

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	156,219	14,349	0	141,870	0	0	0	0	0	0
2. MEMBER MONTHS.....	467,923	43,116	0	424,807	0	0	0	0	0	0
3. Direct Premium Income.....	501,587,433	15,670,340	0	485,917,093	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	501,083,338	15,654,592	0	485,428,746	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,024,853	30,257	0	994,596	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	502,108,191	15,684,849	0	486,423,342	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	396,260,279	13,047,988	0	383,212,291	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	396,260,279	13,047,988	0	383,212,291	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	15,423,244	417,096	0	15,006,148	0	0	0	0	0	0
15. General Administrative Expenses.....	39,535,153	3,673,029	0	35,862,124	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	1,927,000	1,927,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	453,145,676	19,065,113	0	434,080,563	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	48,962,515	(3,380,264)	0	52,342,779	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,261,970	382,845	0	879,125	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	(338)	0	338	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	50,224,485	(2,997,757)	0	53,222,242	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	19,483,627	(1,056,954)	0	20,540,580	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	30,740,858	(1,940,803)	0	32,681,661	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,147	(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		24,467				0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	156,219	14,349	0	141,870	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,854,627	168,236	0	1,686,391	0	0	0	0	0	0
3. Direct Premium Income.....	2,019,232,354	61,790,222	0	1,957,442,132	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,017,207,247	61,728,252	0	1,955,478,995	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,629,961)	0	0	(3,629,961)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	2,013,577,286	61,728,252	0	1,951,849,034	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,631,294,435	54,647,880	0	1,576,646,555	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,631,294,435	54,647,880	0	1,576,646,555	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	38,823,334	1,205,286	0	37,618,048	0	0	0	0	0	0
15. General Administrative Expenses.....	170,110,081	8,071,209	0	162,038,872	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	1,927,000	1,927,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,842,154,850	65,851,375	0	1,776,303,475	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	171,422,436	(4,123,123)	0	175,545,559	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,710,898	518,044	0	5,192,854	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	372	34	0	338	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	177,133,706	(3,605,045)	0	180,738,751	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	62,537,802	(1,262,977)	0	63,800,779	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	114,595,904	(2,342,068)	0	116,937,972	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,147	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		24,467	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	101,476	0	7,661	0	0	0	3,306	90,509	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	102,551	0	7,486	0	0	0	94	94,971	0	0
6. Current Year Member Months	1,217,299	0	87,239	0	0	0	1,153	1,128,907	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	527,870	0	27,303	0	0	0	482	500,085	0	0
8. Non-Physician	62,836	0	2,517	0	0	0	48	60,271	0	0
9. Total	590,706	0	29,820	0	0	0	530	560,356	0	0
10. Hospital Patient Days Incurred	14,989	0	2,373	0	0	0	32	12,584	0	0
11. Number of Inpatient Admissions	2,690	0	460	0	0	0	6	2,224	0	0
12. Health Premiums Written	1,344,587,479	0	33,701,730	0	0	0	530,892	1,310,354,857	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	1,341,333,297	0	33,701,730	0	0	0	530,892	1,307,100,675	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	1,088,318,293	0	26,506,335	0	0	0	490,442	1,061,321,516	0	0
18. Amount Incurred for Provision of Health Care Services	1,083,323,218	0	27,459,226	0	0	0	422,078	1,055,441,914	0	0

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

**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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	102,551	7,580	0	94,971	0	0	0	0	0	0
2. MEMBER MONTHS.....	306,942	22,566	0	284,376	0	0	0	0	0	0
3. Direct Premium Income.....	333,874,409	8,587,844	0	325,286,565	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	333,538,866	8,579,214	0	324,959,652	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	682,619	16,824	0	665,795	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	334,221,485	8,596,038	0	325,625,447	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	260,914,861	4,381,712	0	256,533,149	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	260,914,861	4,381,712	0	256,533,149	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	10,240,723	195,231	0	10,045,492	0	0	0	0	0	0
15. General Administrative Expenses.....	25,803,804	1,796,654	0	24,007,150	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	1,176,892	1,176,892	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	298,136,279	7,550,489	0	290,585,790	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	36,085,206	1,045,549	0	35,039,657	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	785,521	197,006	0	588,515	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(128)	(354)	0	226	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	36,870,598	1,242,201	0	35,628,397	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	13,326,224	(424,180)	0	13,750,404	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	23,544,375	1,666,381	0	21,877,994	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		94	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,153	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

**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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	102,551	7,580	0	94,971	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,217,299	88,392	0	1,128,907	0	0	0	0	0	0
3. Direct Premium Income.....	1,344,587,479	34,232,622	0	1,310,354,857	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,343,238,980	34,198,290	0	1,309,040,690	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,429,976)	0	0	(2,429,976)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,340,809,004	34,198,290	0	1,306,610,714	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,083,323,219	27,881,305	0	1,055,441,914	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,083,323,219	27,881,305	0	1,055,441,914	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	25,815,851	633,501	0	25,182,350	0	0	0	0	0	0
15. General Administrative Expenses.....	112,714,633	4,242,245	0	108,472,388	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	1,176,892	1,176,892	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,223,030,595	33,933,943	0	1,189,096,652	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	117,778,409	264,347	0	117,514,062	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,748,394	272,183	0	3,476,211	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	244	18	0	226	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	121,527,047	536,548	0	120,990,499	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	42,046,072	(663,574)	0	42,709,646	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	79,480,975	1,200,122	0	78,280,853	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		94	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,153	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	1,288	0	1,246	0	0	0	0	42	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	1,696	0	1,652	0	0	0	0	44	0	0
6. Current Year Member Months	19,642	0	19,116	0	0	0	0	526	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	6,420	0	6,187	0	0	0	0	233	0	0
8. Non-Physician	598	0	570	0	0	0	0	28	0	0
9. Total	7,018	0	6,757	0	0	0	0	261	0	0
10. Hospital Patient Days Incurred	544	0	538	0	0	0	0	6	0	0
11. Number of Inpatient Admissions	105	0	104	0	0	0	0	1	0	0
12. Health Premiums Written	5,609,703	0	4,998,601	0	0	0	0	611,102	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	5,608,185	0	4,998,601	0	0	0	0	609,584	0	0
Property/Casualty 16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	6,501,237	0	6,006,275	0	0	0	0	494,962	0	0
18. Amount Incurred for Provision of Health Care Services	6,714,418	0	6,222,198	0	0	0	0	492,220	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	1,696	1,652	0	44	0	0	0	0	0	0
2. MEMBER MONTHS.....	5,171	5,037	0	134	0	0	0	0	0	0
3. Direct Premium Income.....	1,465,065	1,310,136	0	154,929	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,463,593	1,308,820	0	154,773	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,720	2,420	0	301	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,466,314	1,311,239	0	155,074	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,959,067	2,836,812	0	122,255	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,959,067	2,836,812	0	122,255	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	83,462	78,728	0	4,734	0	0	0	0	0	0
15. General Administrative Expenses.....	609,051	597,578	0	11,473	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	266,681	266,681	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,918,262	3,779,799	0	138,463	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,451,948)	(2,468,560)	0	16,611	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	48,334	48,051	0	284	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	4	4	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,403,610)	(2,420,505)	0	16,895	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(100,697)	(107,204)	0	6,507	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,302,913)	(2,313,301)	0	10,388	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	1,696	1,652	0	44	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,642	19,116	0	526	0	0	0	0	0	0
3. Direct Premium Income.....	5,609,703	4,998,601	0	611,102	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	5,604,077	4,993,588	0	610,489	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,133)	0	0	(1,133)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	5,602,944	4,993,588	0	609,356	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,714,418	6,222,198	0	492,220	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,714,418	6,222,198	0	492,220	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	153,508	141,764	0	11,744	0	0	0	0	0	0
15. General Administrative Expenses.....	999,913	949,325	0	50,588	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	266,681	266,681	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	8,134,520	7,579,968	0	554,552	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,531,576)	(2,586,380)	0	54,804	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	60,484	58,863	0	1,621	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	4	4	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,471,088)	(2,527,513)	0	56,425	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(123,589)	(143,507)	0	19,918	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,347,499)	(2,384,006)	0	36,507	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	49,105	0	2,283	0	0	0	2,168	44,654	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	51,375	9	2,458	0	0	0	2,053	46,855	0	0
6. Current Year Member Months	610,934	112	28,549	0	0	0	25,316	556,957	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	266,367	0	9,068	0	0	0	10,577	246,722	0	0
8. Non-Physician	31,625	0	836	0	0	0	1,054	29,735	0	0
9. Total	297,992	0	9,904	0	0	0	11,631	276,457	0	0
10. Hospital Patient Days Incurred	7,693	3	788	0	0	0	694	6,208	0	0
11. Number of Inpatient Admissions	1,386	1	153	0	0	0	135	1,097	0	0
12. Health Premiums Written	666,928,681	108,921	8,686,315	0	0	0	11,657,272	646,476,173	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	665,323,200	108,921	8,686,315	0	0	0	11,657,272	644,870,692	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	543,186,059	685,518	8,118,297	0	0	0	10,769,065	523,613,179	0	0
18. Amount Incurred for Provision of Health Care Services	539,097,780	736,633	8,380,772	0	0	0	9,267,954	520,712,421	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	51,375	4,520	0	46,855	0	0	0	0	0	0
2. MEMBER MONTHS.....	154,019	13,724	0	140,295	0	0	0	0	0	0
3. Direct Premium Income.....	165,694,855	5,219,257	0	160,475,598	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	165,528,332	5,214,012	0	160,314,320	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	338,494	9,994	0	328,500	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	165,866,826	5,224,006	0	160,642,821	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	131,653,079	5,096,192	0	126,556,887	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	131,653,079	5,096,192	0	126,556,887	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,076,416	120,494	0	4,955,922	0	0	0	0	0	0
15. General Administrative Expenses.....	12,941,032	1,097,530	0	11,843,502	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	390,893	390,893	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	150,061,420	6,705,110	0	143,356,310	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	15,805,407	(1,481,104)	0	17,286,511	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	411,881	121,554	0	290,327	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	123	11	0	112	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	16,217,411	(1,359,539)	0	17,576,949	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,293,492	(490,177)	0	6,783,669	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	9,923,918	(869,362)	0	10,793,280	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,053	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		25,136	of Texas enrollees and Federal employees.)			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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	51,375	4,520	0	46,855	0	0	0	0	0	0
2. MEMBER MONTHS.....	610,934	53,977	0	556,957	0	0	0	0	0	0
3. Direct Premium Income.....	666,928,681	20,452,508	0	646,476,173	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	666,259,812	20,431,996	0	645,827,816	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,198,852)	0	0	(1,198,852)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	665,060,960	20,431,996	0	644,628,964	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	539,097,779	18,385,358	0	520,712,421	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	539,097,779	18,385,358	0	520,712,421	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	12,804,785	380,831	0	12,423,954	0	0	0	0	0	0
15. General Administrative Expenses.....	56,066,131	2,550,235	0	53,515,896	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	390,893	390,893	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	608,359,588	21,707,317	0	586,652,271	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	56,701,372	(1,275,321)	0	57,976,693	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,881,232	166,210	0	1,715,022	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	123	11	0	112	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	58,582,727	(1,109,100)	0	59,691,827	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	20,666,000	(405,215)	0	21,071,215	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	37,916,727	(703,885)	0	38,620,612	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,053	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		25,136	of Texas enrollees and Federal employees.)			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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	597	597	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,789	1,789	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	553,103	553,103	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	552,547	552,547	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,019	1,019	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	553,566	553,566	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	733,272	733,272	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	733,272	733,272	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	22,643	22,643	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	181,265	181,265	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	92,535	92,535	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,029,715	1,029,715	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(476,149)	(476,149)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	16,234	16,234	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1	1	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(459,914)	(459,914)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(35,392)	(35,392)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(424,522)	(424,522)	0	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

**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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	597	597	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,751	6,751	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,106,491	2,106,491	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,104,378	2,104,378	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and 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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	2,104,378	2,104,378	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,159,019	2,159,019	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,159,019	2,159,019	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	49,190	49,190	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	329,403	329,403	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	92,535	92,535	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,630,147	2,630,147	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(525,769)	(525,769)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	20,788	20,788	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	1	1	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(504,980)	(504,980)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(50,681)	(50,681)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(454,299)	(454,299)	0	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				