

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**  
(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.....	29,303	0	0	29,303	0	0	0	0	0	0
2. MEMBER MONTHS.....	87,627	0	0	87,627	0	0	0	0	0	0
3. Direct Premium Income.....	103,240,201	0	0	103,240,201	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	102,753,577	0	0	102,753,577	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,268)	0	0	(4,268)	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).....	102,749,309	0	0	102,749,309	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	94,079,659	0	0	94,079,659	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	488,930	0	0	488,930	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	93,590,729	0	0	93,590,729	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,122,269	0	0	3,122,269	0	0	0	0	0	0
15. General Administrative Expenses.....	12,095,869	0	0	12,095,869	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).....	108,808,867	0	0	108,808,867	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,059,558)	0	0	(6,059,558)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	158,400	0	0	158,400	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(10,055)	0	0	(10,055)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,911,213)	0	0	(5,911,213)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	276,218	0	0	276,218	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(6,187,431)	0	0	(6,187,431)	0	0	0	0	0	0
24 Medical Loss Ratio	91.1%	0.0%	0.0%	91.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	29,303	0	0	29,303	0	0	0	0	0	0
2. MEMBER MONTHS.....	87,627	0	0	87,627	0	0	0	0	0	0
3. Direct Premium Income.....	103,240,201	0	0	103,240,201	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	102,753,577	0	0	102,753,577	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,268)	0	0	(4,268)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXX	0	0	0	XXXXXXX	XXXXXXX	XXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXX	0	0	0	XXXXXXX	XXXXXXX	0	XXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	102,749,309	0	0	102,749,309	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	94,079,659	0	0	94,079,659	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	488,930	0	0	488,930	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	93,590,729	0	0	93,590,729	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,122,269	0	0	3,122,269	0	0	0	0	0	0
15. General Administrative Expenses.....	12,095,869	0	0	12,095,869	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).....	108,808,867	0	0	108,808,867	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,059,558)	0	0	(6,059,558)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	158,400	0	0	158,400	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(10,055)	0	0	(10,055)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,911,213)	0	0	(5,911,213)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	276,218	0	0	276,218	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(6,187,431)	0	0	(6,187,431)	0	0	0	0	0	0
24 Medical Loss Ratio	91.1%	0.0%	0.0%	91.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Physicians Health Choice of Texas, LLC**

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	8,233	0	0	0	0	0	0	8,233	0	0
2. First Quarter	8,831	0	0	0	0	0	0	8,831	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	26,407	0	0	0	0	0	0	26,407	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	44,328	0	0	0	0	0	0	44,328	0	0
8. Non-Physician	34,153	0	0	0	0	0	0	34,153	0	0
9. Total	78,481	0	0	0	0	0	0	78,481	0	0
10. Hospital Patient Days Incurred	4,169	0	0	0	0	0	0	4,169	0	0
11. Number of Inpatient Admissions	800	0	0	0	0	0	0	800	0	0
12. Health Premiums Written	27,461,893	0	0	0	0	0	0	27,461,893	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	27,621,586	0	0	0	0	0	0	27,621,586	0	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	23,640,498	0	0	0	0	0	0	23,640,498	0	0
18. Amount Incurred for Provision of Health Care Services	24,498,270	0	0	0	0	0	0	24,498,270	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	8,831	0	0	8,831	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,407	0	0	26,407	0	0	0	0	0	0
3. Direct Premium Income.....	27,461,892	0	0	27,461,892	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	27,307,268	0	0	27,307,268	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	159,693	0	0	159,693	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	27,466,961	0	0	27,466,961	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	24,498,270	0	0	24,498,270	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	120,472	0	0	120,472	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	24,377,798	0	0	24,377,798	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	830,524	0	0	830,524	0	0	0	0	0	0
15. General Administrative Expenses.....	3,217,500	0	0	3,217,500	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).....	28,425,822	0	0	28,425,822	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(958,861)	0	0	(958,861)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,881)	0	0	(2,881)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(961,742)	0	0	(961,742)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	271,939	0	0	271,939	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,233,681)	0	0	(1,233,681)	0	0	0	0	0	0
24 Medical Loss Ratio	89.3%	0.0%	0.0%	89.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	8,831	0	0	8,831	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,407	0	0	26,407	0	0	0	0	0	0
3. Direct Premium Income.....	27,461,892	0	0	27,461,892	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	27,307,268	0	0	27,307,268	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	159,693	0	0	159,693	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	27,466,961	0	0	27,466,961	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	24,498,270	0	0	24,498,270	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	120,472	0	0	120,472	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	24,377,798	0	0	24,377,798	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	830,524	0	0	830,524	0	0	0	0	0	0
15. General Administrative Expenses.....	3,217,500	0	0	3,217,500	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).....	28,425,822	0	0	28,425,822	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(958,861)	0	0	(958,861)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,881)	0	0	(2,881)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(961,742)	0	0	(961,742)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	271,939	0	0	271,939	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,233,681)	0	0	(1,233,681)	0	0	0	0	0	0
24 Medical Loss Ratio	89.3%	0.0%	0.0%	89.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Physicians Health Choice of Texas, LLC**

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	12,118	0	0	0	0	0	0	12,118	0	0
2. First Quarter	12,878	0	0	0	0	0	0	12,878	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	38,511	0	0	0	0	0	0	38,511	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	64,643	0	0	0	0	0	0	64,643	0	0
8. Non-Physician	49,806	0	0	0	0	0	0	49,806	0	0
9. Total	114,449	0	0	0	0	0	0	114,449	0	0
10. Hospital Patient Days Incurred	6,078	0	0	0	0	0	0	6,078	0	0
11. Number of Inpatient Admissions	1,166	0	0	0	0	0	0	1,166	0	0
12. Health Premiums Written	47,593,733	0	0	0	0	0	0	47,593,733	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	47,282,122	0	0	0	0	0	0	47,282,122	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	40,467,370	0	0	0	0	0	0	40,467,370	0	0
18. Amount Incurred for Provision of Health Care Services	43,030,963	0	0	0	0	0	0	43,030,963	0	0

**TEXAS HMO SUPPLEMENT**

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	12,878	0	0	12,878	0	0	0	0	0	0
2. MEMBER MONTHS.....	38,511	0	0	38,511	0	0	0	0	0	0
3. Direct Premium Income.....	47,593,733	0	0	47,593,733	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	47,408,412	0	0	47,408,412	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(311,611)	0	0	(311,611)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	47,096,801	0	0	47,096,801	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	43,030,963	0	0	43,030,963	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	177,572	0	0	177,572	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	42,853,391	0	0	42,853,391	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,439,366	0	0	1,439,366	0	0	0	0	0	0
15. General Administrative Expenses.....	5,576,196	0	0	5,576,196	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).....	49,868,953	0	0	49,868,953	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,772,152)	0	0	(2,772,152)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	158,400	0	0	158,400	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(4,168)	0	0	(4,168)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,617,920)	0	0	(2,617,920)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	162,161	0	0	162,161	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,780,081)	0	0	(2,780,081)	0	0	0	0	0	0
24 Medical Loss Ratio	90.4%	0.0%	0.0%	90.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

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

**TEXAS HMO SUPPLEMENT**

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	12,878	0	0	12,878	0	0	0	0	0	0
2. MEMBER MONTHS.....	38,511	0	0	38,511	0	0	0	0	0	0
3. Direct Premium Income.....	47,593,733	0	0	47,593,733	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	47,408,412	0	0	47,408,412	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(311,611)	0	0	(311,611)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	47,096,801	0	0	47,096,801	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	43,030,963	0	0	43,030,963	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	177,572	0	0	177,572	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	42,853,391	0	0	42,853,391	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,439,366	0	0	1,439,366	0	0	0	0	0	0
15. General Administrative Expenses.....	5,576,196	0	0	5,576,196	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).....	49,868,953	0	0	49,868,953	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,772,152)	0	0	(2,772,152)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	158,400	0	0	158,400	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(4,168)	0	0	(4,168)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,617,920)	0	0	(2,617,920)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	162,161	0	0	162,161	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,780,081)	0	0	(2,780,081)	0	0	0	0	0	0
24 Medical Loss Ratio	90.4%	0.0%	0.0%	90.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Physicians Health Choice of Texas, LLC**

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	2,767	0	0	0	0	0	0	2,767	0	0
2. First Quarter	2,778	0	0	0	0	0	0	2,778	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	8,308	0	0	0	0	0	0	8,308	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	13,945	0	0	0	0	0	0	13,945	0	0
8. Non-Physician	10,744	0	0	0	0	0	0	10,744	0	0
9. Total	24,689	0	0	0	0	0	0	24,689	0	0
10. Hospital Patient Days Incurred	1,311	0	0	0	0	0	0	1,311	0	0
11. Number of Inpatient Admissions	252	0	0	0	0	0	0	252	0	0
12. Health Premiums Written	10,530,501	0	0	0	0	0	0	10,530,501	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	10,519,739	0	0	0	0	0	0	10,519,739	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	9,003,534	0	0	0	0	0	0	9,003,534	0	0
18. Amount Incurred for Provision of Health Care Services	9,428,664	0	0	0	0	0	0	9,428,664	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	2,778	0	0	2,778	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,308	0	0	8,308	0	0	0	0	0	0
3. Direct Premium Income.....	10,530,501	0	0	10,530,501	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	10,475,571	0	0	10,475,571	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(10,762)	0	0	(10,762)	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).....	10,464,809	0	0	10,464,809	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,428,664	0	0	9,428,664	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	68,433	0	0	68,433	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,360,231	0	0	9,360,231	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	318,471	0	0	318,471	0	0	0	0	0	0
15. General Administrative Expenses.....	1,233,779	0	0	1,233,779	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).....	10,912,481	0	0	10,912,481	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(447,672)	0	0	(447,672)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(280)	0	0	(280)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(447,952)	0	0	(447,952)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	78,548	0	0	78,548	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(526,500)	0	0	(526,500)	0	0	0	0	0	0
24 Medical Loss Ratio	89.4%	0.0%	0.0%	89.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(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.....	2,778	0	0	2,778	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,308	0	0	8,308	0	0	0	0	0	0
3. Direct Premium Income.....	10,530,501	0	0	10,530,501	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	10,475,571	0	0	10,475,571	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(10,762)	0	0	(10,762)	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).....	10,464,809	0	0	10,464,809	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,428,664	0	0	9,428,664	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	68,433	0	0	68,433	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,360,231	0	0	9,360,231	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	318,471	0	0	318,471	0	0	0	0	0	0
15. General Administrative Expenses.....	1,233,779	0	0	1,233,779	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).....	10,912,481	0	0	10,912,481	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(447,672)	0	0	(447,672)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(280)	0	0	(280)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(447,952)	0	0	(447,952)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	78,548	0	0	78,548	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(526,500)	0	0	(526,500)	0	0	0	0	0	0
24 Medical Loss Ratio	89.4%	0.0%	0.0%	89.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Physicians Health Choice of Texas, LLC**

REPORT FOR DIVISION: **Rio Grande**

(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	4,624	0	0	0	0	0	0	4,624	0	0
2. First Quarter	4,816	0	0	0	0	0	0	4,816	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	14,401	0	0	0	0	0	0	14,401	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	24,175	0	0	0	0	0	0	24,175	0	0
8. Non-Physician	18,626	0	0	0	0	0	0	18,626	0	0
9. Total	42,801	0	0	0	0	0	0	42,801	0	0
10. Hospital Patient Days Incurred	2,273	0	0	0	0	0	0	2,273	0	0
11. Number of Inpatient Admissions	436	0	0	0	0	0	0	436	0	0
12. Health Premiums Written	17,654,075	0	0	0	0	0	0	17,654,075	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	17,812,487	0	0	0	0	0	0	17,812,487	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	15,245,181	0	0	0	0	0	0	15,245,181	0	0
18. Amount Incurred for Provision of Health Care Services	17,121,762	0	0	0	0	0	0	17,121,762	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Rio Grande**

(Location)

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

Indicate Reporting Period: Current Quarter  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4,816	0	0	4,816	0	0	0	0	0	0
2. MEMBER MONTHS.....	14,401	0	0	14,401	0	0	0	0	0	0
3. Direct Premium Income.....	17,654,075	0	0	17,654,075	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	17,562,326	0	0	17,562,326	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	158,412	0	0	158,412	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	17,720,738	0	0	17,720,738	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	17,121,762	0	0	17,121,762	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	122,453	0	0	122,453	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,999,309	0	0	16,999,309	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	533,908	0	0	533,908	0	0	0	0	0	0
15. General Administrative Expenses.....	2,068,394	0	0	2,068,394	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).....	19,601,611	0	0	19,601,611	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,880,873)	0	0	(1,880,873)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,726)	0	0	(2,726)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,883,599)	0	0	(1,883,599)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(236,431)	0	0	(236,431)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,647,168)	0	0	(1,647,168)	0	0	0	0	0	0
24 Medical Loss Ratio	96.8%	0.0%	0.0%	96.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

OF THE **Physicians Health Choice of Texas, LLC**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Rio Grande**

(Location)

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

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4,816	0	0	4,816	0	0	0	0	0	0
2. MEMBER MONTHS.....	14,401	0	0	14,401	0	0	0	0	0	0
3. Direct Premium Income.....	17,654,075	0	0	17,654,075	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	17,562,326	0	0	17,562,326	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	158,412	0	0	158,412	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	17,720,738	0	0	17,720,738	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	17,121,762	0	0	17,121,762	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	122,453	0	0	122,453	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,999,309	0	0	16,999,309	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	533,908	0	0	533,908	0	0	0	0	0	0
15. General Administrative Expenses.....	2,068,394	0	0	2,068,394	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).....	19,601,611	0	0	19,601,611	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,880,873)	0	0	(1,880,873)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,726)	0	0	(2,726)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,883,599)	0	0	(1,883,599)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(236,431)	0	0	(236,431)	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,647,168)	0	0	(1,647,168)	0	0	0	0	0	0
24 Medical Loss Ratio	96.8%	0.0%	0.0%	96.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				