

TEXAS HMO SUPPLEMENT

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

(Name of Company)

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

(Location)

EXHIBIT II (Filed Annually and Quarterly)

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..... | 8,034 | 8,034 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 23,828 | 23,828 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct premium income..... | 8,371,395 | 8,371,395 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 4. Net premium income..... | 8,362,895 | 8,362,895 | 0 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Fee-for-service (gross revenues)..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 | 0 |
| 7. Risk revenue..... | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | XXXXXXXX | 0 |
| 8. Aggregate write-in for other health related revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-in for other revenue (excluding investment income)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 8,362,895 | 8,362,895 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & medical..... | 7,790,548 | 7,790,548 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net reinsurance recoveries..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 7,790,548 | 7,790,548 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims adjustment expenses..... | 157,583 | 157,583 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General administrative expenses..... | 1,424,296 | 1,424,296 | 0 | 0 | 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)..... | 9,372,427 | 9,372,427 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 less L17)..... | (1,009,532) | (1,009,532) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net investment income earned..... | 23,547 | 23,547 | 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)..... | 23,547 | 23,547 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Aggregate write-in for other expenses..... | (31) | (31) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22)..... | (986,016) | (986,016) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Extraordinary items & federal & foreign income taxes incurred..... | (422,780) | (422,780) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET INCOME/LOSS (L30 less L31)..... | (563,236) | (563,236) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State | | | 0 | # of Enrollees in C3-Pt D included in C3-Basic | | | |
| 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 FOR THE PERIOD ENDING **MARCH 31, 2009**

TEXAS HMO SUPPLEMENT

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

(Name of Company)

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

(Location)

EXHIBIT II (Filed Annually and Quarterly)

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..... | 8,034 | 8,034 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. MEMBER MONTHS..... | 23,828 | 23,828 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. Direct premium income..... | 8,371,395 | 8,371,395 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | XXXXXXXX | 0 | |
| 4. Net premium income..... | 8,362,895 | 8,362,895 | 0 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 6. Fee-for-service (gross revenues)..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 | 0 | |
| 7. Risk revenue..... | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | XXXXXXXX | 0 | |
| 8. Aggregate write-in for other health related revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 9. Aggregate write-in for other revenue (excluding investment income)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. TOTAL REVENUE (L4 to L9)..... | 8,362,895 | 8,362,895 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. Hospital & medical..... | 7,790,548 | 7,790,548 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Net reinsurance recoveries..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 7,790,548 | 7,790,548 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Claims adjustment expenses..... | 157,583 | 157,583 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. General administrative expenses..... | 1,424,296 | 1,424,296 | 0 | 0 | 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)..... | 9,372,427 | 9,372,427 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 18. NET UNDERWRITING GAIN/LOSS (L10 less L17)..... | (1,009,532) | (1,009,532) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 19. Net investment income earned..... | 23,547 | 23,547 | 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)..... | 23,547 | 23,547 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 22. Aggregate write-in for other expenses..... | (31) | (31) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22)..... | (986,016) | (986,016) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 24. Extraordinary items & federal & foreign income taxes incurred..... | (422,780) | (422,780) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 25. NET INCOME/LOSS (L30 less L31)..... | (563,236) | (563,236) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| NON-TAXABLE COMMERCIAL RISK ENROLLEES..... | | 0 | (Examples of non-taxable enrollees are State | | | | 0 | # of Enrollees in C3-Pt D included in C3-Basic | | | |
| 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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

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 XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 2,611 | 8 | 2,603 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 1,415 | 6 | 1,409 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 0 | | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 4,221 | 20 | 4,201 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 3,236 | 11 | 3,225 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 201 | 1 | 200 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 3,437 | 12 | 3,425 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 140 | 1 | 139 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 29 | 1 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written | 1,400,395 | 5,140 | 1,395,255 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Property & Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Health Premiums Earned | 1,408,523 | 13,268 | 1,395,255 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services | 1,521,529 | 5,585 | 1,515,944 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 1,303,229 | 4,783 | 1,298,446 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

TEXAS HMO SUPPLEMENT

OF THE Unitedhealthcare of Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin, San Antonio

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
 ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

| | 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..... | 1,415 | 1,415 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 4,221 | 4,221 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct premium income..... | 1,400,395 | 1,400,395 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 4. Net premium income..... | 1,398,973 | 1,398,973 | 0 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Fee-for-service (gross revenues)..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 | 0 |
| 7. Risk revenue..... | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | XXXXXXXX | 0 |
| 8. Aggregate write-in for other health related revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-in for other revenue (excluding investment income)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 1,398,973 | 1,398,973 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & medical..... | 1,303,229 | 1,303,229 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net reinsurance recoveries..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 1,303,229 | 1,303,229 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims adjustment expenses..... | 26,361 | 26,361 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General administrative expenses..... | 238,261 | 238,261 | 0 | 0 | 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)..... | 1,567,851 | 1,567,851 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 less L17)..... | (168,878) | (168,878) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net investment income earned..... | 3,939 | 3,939 | 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)..... | 3,939 | 3,939 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Aggregate write-in for other expenses..... | (5) | (5) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22)..... | (164,944) | (164,944) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Extraordinary items & federal & foreign income taxes incurred..... | (70,724) | (70,724) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET INCOME/LOSS (L30 less L31)..... | (94,220) | (94,220) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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

OF THE Unitedhealthcare of Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin, San Antonio

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
 ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

| | 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..... | 1,415 | 1,415 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 4,221 | 4,221 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct premium income..... | 1,400,395 | 1,400,395 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 4. Net premium income..... | 1,398,973 | 1,398,973 | 0 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Fee-for-service (gross revenues)..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 | 0 |
| 7. Risk revenue..... | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | XXXXXXXX | 0 |
| 8. Aggregate write-in for other health related revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-in for other revenue (excluding investment income)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 1,398,973 | 1,398,973 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & medical..... | 1,303,229 | 1,303,229 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net reinsurance recoveries..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 1,303,229 | 1,303,229 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims adjustment expenses..... | 26,361 | 26,361 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General administrative expenses..... | 238,261 | 238,261 | 0 | 0 | 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)..... | 1,567,851 | 1,567,851 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 less L17)..... | (168,878) | (168,878) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net investment income earned..... | 3,939 | 3,939 | 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)..... | 3,939 | 3,939 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Aggregate write-in for other expenses..... | (5) | (5) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22)..... | (164,944) | (164,944) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Extraordinary items & federal & foreign income taxes incurred..... | (70,724) | (70,724) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET INCOME/LOSS (L30 less L31)..... | (94,220) | (94,220) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

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 XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 767 | 8 | 759 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 660 | 8 | 652 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 0 | | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 1,737 | 24 | 1,713 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 1,968 | 7 | 1,961 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 122 | 0 | 122 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 2,090 | 7 | 2,083 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 85 | 1 | 84 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 17 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written | 851,621 | 21,111 | 830,510 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Property & Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Health Premiums Earned | 851,629 | 21,111 | 830,518 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services | 925,286 | 22,937 | 902,349 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 792,531 | 19,646 | 772,885 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

TEXAS HMO SUPPLEMENT

OF THE Unitedhealthcare of Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

| | 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..... | 660 | 660 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 1,737 | 1,737 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct premium income..... | 851,621 | 851,621 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 4. Net premium income..... | 850,756 | 850,756 | 0 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Fee-for-service (gross revenues)..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 | 0 |
| 7. Risk revenue..... | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | XXXXXXXX | 0 |
| 8. Aggregate write-in for other health related revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-in for other revenue (excluding investment income)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 850,756 | 850,756 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & medical..... | 792,532 | 792,532 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net reinsurance recoveries..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 792,532 | 792,532 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims adjustment expenses..... | 16,031 | 16,031 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General administrative expenses..... | 144,893 | 144,893 | 0 | 0 | 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)..... | 953,456 | 953,456 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 less L17)..... | (102,700) | (102,700) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net investment income earned..... | 2,395 | 2,395 | 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)..... | 2,395 | 2,395 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Aggregate write-in for other expenses..... | (3) | (3) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22)..... | (100,308) | (100,308) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Extraordinary items & federal & foreign income taxes incurred..... | (43,009) | (43,009) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET INCOME/LOSS (L30 less L31)..... | (57,299) | (57,299) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

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

OF THE Unitedhealthcare of Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

| | 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..... | 660 | 660 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 1,737 | 1,737 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct premium income..... | 851,621 | 851,621 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 4. Net premium income..... | 850,756 | 850,756 | 0 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Fee-for-service (gross revenues)..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 | 0 |
| 7. Risk revenue..... | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | XXXXXXXX | 0 |
| 8. Aggregate write-in for other health related revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-in for other revenue (excluding investment income)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 850,756 | 850,756 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & medical..... | 792,532 | 792,532 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net reinsurance recoveries..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 792,532 | 792,532 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims adjustment expenses..... | 16,031 | 16,031 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General administrative expenses..... | 144,893 | 144,893 | 0 | 0 | 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)..... | 953,456 | 953,456 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 less L17)..... | (102,700) | (102,700) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net investment income earned..... | 2,395 | 2,395 | 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)..... | 2,395 | 2,395 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Aggregate write-in for other expenses..... | (3) | (3) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22)..... | (100,308) | (100,308) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Extraordinary items & federal & foreign income taxes incurred..... | (43,009) | (43,009) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET INCOME/LOSS (L30 less L31)..... | (57,299) | (57,299) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

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 XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|------------------------------------|------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 6,081 | 19 | 6,062 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 5,959 | 16 | 5,943 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 0 | | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | |
| 6. Current Year Member Months | 17,870 | 46 | 17,824 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 14,141 | 47 | 14,094 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 878 | 3 | 875 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 15,019 | 50 | 14,969 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 611 | 4 | 607 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 127 | 3 | 124 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written | 6,119,379 | 46,492 | 6,072,887 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Property & Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. Health Premiums Earned | 6,111,251 | 38,364 | 6,072,887 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Amount Paid for Provision of Health Care Services | 6,648,702 | 50,514 | 6,598,188 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. Amount Incurred for Provision of Health Care Services | 5,694,788 | 43,266 | 5,651,522 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

TEXAS HMO SUPPLEMENT

OF THE Unitedhealthcare of Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston,Corpus Christi

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
 ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

| | 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..... | 5,959 | 5,959 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 17,870 | 17,870 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct premium income..... | 6,119,379 | 6,119,379 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 4. Net premium income..... | 6,113,166 | 6,113,166 | 0 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Fee-for-service (gross revenues)..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 | 0 |
| 7. Risk revenue..... | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | XXXXXXXX | 0 |
| 8. Aggregate write-in for other health related revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-in for other revenue (excluding investment income)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 6,113,166 | 6,113,166 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & medical..... | 5,694,788 | 5,694,788 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net reinsurance recoveries..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 5,694,788 | 5,694,788 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims adjustment expenses..... | 115,191 | 115,191 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General administrative expenses..... | 1,041,142 | 1,041,142 | 0 | 0 | 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)..... | 6,851,121 | 6,851,121 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 less L17)..... | (737,955) | (737,955) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net investment income earned..... | 17,213 | 17,213 | 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)..... | 17,213 | 17,213 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Aggregate write-in for other expenses..... | (23) | (23) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22)..... | (720,765) | (720,765) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Extraordinary items & federal & foreign income taxes incurred..... | (309,047) | (309,047) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET INCOME/LOSS (L30 less L31)..... | (411,718) | (411,718) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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

OF THE Unitedhealthcare of Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston,Corpus Christi

(Location)

**EXHIBIT II (Filed Annually and Quarterly)
 ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

| | 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..... | 5,959 | 5,959 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. MEMBER MONTHS..... | 17,870 | 17,870 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. Direct premium income..... | 6,119,379 | 6,119,379 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 | XXXXXXXX | 0 |
| 4. Net premium income..... | 6,113,166 | 6,113,166 | 0 | 0 | 0 | 0 | 0 | 0 | XXXXXXXX | 0 |
| 5. Change in unearned premium reserve & reserve for rate credits..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Fee-for-service (gross revenues)..... | 0 | XXXXXXXX | 0 | 0 | 0 | XXXXXXXX | XXXXXXXX | XXXXXXXX | 0 | 0 |
| 7. Risk revenue..... | 0 | XXXXXXXX | 0 | 0 | XXXXXXXX | XXXXXXXX | 0 | XXXXXXXX | XXXXXXXX | 0 |
| 8. Aggregate write-in for other health related revenues..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Aggregate write-in for other revenue (excluding investment income)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. TOTAL REVENUE (L4 to L9)..... | 6,113,166 | 6,113,166 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Hospital & medical..... | 5,694,788 | 5,694,788 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Net reinsurance recoveries..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. TOTAL MEDICAL & HOSP (L11 less L12)..... | 5,694,788 | 5,694,788 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14. Claims adjustment expenses..... | 115,191 | 115,191 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. General administrative expenses..... | 1,041,142 | 1,041,142 | 0 | 0 | 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)..... | 6,851,121 | 6,851,121 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18. NET UNDERWRITING GAIN/LOSS (L10 less L17)..... | (737,955) | (737,955) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Net investment income earned..... | 17,213 | 17,213 | 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)..... | 17,213 | 17,213 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Aggregate write-in for other expenses..... | (23) | (23) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22)..... | (720,765) | (720,765) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. Extraordinary items & federal & foreign income taxes incurred..... | (309,047) | (309,047) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. NET INCOME/LOSS (L30 less L31)..... | (411,718) | (411,718) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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