

TEXAS HMO SUPPLEMENT

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

OF THE **Molina Healthcare of Texas, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION 'ION / 2. DIVISION **CONSOLIDATED**

(Location)

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

Indicate Reporting Period: **Current Quarter**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	379,976	133,513	17,616	0	0	189,477	0	33,917	5,453	0
2. MEMBER MONTHS.....	1,067,533	324,561	54,426	0	0	570,403	0	101,594	16,549	0
3. Direct Premium Income.....	672,019,790	96,733,209	67,473,426	0	0	504,148,025	0	XXXXXXXX	3,665,130	0
4. Net Premium Income.....	682,933,072	95,950,296	67,465,108	0	0	503,928,423	0	11,929,190	3,660,055	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,736,116)	(9,318,172)	4,085,792	0	0	3,501,516	0	(3,985)	(1,267)	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).....	681,196,956	86,632,124	71,550,900	0	0	507,429,939	0	11,925,205	3,658,788	0
11. Hospital & Medical Benefits.....	580,729,948	63,200,314	72,951,922	0	0	430,062,932	0	12,093,073	2,421,707	0
12. Net Reins Recoveries Incurred.....	2,941,433	2,802,283	0	0	0	139,150	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	577,788,515	60,398,031	72,951,922	0	0	429,923,782	0	12,093,073	2,421,707	0
14. Claims Adjustment Expenses.....	24,063,148	3,217,299	2,782,156	0	0	17,440,142	0	482,457	141,094	0
15. General Administrative Expenses.....	83,432,102	14,156,738	5,550,078	0	0	61,575,141	0	1,803,749	346,396	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).....	685,283,765	77,772,068	81,284,156	0	0	508,939,065	0	14,379,279	2,909,197	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,086,809)	8,860,056	(9,733,256)	0	0	(1,509,126)	0	(2,454,074)	749,591	0
19. Net Investments Gains / (Losses).....	709,465	100,341	69,990	0	0	522,950	0	12,382	3,802	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,377,344)	8,960,397	(9,663,266)	0	0	(986,176)	0	(2,441,692)	753,393	0
22. Federal and foreign income taxes incurred.....	6,686,900	(17,740,930)	19,132,561	0	0	1,952,557	0	4,834,372	(1,491,660)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(10,064,244)	26,701,327	(28,795,827)	0	0	(2,938,733)	0	(7,276,064)	2,245,053	0
24 Medical Loss Ratio	84.6%	62.9%	108.1%	0.0%	0.0%	85.3%	0.0%	101.4%	66.2%	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 **Molina Healthcare of Texas, Inc.**
(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION 'ION / 2. DIVISION **CONSOLIDATED**

(Location)

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

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	379,976	133,513	17,616	0	0	189,477	0	33,917	5,453	0
2. MEMBER MONTHS.....	1,067,533	324,561	54,426	0	0	570,403	0	101,594	16,549	0
3. Direct Premium Income.....	672,019,790	96,733,209	67,473,426	0	0	504,148,025	0	XXXXXXX	3,665,130	0
4. Net Premium Income.....	682,933,072	95,950,296	67,465,108	0	0	503,928,423	0	11,929,190	3,660,055	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,736,116)	(9,318,172)	4,085,792	0	0	3,501,516	0	(3,985)	(1,267)	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).....	681,196,956	86,632,124	71,550,900	0	0	507,429,939	0	11,925,205	3,658,788	0
11. Hospital & Medical Benefits.....	580,729,948	63,200,314	72,951,922	0	0	430,062,932	0	12,093,073	2,421,707	0
12. Net Reins Recoveries Incurred.....	2,941,433	2,802,283	0	0	0	139,150	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	577,788,515	60,398,031	72,951,922	0	0	429,923,782	0	12,093,073	2,421,707	0
14. Claims Adjustment Expenses.....	24,063,148	3,217,299	2,782,156	0	0	17,440,142	0	482,457	141,094	0
15. General Administrative Expenses.....	83,432,102	14,156,738	5,550,078	0	0	61,575,141	0	1,803,749	346,396	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).....	685,283,765	77,772,068	81,284,156	0	0	508,939,065	0	14,379,279	2,909,197	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,086,809)	8,860,056	(9,733,256)	0	0	(1,509,126)	0	(2,454,074)	749,591	0
19. Net Investments Gains / (Losses).....	709,465	100,341	69,990	0	0	522,950	0	12,382	3,802	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,377,344)	8,960,397	(9,663,266)	0	0	(986,176)	0	(2,441,692)	753,393	0
22. Federal and foreign income taxes incurred.....	6,686,900	(17,740,930)	19,132,561	0	0	1,952,557	0	4,834,372	(1,491,660)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(10,064,244)	26,701,327	(28,795,827)	0	0	(2,938,733)	0	(7,276,064)	2,245,053	0
24 Medical Loss Ratio	84.6%	62.9%	108.1%	0.0%	0.0%	85.3%	0.0%	101.4%	66.2%	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 **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	39,732	1,959	0	0	0	0	0	0	37,773	0
2. First Quarter	39,827	1,959	0	0	0	0	0	0	37,868	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	120,188	6,075	0	0	0	0	0	0	114,113	0
Total Member Ambulatory Encounters for Year:										
7. Physician	54,719	2,511	0	0	0	0	0	0	52,208	0
8. Non-Physician	106,787	4,414	0	0	0	0	0	0	102,373	0
9. Total	161,506	6,925	0	0	0	0	0	0	154,581	0
10. Hospital Patient Days Incurred	200,298	35	0	0	0	0	0	0	200,263	0
11. Number of Inpatient Admissions	26,184	13	0	0	0	0	0	0	26,171	0
12. Health Premiums Written	114,321,625	1,714,512	0	0	0	0	0	0	112,607,113	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	114,564,958	1,713,940	0	0	0	0	0	0	112,851,018	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	96,148,619	1,230,374	0	0	0	0	0	0	94,918,245	0
18. Amount Incurred for Provision of Health Care Services	100,249,355	1,186,323	0	0	0	0	0	0	99,063,032	0

TEXAS HMO SUPPLEMENT

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

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston
(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	73,744	0	0	0	0	37,868	0	33,917	1,959	0
2. MEMBER MONTHS.....	221,782	0	0	0	0	114,113	0	101,594	6,075	0
3. Direct Premium Income.....	114,321,625	0	0	0	0	112,607,113	0	XXXXXXXX	1,714,512	0
4. Net Premium Income.....	126,217,098	0	0	0	0	112,573,675	0	11,929,190	1,714,233	0
5. Change in unearned premium reserve and reserve for rate credits.....	239,348	0	0	0	0	243,905	0	(3,985)	(572)	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).....	126,456,446	0	0	0	0	112,817,580	0	11,925,205	1,713,661	0
11. Hospital & Medical Benefits.....	112,342,428	0	0	0	0	99,063,032	0	12,093,073	1,186,323	0
12. Net Reins Recoveries Incurred.....	(9,214)	0	0	0	0	(9,214)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	112,351,642	0	0	0	0	99,072,246	0	12,093,073	1,186,323	0
14. Claims Adjustment Expenses.....	4,510,605	0	0	0	0	3,961,001	0	482,457	67,147	0
15. General Administrative Expenses.....	11,134,592	0	0	0	0	9,159,707	0	1,803,749	171,136	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).....	127,996,839	0	0	0	0	112,192,954	0	14,379,279	1,424,606	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,540,393)	0	0	0	0	624,626	0	(2,454,074)	289,055	0
19. Net Investments Gains / (Losses).....	130,967	0	0	0	0	116,807	0	12,382	1,778	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,409,426)	0	0	0	0	741,433	0	(2,441,692)	290,833	0
22. Federal and foreign income taxes incurred.....	2,790,558	0	0	0	0	(1,467,984)	0	4,834,372	(575,830)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,199,984)	0	0	0	0	2,209,417	0	(7,276,064)	866,663	0
24 Medical Loss Ratio	89.0%	0.0%	0.0%	0.0%	0.0%	88.0%	0.0%	101.4%	69.2%	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 **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston
(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	73,744	0	0	0	0	37,868	0	33,917	1,959	0
2. MEMBER MONTHS.....	221,782	0	0	0	0	114,113	0	101,594	6,075	0
3. Direct Premium Income.....	114,321,625	0	0	0	0	112,607,113	0	XXXXXXXX	1,714,512	0
4. Net Premium Income.....	126,217,098	0	0	0	0	112,573,675	0	11,929,190	1,714,233	0
5. Change in unearned premium reserve and reserve for rate credits.....	239,348	0	0	0	0	243,905	0	(3,985)	(572)	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).....	126,456,446	0	0	0	0	112,817,580	0	11,925,205	1,713,661	0
11. Hospital & Medical Benefits.....	112,342,428	0	0	0	0	99,063,032	0	12,093,073	1,186,323	0
12. Net Reins Recoveries Incurred.....	(9,214)	0	0	0	0	(9,214)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	112,351,642	0	0	0	0	99,072,246	0	12,093,073	1,186,323	0
14. Claims Adjustment Expenses.....	4,510,605	0	0	0	0	3,961,001	0	482,457	67,147	0
15. General Administrative Expenses.....	11,134,592	0	0	0	0	9,159,707	0	1,803,749	171,136	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).....	127,996,839	0	0	0	0	112,192,954	0	14,379,279	1,424,606	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,540,393)	0	0	0	0	624,626	0	(2,454,074)	289,055	0
19. Net Investments Gains / (Losses).....	130,967	0	0	0	0	116,807	0	12,382	1,778	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,409,426)	0	0	0	0	741,433	0	(2,441,692)	290,833	0
22. Federal and foreign income taxes incurred.....	2,790,558	0	0	0	0	(1,467,984)	0	4,834,372	(575,830)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,199,984)	0	0	0	0	2,209,417	0	(7,276,064)	866,663	0
24 Medical Loss Ratio	89.0%	0.0%	0.0%	0.0%	0.0%	88.0%	0.0%	101.4%	69.2%	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 **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	114,538	11,930	0	0	0	0	0	17,974	84,634	0
2. First Quarter	235,201	133,513	0	0	0	0	0	17,616	84,072	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	632,791	324,561	0	0	0	0	0	54,426	253,804	0
Total Member Ambulatory Encounters for Year:										
7. Physician	268,643	77,895	0	0	0	0	0	55,342	135,406	0
8. Non-Physician	402,993	59,683	0	0	0	0	0	72,817	270,493	0
9. Total	671,636	137,578	0	0	0	0	0	128,159	405,899	0
10. Hospital Patient Days Incurred	227,620	3,898	0	0	0	0	0	33,910	189,812	0
11. Number of Inpatient Admissions	32,639	715	0	0	0	0	0	3,223	28,701	0
12. Health Premiums Written	332,328,090	96,733,209	0	0	0	0	0	67,473,426	168,121,455	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	328,772,071	87,415,037	0	0	0	0	0	71,559,218	169,797,816	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	205,511,867	7,461,748	0	0	0	0	0	67,816,669	130,233,450	0
18. Amount Incurred for Provision of Health Care Services	272,204,584	63,200,314	0	0	0	0	0	72,951,922	136,052,348	0

TEXAS HMO SUPPLEMENT

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

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	235,201	133,513	17,616	0	0	84,072	0	0	0	0
2. MEMBER MONTHS.....	632,791	324,561	54,426	0	0	253,804	0	0	0	0
3. Direct Premium Income.....	332,328,090	96,733,209	67,473,426	0	0	168,121,455	0	XXXXXXXX	0	0
4. Net Premium Income.....	331,488,601	95,950,296	67,465,108	0	0	168,073,197	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,556,019)	(9,318,172)	4,085,792	0	0	1,676,361	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).....	327,932,582	86,632,124	71,550,900	0	0	169,749,558	0	0	0	0
11. Hospital & Medical Benefits.....	272,204,584	63,200,314	72,951,922	0	0	136,052,348	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,921,646	2,802,283	0	0	0	119,363	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	269,282,938	60,398,031	72,951,922	0	0	135,932,985	0	0	0	0
14. Claims Adjustment Expenses.....	11,907,557	3,217,299	2,782,156	0	0	5,908,102	0	0	0	0
15. General Administrative Expenses.....	33,438,475	14,156,738	5,550,078	0	0	13,731,659	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).....	314,628,970	77,772,068	81,284,156	0	0	155,572,746	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	13,303,612	8,860,056	(9,733,256)	0	0	14,176,812	0	0	0	0
19. Net Investments Gains / (Losses).....	344,723	100,341	69,990	0	0	174,392	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	13,648,335	8,960,397	(9,663,266)	0	0	14,351,204	0	0	0	0
22. Federal and foreign income taxes incurred.....	(27,022,703)	(17,740,930)	19,132,561	0	0	(28,414,334)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	40,671,038	26,701,327	(28,795,827)	0	0	42,765,538	0	0	0	0
24 Medical Loss Ratio	81.2%	62.9%	108.1%	0.0%	0.0%	80.9%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	235,201	133,513	17,616	0	0	84,072	0	0	0	0
2. MEMBER MONTHS.....	632,791	324,561	54,426	0	0	253,804	0	0	0	0
3. Direct Premium Income.....	332,328,090	96,733,209	67,473,426	0	0	168,121,455	0	XXXXXXXX	0	0
4. Net Premium Income.....	331,488,601	95,950,296	67,465,108	0	0	168,073,197	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,556,019)	(9,318,172)	4,085,792	0	0	1,676,361	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).....	327,932,582	86,632,124	71,550,900	0	0	169,749,558	0	0	0	0
11. Hospital & Medical Benefits.....	272,204,584	63,200,314	72,951,922	0	0	136,052,348	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,921,646	2,802,283	0	0	0	119,363	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	269,282,938	60,398,031	72,951,922	0	0	135,932,985	0	0	0	0
14. Claims Adjustment Expenses.....	11,907,557	3,217,299	2,782,156	0	0	5,908,102	0	0	0	0
15. General Administrative Expenses.....	33,438,475	14,156,738	5,550,078	0	0	13,731,659	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).....	314,628,970	77,772,068	81,284,156	0	0	155,572,746	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	13,303,612	8,860,056	(9,733,256)	0	0	14,176,812	0	0	0	0
19. Net Investments Gains / (Losses).....	344,723	100,341	69,990	0	0	174,392	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	13,648,335	8,960,397	(9,663,266)	0	0	14,351,204	0	0	0	0
22. Federal and foreign income taxes incurred.....	(27,022,703)	(17,740,930)	19,132,561	0	0	(28,414,334)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	40,671,038	26,701,327	(28,795,827)	0	0	42,765,538	0	0	0	0
24 Medical Loss Ratio	81.2%	62.9%	108.1%	0.0%	0.0%	80.9%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	58,300	3,300	0	0	0	0	0	0	55,000	0
2. First Quarter	58,451	3,494	0	0	0	0	0	0	54,957	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	175,422	10,474	0	0	0	0	0	0	164,948	0
Total Member Ambulatory Encounters for Year:										
7. Physician	81,464	3,854	0	0	0	0	0	0	77,610	0
8. Non-Physician	179,844	7,771	0	0	0	0	0	0	172,073	0
9. Total	261,308	11,625	0	0	0	0	0	0	249,683	0
10. Hospital Patient Days Incurred	304,605	93	0	0	0	0	0	0	304,512	0
11. Number of Inpatient Admissions	43,941	35	0	0	0	0	0	0	43,906	0
12. Health Premiums Written	186,880,586	1,950,619	0	0	0	0	0	0	184,929,967	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	187,720,654	1,949,923	0	0	0	0	0	0	185,770,731	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	155,857,926	1,281,257	0	0	0	0	0	0	154,576,669	0
18. Amount Incurred for Provision of Health Care Services	162,605,945	1,235,384	0	0	0	0	0	0	161,370,561	0

TEXAS HMO SUPPLEMENT

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

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

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

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	58,451	0	0	0	0	54,957	0	0	3,494	0
2. MEMBER MONTHS.....	175,422	0	0	0	0	164,948	0	0	10,474	0
3. Direct Premium Income.....	186,880,586	0	0	0	0	184,929,967	0	XXXXXXXX	1,950,619	0
4. Net Premium Income.....	186,746,896	0	0	0	0	184,801,074	0	0	1,945,822	0
5. Change in unearned premium reserve and reserve for rate credits.....	840,068	0	0	0	0	840,764	0	0	(696)	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).....	187,586,964	0	0	0	0	185,641,838	0	0	1,945,126	0
11. Hospital & Medical Benefits.....	162,605,945	0	0	0	0	161,370,561	0	0	1,235,384	0
12. Net Reins Recoveries Incurred.....	29,000	0	0	0	0	29,000	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	162,576,945	0	0	0	0	161,341,561	0	0	1,235,384	0
14. Claims Adjustment Expenses.....	6,269,864	0	0	0	0	6,195,916	0	0	73,948	0
15. General Administrative Expenses.....	35,693,688	0	0	0	0	35,518,428	0	0	175,260	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).....	204,540,497	0	0	0	0	203,055,905	0	0	1,484,592	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(16,953,533)	0	0	0	0	(17,414,067)	0	0	460,534	0
19. Net Investments Gains / (Losses).....	193,850	0	0	0	0	191,827	0	0	2,023	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(16,759,683)	0	0	0	0	(17,222,240)	0	0	462,557	0
22. Federal and foreign income taxes incurred.....	33,182,943	0	0	0	0	34,098,774	0	0	(915,831)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(49,942,626)	0	0	0	0	(51,321,014)	0	0	1,378,388	0
24 Medical Loss Ratio	87.1%	0.0%	0.0%	0.0%	0.0%	87.3%	0.0%	0.0%	63.5%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

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

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	58,451	0	0	0	0	54,957	0	0	3,494	0
2. MEMBER MONTHS.....	175,422	0	0	0	0	164,948	0	0	10,474	0
3. Direct Premium Income.....	186,880,586	0	0	0	0	184,929,967	0	XXXXXXXX	1,950,619	0
4. Net Premium Income.....	186,746,896	0	0	0	0	184,801,074	0	0	1,945,822	0
5. Change in unearned premium reserve and reserve for rate credits.....	840,068	0	0	0	0	840,764	0	0	(696)	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).....	187,586,964	0	0	0	0	185,641,838	0	0	1,945,126	0
11. Hospital & Medical Benefits.....	162,605,945	0	0	0	0	161,370,561	0	0	1,235,384	0
12. Net Reins Recoveries Incurred.....	29,000	0	0	0	0	29,000	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	162,576,945	0	0	0	0	161,341,561	0	0	1,235,384	0
14. Claims Adjustment Expenses.....	6,269,864	0	0	0	0	6,195,916	0	0	73,948	0
15. General Administrative Expenses.....	35,693,688	0	0	0	0	35,518,428	0	0	175,260	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).....	204,540,497	0	0	0	0	203,055,905	0	0	1,484,592	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(16,953,533)	0	0	0	0	(17,414,067)	0	0	460,534	0
19. Net Investments Gains / (Losses).....	193,850	0	0	0	0	191,827	0	0	2,023	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(16,759,683)	0	0	0	0	(17,222,240)	0	0	462,557	0
22. Federal and foreign income taxes incurred.....	33,182,943	0	0	0	0	34,098,774	0	0	(915,831)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(49,942,626)	0	0	0	0	(51,321,014)	0	0	1,378,388	0
24 Medical Loss Ratio	87.1%	0.0%	0.0%	0.0%	0.0%	87.3%	0.0%	0.0%	63.5%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Molina Healthcare of Texas, Inc.**

REPORT FOR DIVISION: **EI Paso**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	12,631	0	0	0	0	0	0	0	12,631	0
2. First Quarter	12,580	0	0	0	0	0	0	0	12,580	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	37,538	0	0	0	0	0	0	0	37,538	0
Total Member Ambulatory Encounters for Year:										
7. Physician	21,389	0	0	0	0	0	0	0	21,389	0
8. Non-Physician	98,632	0	0	0	0	0	0	0	98,632	0
9. Total	120,021	0	0	0	0	0	0	0	120,021	0
10. Hospital Patient Days Incurred	35,532	0	0	0	0	0	0	0	35,532	0
11. Number of Inpatient Admissions	4,449	0	0	0	0	0	0	0	4,449	0
12. Health Premiums Written	38,489,490	0	0	0	0	0	0	0	38,489,490	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	39,229,976	0	0	0	0	0	0	0	39,229,976	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	32,169,142	0	0	0	0	0	0	0	32,169,142	0
18. Amount Incurred for Provision of Health Care Services	33,576,992	0	0	0	0	0	0	0	33,576,992	0

TEXAS HMO SUPPLEMENT

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

OF THE **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	12,580	0	0	0	0	12,580	0	0	0	0
2. MEMBER MONTHS.....	37,538	0	0	0	0	37,538	0	0	0	0
3. Direct Premium Income.....	38,489,490	0	0	0	0	38,489,490	0	XXXXXXXX	0	0
4. Net Premium Income.....	38,480,476	0	0	0	0	38,480,476	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	740,486	0	0	0	0	740,486	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).....	39,220,962	0	0	0	0	39,220,962	0	0	0	0
11. Hospital & Medical Benefits.....	33,576,992	0	0	0	0	33,576,992	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	33,576,992	0	0	0	0	33,576,992	0	0	0	0
14. Claims Adjustment Expenses.....	1,375,123	0	0	0	0	1,375,123	0	0	0	0
15. General Administrative Expenses.....	3,165,346	0	0	0	0	3,165,346	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).....	38,117,461	0	0	0	0	38,117,461	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,103,501	0	0	0	0	1,103,501	0	0	0	0
19. Net Investments Gains / (Losses).....	39,925	0	0	0	0	39,925	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,143,426	0	0	0	0	1,143,426	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,263,899)	0	0	0	0	(2,263,899)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,407,325	0	0	0	0	3,407,325	0	0	0	0
24 Medical Loss Ratio	87.3%	0.0%	0.0%	0.0%	0.0%	87.3%	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 **Molina Healthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	12,580	0	0	0	0	12,580	0	0	0	0
2. MEMBER MONTHS.....	37,538	0	0	0	0	37,538	0	0	0	0
3. Direct Premium Income.....	38,489,490	0	0	0	0	38,489,490	0	XXXXXXXX	0	0
4. Net Premium Income.....	38,480,476	0	0	0	0	38,480,476	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	740,486	0	0	0	0	740,486	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).....	39,220,962	0	0	0	0	39,220,962	0	0	0	0
11. Hospital & Medical Benefits.....	33,576,992	0	0	0	0	33,576,992	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	33,576,992	0	0	0	0	33,576,992	0	0	0	0
14. Claims Adjustment Expenses.....	1,375,123	0	0	0	0	1,375,123	0	0	0	0
15. General Administrative Expenses.....	3,165,346	0	0	0	0	3,165,346	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).....	38,117,461	0	0	0	0	38,117,461	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,103,501	0	0	0	0	1,103,501	0	0	0	0
19. Net Investments Gains / (Losses).....	39,925	0	0	0	0	39,925	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,143,426	0	0	0	0	1,143,426	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,263,899)	0	0	0	0	(2,263,899)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,407,325	0	0	0	0	3,407,325	0	0	0	0
24. Medical Loss Ratio	87.3%	0.0%	0.0%	0.0%	0.0%	87.3%	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				