

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2009**

**TEXAS HMO SUPPLEMENT**

OF THE **PacifiCare 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.....	151,120	17,450	133,670	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	453,375	52,839	400,536	0	0	0	0	0	0	0
3. Direct premium income.....	428,907,346	19,088,233	409,819,113	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	427,943,980	19,048,501	408,895,479	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	3,049,745	0	3,049,745	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.....	(441,312)	0	(441,312)	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).....	430,552,413	19,048,501	411,503,912	0	0	0	0	0	0	0
11. Hospital & medical.....	386,322,648	15,701,122	370,621,526	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).....	386,322,648	15,701,122	370,621,526	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	3,914,985	160,053	3,754,932	0	0	0	0	0	0	0
15. General administrative expenses.....	39,126,923	1,599,713	37,527,210	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).....	429,364,556	17,460,888	411,903,668	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,187,857	1,587,613	(399,756)	0	0	0	0	0	0	0
19. Net investment income earned.....	1,851,569	82,039	1,769,530	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	224,614	9,937	214,677	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2,076,183	91,976	1,984,207	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	3,264,040	1,679,589	1,584,451	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	1,381,444	103,584	1,277,860	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,882,596	1,576,005	306,591	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 **JUNE 30, 2009**

**TEXAS HMO SUPPLEMENT**

OF THE **PacifiCare 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.....	151,120	17,450	133,670	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	905,629	106,744	798,885	0	0	0	0	0	0	0
3. Direct premium income.....	930,252,543	38,312,353	891,940,190	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	929,269,715	38,271,875	890,997,840	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	4,841,920	0	4,841,920	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).....	934,111,635	38,271,875	895,839,760	0	0	0	0	0	0	0
11. Hospital & medical.....	794,015,401	30,564,932	763,450,469	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).....	794,015,401	30,564,932	763,450,469	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	8,507,210	327,478	8,179,732	0	0	0	0	0	0	0
15. General administrative expenses.....	85,083,232	3,275,205	81,808,027	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).....	887,605,843	34,167,615	853,438,228	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	46,505,792	4,104,260	42,401,532	0	0	0	0	0	0	0
19. Net investment income earned.....	3,887,920	160,123	3,727,797	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	466,588	19,216	447,372	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4,354,508	179,339	4,175,169	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	50,860,300	4,283,599	46,576,701	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	17,822,205	734,006	17,088,199	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	33,038,095	3,549,593	29,488,502	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 **JUNE 30, 2009**

OF THE **PacifiCare 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	97,205	0	7,321	0	0	0	3,544	86,340	0	0
2. First Quarter	0									
3. Second Quarter	100,515	0	7,662	0	0	0	3,371	89,482	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	601,850	0	46,589	0	0	0	20,470	534,791	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	140,135	0	6,815	0	0	0	3,908	129,412	0	0
8. Non-Physician	15,423	0	372	0	0	0	209	14,842	0	0
9. Total	155,558	0	7,187	0	0	0	4,117	144,254	0	0
10. Hospital Patient Days Incurred	4,617	0	764	0	0	0	337	3,516	0	0
11. Number of Inpatient Admissions	885	0	191	0	0	0	84	610	0	0
12. Health Premiums Written	622,196,240	0	16,252,121	0	0	0	8,860,019	597,084,100	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	625,437,527	0	16,252,121	0	0	0	8,860,019	600,325,387	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	513,631,352	0	13,294,453	0	0	0	6,942,824	493,394,075	0	0
18. Amount Incurred for Provision of Health Care Services	531,281,049	0	13,798,503	0	0	0	6,283,520	511,199,026	0	0

**TEXAS HMO SUPPLEMENT**

OF THE **PacifiCare 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.....	100,515	11,033	89,482	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	301,739	33,611	268,128	0	0	0	0	0	0	0
3. Direct premium income.....	286,828,937	12,487,138	274,341,799	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	286,184,595	12,461,097	273,723,498	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	2,041,565	0	2,041,565	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.....	(295,424)	0	(295,424)	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).....	287,930,736	12,461,097	275,469,639	0	0	0	0	0	0	0
11. Hospital & medical.....	258,562,438	10,331,623	248,230,815	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).....	258,562,438	10,331,623	248,230,815	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	2,618,356	103,344	2,515,012	0	0	0	0	0	0	0
15. General administrative expenses.....	26,168,234	1,032,912	25,135,322	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).....	287,349,028	11,467,879	275,881,149	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	581,708	993,218	(411,510)	0	0	0	0	0	0	0
19. Net investment income earned.....	1,238,236	53,674	1,184,562	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	150,212	6,503	143,709	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,388,448	60,177	1,328,271	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	1,970,156	1,053,395	916,761	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	922,522	67,095	855,427	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,047,634	986,300	61,334	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 **PacifiCare 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.....	100,515	11,033	89,482	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	601,850	67,059	534,791	0	0	0	0	0	0	0
3. Direct premium income.....	622,196,240	25,112,140	597,084,100	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	621,538,879	25,085,609	596,453,270	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	3,241,286	0	3,241,286	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).....	624,780,165	25,085,609	599,694,556	0	0	0	0	0	0	0
11. Hospital & medical.....	531,281,048	20,082,022	511,199,026	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).....	531,281,048	20,082,022	511,199,026	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	5,690,366	213,297	5,477,069	0	0	0	0	0	0	0
15. General administrative expenses.....	56,911,114	2,133,253	54,777,861	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).....	593,882,528	22,428,572	571,453,956	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	30,897,637	2,657,037	28,240,600	0	0	0	0	0	0	0
19. Net investment income earned.....	2,600,422	104,954	2,495,468	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	312,076	12,596	299,480	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2,912,498	117,550	2,794,948	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	33,810,135	2,774,587	31,035,548	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	11,920,321	481,110	11,439,211	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	21,889,814	2,293,477	19,596,337	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 **JUNE 30, 2009**

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

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 XVIII 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									
3. Second Quarter	1,297	0	1,256	0	0	0	0	41	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	8,214	0	7,966	0	0	0	0	248	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	820	0	760	0	0	0	0	60	0	0
8. Non-Physician	21	0	14	0	0	0	0	7	0	0
9. Total	841	0	774	0	0	0	0	67	0	0
10. Hospital Patient Days Incurred	133	0	131	0	0	0	0	2	0	0
11. Number of Inpatient Admissions	34	0	33	0	0	0	0	1	0	0
12. Health Premiums Written	2,306,802	0	2,030,182	0	0	0	0	276,620	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	2,308,304	0	2,030,182	0	0	0	0	278,122	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	1,889,298	0	1,660,716	0	0	0	0	228,582	0	0
18. Amount Incurred for Provision of Health Care Services	1,960,512	0	1,723,681	0	0	0	0	236,831	0	0

**TEXAS HMO SUPPLEMENT**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**

(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.....	1,297	1,256	41	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,884	3,760	124	0	0	0	0	0	0	0
3. Direct premium income.....	1,354,136	1,227,038	127,098	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	1,351,736	1,224,924	126,812	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	946	0	946	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.....	(137)	0	(137)	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).....	1,352,545	1,224,924	127,621	0	0	0	0	0	0	0
11. Hospital & medical.....	1,223,899	1,108,897	115,002	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).....	1,223,899	1,108,897	115,002	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	11,414	10,249	1,165	0	0	0	0	0	0	0
15. General administrative expenses.....	114,108	102,463	11,645	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).....	1,349,421	1,221,609	127,812	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	3,124	3,315	(191)	0	0	0	0	0	0	0
19. Net investment income earned.....	5,772	5,223	549	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	697	630	67	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	6,469	5,853	616	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	9,593	9,168	425	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	12,954	12,557	397	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(3,361)	(3,389)	28	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 **PacifiCare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**

(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.....	1,297	1,256	41	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,214	7,966	248	0	0	0	0	0	0	0
3. Direct premium income.....	2,306,802	2,030,182	276,620	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	2,304,365	2,028,037	276,328	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	1,502	0	1,502	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).....	2,305,867	2,028,037	277,830	0	0	0	0	0	0	0
11. Hospital & medical.....	1,960,512	1,723,681	236,831	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).....	1,960,512	1,723,681	236,831	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	19,781	17,244	2,537	0	0	0	0	0	0	0
15. General administrative expenses.....	197,840	172,462	25,378	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).....	2,178,133	1,913,387	264,746	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	127,734	114,650	13,084	0	0	0	0	0	0	0
19. Net investment income earned.....	9,641	8,485	1,156	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	1,157	1,018	139	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	10,798	9,503	1,295	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	138,532	124,153	14,379	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	44,195	38,895	5,300	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	94,337	85,258	9,079	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 **JUNE 30, 2009**

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

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 XVIII 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									
3. Second Quarter	48,733	0	2,351	0	0	0	2,235	44,147	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	292,046	0	14,400	0	0	0	13,800	263,846	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	68,363	0	2,290	0	0	0	2,226	63,847	0	0
8. Non-Physician	8,117	0	443	0	0	0	352	7,322	0	0
9. Total	76,480	0	2,733	0	0	0	2,578	71,169	0	0
10. Hospital Patient Days Incurred	2,199	0	236	0	0	0	228	1,735	0	0
11. Number of Inpatient Admissions	416	0	59	0	0	0	57	300	0	0
12. Health Premiums Written	304,746,868	0	3,844,288	0	0	0	6,323,110	294,579,470	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	306,307,617	0	3,805,905	0	0	0	6,323,110	296,178,602	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	251,490,751	0	3,113,281	0	0	0	4,954,869	243,422,601	0	0
18. Amount Incurred for Provision of Health Care Services	259,922,577	0	3,231,319	0	0	0	4,484,345	252,206,913	0	0

**TEXAS HMO SUPPLEMENT**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**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.....	48,733	4,586	44,147	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	146,018	13,734	132,284	0	0	0	0	0	0	0
3. Direct premium income.....	140,229,498	4,879,282	135,350,216	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	139,913,914	4,868,745	135,045,169	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	1,007,234	0	1,007,234	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.....	(145,751)	0	(145,751)	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).....	140,775,397	4,868,745	135,906,652	0	0	0	0	0	0	0
11. Hospital & medical.....	126,073,799	3,605,789	122,468,010	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).....	126,073,799	3,605,789	122,468,010	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	1,281,120	40,305	1,240,815	0	0	0	0	0	0	0
15. General administrative expenses.....	12,803,671	402,822	12,400,849	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).....	140,158,590	4,048,916	136,109,674	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	616,807	819,829	(203,022)	0	0	0	0	0	0	0
19. Net investment income earned.....	605,435	21,015	584,420	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	73,448	2,548	70,900	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	678,883	23,563	655,320	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	1,295,690	843,392	452,298	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	443,414	21,377	422,037	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	852,276	822,015	30,261	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 **PacifiCare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**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.....	48,733	4,586	44,147	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	292,046	28,200	263,846	0	0	0	0	0	0	0
3. Direct premium income.....	304,746,868	10,167,398	294,579,470	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	304,424,898	10,156,656	294,268,242	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	1,599,132	0	1,599,132	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).....	306,024,030	10,156,656	295,867,374	0	0	0	0	0	0	0
11. Hospital & medical.....	259,922,578	7,715,665	252,206,913	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).....	259,922,578	7,715,665	252,206,913	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	2,788,546	86,360	2,702,186	0	0	0	0	0	0	0
15. General administrative expenses.....	27,889,105	863,711	27,025,394	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).....	290,600,229	8,665,736	281,934,493	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	15,423,801	1,490,920	13,932,881	0	0	0	0	0	0	0
19. Net investment income earned.....	1,273,667	42,494	1,231,173	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	152,852	5,100	147,752	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,426,519	47,594	1,378,925	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	16,850,320	1,538,514	15,311,806	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	5,838,481	194,792	5,643,689	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	11,011,839	1,343,722	9,668,117	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 **JUNE 30, 2009**

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

REPORT FOR DIVISION: **Austin**

(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	495	0	495	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	575	0	575	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	3,519	0	3,519	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	560	0	560	0	0	0	0	0	0	0
8. Non-Physician	108	0	108	0	0	0	0	0	0	0
9. Total	668	0	668	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	58	0	58	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	14	0	14	0	0	0	0	0	0	0
12. Health Premiums Written	1,002,633	0	1,002,633	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	1,002,633	0	1,002,633	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	820,167	0	820,167	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	851,263	0	851,263	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(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.....	575	575	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,734	1,734	0	0	0	0	0	0	0	0
3. Direct premium income.....	494,775	494,775	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	493,736	493,736	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).....	493,736	493,736	0	0	0	0	0	0	0	0
11. Hospital & medical.....	462,512	462,512	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).....	462,512	462,512	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	4,093	4,093	0	0	0	0	0	0	0	0
15. General administrative expenses.....	40,910	40,910	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).....	507,515	507,515	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(13,779)	(13,779)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	2,127	2,127	0	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	258	258	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2,385	2,385	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(11,394)	(11,394)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	2,555	2,555	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(13,949)	(13,949)	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 **PacifiCare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(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.....	575	575	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,519	3,519	0	0	0	0	0	0	0	0
3. Direct premium income.....	1,002,633	1,002,633	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	1,001,574	1,001,574	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).....	1,001,574	1,001,574	0	0	0	0	0	0	0	0
11. Hospital & medical.....	851,263	851,263	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).....	851,263	851,263	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	8,516	8,516	0	0	0	0	0	0	0	0
15. General administrative expenses.....	85,173	85,173	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).....	944,952	944,952	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	56,622	56,622	0	0	0	0	0	0	0	0
19. Net investment income earned.....	4,190	4,190	0	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	503	503	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4,693	4,693	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	61,315	61,315	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	19,209	19,209	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	42,106	42,106	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