

**TEXAS HMO SUPPLEMENT**

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

OF THE **Today's Options 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.....	160	0	0	160	0	0	0	0	0	0
2. MEMBER MONTHS.....	464	0	0	464	0	0	0	0	0	0
3. Direct Premium Income.....	577,905	0	0	577,905	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	576,778	0	0	576,778	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	576,778	0	0	576,778	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	512,178	0	0	512,178	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	512,178	0	0	512,178	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	45,134	0	0	45,134	0	0	0	0	0	0
15. General Administrative Expenses.....	134,441	0	0	134,441	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).....	691,753	0	0	691,753	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(114,975)	0	0	(114,975)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	950	0	0	950	0	0	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).....	(114,025)	0	0	(114,025)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(114,025)	0	0	(114,025)	0	0	0	0	0	0
24 Medical Loss Ratio	88.8%	0.0%	0.0%	88.8%	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 **Today's Options 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.....	160	0	0	160	0	0	0	0	0	0
2. MEMBER MONTHS.....	464	0	0	464	0	0	0	0	0	0
3. Direct Premium Income.....	577,905	0	0	577,905	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	576,778	0	0	576,778	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXX	0	0	0	0	XXXXXXX	XXXXXXX	XXXXXXX	0
7. Risk Revenue.....	0	XXXXXXX	0	0	0	XXXXXXX	XXXXXXX	0	XXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	576,778	0	0	576,778	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	512,178	0	0	512,178	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	512,178	0	0	512,178	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	45,134	0	0	45,134	0	0	0	0	0	0
15. General Administrative Expenses.....	134,441	0	0	134,441	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).....	691,753	0	0	691,753	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(114,975)	0	0	(114,975)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	950	0	0	950	0	0	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).....	(114,025)	0	0	(114,025)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(114,025)	0	0	(114,025)	0	0	0	0	0	0
24 Medical Loss Ratio	88.8%	0.0%	0.0%	88.8%	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				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Today's Options of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	119	0	0	0	0	0	0	119	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	345	0	0	0	0	0	0	345	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1	0	0	0	0	0	0	1	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	1	0	0	0	0	0	0	1	0	0
10. Hospital Patient Days Incurred	52	0	0	0	0	0	0	52	0	0
11. Number of Inpatient Admissions	6	0	0	0	0	0	0	6	0	0
12. Health Premiums Written	429,939	0	0	0	0	0	0	429,939	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	429,939	0	0	0	0	0	0	429,939	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	66,158	0	0	0	0	0	0	66,158	0	0
18. Amount Incurred for Provision of Health Care Services	381,041	0	0	0	0	0	0	381,041	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Today's Options 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.....	119	0	0	119	0	0	0	0	0	0
2. MEMBER MONTHS.....	345	0	0	345	0	0	0	0	0	0
3. Direct Premium Income.....	429,938	0	0	429,938	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	429,100	0	0	429,100	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	429,100	0	0	429,100	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	381,040	0	0	381,040	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	381,040	0	0	381,040	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	33,578	0	0	33,578	0	0	0	0	0	0
15. General Administrative Expenses.....	100,019	0	0	100,019	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).....	514,637	0	0	514,637	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(85,537)	0	0	(85,537)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	707	0	0	707	0	0	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).....	(84,830)	0	0	(84,830)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(84,830)	0	0	(84,830)	0	0	0	0	0	0
24 Medical Loss Ratio	88.8%	0.0%	0.0%	88.8%	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 Today's Options 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.....	119	0	0	119	0	0	0	0	0	0
2. MEMBER MONTHS.....	345	0	0	345	0	0	0	0	0	0
3. Direct Premium Income.....	429,938	0	0	429,938	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	429,100	0	0	429,100	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	429,100	0	0	429,100	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	381,040	0	0	381,040	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	381,040	0	0	381,040	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	33,578	0	0	33,578	0	0	0	0	0	0
15. General Administrative Expenses.....	100,019	0	0	100,019	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).....	514,637	0	0	514,637	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(85,537)	0	0	(85,537)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	707	0	0	707	0	0	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).....	(84,830)	0	0	(84,830)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(84,830)	0	0	(84,830)	0	0	0	0	0	0
24 Medical Loss Ratio	88.8%	0.0%	0.0%	88.8%	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				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

OF THE **Today's Options of Texas, Inc.**

REPORT FOR DIVISION: **Beaumont**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	41	0	0	0	0	0	0	41	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	119	0	0	0	0	0	0	119	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	18	0	0	0	0	0	0	18	0	0
11. Number of Inpatient Admissions	2	0	0	0	0	0	0	2	0	0
12. Health Premiums Written	147,966	0	0	0	0	0	0	147,966	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	147,966	0	0	0	0	0	0	147,966	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	22,769	0	0	0	0	0	0	22,769	0	0
18. Amount Incurred for Provision of Health Care Services	131,137	0	0	0	0	0	0	131,137	0	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Today's Options of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Beaumont**  
(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.....	41	0	0	41	0	0	0	0	0	0
2. MEMBER MONTHS.....	119	0	0	119	0	0	0	0	0	0
3. Direct Premium Income.....	147,966	0	0	147,966	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	147,678	0	0	147,678	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	147,678	0	0	147,678	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	131,138	0	0	131,138	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	131,138	0	0	131,138	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	11,556	0	0	11,556	0	0	0	0	0	0
15. General Administrative Expenses.....	34,422	0	0	34,422	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).....	177,116	0	0	177,116	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(29,438)	0	0	(29,438)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	243	0	0	243	0	0	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).....	(29,195)	0	0	(29,195)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(29,195)	0	0	(29,195)	0	0	0	0	0	0
24 Medical Loss Ratio	88.8%	0.0%	0.0%	88.8%	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 Today's Options of Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Beaumont

(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.....	41	0	0	41	0	0	0	0	0	0
2. MEMBER MONTHS.....	119	0	0	119	0	0	0	0	0	0
3. Direct Premium Income.....	147,966	0	0	147,966	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	147,678	0	0	147,678	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	147,678	0	0	147,678	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	131,138	0	0	131,138	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	131,138	0	0	131,138	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	11,556	0	0	11,556	0	0	0	0	0	0
15. General Administrative Expenses.....	34,422	0	0	34,422	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).....	177,116	0	0	177,116	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(29,438)	0	0	(29,438)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	243	0	0	243	0	0	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).....	(29,195)	0	0	(29,195)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(29,195)	0	0	(29,195)	0	0	0	0	0	0
24 Medical Loss Ratio	88.8%	0.0%	0.0%	88.8%	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				