

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **PacifiCare of Texas, Inc.**

(Name of Company)

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

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	146,140	17,163	128,977	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	438,783	51,883	386,900	0	0	0	0	0	0	0
3. Direct premium income.....	426,119,930	19,814,431	406,305,499	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	429,128,191	19,952,197	409,175,994	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(660,401)	(489,835)	(170,566)	0	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	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	475,055	0	475,055	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	428,942,845	19,462,362	409,480,483	0	0	0	0	0	0	0
11. Hospital and medical.....	333,103,651	13,728,613	319,375,038	0	0	0	0	0	0	0
12. Net reins recoveries.....	(1)	(5,554)	5,553	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	333,103,652	13,734,167	319,369,485	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	(1,808,584)	485,327	(2,293,911)	0	0	0	0	0	0	0
15. General administrative expenses.....	46,793,597	7,830,926	38,962,671	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	(675,344)	675,344	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	378,088,665	21,375,076	356,713,589	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	50,854,180	(1,912,714)	52,766,894	0	0	0	0	0	0	0
19. Net investment income earned.....	2,499,079	116,702	2,382,377	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	792,334	36,675	755,659	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	3,291,413	153,377	3,138,036	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	54,145,593	(1,759,337)	55,904,930	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	18,327,332	852,381	17,474,951	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	35,818,261	(2,611,718)	38,429,979	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **PacifiCare of Texas, Inc.**

(Name of Company)

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

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	146,140	17,163	128,977	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,724,771	208,543	1,516,228	0	0	0	0	0	0	0
3. Direct premium income.....	1,726,178,586	79,465,996	1,646,712,590	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	1,724,440,180	79,385,967	1,645,054,213	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	10,015,155	0	10,015,155	0	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	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	475,055	0	475,055	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,734,930,390	79,385,967	1,655,544,423	0	0	0	0	0	0	0
11. Hospital and medical.....	1,356,450,960	57,008,171	1,299,442,789	0	0	0	0	0	0	0
12. Net reins recoveries.....	(5,903)	(5,825)	(78)	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	1,356,456,863	57,013,996	1,299,442,867	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	16,065,719	1,305,467	14,760,252	0	0	0	0	0	0	0
15. General administrative expenses.....	160,678,207	13,056,379	147,621,828	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(707,821)	(707,821)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	1,532,492,968	70,668,021	1,461,824,947	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	202,437,422	8,717,946	193,719,476	0	0	0	0	0	0	0
19. Net investment income earned.....	13,382,723	616,084	12,766,639	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	2,102,655	96,797	2,005,858	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	15,485,378	712,881	14,772,497	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	217,922,800	9,430,827	208,491,973	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	75,338,817	3,468,282	71,870,535	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	142,583,983	5,962,545	136,621,438	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008**
**TEXAS HMO SUPPLEMENT**  
 OF THE **PacifiCare 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 XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	139,476	0	9,037	0	0	0	52,020	78,419	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	97,205	0	7,321	0	0	0	3,544	86,340	0	0
6. Current Year Member Months	1,140,300	0	86,949	0	0	0	43,892	1,009,459	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	446,614	0	25,721	0	0	0	12,984	407,909	0	0
8. Non-Physician	49,448	0	2,599	0	0	0	1,312	45,537	0	0
9. Total	496,062	0	28,320	0	0	0	14,296	453,446	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	1,081,822,362	0	34,115,157	0	0	0	18,029,257	1,029,677,948	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,088,064,278	0	34,115,157	0	0	0	18,029,257	1,035,919,864	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	843,307,014	0	25,608,845	0	0	0	12,927,353	804,770,816	0	0
18. Amount Incurred for Provision of Health Care Services	850,108,435	0	24,970,678	0	0	0	12,605,206	812,532,551	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **PacifiCare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Dallas**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	97,205	10,865	86,340	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	290,501	32,914	257,587	0	0	0	0	0	0	0
3. Direct premium income.....	266,915,006	12,855,000	254,060,006	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	268,800,842	12,945,936	255,854,906	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(429,283)	(322,629)	(106,654)	0	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	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	297,049	0	297,049	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	268,668,608	12,623,307	256,045,301	0	0	0	0	0	0	0
11. Hospital and medical.....	208,689,220	8,986,227	199,702,993	0	0	0	0	0	0	0
12. Net reins recoveries.....	(173)	(3,645)	3,472	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	208,689,393	8,989,872	199,699,521	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	(1,117,923)	316,444	(1,434,367)	0	0	0	0	0	0	0
15. General administrative expenses.....	29,488,754	5,125,666	24,363,088	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(20,783)	(443,071)	422,288	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	237,039,441	13,988,911	223,050,530	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	31,629,167	(1,365,604)	32,994,771	0	0	0	0	0	0	0
19. Net investment income earned.....	1,565,032	75,348	1,489,684	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	496,426	23,917	472,509	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	2,061,458	99,265	1,962,193	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	33,690,625	(1,266,339)	34,956,964	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	11,479,841	552,876	10,926,965	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	22,210,784	(1,819,215)	24,029,999	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **PacifiCare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Dallas**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	97,205	10,865	86,340	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,140,300	130,841	1,009,459	0	0	0	0	0	0	0
3. Direct premium income.....	1,081,822,360	52,144,413	1,029,677,947	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	1,080,732,874	52,091,899	1,028,640,975	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	6,262,407	0	6,262,407	0	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	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	297,049	0	297,049	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,087,292,330	52,091,899	1,035,200,431	0	0	0	0	0	0	0
11. Hospital and medical.....	849,940,473	37,407,921	812,532,552	0	0	0	0	0	0	0
12. Net reins recoveries.....	(3,871)	(3,822)	(49)	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	849,944,344	37,411,743	812,532,601	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	10,086,111	856,628	9,229,483	0	0	0	0	0	0	0
15. General administrative expenses.....	100,874,307	8,567,403	92,306,904	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(464,462)	(464,462)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	960,440,300	46,371,312	914,068,988	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	126,852,030	5,720,587	121,131,443	0	0	0	0	0	0	0
19. Net investment income earned.....	8,387,156	404,265	7,982,891	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	1,317,766	63,517	1,254,249	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	9,704,922	467,782	9,237,140	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	136,556,952	6,188,369	130,368,583	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	47,215,981	2,275,835	44,940,146	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	89,340,971	3,912,534	85,428,437	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State					0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)					0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008**
**TEXAS HMO SUPPLEMENT**  
 OF THE **PacifiCare 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 XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	1,258	0	1,215	0	0	0	0	43	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	962	0	922	0	0	0	0	40	0	0
6. Current Year Member Months	12,370	0	11,947	0	0	0	0	423	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,510	0	1,345	0	0	0	0	165	0	0
8. Non-Physician	167	0	149	0	0	0	0	18	0	0
9. Total	1,677	0	1,494	0	0	0	0	183	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	3,655,658	0	3,240,171	0	0	0	0	415,487	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	3,658,176	0	3,240,171	0	0	0	0	418,005	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	2,849,675	0	2,524,941	0	0	0	0	324,734	0	0
18. Amount Incurred for Provision of Health Care Services	2,872,658	0	2,544,792	0	0	0	0	327,866	0	0

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STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **PacifiCare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Houston**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	962	922	40	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,020	2,912	108	0	0	0	0	0	0	0
3. Direct premium income.....	1,131,613	1,029,097	102,516	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	1,137,148	1,033,907	103,241	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(18,199)	(18,156)	(43)	0	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	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	120	0	120	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,119,069	1,015,751	103,318	0	0	0	0	0	0	0
11. Hospital and medical.....	832,351	751,769	80,582	0	0	0	0	0	0	0
12. Net reins recoveries.....	(227)	(228)	1	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	832,578	751,997	80,581	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	22,251	22,830	(579)	0	0	0	0	0	0	0
15. General administrative expenses.....	348,507	338,676	9,831	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(27,487)	(27,657)	170	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	1,175,849	1,085,846	90,003	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(56,780)	(70,095)	13,315	0	0	0	0	0	0	0
19. Net investment income earned.....	7,211	6,610	601	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	1,909	1,718	191	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	9,120	8,328	792	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(47,660)	(61,767)	14,107	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	48,864	44,455	4,409	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(96,524)	(106,222)	9,698	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **PacifiCare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Houston**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	962	922	40	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,370	11,947	423	0	0	0	0	0	0	0
3. Direct premium income.....	3,655,658	3,240,171	415,487	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	3,651,977	3,236,908	415,069	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	2,527	0	2,527	0	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	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	120	0	120	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	3,654,624	3,236,908	417,716	0	0	0	0	0	0	0
11. Hospital and medical.....	2,652,335	2,324,469	327,866	0	0	0	0	0	0	0
12. Net reins recoveries.....	(238)	(238)	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	2,652,573	2,324,707	327,866	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	56,954	53,230	3,724	0	0	0	0	0	0	0
15. General administrative expenses.....	569,612	532,365	37,247	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(28,861)	(28,861)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	3,250,278	2,881,441	368,837	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	404,346	355,467	48,879	0	0	0	0	0	0	0
19. Net investment income earned.....	28,341	25,120	3,221	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	4,453	3,947	506	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	32,794	29,067	3,727	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	437,140	384,534	52,606	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	159,551	141,417	18,134	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	277,589	243,117	34,472	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008**TEXAS HMO SUPPLEMENT  
OF THE **PacifiCare 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 XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	47,954	0	3,035	0	0	0	3,268	41,651	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	47,478	0	2,286	0	0	0	2,595	42,597	0	0
6. Current Year Member Months	566,135	0	27,748	0	0	0	32,040	506,347	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	263,752	0	8,109	0	0	0	11,368	244,275	0	0
8. Non-Physician	29,203	0	784	0	0	0	1,149	27,270	0	0
9. Total	292,955	0	8,893	0	0	0	12,517	271,545	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	638,880,813	0	8,070,394	0	0	0	14,191,263	616,619,156	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	642,618,763	0	8,070,394	0	0	0	14,191,263	620,357,106	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	498,023,233	0	5,707,515	0	0	0	10,381,437	481,934,281	0	0
18. Amount Incurred for Provision of Health Care Services	502,039,881	0	4,799,660	0	0	0	10,657,851	486,582,370	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **PacifiCare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **San Antonio**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	47,478	4,881	42,597	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	143,748	14,542	129,206	0	0	0	0	0	0	0
3. Direct premium income.....	157,618,246	5,475,270	152,142,976	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	158,731,987	5,514,141	153,217,846	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(201,713)	(137,843)	(63,870)	0	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	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	177,887	0	177,887	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	158,708,161	5,376,298	153,331,863	0	0	0	0	0	0	0
11. Hospital and medical.....	123,247,289	3,655,825	119,591,464	0	0	0	0	0	0	0
12. Net reins recoveries.....	524	(1,556)	2,080	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	123,246,765	3,657,381	119,589,384	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	(724,044)	134,921	(858,965)	0	0	0	0	0	0	0
15. General administrative expenses.....	16,776,894	2,187,142	14,589,752	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	63,736	(189,150)	252,886	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	139,363,351	5,790,294	133,573,057	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	19,344,810	(413,996)	19,758,806	0	0	0	0	0	0	0
19. Net investment income earned.....	924,152	32,060	892,092	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	293,158	10,198	282,960	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1,217,310	42,258	1,175,052	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	20,562,120	(371,738)	20,933,858	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	6,779,050	235,473	6,543,577	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	13,783,070	(607,211)	14,390,281	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **PacifiCare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **San Antonio**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	47,478	4,881	42,597	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	566,135	59,788	506,347	0	0	0	0	0	0	0
3. Direct premium income.....	638,880,813	22,261,657	616,619,156	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	638,237,407	22,239,238	615,998,169	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	3,750,221	0	3,750,221	0	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	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	177,887	0	177,887	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	642,165,515	22,239,238	619,926,277	0	0	0	0	0	0	0
11. Hospital and medical.....	502,552,678	15,970,307	486,582,371	0	0	0	0	0	0	0
12. Net reins recoveries.....	(1,661)	(1,632)	(29)	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	502,554,339	15,971,939	486,582,400	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	5,892,759	365,714	5,527,045	0	0	0	0	0	0	0
15. General administrative expenses.....	58,935,300	3,657,623	55,277,677	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(198,289)	(198,289)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	567,184,109	19,796,987	547,387,122	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	74,981,406	2,442,251	72,539,155	0	0	0	0	0	0	0
19. Net investment income earned.....	4,953,117	172,590	4,780,527	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	778,220	27,117	751,103	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	5,731,337	199,707	5,531,630	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	80,712,743	2,641,958	78,070,785	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	27,883,862	971,607	26,912,255	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	52,828,881	1,670,351	51,158,530	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **PacifiCare of Texas, Inc.**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 XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	593	0	593	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	495	0	495	0	0	0	0	0	0	0
6. Current Year Member Months	5,967	0	5,967	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	751	0	751	0	0	0	0	0	0	0
8. Non-Physician	83	0	83	0	0	0	0	0	0	0
9. Total	834	0	834	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	1,819,754	0	1,819,754	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,819,754	0	1,819,754	0	0	0	0	0	0	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,418,543	0	1,418,543	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,429,984	0	1,429,984	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **PacifiCare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Austin**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	495	495	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,515	1,515	0	0	0	0	0	0	0	0
3. Direct premium income.....	473,062	473,062	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	458,212	458,212	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	(11,206)	(11,206)	0	0	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	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	447,006	447,006	0	0	0	0	0	0	0	0
11. Hospital and medical.....	334,792	334,792	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	(127)	(127)	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	334,919	334,919	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	11,132	11,132	0	0	0	0	0	0	0	0
15. General administrative expenses.....	179,442	179,442	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(15,466)	(15,466)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	510,027	510,027	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(63,021)	(63,021)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	2,683	2,683	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	842	842	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	3,525	3,525	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(59,496)	(59,496)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	19,577	19,577	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(79,073)	(79,073)	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **PacifiCare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Austin**

(Location)

**EXHIBIT II (Filed Quarterly/Annually)**

**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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	495	495	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	5,967	5,967	0	0	0	0	0	0	0	0
3. Direct premium income.....	1,819,754	1,819,754	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	1,817,921	1,817,921	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,817,921	1,817,921	0	0	0	0	0	0	0	0
11. Hospital and medical.....	1,305,475	1,305,475	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	(133)	(133)	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	1,305,608	1,305,608	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	29,895	29,895	0	0	0	0	0	0	0	0
15. General administrative expenses.....	298,988	298,988	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(16,209)	(16,209)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	1,618,282	1,618,282	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	199,639	199,639	0	0	0	0	0	0	0	0
19. Net investment income earned.....	14,108	14,108	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	2,217	2,217	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	16,325	16,325	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	215,964	215,964	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	79,423	79,423	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	136,541	136,541	0	0	0	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0