

TEXAS HMO SUPPLEMENT

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

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,278	7,278	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	22,025	22,025	0	0	0	0	0	0	0	0
3. Direct premium income.....	8,622,354	8,622,354	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	8,600,334	8,600,334	0	0	0	0	0	0	0	0
5. Change in unearned premium reserves & reserve for rate credits.....	13,433	13,433	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. 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).....	8,613,767	8,613,767	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	7,255,831	7,255,831	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).....	7,255,831	7,255,831	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	364,634	364,634	0	0	0	0	0	0	0	0
15. General administrative expenses.....	782,392	782,392	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(1,669,000)	(1,669,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	6,733,857	6,733,857	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	1,879,910	1,879,910	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	1,715	1,715	0	0	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)	1,881,625	1,881,625	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(408,358)	(408,358)	0	0	0	0	0	0	0	0
23. NET INCOME / (LOSS) (L21 less L22).....	2,289,983	2,289,983	0	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
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 **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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	7,278	7,278	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	89,209	89,209	0	0	0	0	0	0	0	0
3. Direct premium income.....	32,403,668	32,403,668	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	32,371,231	32,371,231	0	0	0	0	0	0	0	0
5. Change in unearned premium reserves & reserve for rate credits.....	13,433	13,433	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. 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).....	32,384,664	32,384,664	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	29,259,651	29,259,651	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).....	29,259,651	29,259,651	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	803,066	803,066	0	0	0	0	0	0	0	0
15. General administrative expenses.....	4,742,225	4,742,225	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(2,906,000)	(2,906,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	31,898,942	31,898,942	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	485,722	485,722	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	48,278	48,278	0	0	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).....	534,000	534,000	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,324,023)	(1,324,023)	0	0	0	0	0	0	0	0
23. NET INCOME / (LOSS) (L21 less L22).....	1,858,023	1,858,023	0	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 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. OTHER *
		BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	824	824	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,482	2,482	0	0	0	0	0	0	0
3. Direct premium income.....	877,486	877,486	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	874,902	874,902	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	1,620	1,620	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX
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).....	876,522	876,522	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	724,844	724,844	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).....	724,844	724,844	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	40,974	40,974	0	0	0	0	0	0	0
15. General administrative expenses.....	67,342	67,342	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(192,795)	(192,795)	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	640,365	640,365	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	236,157	236,157	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	(110)	(110)	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).....	236,047	236,047	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(42,994)	(42,994)	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	279,041	279,041	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 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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	824	824	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	11,555	11,555	0	0	0	0	0	0	0	0
3. Direct premium income.....	3,906,820	3,906,820	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	3,902,909	3,902,909	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	1,620	1,620	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. 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).....	3,904,529	3,904,529	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	3,527,755	3,527,755	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).....	3,527,755	3,527,755	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	96,823	96,823	0	0	0	0	0	0	0	0
15. General administrative expenses.....	571,757	571,757	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(350,368)	(350,368)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	3,845,967	3,845,967	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	58,562	58,562	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	5,821	5,821	0	0	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).....	64,383	64,383	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(159,634)	(159,634)	0	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	224,017	224,017	0	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 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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	553	553	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,686	1,686	0	0	0	0	0	0	0	0
3. Direct premium income.....	771,757	771,757	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	769,571	769,571	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	1,361	1,361	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. 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).....	770,932	770,932	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	640,921	640,921	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).....	640,921	640,921	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	35,065	35,065	0	0	0	0	0	0	0	0
15. General administrative expenses.....	62,318	62,318	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(163,794)	(163,794)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	574,510	574,510	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	196,422	196,422	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	(26)	(26)	0	0	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).....	196,396	196,396	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(37,453)	(37,453)	0	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	233,849	233,849	0	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 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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	553	553	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,882	6,882	0	0	0	0	0	0	0	0
3. Direct premium income.....	3,282,834	3,282,834	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	3,279,548	3,279,548	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	1,361	1,361	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. 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).....	3,280,909	3,280,909	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	2,964,312	2,964,312	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).....	2,964,312	2,964,312	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	81,359	81,359	0	0	0	0	0	0	0	0
15. General administrative expenses.....	480,438	480,438	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(294,409)	(294,409)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	3,231,700	3,231,700	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	49,209	49,209	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	4,891	4,891	0	0	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).....	54,100	54,100	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(134,138)	(134,138)	0	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	188,238	188,238	0	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 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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	5,901	5,901	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,857	17,857	0	0	0	0	0	0	0	0
3. Direct premium income.....	6,973,110	6,973,110	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	6,955,861	6,955,861	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	10,453	10,453	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. 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).....	6,966,314	6,966,314	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	5,890,067	5,890,067	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).....	5,890,067	5,890,067	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	288,594	288,594	0	0	0	0	0	0	0	0
15. General administrative expenses.....	652,733	652,733	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(1,312,411)	(1,312,411)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	5,518,983	5,518,983	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	1,447,331	1,447,331	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	1,851	1,851	0	0	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).....	1,449,182	1,449,182	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(327,912)	(327,912)	0	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	1,777,094	1,777,094	0	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 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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	5,901	5,901	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	70,772	70,772	0	0	0	0	0	0	0	0
3. Direct premium income.....	25,214,014	25,214,014	0	0	0	0	0	XXXXXXXX	0	0
4. Net premium income.....	25,188,774	25,188,774	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	10,453	10,453	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. 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).....	25,199,227	25,199,227	0	0	0	0	0	0	0	0
11. Hospital and medical benefits.....	22,767,585	22,767,585	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).....	22,767,585	22,767,585	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	624,883	624,883	0	0	0	0	0	0	0	0
15. General administrative expenses.....	3,690,031	3,690,031	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(2,261,223)	(2,261,223)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	24,821,276	24,821,276	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	377,951	377,951	0	0	0	0	0	0	0	0
19. Net Investments Gains (Losses).....	37,566	37,566	0	0	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).....	415,517	415,517	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,030,252)	(1,030,252)	0	0	0	0	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	1,445,769	1,445,769	0	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: _____				