

**TEXAS HMO SUPPLEMENT**

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

OF THE **Healthspring Life & Health Ins. Co., 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.....	173,189	0	120,228	0	0	52,961	0	0	0	0
2. MEMBER MONTHS.....	523,359	0	363,078	0	0	160,281	0	0	0	0
3. Direct Premium Income.....	611,376,543	0	391,498,503	0	(1,374)	219,879,413	0	XXXXXXXX	0	0
4. Net Premium Income.....	611,376,543	0	391,498,503	0	(1,374)	219,879,413	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	1,492,779	0	0	0	0	1,492,779	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).....	612,869,322	0	391,498,503	0	(1,374)	221,372,193	0	0	0	0
11. Hospital & Medical Benefits.....	521,002,802	0	327,024,633	0	(1,051,273)	195,029,442	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).....	521,002,802	0	327,024,633	0	(1,051,273)	195,029,442	0	0	0	0
14. Claims Adjustment Expenses.....	37,347,356	0	22,823,813	0	(565)	14,524,109	0	0	0	0
15. General Administrative Expenses.....	81,015,523	0	51,217,153	0	123,223	29,675,147	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(5,781,919)	0	0	0	0	(5,781,919)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	633,583,762	0	401,065,599	0	(928,616)	233,446,780	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(20,714,440)	0	(9,567,095)	0	927,242	(12,074,587)	0	0	0	0
19. Net Investments Gains / (Losses).....	2,565,421	0	1,683,941	0	770,881	110,599	0	0	0	0
20. Aggregate write-ins for other expenses.....	(129,177)	0	(129,177)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(18,278,196)	0	(8,012,331)	0	1,698,123	(11,963,988)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(12,422,258)	0	1,167,688	0	2,508,962	(16,098,908)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,855,938)	0	(9,180,018)	0	(810,840)	4,134,920	0	0	0	0
24 Medical Loss Ratio	85.2%	0.0%	83.5%	0.0%	76506.3%	88.7%	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 **Healthspring Life & Health Ins. Co., 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.....	173,189	0	120,228	0	0	52,961	0	0	0	0
2. MEMBER MONTHS.....	523,359	0	363,078	0	0	160,281	0	0	0	0
3. Direct Premium Income.....	611,376,543	0	391,498,503	0	(1,374)	219,879,413	0	XXXXXXXX	0	0
4. Net Premium Income.....	611,376,543	0	391,498,503	0	(1,374)	219,879,413	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	1,492,779	0	0	0	0	1,492,779	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).....	612,869,322	0	391,498,503	0	(1,374)	221,372,193	0	0	0	0
11. Hospital & Medical Benefits.....	521,002,802	0	327,024,633	0	(1,051,273)	195,029,442	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).....	521,002,802	0	327,024,633	0	(1,051,273)	195,029,442	0	0	0	0
14. Claims Adjustment Expenses.....	37,347,356	0	22,823,813	0	(565)	14,524,109	0	0	0	0
15. General Administrative Expenses.....	81,015,523	0	51,217,153	0	123,223	29,675,147	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(5,781,919)	0	0	0	0	(5,781,919)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	633,583,762	0	401,065,599	0	(928,616)	233,446,780	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(20,714,440)	0	(9,567,095)	0	927,242	(12,074,587)	0	0	0	0
19. Net Investments Gains / (Losses).....	2,565,421	0	1,683,941	0	770,881	110,599	0	0	0	0
20. Aggregate write-ins for other expenses.....	(129,177)	0	(129,177)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(18,278,196)	0	(8,012,331)	0	1,698,123	(11,963,988)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(12,422,258)	0	1,167,688	0	2,508,962	(16,098,908)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,855,938)	0	(9,180,018)	0	(810,840)	4,134,920	0	0	0	0
24 Medical Loss Ratio	85.2%	0.0%	83.5%	0.0%	76506.3%	88.7%	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 **Healthspring Life & Health Ins. Co., Inc.**

REPORT FOR DIVISION: **TX HMO**

(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	161,162	0	0	0	0	0	0	108,040	53,122	0
2. First Quarter	168,584	0	0	0	0	0	0	115,623	52,961	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	509,329	0	0	0	0	0	0	349,048	160,281	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,057,430	0	0	0	0	0	0	635,144	422,286	0
8. Non-Physician	278,149	0	0	0	0	0	0	190,418	87,731	0
9. Total	1,335,579	0	0	0	0	0	0	825,562	510,017	0
10. Hospital Patient Days Incurred	44,075	0	0	0	0	0	0	36,672	7,403	0
11. Number of Inpatient Admissions	7,240	0	0	0	0	0	0	5,846	1,394	0
12. Health Premiums Written	599,325,303	0	0	0	0	0	0	379,445,890	219,879,413	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	603,399,717	0	0	0	0	0	0	380,791,359	222,608,358	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	500,348,025	0	0	0	0	0	0	305,415,591	194,932,434	0
18. Amount Incurred for Provision of Health Care Services	512,352,358	0	0	0	0	0	0	317,322,916	195,029,442	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**TX HMO**

(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.....	168,584	0	115,623	0	0	52,961	0	0	0	0
2. MEMBER MONTHS.....	509,329	0	349,048	0	0	160,281	0	0	0	0
3. Direct Premium Income.....	599,325,303	0	379,445,890	0	0	219,879,413	0	XXXXXXXX	0	0
4. Net Premium Income.....	599,325,303	0	379,445,890	0	0	219,879,413	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	1,492,779	0	0	0	0	1,492,779	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).....	600,818,082	0	379,445,890	0	0	221,372,193	0	0	0	0
11. Hospital & Medical Benefits.....	512,352,358	0	317,322,916	0	0	195,029,442	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).....	512,352,358	0	317,322,916	0	0	195,029,442	0	0	0	0
14. Claims Adjustment Expenses.....	36,752,382	0	22,228,273	0	0	14,524,109	0	0	0	0
15. General Administrative Expenses.....	78,952,211	0	49,277,063	0	0	29,675,147	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(5,781,919)	0	0	0	0	(5,781,919)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	622,275,032	0	388,828,252	0	0	233,446,780	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(21,456,950)	0	(9,382,362)	0	0	(12,074,587)	0	0	0	0
19. Net Investments Gains / (Losses).....	1,785,398	0	1,674,799	0	0	110,599	0	0	0	0
20. Aggregate write-ins for other expenses.....	(117,667)	0	(117,667)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(19,789,218)	0	(7,825,231)	0	0	(11,963,988)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(15,039,852)	0	1,059,056	0	0	(16,098,908)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,749,366)	0	(8,884,287)	0	0	4,134,920	0	0	0	0
24 Medical Loss Ratio	85.5%	0.0%	83.6%	0.0%	0.0%	88.7%	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 Healthspring Life & Health Ins. Co., Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**TX HMO**

(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.....	168,584	0	115,623	0	0	52,961	0	0	0	0
2. MEMBER MONTHS.....	509,329	0	349,048	0	0	160,281	0	0	0	0
3. Direct Premium Income.....	599,325,303	0	379,445,890	0	0	219,879,413	0	XXXXXXXX	0	0
4. Net Premium Income.....	599,325,303	0	379,445,890	0	0	219,879,413	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	1,492,779	0	0	0	0	1,492,779	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).....	600,818,082	0	379,445,890	0	0	221,372,193	0	0	0	0
11. Hospital & Medical Benefits.....	512,352,358	0	317,322,916	0	0	195,029,442	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).....	512,352,358	0	317,322,916	0	0	195,029,442	0	0	0	0
14. Claims Adjustment Expenses.....	36,752,382	0	22,228,273	0	0	14,524,109	0	0	0	0
15. General Administrative Expenses.....	78,952,211	0	49,277,063	0	0	29,675,147	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(5,781,919)	0	0	0	0	(5,781,919)	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	622,275,032	0	388,828,252	0	0	233,446,780	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(21,456,950)	0	(9,382,362)	0	0	(12,074,587)	0	0	0	0
19. Net Investments Gains / (Losses).....	1,785,398	0	1,674,799	0	0	110,599	0	0	0	0
20. Aggregate write-ins for other expenses.....	(117,667)	0	(117,667)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(19,789,218)	0	(7,825,231)	0	0	(11,963,988)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(15,039,852)	0	1,059,056	0	0	(16,098,908)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,749,366)	0	(8,884,287)	0	0	4,134,920	0	0	0	0
24 Medical Loss Ratio	85.5%	0.0%	83.6%	0.0%	0.0%	88.7%	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 **Healthspring Life & Health Ins. Co., Inc.**

REPORT FOR DIVISION: **TX Non-HMO**

(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	1,146	0	0	0	0	0	0	1,146	0	0
2. First Quarter	276	0	0	0	0	0	0	276	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	838	0	0	0	0	0	0	838	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	726	0	0	0	0	0	0	726	0	0
8. Non-Physician	938	0	0	0	0	0	0	938	0	0
9. Total	1,664	0	0	0	0	0	0	1,664	0	0
10. Hospital Patient Days Incurred	101	0	0	0	0	0	0	101	0	0
11. Number of Inpatient Admissions	15	0	0	0	0	0	0	15	0	0
12. Health Premiums Written	721,198	0	0	0	0	0	0	721,430	0	(232)
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	712,408	0	0	0	0	0	0	712,640	0	(232)
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	418,003	0	0	0	0	0	0	551,295	0	(133,291)
18. Amount Incurred for Provision of Health Care Services	395,435	0	0	0	0	0	0	572,915	0	(177,479)

**TEXAS HMO SUPPLEMENT**

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

OF THE **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**TX Non-HMO**

(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.....	276	0	276	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	838	0	838	0	0	0	0	0	0	0
3. Direct Premium Income.....	721,198	0	721,430	0	(232)	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	721,198	0	721,430	0	(232)	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	721,198	0	721,430	0	(232)	0	0	0	0	0
11. Hospital & Medical Benefits.....	395,435	0	572,915	0	(177,479)	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	395,435	0	572,915	0	(177,479)	0	0	0	0	0
14. Claims Adjustment Expenses.....	47,515	0	47,610	0	(95)	0	0	0	0	0
15. General Administrative Expenses.....	122,306	0	102,943	0	19,363	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).....	565,256	0	723,468	0	(158,212)	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	155,942	0	(2,037)	0	157,980	0	0	0	0	0
19. Net Investments Gains / (Losses).....	130,143	0	0	0	130,143	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(344)	0	(344)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	285,741	0	(2,381)	0	288,122	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	300,749	0	51,171	0	249,579	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(15,009)	0	(53,552)	0	38,543	0	0	0	0	0
24 Medical Loss Ratio	54.8%	0.0%	79.4%	0.0%	76506.3%	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 **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**TX Non-HMO**

(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.....	276	0	276	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	838	0	838	0	0	0	0	0	0	0
3. Direct Premium Income.....	721,198	0	721,430	0	(232)	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	721,198	0	721,430	0	(232)	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	721,198	0	721,430	0	(232)	0	0	0	0	0
11. Hospital & Medical Benefits.....	395,435	0	572,915	0	(177,479)	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	395,435	0	572,915	0	(177,479)	0	0	0	0	0
14. Claims Adjustment Expenses.....	47,515	0	47,610	0	(95)	0	0	0	0	0
15. General Administrative Expenses.....	122,306	0	102,943	0	19,363	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).....	565,256	0	723,468	0	(158,212)	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	155,942	0	(2,037)	0	157,980	0	0	0	0	0
19. Net Investments Gains / (Losses).....	130,143	0	0	0	130,143	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(344)	0	(344)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	285,741	0	(2,381)	0	288,122	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	300,749	0	51,171	0	249,579	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(15,009)	0	(53,552)	0	38,543	0	0	0	0	0
24 Medical Loss Ratio	54.8%	0.0%	79.4%	0.0%	76506.3%	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 **Healthspring Life & Health Ins. Co., Inc.**

REPORT FOR DIVISION: **National Part D**

(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	4,328	0	0	0	0	0	0	4,328	0	0
2. First Quarter	4,329	0	0	0	0	0	0	4,329	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	13,192	0	0	0	0	0	0	13,192	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	16,249	0	0	0	0	0	0	16,249	0	0
8. Non-Physician	6,043	0	0	0	0	0	0	6,043	0	0
9. Total	22,292	0	0	0	0	0	0	22,292	0	0
10. Hospital Patient Days Incurred	1,742	0	0	0	0	0	0	1,742	0	0
11. Number of Inpatient Admissions	253	0	0	0	0	0	0	253	0	0
12. Health Premiums Written	11,330,041	0	0	0	0	0	0	11,331,183	0	(1,142)
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	11,292,981	0	0	0	0	0	0	11,294,123	0	(1,142)
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	8,020,705	0	0	0	0	0	0	8,676,945	0	(656,240)
18. Amount Incurred for Provision of Health Care Services	8,255,008	0	0	0	0	0	0	9,128,802	0	(873,794)

**TEXAS HMO SUPPLEMENT**

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

OF THE **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**National Part D**

(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.....	4,329	0	4,329	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,192	0	13,192	0	0	0	0	0	0	0
3. Direct Premium Income.....	11,330,041	0	11,331,183	0	(1,142)	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	11,330,041	0	11,331,183	0	(1,142)	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	11,330,041	0	11,331,183	0	(1,142)	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,255,008	0	9,128,802	0	(873,794)	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,255,008	0	9,128,802	0	(873,794)	0	0	0	0	0
14. Claims Adjustment Expenses.....	547,459	0	547,929	0	(470)	0	0	0	0	0
15. General Administrative Expenses.....	1,941,007	0	1,837,147	0	103,860	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).....	10,743,474	0	11,513,879	0	(770,404)	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	586,567	0	(182,696)	0	769,262	0	0	0	0	0
19. Net Investments Gains / (Losses).....	649,880	0	9,142	0	640,738	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(11,165)	0	(11,165)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,225,282	0	(184,719)	0	1,410,000	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,316,845	0	57,461	0	2,259,384	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,091,563)	0	(242,180)	0	(849,383)	0	0	0	0	0
24 Medical Loss Ratio	72.9%	0.0%	80.6%	0.0%	76506.3%	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 **Healthspring Life & Health Ins. Co., Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**National Part D**

(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.....	4,329	0	4,329	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	13,192	0	13,192	0	0	0	0	0	0	0
3. Direct Premium Income.....	11,330,041	0	11,331,183	0	(1,142)	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	11,330,041	0	11,331,183	0	(1,142)	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	11,330,041	0	11,331,183	0	(1,142)	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,255,008	0	9,128,802	0	(873,794)	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,255,008	0	9,128,802	0	(873,794)	0	0	0	0	0
14. Claims Adjustment Expenses.....	547,459	0	547,929	0	(470)	0	0	0	0	0
15. General Administrative Expenses.....	1,941,007	0	1,837,147	0	103,860	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).....	10,743,474	0	11,513,879	0	(770,404)	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	586,567	0	(182,696)	0	769,262	0	0	0	0	0
19. Net Investments Gains / (Losses).....	649,880	0	9,142	0	640,738	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(11,165)	0	(11,165)	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,225,282	0	(184,719)	0	1,410,000	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,316,845	0	57,461	0	2,259,384	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,091,563)	0	(242,180)	0	(849,383)	0	0	0	0	0
24 Medical Loss Ratio	72.9%	0.0%	80.6%	0.0%	76506.3%	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				