

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.....	347.81	347.81	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	347.34	347.34	0.00	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.18	0.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	347.52	347.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	357.79	357.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	357.79	357.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	1.63	1.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	46.22	46.22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	118.36	118.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	524.00	524.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(176.48)	(176.48)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	1.92	1.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.92	1.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	(0.04)	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(174.52)	(174.52)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(25.42)	(25.42)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	(149.10)	(149.10)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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

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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.....	354.84	354.84	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	354.48	354.48	0.00	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.07	0.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	354.55	354.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	329.78	329.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	329.78	329.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.94	6.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	62.76	62.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	(25.21)	(25.21)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	374.27	374.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(19.72)	(19.72)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	5.29	5.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	5.29	5.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	(0.05)	(0.05)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(14.38)	(14.38)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(15.21)	(15.21)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	0.82	0.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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: 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.....	351.64	351.64	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	351.09	351.09	0.00	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.26	0.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	351.35	351.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	385.61	385.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	385.61	385.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	(1.93)	(1.93)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	36.15	36.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	218.60	218.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	638.43	638.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	(287.09)	(287.09)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	(0.32)	(0.32)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	(0.32)	(0.32)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	(0.04)	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	(287.37)	(287.37)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(32.96)	(32.96)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	(254.40)	(254.40)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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.....	345.91	345.91	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	345.56	345.56	0.00	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.06	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	345.63	345.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	321.48	321.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	321.48	321.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.77	6.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	61.19	61.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	(24.58)	(24.58)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	364.86	364.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(19.23)	(19.23)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	5.15	5.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	5.15	5.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	(0.05)	(0.05)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(14.02)	(14.02)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(14.82)	(14.82)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	0.80	0.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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: 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	
2. MEMBER MONTHS.....	2,707	2,707	0	0	0	0	0	0	0	
3. Direct premium income.....	401.93	401.93	0.00	0.00	0.00	0.00	XXXXXXX	0.00	XXXXXXX	0.00
4. Net premium income.....	401.25	401.25	0.00	0.00	0.00	0.00	0.00	XXXXXXX	0.00	
5. Change in unearned premium reserve & reserve for rate credits..	0.35	0.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6. Fee-for-service (gross revenues).....	0.00	XXXXXXX	0.00	0.00	0.00	XXXXXXX	XXXXXXX	XXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXX	0.00	0.00	XXXXXXX	XXXXXXX	0.00	XXXXXXX	XXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	401.60	401.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	456.50	456.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	456.50	456.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	(4.56)	(4.56)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	34.35	34.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	315.03	315.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	801.32	801.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	(399.73)	(399.73)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	(1.85)	(1.85)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	(1.85)	(1.85)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	(0.04)	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	(401.54)	(401.54)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(42.47)	(42.47)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	(359.07)	(359.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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.....	401.42	401.42	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	401.01	401.01	0.00	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.08	0.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	401.09	401.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	373.07	373.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	373.07	373.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	7.86	7.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	71.00	71.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	(28.52)	(28.52)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	423.40	423.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(22.31)	(22.31)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	5.98	5.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	5.98	5.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	(0.06)	(0.06)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(16.27)	(16.27)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(17.20)	(17.20)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	0.93	0.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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: 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.....	338.27	338.27	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	337.88	337.88	0.00	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.12	0.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	338.00	338.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	331.66	331.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	331.66	331.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.03	4.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	52.18	52.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	47.53	47.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	435.41	435.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(97.41)	(97.41)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.41	3.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	3.41	3.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	(0.05)	(0.05)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(93.96)	(93.96)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(19.75)	(19.75)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	(74.20)	(74.20)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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.....	345.91	345.91	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	345.57	345.57	0.00	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.06	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	345.63	345.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	321.48	321.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	321.48	321.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.77	6.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	61.19	61.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	(24.58)	(24.58)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	364.86	364.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(19.23)	(19.23)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	5.15	5.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	5.15	5.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	(0.05)	(0.05)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(14.02)	(14.02)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(14.82)	(14.82)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	0.80	0.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State # of Enrollees in C3-Pt D included in C3-Basic
 31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) # of Member Months in C3-Pt D included in C3-Basic

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