

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	152,446	17,241	0	135,205	0	0	0	0	0	0
2. MEMBER MONTHS.....	457,454	51,922	0	405,532	0	0	0	0	0	0
3. Direct premium income.....	478,889,802	19,001,030	0	459,888,772	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	478,410,353	18,982,005	0	459,428,348	0	0	0	0	0	0
5. Change in unearned premium reserves & reserve for rate credits.....	(7,110,299)	0	0	(7,110,299)	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. Aggregate write-ins 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).....	471,300,054	18,982,005	0	452,318,049	0	0	0	0	0	0
11. Hospital and medical benefits.....	385,210,195	15,515,899	0	369,694,296	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).....	385,210,195	15,515,899	0	369,694,296	0	0	0	0	0	0
14. Claims adjustment expenses.....	15,491,743	843,248	0	14,648,495	0	0	0	0	0	0
15. General administrative expenses.....	29,173,720	2,367,540	0	26,806,180	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).....	429,875,658	18,726,688	0	411,148,970	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	41,424,396	255,317	0	41,169,079	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	1,294,071	50,914	0	1,243,157	0	0	0	0	0	0
20. Aggregate write-ins for other income or expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	42,718,467	306,231	0	42,412,236	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	13,251,411	526,280	0	12,725,131	0	0	0	0	0	0
23. NET INCOME / (LOSS) (L21 less L22).....	29,467,056	(220,049)	0	29,687,105	0	0	0	0	0	0

24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State * Other (identify products(s); eg PPO, Non-Risk): 0
of Texas enrollees and Federal employees.) Identify Assumptions: _____

24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	152,446	17,241	0	135,205	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,818,230	211,138	0	1,607,092	0	0	0	0	0	0
3. Direct premium income.....	1,902,638,176	76,365,649	0	1,826,272,527	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	1,900,745,404	76,289,679	0	1,824,455,725	0	0	0	0	0	0
5. Change in unearned premium reserves & reserve for rate credits.....	(4,487,000)	0	0	(4,487,000)	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. Aggregate write-ins 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).....	1,896,258,404	76,289,679	0	1,819,968,725	0	0	0	0	0	0
11. Hospital and medical benefits.....	1,570,742,938	63,910,064	0	1,506,832,874	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).....	1,570,742,938	63,910,064	0	1,506,832,874	0	0	0	0	0	0
14. Claims adjustment expenses.....	28,447,622	1,372,115	0	27,075,507	0	0	0	0	0	0
15. General administrative expenses.....	158,740,894	7,656,551	0	151,084,343	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).....	1,757,931,454	72,938,730	0	1,684,992,724	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	138,326,950	3,350,949	0	134,976,001	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	7,931,747	318,354	0	7,613,393	0	0	0	0	0	0
20. Aggregate write-ins for other income or expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	146,258,697	3,669,303	0	142,589,393	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	49,412,337	1,983,249	0	47,429,088	0	0	0	0	0	0
23. NET INCOME / (LOSS) (L21 less L22).....	96,846,360	1,686,054	0	95,160,305	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2009**

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

(Name of Company)

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	97,205	0	7,321	0	0	0	3,544	86,340	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	101,476	0	7,661	0	0	0	3,306	90,509	0	0
6. Current Year Member Months	1,208,456	0	92,110	0	0	0	40,524	1,075,822	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	555,047	0	27,841	0	0	0	15,249	511,956	0	0
8. Non-Physician	60,855	0	2,207	0	0	0	1,290	57,357	0	0
9. Total	615,901	0	30,048	0	0	0	16,539	569,314	0	0
10. Hospital Patient Days Incurred	19,725	0	3,986	0	0	0	2,194	13,544	0	0
11. Number of Inpatient Admissions	3,503	0	803	0	0	0	442	2,258	0	0
12. Health Premiums Written	1,272,502,446	0	32,462,793	0	0	0	17,493,230	1,222,546,423	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	1,269,498,750	0	32,462,793	0	0	0	17,493,230	1,219,542,727	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	1,032,503,785	0	27,795,350	0	0	0	14,628,601	990,079,834	0	0
18. Amount Incurred for Provision of Health Care Services	1,050,629,739	0	27,646,060	0	0	0	14,277,085	1,008,706,594	0	0

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	101,476	10,967	0	90,509	0	0	0	0	0	0
2. MEMBER MONTHS.....	304,411	32,939	0	1,075,822	0	0	0	0	0	0
3. Direct premium income.....	320,193,174	12,333,660	0	1,222,546,423	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	319,872,607	12,321,310	0	1,221,330,216	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	(4,759,788)	0	0	(3,003,695)	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. Aggregate write-ins 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).....	315,112,819	12,321,310	0	1,218,326,521	0	0	0	0	0	0
11. Hospital and medical benefits.....	257,509,780	10,028,403	0	1,008,706,594	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).....	257,509,780	10,028,403	0	1,008,706,594	0	0	0	0	0	0
14. Claims adjustment expenses.....	10,359,233	553,213	0	18,124,931	0	0	0	0	0	0
15. General administrative expenses.....	19,498,336	1,553,698	0	101,139,135	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).....	287,367,349	12,135,314	0	1,127,970,660	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	27,745,470	185,996	0	90,355,861	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	865,055	32,858	0	5,096,570	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/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	28,610,524	218,854	0	95,452,431	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	8,860,310	341,832	0	31,750,060	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	19,750,214	(122,977)	0	63,702,371	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	101,476	10,967	0	90,509	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,208,456	132,634	0	1,075,822	0	0	0	0	0	0
3. Direct premium income.....	1,272,502,446	49,956,023	0	1,222,546,423	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	1,271,236,542	49,906,326	0	1,221,330,216	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	(3,003,695)	0	0	(3,003,695)	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. Aggregate write-ins 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).....	1,268,232,847	49,906,326	0	1,218,326,521	0	0	0	0	0	0
11. Hospital and medical benefits.....	1,050,629,739	41,923,145	0	1,008,706,594	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).....	1,050,629,739	41,923,145	0	1,008,706,594	0	0	0	0	0	0
14. Claims adjustment expenses.....	19,024,999	900,068	0	18,124,931	0	0	0	0	0	0
15. General administrative expenses.....	106,161,610	5,022,475	0	101,139,135	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).....	1,175,816,348	47,845,688	0	1,127,970,660	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	92,416,499	2,060,638	0	90,355,861	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	5,304,828	208,257	0	5,096,570	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/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	97,721,326	2,268,895	0	95,452,431	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	33,047,439	1,297,380	0	31,750,060	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	64,673,887	971,516	0	63,702,371	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2009**

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

(Name of Company)

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	962	0	922	0	0	0	0	40	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	1,288	0	1,246	0	0	0	0	42	0	0
6. Current Year Member Months	15,976	0	15,478	0	0	0	0	498	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	4,916	0	4,678	0	0	0	0	237	0	0
8. Non-Physician	397	0	371	0	0	0	0	27	0	0
9. Total	5,313	0	5,049	0	0	0	0	264	0	0
10. Hospital Patient Days Incurred	676	0	670	0	0	0	0	6	0	0
11. Number of Inpatient Admissions	136	0	135	0	0	0	0	1	0	0
12. Health Premiums Written	4,559,522	0	3,993,135	0	0	0	0	566,387	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	4,558,130	0	3,993,135	0	0	0	0	564,995	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	3,877,698	0	3,419,009	0	0	0	0	458,689	0	0
18. Amount Incurred for Provision of Health Care Services	3,867,964	0	3,400,645	0	0	0	0	467,318	0	0

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	1,288	1,246	0	42	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,882	3,757	0	125	0	0	0	0	0	0
3. Direct premium income.....	1,115,833	973,206	0	142,627	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	1,114,715	972,231	0	142,484	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	(2,206)	0	0	(2,206)	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. Aggregate write-ins 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).....	1,112,509	972,231	0	140,278	0	0	0	0	0	0
11. Hospital and medical benefits.....	868,885	754,230	0	114,654	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).....	868,885	754,230	0	114,654	0	0	0	0	0	0
14. Claims adjustment expenses.....	49,711	45,168	0	4,543	0	0	0	0	0	0
15. General administrative expenses.....	137,280	128,967	0	8,313	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).....	1,055,876	928,365	0	127,511	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	56,634	43,866	0	12,767	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	2,953	2,568	0	385	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/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	59,586	46,434	0	13,153	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	30,949	27,002	0	3,946	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	28,638	19,431	0	9,206	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):		0		
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions:				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	1,288	1,246	0	42	0	0	0	0	0	0
2. MEMBER MONTHS.....	15,976	15,478	0	498	0	0	0	0	0	0
3. Direct premium income.....	4,559,522	3,993,135	0	566,387	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	4,554,986	3,989,162	0	565,824	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	(1,392)	0	0	(1,392)	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. Aggregate write-ins 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).....	4,553,594	3,989,162	0	564,432	0	0	0	0	0	0
11. Hospital and medical benefits.....	3,867,964	3,400,645	0	467,318	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).....	3,867,964	3,400,645	0	467,318	0	0	0	0	0	0
14. Claims adjustment expenses.....	81,407	73,010	0	8,397	0	0	0	0	0	0
15. General administrative expenses.....	454,260	407,404	0	46,856	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).....	4,403,631	3,881,059	0	522,572	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	149,964	108,103	0	41,860	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	19,008	16,647	0	2,361	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/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	168,971	124,750	0	44,222	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	118,413	103,703	0	14,709	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	50,559	21,046	0	29,512	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2009**

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

(Name of Company)

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	47,478	0	2,286	0	0	0	2,595	42,597	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	49,105	0	2,283	0	0	0	2,168	44,654	0	0
6. Current Year Member Months	586,792	0	29,011	0	0	0	27,010	530,771	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	271,513	0	8,769	0	0	0	10,164	252,581	0	0
8. Non-Physician	29,853	0	695	0	0	0	860	28,298	0	0
9. Total	301,366	0	9,464	0	0	0	11,024	280,879	0	0
10. Hospital Patient Days Incurred	9,400	0	1,256	0	0	0	1,463	6,682	0	0
11. Number of Inpatient Admissions	1,662	0	253	0	0	0	295	1,114	0	0
12. Health Premiums Written	623,592,177	0	8,059,439	0	0	0	12,373,021	603,159,717	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	622,033,695	0	7,982,871	0	0	0	12,373,021	601,677,803	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	505,651,166	0	6,835,108	0	0	0	10,346,859	488,469,200	0	0
18. Amount Incurred for Provision of Health Care Services	514,555,589	0	6,798,396	0	0	0	10,098,231	497,658,962	0	0

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	49,105	4,451	0	44,654	0	0	0	0	0	0
2. MEMBER MONTHS.....	147,440	13,506	0	133,934	0	0	0	0	0	0
3. Direct premium income.....	157,105,095	5,218,464	0	151,886,631	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	156,947,809	5,213,240	0	151,734,568	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	(2,348,305)	0	0	(2,348,305)	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. Aggregate write-ins 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).....	154,599,503	5,213,240	0	149,386,263	0	0	0	0	0	0
11. Hospital and medical benefits.....	126,463,660	4,365,395	0	122,098,265	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).....	126,463,660	4,365,395	0	122,098,265	0	0	0	0	0	0
14. Claims adjustment expenses.....	5,060,429	222,498	0	4,837,932	0	0	0	0	0	0
15. General administrative expenses.....	9,474,749	621,521	0	8,853,228	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).....	140,998,838	5,209,413	0	135,789,425	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	13,600,665	3,827	0	13,596,838	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	424,825	14,250	0	410,575	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/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	14,025,490	18,077	0	14,007,413	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	4,346,935	144,229	0	4,202,706	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	9,678,556	(126,152)	0	9,804,708	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):		0		
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	49,105	4,451	0	44,654	0	0	0	0	0	0
2. MEMBER MONTHS.....	586,792	56,021	0	530,771	0	0	0	0	0	0
3. Direct premium income.....	623,592,177	20,432,460	0	603,159,717	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	622,971,819	20,412,133	0	602,559,685	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	(1,481,913)	0	0	(1,481,913)	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. Aggregate write-ins 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).....	621,489,905	20,412,133	0	601,077,772	0	0	0	0	0	0
11. Hospital and medical benefits.....	514,555,589	16,896,627	0	497,658,962	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).....	514,555,589	16,896,627	0	497,658,962	0	0	0	0	0	0
14. Claims adjustment expenses.....	9,304,940	362,762	0	8,942,179	0	0	0	0	0	0
15. General administrative expenses.....	51,922,601	2,024,249	0	49,898,352	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).....	575,783,130	19,283,637	0	556,499,493	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	45,706,775	1,128,496	0	44,578,279	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	2,599,641	85,179	0	2,514,461	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/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	48,306,416	1,213,675	0	47,092,740	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	16,194,959	530,640	0	15,664,319	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	32,111,457	683,035	0	31,428,422	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
		BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	577	577	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,720	1,720	0	0	0	0	0	0	0
3. Direct premium income.....	475,701	475,701	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	475,224	475,224	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	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
10. TOTAL REVENUE (L4 to L9).....	475,224	475,224	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	367,871	367,871	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	367,871	367,871	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	22,370	22,370	0	0	0	0	0	0	0
15. General administrative expenses.....	63,355	63,355	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	453,596	453,596	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	21,628	21,628	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	1,239	1,239	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	22,867	22,867	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	13,217	13,217	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	9,650	9,650	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
		BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	577	577	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	7,005	7,005	0	0	0	0	0	0	0
3. Direct premium income.....	1,984,032	1,984,032	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	1,982,058	1,982,058	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	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
10. TOTAL REVENUE (L4 to L9).....	1,982,058	1,982,058	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	1,689,647	1,689,647	0	0	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	1,689,647	1,689,647	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	36,276	36,276	0	0	0	0	0	0	0
15. General administrative expenses.....	202,423	202,423	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	1,928,346	1,928,346	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	53,712	53,712	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	8,271	8,271	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	61,983	61,983	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	51,526	51,526	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	10,457	10,457	0	0	0	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				