

TEXAS HMO SUPPLEMENT

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

OF THE **Unitedhealthcare 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.....	9,459	9,459	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	28,920	28,920	0	0	0	0	0	0	0	0
3. Direct premium income.....	10,058,664	10,058,664	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	10,045,216	10,045,216	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	5,137	5,137	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).....	10,050,353	10,050,353	0	0	0	0	0	0	0	0
11. Hospital and medical.....	10,347,216	10,347,216	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	10,347,216	10,347,216	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	47,183	47,183	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,336,748	1,336,748	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	3,423,000	3,423,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	15,154,147	15,154,147	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(5,103,794)	(5,103,794)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	55,504	55,504	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	55,504	55,504	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	(1,238)	(1,238)	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(5,047,052)	(5,047,052)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(735,042)	(735,042)	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(4,312,010)	(4,312,010)	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 **Unitedhealthcare 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.....	9,459	9,459	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	77,116	77,116	0	0	0	0	0	0	0	0
3. Direct premium income.....	27,363,656	27,363,656	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	27,336,241	27,336,241	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	5,137	5,137	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).....	27,341,378	27,341,378	0	0	0	0	0	0	0	0
11. Hospital and medical.....	25,431,062	25,431,062	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	25,431,062	25,431,062	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	535,514	535,514	0	0	0	0	0	0	0	0
15. General administrative expenses.....	4,840,174	4,840,174	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(1,944,398)	(1,944,398)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	28,862,352	28,862,352	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(1,520,974)	(1,520,974)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	407,661	407,661	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	407,661	407,661	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	(4,113)	(4,113)	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(1,109,200)	(1,109,200)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(1,172,636)	(1,172,636)	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	63,436	63,436	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

STATEMENT AS OF **DECEMBER 31, 2008**
TEXAS HMO SUPPLEMENT
 OF THE **Unitedhealthcare of Texas, Inc.**
REPORT FOR DIVISION: **Austin, 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	3,802	9	3,793	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	2,611	8	2,603	0	0	0	0	0	0	0
6. Current Year Member Months	30,667	101	30,566	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	25,416	336	25,080	0	0	0	0	0	0	0
8. Non-Physician	1,170	16	1,154	0	0	0	0	0	0	0
9. Total	26,586	352	26,234	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	866	5	861	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	239	3	236	0	0	0	0	0	0	0
12. Health Premiums Written	10,608,015	76,248	10,531,767	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	10,608,015	76,248	10,531,767	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	10,099,844	72,595	10,027,249	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	9,858,810	70,863	9,787,947	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Austin,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.....	2,611	2,611	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	7,741	7,741	0	0	0	0	0	0	0	0
3. Direct premium income.....	2,722,036	2,722,036	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	2,717,773	2,717,773	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	1,991	1,991	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).....	2,719,764	2,719,764	0	0	0	0	0	0	0	0
11. Hospital and medical.....	2,985,019	2,985,019	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	2,985,019	2,985,019	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	(14,933)	(14,933)	0	0	0	0	0	0	0	0
15. General administrative expenses.....	279,850	279,850	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	1,692,172	1,692,172	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	4,942,108	4,942,108	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(2,222,344)	(2,222,344)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	(2,443)	(2,443)	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	(2,443)	(2,443)	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	(284)	(284)	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(2,224,502)	(2,224,502)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(255,180)	(255,180)	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(1,969,323)	(1,969,323)	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 **Unitedhealthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Austin,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.....	2,611	2,611	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,667	30,667	0	0	0	0	0	0	0	0
3. Direct premium income.....	10,608,015	10,608,015	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	10,597,387	10,597,387	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	1,991	1,991	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).....	10,599,379	10,599,379	0	0	0	0	0	0	0	0
11. Hospital and medical.....	9,858,810	9,858,810	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	9,858,810	9,858,810	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	207,602	207,602	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,876,381	1,876,381	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(753,781)	(753,781)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	11,189,012	11,189,012	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(589,633)	(589,633)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	158,037	158,037	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	158,037	158,037	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	(1,594)	(1,594)	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(430,001)	(430,001)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(454,594)	(454,594)	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	24,592	24,592	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

STATEMENT AS OF **DECEMBER 31, 2008**
TEXAS HMO SUPPLEMENT
 OF THE **Unitedhealthcare 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	4,069	12	4,057	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	767	8	759	0	0	0	0	0	0	0
6. Current Year Member Months	12,401	111	12,290	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	11,927	158	11,769	0	0	0	0	0	0	0
8. Non-Physician	549	7	542	0	0	0	0	0	0	0
9. Total	12,476	165	12,311	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	406	2	404	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	112	1	111	0	0	0	0	0	0	0
12. Health Premiums Written	4,977,969	91,102	4,886,867	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	4,981,624	91,102	4,890,522	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	4,739,503	86,738	4,652,765	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	4,626,394	84,668	4,541,726	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

OF THE **Unitedhealthcare 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.....	767	767	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,707	2,707	0	0	0	0	0	0	0	0
3. Direct premium income.....	1,088,035	1,088,035	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	1,086,187	1,086,187	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	935	935	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).....	1,087,122	1,087,122	0	0	0	0	0	0	0	0
11. Hospital and medical.....	1,235,744	1,235,744	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	1,235,744	1,235,744	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	(12,350)	(12,350)	0	0	0	0	0	0	0	0
15. General administrative expenses.....	92,996	92,996	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	852,797	852,797	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	2,169,186	2,169,186	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(1,082,064)	(1,082,064)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	(4,999)	(4,999)	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	(4,999)	(4,999)	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	(102)	(102)	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(1,086,961)	(1,086,961)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(114,959)	(114,959)	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(972,002)	(972,002)	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 **Unitedhealthcare 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.....	767	767	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,401	12,401	0	0	0	0	0	0	0	0
3. Direct premium income.....	4,977,968	4,977,968	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	4,972,981	4,972,981	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	935	935	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).....	4,973,915	4,973,915	0	0	0	0	0	0	0	0
11. Hospital and medical.....	4,626,392	4,626,392	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	4,626,392	4,626,392	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	97,420	97,420	0	0	0	0	0	0	0	0
15. General administrative expenses.....	880,519	880,519	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(353,723)	(353,723)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	5,250,609	5,250,609	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(276,694)	(276,694)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	74,161	74,161	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	74,161	74,161	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	(748)	(748)	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	(201,785)	(201,785)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(213,325)	(213,325)	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	11,540	11,540	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

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Unitedhealthcare of Texas, Inc.**REPORT FOR DIVISION: **Houston,Corpus Christi**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	1,929	24	1,905	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	6,081	19	6,062	0	0	0	0	0	0	0
6. Current Year Member Months	34,048	249	33,799	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	28,220	374	27,846	0	0	0	0	0	0	0
8. Non-Physician	1,299	17	1,282	0	0	0	0	0	0	0
9. Total	29,519	391	29,128	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	962	6	956	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	265	3	262	0	0	0	0	0	0	0
12. Health Premiums Written	11,777,672	171,202	11,606,470	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	11,779,154	172,684	11,606,470	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	11,213,470	152,933	11,060,537	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	10,945,859	149,263	10,796,596	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

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

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Houston,Corpus Christi**

(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.....	6,081	6,081	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	18,472	18,472	0	0	0	0	0	0	0	0
3. Direct premium income.....	6,248,593	6,248,593	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	6,241,256	6,241,256	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	2,211	2,211	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).....	6,243,467	6,243,467	0	0	0	0	0	0	0	0
11. Hospital and medical.....	6,126,453	6,126,453	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	6,126,453	6,126,453	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	74,467	74,467	0	0	0	0	0	0	0	0
15. General administrative expenses.....	963,902	963,902	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	878,031	878,031	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	8,042,853	8,042,853	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(1,799,386)	(1,799,386)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	62,946	62,946	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	62,946	62,946	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	(852)	(852)	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(1,735,588)	(1,735,588)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(364,903)	(364,903)	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(1,370,685)	(1,370,685)	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 **Unitedhealthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Houston,Corpus Christi**

(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.....	6,081	6,081	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,048	34,048	0	0	0	0	0	0	0	0
3. Direct premium income.....	11,777,673	11,777,673	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	11,765,873	11,765,873	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits..	2,211	2,211	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).....	11,768,084	11,768,084	0	0	0	0	0	0	0	0
11. Hospital and medical.....	10,945,859	10,945,859	0	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	10,945,859	10,945,859	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	230,492	230,492	0	0	0	0	0	0	0	0
15. General administrative expenses.....	2,083,274	2,083,274	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(836,894)	(836,894)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	12,422,731	12,422,731	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(654,647)	(654,647)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	175,463	175,463	0	0	0	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	175,463	175,463	0	0	0	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	(1,770)	(1,770)	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(477,414)	(477,414)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(504,718)	(504,718)	0	0	0	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	27,304	27,304	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