2,564,644	145,606	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	3,144,869	2,989,072	155,797	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Angelo

(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.....	6,096	6,095	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	17,372	17,369	0	0	0	0	0	0	0	3
3. Direct Premium Income.....	7,023,632	7,023,632	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,023,632	7,023,632	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,012,155)	(1,012,155)	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).....	6,011,477	6,011,477	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,144,870	3,144,870	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	170,794	170,794	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,974,076	2,974,076	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	262,816	262,754	0	0	0	0	0	0	0	62
15. General Administrative Expenses.....	1,472,763	1,472,725	0	0	0	0	0	0	0	38
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).....	4,709,655	4,709,555	0	0	0	0	0	0	0	100
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,301,822	1,301,922	0	0	0	0	0	0	0	(100)
19. Net Investments Gains / (Losses).....	46,493	46,492	0	0	0	0	0	0	0	1
20. Aggregate write-ins for other expenses.....	(6,536)	(6,536)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,341,779	1,341,878	0	0	0	0	0	0	0	(99)
22. Federal and foreign income taxes incurred.....	925,407	925,404	0	0	0	0	0	0	0	3
23. NET INCOME/(LOSS) (L21 less L22).....	416,372	416,474	0	0	0	0	0	0	0	(102)
24 Medical Loss Ratio	42.3%	42.3%	0.0%	0.0%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Angelo

(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.....	6,096	6,095	0	0	0	0	0	0	0	1
2. MEMBER MONTHS.....	17,372	17,369	0	0	0	0	0	0	0	3
3. Direct Premium Income.....	7,023,632	7,023,632	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,023,632	7,023,632	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,012,155)	(1,012,155)	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.....	107	0	0	0	0	0	0	0	0	107
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).....	6,011,584	6,011,477	0	0	0	0	0	0	0	107
11. Hospital & Medical Benefits.....	3,144,870	3,144,870	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	170,794	170,794	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,974,076	2,974,076	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	262,816	262,754	0	0	0	0	0	0	0	62
15. General Administrative Expenses.....	1,472,763	1,472,725	0	0	0	0	0	0	0	38
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).....	4,709,655	4,709,555	0	0	0	0	0	0	0	100
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,301,929	1,301,922	0	0	0	0	0	0	0	7
19. Net Investments Gains / (Losses).....	46,493	46,492	0	0	0	0	0	0	0	1
20. Aggregate write-ins for other expenses.....	(6,536)	(6,536)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,341,886	1,341,878	0	0	0	0	0	0	0	8
22. Federal and foreign income taxes incurred.....	925,407	925,404	0	0	0	0	0	0	0	3
23. NET INCOME/(LOSS) (L21 less L22).....	416,479	416,474	0	0	0	0	0	0	0	5
24 Medical Loss Ratio	42.3%	42.3%	0.0%	0.0%	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 **Health Care Service Corp.**

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	26,337	25,492	845	0	0	0	0	0	0	0
2. First Quarter	38,877	37,827	1,050	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	109,029	105,995	3,034	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	36,834	35,334	1,500	0	0	0	0	0	0	0
8. Non-Physician	13,520	13,023	497	0	0	0	0	0	0	0
9. Total	50,354	48,357	1,997	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	4,145	4,047	98	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	684	659	25	0	0	0	0	0	0	0
12. Health Premiums Written	44,162,692	43,519,809	642,883	0	0	0	0	0	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	37,823,564	37,180,681	642,883	0	0	0	0	0	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	20,130,597	19,049,098	1,081,499	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	23,358,770	22,201,572	1,157,198	0	0	0	0	0	0	0

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

TEXAS HMO SUPPLEMENT

OF THE **Health Care Service Corp.**

(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.....	38,965	38,877	0	0	0	0	0	0	0	88
2. MEMBER MONTHS.....	109,293	109,029	0	0	0	0	0	0	0	264
3. Direct Premium Income.....	43,975,040	43,975,040	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	43,975,040	43,975,040	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,339,127)	(6,339,127)	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).....	37,635,913	37,635,913	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	23,358,770	23,358,770	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,268,586	1,268,586	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	22,090,184	22,090,184	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,654,809	1,649,366	0	0	0	0	0	0	0	5,443
15. General Administrative Expenses.....	9,247,952	9,244,617	0	0	0	0	0	0	0	3,335
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).....	32,992,945	32,984,167	0	0	0	0	0	0	0	8,778
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,642,968	4,651,746	0	0	0	0	0	0	0	(8,778)
19. Net Investments Gains / (Losses).....	291,157	291,084	0	0	0	0	0	0	0	73
20. Aggregate write-ins for other expenses.....	(41,026)	(41,026)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,893,099	4,901,804	0	0	0	0	0	0	0	(8,705)
22. Federal and foreign income taxes incurred.....	3,380,730	3,380,449	0	0	0	0	0	0	0	281
23. NET INCOME/(LOSS) (L21 less L22).....	1,512,369	1,521,355	0	0	0	0	0	0	0	(8,986)
24 Medical Loss Ratio	50.2%	50.2%	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 **Health Care Service Corp.**

(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.....	38,965	38,877	0	0	0	0	0	0	0	88
2. MEMBER MONTHS.....	109,293	109,029	0	0	0	0	0	0	0	264
3. Direct Premium Income.....	43,975,040	43,975,040	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	43,975,040	43,975,040	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,339,127)	(6,339,127)	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.....	9,459	0	0	0	0	0	0	0	0	9,459
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).....	37,645,372	37,635,913	0	0	0	0	0	0	0	9,459
11. Hospital & Medical Benefits.....	23,358,770	23,358,770	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,268,586	1,268,586	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	22,090,184	22,090,184	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,654,809	1,649,366	0	0	0	0	0	0	0	5,443
15. General Administrative Expenses.....	9,247,952	9,244,617	0	0	0	0	0	0	0	3,335
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).....	32,992,945	32,984,167	0	0	0	0	0	0	0	8,778
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,652,427	4,651,746	0	0	0	0	0	0	0	681
19. Net Investments Gains / (Losses).....	291,157	291,084	0	0	0	0	0	0	0	73
20. Aggregate write-ins for other expenses.....	(41,026)	(41,026)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,902,558	4,901,804	0	0	0	0	0	0	0	754
22. Federal and foreign income taxes incurred.....	3,380,730	3,380,449	0	0	0	0	0	0	0	281
23. NET INCOME/(LOSS) (L21 less L22).....	1,521,828	1,521,355	0	0	0	0	0	0	0	473
24 Medical Loss Ratio	50.2%	50.2%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **Illinois**

(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	991,207	39,093	611,320	0	0	72,216	750	26,795	241,033	0
2. First Quarter	1,089,394	101,728	603,796	0	0	70,189	1,158	29,562	282,961	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	3,237,484	277,554	1,815,823	0	0	211,917	3,467	88,182	840,541	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,724,884	118,317	1,285,722	0	0	0	3,407	91,317	226,121	0
8. Non-Physician	821,754	59,086	642,179	0	0	0	1,701	43,079	75,709	0
9. Total	2,546,638	177,403	1,927,901	0	0	0	5,108	134,396	301,830	0
10. Hospital Patient Days Incurred	193,869	4,890	34,052	0	0	0	69	21,337	133,521	0
11. Number of Inpatient Admissions	45,013	1,165	8,528	0	0	0	25	1,653	33,642	0
12. Health Premiums Written	1,076,002,390	107,540,536	609,297,922	0	0	2,744,224	2,046,511	108,388,300	245,984,897	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	1,054,812,020	87,456,025	609,313,227	0	0	2,744,224	2,046,511	107,267,136	245,984,897	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	793,182,132	51,673,566	465,690,813	0	0	2,068,728	1,472,330	79,257,219	193,019,476	0
18. Amount Incurred for Provision of Health Care Services	885,742,318	71,626,311	486,985,544	0	0	2,092,728	1,560,330	96,758,270	226,719,135	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Illinois

(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.....	1,306,786	776,871	0	29,562	0	282,961	0	0	0	217,392
2. MEMBER MONTHS.....	3,890,934	2,308,761	0	88,182	0	840,541	0	0	0	653,450
3. Direct Premium Income.....	1,075,552,390	721,179,193	0	108,388,300	0	245,984,897	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,075,552,390	721,179,193	0	108,388,300	0	245,984,897	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(21,190,370)	(20,069,206)	0	(1,121,164)	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).....	1,054,362,020	701,109,987	0	107,267,136	0	245,984,897	0	0	0	0
11. Hospital & Medical Benefits.....	885,742,318	562,264,913	0	96,758,270	0	226,719,135	0	0	0	0
12. Net Reins Recoveries Incurred.....	854,000	854,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	884,888,318	561,410,913	0	96,758,270	0	226,719,135	0	0	0	0
14. Claims Adjustment Expenses.....	52,832,648	20,161,417	0	2,270,941	0	26,419,692	0	0	0	3,980,598
15. General Administrative Expenses.....	142,222,895	120,760,177	0	7,711,114	0	8,409,594	0	0	0	5,342,010
16. Increase in Reserves for A&H contracts.....	10,218,000	0	0	0	0	10,218,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,090,161,861	702,332,507	0	106,740,325	0	271,766,421	0	0	0	9,322,608
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(35,799,841)	(1,222,520)	0	526,811	0	(25,781,524)	0	0	0	(9,322,608)
19. Net Investments Gains / (Losses).....	7,169,642	4,651,763	0	711,702	0	1,632,074	0	0	0	174,103
20. Aggregate write-ins for other expenses.....	(974,197)	(974,197)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(29,604,396)	2,455,046	0	1,238,513	0	(24,149,450)	0	0	0	(9,148,505)
22. Federal and foreign income taxes incurred.....	22,112,138	16,968,237	0	2,945,539	0	(5,572,454)	0	0	0	7,770,816
23. NET INCOME/(LOSS) (L21 less L22).....	(51,716,534)	(14,513,191)	0	(1,707,026)	0	(18,576,996)	0	0	0	(16,919,321)
24 Medical Loss Ratio	82.3%	77.8%	0.0%	89.3%	0.0%	92.2%	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 **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Illinois

(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.....	1,306,786	776,871	0	29,562	0	282,961	0	0	0	217,392
2. MEMBER MONTHS.....	3,890,934	2,308,761	0	88,182	0	840,541	0	0	0	653,450
3. Direct Premium Income.....	1,075,552,390	721,179,193	0	108,388,300	0	245,984,897	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,075,552,390	721,179,193	0	108,388,300	0	245,984,897	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(21,190,370)	(20,069,206)	0	(1,121,164)	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.....	26,240,616	0	0	0	0	0	0	0	0	26,240,616
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).....	1,080,602,636	701,109,987	0	107,267,136	0	245,984,897	0	0	0	26,240,616
11. Hospital & Medical Benefits.....	885,742,318	562,264,913	0	96,758,270	0	226,719,135	0	0	0	0
12. Net Reins Recoveries Incurred.....	854,000	854,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	884,888,318	561,410,913	0	96,758,270	0	226,719,135	0	0	0	0
14. Claims Adjustment Expenses.....	52,832,648	20,161,417	0	2,270,941	0	26,419,692	0	0	0	3,980,598
15. General Administrative Expenses.....	142,222,895	120,760,177	0	7,711,114	0	8,409,594	0	0	0	5,342,010
16. Increase in Reserves for A&H contracts.....	10,218,000	0	0	0	0	10,218,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,090,161,861	702,332,507	0	106,740,325	0	271,766,421	0	0	0	9,322,608
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(9,559,225)	(1,222,520)	0	526,811	0	(25,781,524)	0	0	0	16,918,008
19. Net Investments Gains / (Losses).....	7,169,642	4,651,763	0	711,702	0	1,632,074	0	0	0	174,103
20. Aggregate write-ins for other expenses.....	(974,197)	(974,197)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,363,780)	2,455,046	0	1,238,513	0	(24,149,450)	0	0	0	17,092,111
22. Federal and foreign income taxes incurred.....	22,112,138	16,968,237	0	2,945,539	0	(5,572,454)	0	0	0	7,770,816
23. NET INCOME/(LOSS) (L21 less L22).....	(25,475,918)	(14,513,191)	0	(1,707,026)	0	(18,576,996)	0	0	0	9,321,295
24 Medical Loss Ratio	82.3%	77.8%	0.0%	89.3%	0.0%	92.2%	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 **Health Care Service Corp.**

REPORT FOR DIVISION: **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	475,676	421,275	23,481	0	0	0	0	0	30,920	0
2. First Quarter	542,114	484,031	26,934	0	0	0	0	0	31,149	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,576,654	1,404,219	79,134	0	0	0	0	0	93,301	0
Total Member Ambulatory Encounters for Year:										
7. Physician	586,487	544,813	23,124	0	0	0	0	0	18,550	0
8. Non-Physician	221,743	200,802	7,664	0	0	0	0	0	13,277	0
9. Total	808,230	745,615	30,788	0	0	0	0	0	31,827	0
10. Hospital Patient Days Incurred	70,901	62,646	1,525	0	0	0	0	0	6,730	0
11. Number of Inpatient Admissions	10,592	9,350	355	0	0	0	0	0	887	0
12. Health Premiums Written	618,725,697	576,548,059	20,286,024	0	0	0	0	0	21,891,614	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	534,745,285	492,567,647	20,286,024	0	0	0	0	0	21,891,614	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	326,925,575	293,713,087	16,675,345	0	0	0	0	0	16,537,143	0
18. Amount Incurred for Provision of Health Care Services	377,570,936	342,320,256	17,842,537	0	0	0	0	0	17,408,143	0

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

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.....	547,974	510,963	0	0	0	25,208	0	0	5,941	5,862
2. MEMBER MONTHS.....	1,594,511	1,483,350	0	0	0	75,407	0	0	17,894	17,860
3. Direct Premium Income.....	616,239,696	594,348,083	0	0	0	19,264,170	0	XXXXXXXX	2,627,443	0
4. Net Premium Income.....	616,239,696	594,348,083	0	0	0	19,264,170	0	0	2,627,443	0
5. Change in unearned premium reserve and reserve for rate credits.....	(83,980,412)	(83,980,412)	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).....	532,259,284	510,367,671	0	0	0	19,264,170	0	0	2,627,443	0
11. Hospital & Medical Benefits.....	377,570,935	360,162,793	0	0	0	15,028,430	0	0	2,379,712	0
12. Net Reins Recoveries Incurred.....	19,560,000	19,560,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	358,010,935	340,602,793	0	0	0	15,028,430	0	0	2,379,712	0
14. Claims Adjustment Expenses.....	24,725,903	22,439,786	0	0	0	1,609,281	0	0	308,583	368,253
15. General Administrative Expenses.....	132,424,888	125,773,906	0	0	0	5,657,215	0	0	768,120	225,647
16. Increase in Reserves for A&H contracts.....	1,238,000	0	0	0	0	1,238,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	516,399,726	488,816,485	0	0	0	23,532,926	0	0	3,456,415	593,900
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	15,859,558	21,551,186	0	0	0	(4,268,756)	0	0	(828,972)	(593,900)
19. Net Investments Gains / (Losses).....	4,107,859	3,934,174	0	0	0	148,498	0	0	20,254	4,933
20. Aggregate write-ins for other expenses.....	(558,168)	(558,168)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	19,409,249	24,927,192	0	0	0	(4,120,258)	0	0	(808,718)	(588,967)
22. Federal and foreign income taxes incurred.....	15,664,577	17,190,633	0	0	0	(1,278,716)	0	0	(266,328)	18,988
23. NET INCOME/(LOSS) (L21 less L22).....	3,744,672	7,736,559	0	0	0	(2,841,542)	0	0	(542,390)	(607,955)
24 Medical Loss Ratio	58.1%	57.3%	0.0%	0.0%	0.0%	78.0%	0.0%	0.0%	90.6%	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.....		1,124	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Health Care Service Corp.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

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.....	547,974	510,963	0	0	0	25,208	0	0	5,941	5,862
2. MEMBER MONTHS.....	1,594,511	1,483,350	0	0	0	75,407	0	0	17,894	17,860
3. Direct Premium Income.....	616,239,696	594,348,083	0	0	0	19,264,170	0	XXXXXXXX	2,627,443	0
4. Net Premium Income.....	616,239,696	594,348,083	0	0	0	19,264,170	0	0	2,627,443	0
5. Change in unearned premium reserve and reserve for rate credits.....	(83,980,412)	(83,980,412)	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.....	639,938	0	0	0	0	0	0	0	0	639,938
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).....	532,899,222	510,367,671	0	0	0	19,264,170	0	0	2,627,443	639,938
11. Hospital & Medical Benefits.....	377,570,935	360,162,793	0	0	0	15,028,430	0	0	2,379,712	0
12. Net Reins Recoveries Incurred.....	19,560,000	19,560,000	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	358,010,935	340,602,793	0	0	0	15,028,430	0	0	2,379,712	0
14. Claims Adjustment Expenses.....	24,725,903	22,439,786	0	0	0	1,609,281	0	0	308,583	368,253
15. General Administrative Expenses.....	132,424,888	125,773,906	0	0	0	5,657,215	0	0	768,120	225,647
16. Increase in Reserves for A&H contracts.....	1,238,000	0	0	0	0	1,238,000	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	516,399,726	488,816,485	0	0	0	23,532,926	0	0	3,456,415	593,900
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	16,499,496	21,551,186	0	0	0	(4,268,756)	0	0	(828,972)	46,038
19. Net Investments Gains / (Losses).....	4,107,859	3,934,174	0	0	0	148,498	0	0	20,254	4,933
20. Aggregate write-ins for other expenses.....	(558,168)	(558,168)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	20,049,187	24,927,192	0	0	0	(4,120,258)	0	0	(808,718)	50,971
22. Federal and foreign income taxes incurred.....	15,664,577	17,190,633	0	0	0	(1,278,716)	0	0	(266,328)	18,988
23. NET INCOME/(LOSS) (L21 less L22).....	4,384,610	7,736,559	0	0	0	(2,841,542)	0	0	(542,390)	31,983
24 Medical Loss Ratio	58.1%	57.3%	0.0%	0.0%	0.0%	78.0%	0.0%	0.0%	90.6%	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.....		1,124	of Texas enrollees and Federal employees.)			0				