

**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.....	7,227	7,227	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,720	21,720	0	0	0	0	0	0	0	0
3. Direct premium income.....	7,769,305	7,769,305	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	7,760,808	7,760,808	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).....	7,760,808	7,760,808	0	0	0	0	0	0	0	0
11. Hospital & medical.....	6,416,668	6,416,668	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).....	6,416,668	6,416,668	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	144,781	144,781	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,305,706	1,305,706	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	2,517,000	2,517,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	10,384,155	10,384,155	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(2,623,347)	(2,623,347)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	9,213	9,213	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).....	9,213	9,213	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	1,665	1,665	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(2,612,469)	(2,612,469)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	160,748	160,748	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(2,773,217)	(2,773,217)	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 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.....	7,227	7,227	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	67,184	67,184	0	0	0	0	0	0	0	0
3. Direct premium income.....	23,781,314	23,781,314	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	23,770,897	23,770,897	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).....	23,770,897	23,770,897	0	0	0	0	0	0	0	0
11. Hospital & medical.....	22,003,820	22,003,820	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).....	22,003,820	22,003,820	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	438,432	438,432	0	0	0	0	0	0	0	0
15. General administrative expenses.....	3,959,833	3,959,833	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(1,237,000)	(1,237,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	25,165,085	25,165,085	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(1,394,188)	(1,394,188)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	46,563	46,563	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).....	46,563	46,563	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).....	(1,347,625)	(1,347,625)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(915,665)	(915,665)	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(431,960)	(431,960)	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 **SEPTEMBER 30, 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	0									
3. Second Quarter	0									
4. Third Quarter	800	5	795	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	9,073	52	9,021	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	6,957	66	6,891	0	0	0	0	0	0	0
8. Non-Physician	362	3	359	0	0	0	0	0	0	0
9. Total	7,319	69	7,250	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	303	1	302	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	58	0	58	0	0	0	0	0	0	0
12. Health Premiums Written	3,029,334	23,692	3,005,642	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	3,029,334	23,692	3,005,642	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	3,067,180	27,001	3,040,179	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,802,911	24,694	2,778,217	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.....	800	800	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,383	2,383	0	0	0	0	0	0	0	0
3. Direct premium income.....	806,380	806,380	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	805,320	805,320	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).....	805,320	805,320	0	0	0	0	0	0	0	0
11. Hospital & medical.....	638,940	638,940	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).....	638,940	638,940	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	15,081	15,081	0	0	0	0	0	0	0	0
15. General administrative expenses.....	135,941	135,941	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	363,596	363,596	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,153,558	1,153,558	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(348,238)	(348,238)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	746	746	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).....	746	746	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	231	231	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(347,261)	(347,261)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	32,799	32,799	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(380,060)	(380,060)	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.....	800	800	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	9,073	9,073	0	0	0	0	0	0	0	0
3. Direct premium income.....	3,029,334	3,029,334	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	3,028,007	3,028,007	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).....	3,028,007	3,028,007	0	0	0	0	0	0	0	0
11. Hospital & medical.....	2,802,911	2,802,911	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).....	2,802,911	2,802,911	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	55,849	55,849	0	0	0	0	0	0	0	0
15. General administrative expenses.....	504,415	504,415	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(157,573)	(157,573)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,205,602	3,205,602	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(177,595)	(177,595)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	5,931	5,931	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).....	5,931	5,931	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).....	(171,664)	(171,664)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(116,640)	(116,640)	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(55,024)	(55,024)	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 **SEPTEMBER 30, 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	0									
3. Second Quarter	0									
4. Third Quarter	586	7	579	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	5,196	68	5,128	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	5,767	55	5,712	0	0	0	0	0	0	0
8. Non-Physician	300	3	297	0	0	0	0	0	0	0
9. Total	6,067	58	6,009	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	251	1	250	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	48	0	48	0	0	0	0	0	0	0
12. Health Premiums Written	2,511,076	59,140	2,451,936	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	2,524,754	59,140	2,465,614	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	2,542,449	22,382	2,520,067	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,323,391	20,470	2,302,921	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.....	586	586	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,752	1,752	0	0	0	0	0	0	0	0
3. Direct premium income.....	848,001	848,001	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	847,100	847,100	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).....	847,100	847,100	0	0	0	0	0	0	0	0
11. Hospital & medical.....	704,442	704,442	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).....	704,442	704,442	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	15,794	15,794	0	0	0	0	0	0	0	0
15. General administrative expenses.....	142,451	142,451	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	259,292	259,292	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,121,979	1,121,979	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(274,879)	(274,879)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	1,038	1,038	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).....	1,038	1,038	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	173	173	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(273,668)	(273,668)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	15,116	15,116	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(288,784)	(288,784)	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.....	586	586	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	5,196	5,196	0	0	0	0	0	0	0	0
3. Direct premium income.....	2,511,077	2,511,077	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	2,509,977	2,509,977	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).....	2,509,977	2,509,977	0	0	0	0	0	0	0	0
11. Hospital & medical.....	2,323,391	2,323,391	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).....	2,323,391	2,323,391	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	46,294	46,294	0	0	0	0	0	0	0	0
15. General administrative expenses.....	418,120	418,120	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(130,615)	(130,615)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,657,190	2,657,190	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(147,213)	(147,213)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	4,917	4,917	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).....	4,917	4,917	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).....	(142,296)	(142,296)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(96,685)	(96,685)	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(45,611)	(45,611)	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 **SEPTEMBER 30, 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	0									
3. Second Quarter	0									
4. Third Quarter	5,841	15	5,826	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	52,915	140	52,775	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	41,892	400	41,492	0	0	0	0	0	0	0
8. Non-Physician	2,180	21	2,159	0	0	0	0	0	0	0
9. Total	44,072	421	43,651	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,825	5	1,820	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	353	2	351	0	0	0	0	0	0	0
12. Health Premiums Written	18,240,904	110,555	18,130,349	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	18,240,904	110,555	18,130,349	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	18,468,793	162,584	18,306,209	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	16,877,518	148,696	16,728,822	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 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.....	5,841	5,841	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,585	17,585	0	0	0	0	0	0	0	0
3. Direct premium income.....	6,114,925	6,114,925	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	6,108,388	6,108,388	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).....	6,108,388	6,108,388	0	0	0	0	0	0	0	0
11. Hospital & medical.....	5,073,285	5,073,285	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).....	5,073,285	5,073,285	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	113,906	113,906	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,027,314	1,027,314	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	1,894,112	1,894,112	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	8,108,617	8,108,617	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(2,000,229)	(2,000,229)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	7,430	7,430	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).....	7,430	7,430	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	1,261	1,261	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(1,991,538)	(1,991,538)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	112,833	112,833	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(2,104,371)	(2,104,371)	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.....	5,841	5,841	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	52,915	52,915	0	0	0	0	0	0	0	0
3. Direct premium income.....	18,240,904	18,240,904	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	18,232,913	18,232,913	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).....	18,232,913	18,232,913	0	0	0	0	0	0	0	0
11. Hospital & medical.....	16,877,518	16,877,518	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).....	16,877,518	16,877,518	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	336,289	336,289	0	0	0	0	0	0	0	0
15. General administrative expenses.....	3,037,298	3,037,298	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	(948,812)	(948,812)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	19,302,293	19,302,293	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(1,069,380)	(1,069,380)	0	0	0	0	0	0	0	0
19. Net investment income earned.....	35,715	35,715	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).....	35,715	35,715	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).....	(1,033,665)	(1,033,665)	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(702,340)	(702,340)	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(331,325)	(331,325)	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