

**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.....	1,071.95	363.45	0.00	1,143.86	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	1,070.87	363.08	0.00	1,142.71	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	2.19	0.70	0.00	2.34	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	1,073.06	363.78	0.00	1,145.05	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	846.85	302.63	0.00	902.09	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	846.85	302.63	0.00	902.09	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	32.96	9.67	0.00	35.32	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	84.49	85.19	0.00	84.42	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	4.12	44.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	968.42	442.18	0.00	1,021.83	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	104.64	(78.40)	0.00	123.22	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	2.70	8.88	0.00	2.07	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	(0.01)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	107.34	(69.53)	0.00	125.29	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	41.64	(24.51)	0.00	48.35	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	65.70	(45.01)	0.00	76.93	0.00	0.00	0.00	0.00	0.00	0.00
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.....	12,925.65	4,306.24	0.00	13,797.44	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	12,912.69	4,301.92	0.00	13,783.60	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(23.24)	0.00	0.00	(25.59)	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	12,889.45	4,301.92	0.00	13,758.01	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	10,442.36	3,808.48	0.00	11,113.32	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,442.36	3,808.48	0.00	11,113.32	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	248.52	84.00	0.00	265.16	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	1,088.92	562.49	0.00	1,142.16	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	12.34	134.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	11,792.13	4,589.27	0.00	12,520.64	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,097.32	(287.35)	0.00	1,237.37	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	36.56	36.10	0.00	36.60	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,133.88	(251.24)	0.00	1,273.97	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	400.32	(88.02)	0.00	449.71	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	733.56	(163.22)	0.00	824.26	0.00	0.00	0.00	0.00	0.00	0.00
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**

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.....	1,087.74	380.57	0.00	1,143.86	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	1,086.65	380.18	0.00	1,142.71	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	2.22	0.75	0.00	2.34	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	1,088.87	380.93	0.00	1,145.05	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	850.05	194.17	0.00	902.09	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	850.05	194.17	0.00	902.09	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	33.36	8.65	0.00	35.32	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	84.07	79.62	0.00	84.42	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	3.83	52.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	971.31	334.60	0.00	1,021.84	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	117.56	46.33	0.00	123.22	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	2.56	8.73	0.00	2.07	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	(0.00)	(0.02)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	120.12	55.05	0.00	125.29	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	43.42	(18.80)	0.00	48.35	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	76.71	73.84	0.00	76.93	0.00	0.00	0.00	0.00	0.00	0.00
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				

**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.....	13,111.40	4,516.18	0.00	13,797.42	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	13,098.25	4,511.65	0.00	13,783.58	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(23.70)	0.00	0.00	(25.59)	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	13,074.56	4,511.65	0.00	13,758.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	10,563.75	3,678.27	0.00	11,113.31	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,563.75	3,678.27	0.00	11,113.31	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	251.74	83.58	0.00	265.16	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	1,099.11	559.66	0.00	1,142.16	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	11.48	155.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	11,926.07	4,476.77	0.00	12,520.63	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,148.49	34.87	0.00	1,237.37	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	36.55	35.91	0.00	36.60	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,185.04	70.78	0.00	1,273.97	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	410.00	(87.54)	0.00	449.71	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	775.04	158.33	0.00	824.26	0.00	0.00	0.00	0.00	0.00	0.00
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				

**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.....	283.32	260.10	0.00	1,155.31	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	283.03	259.84	0.00	1,154.14	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.53	0.48	0.00	2.24	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	283.56	260.32	0.00	1,156.39	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	572.23	563.19	0.00	911.65	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	572.23	563.19	0.00	911.65	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	16.14	15.63	0.00	35.30	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	117.78	118.64	0.00	85.56	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	51.57	52.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	757.72	750.41	0.00	1,032.51	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(474.16)	(490.09)	0.00	123.87	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	9.35	9.54	0.00	2.12	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(464.82)	(480.54)	0.00	125.99	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	(19.47)	(21.28)	0.00	48.52	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	(445.34)	(459.26)	0.00	77.46	0.00	0.00	0.00	0.00	0.00	0.00
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.....	3,307.61	3,025.79	0.00	13,888.68	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	3,304.29	3,022.75	0.00	13,874.75	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(0.67)	0.00	0.00	(25.75)	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	3,303.62	3,022.75	0.00	13,849.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	3,958.97	3,766.46	0.00	11,186.82	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,958.97	3,766.46	0.00	11,186.82	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	90.51	85.81	0.00	266.91	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	589.57	574.65	0.00	1,149.73	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	157.24	161.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,796.30	4,588.36	0.00	12,603.45	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,492.67)	(1,565.61)	0.00	1,245.55	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	35.66	35.63	0.00	36.84	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,457.01)	(1,529.97)	0.00	1,282.39	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	(72.87)	(86.87)	0.00	452.68	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	(1,384.14)	(1,443.10)	0.00	829.70	0.00	0.00	0.00	0.00	0.00	0.00
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 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.....	1,075.81	380.30	0.00	1,143.84	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	1,074.73	379.92	0.00	1,142.69	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	2.20	0.73	0.00	2.34	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	1,076.92	380.65	0.00	1,145.04	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	854.78	371.33	0.00	902.08	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	854.78	371.33	0.00	902.08	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	32.96	8.78	0.00	35.33	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	84.02	79.97	0.00	84.42	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	2.54	28.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	974.30	488.57	0.00	1,021.82	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	102.62	(107.92)	0.00	123.22	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	2.67	8.86	0.00	2.07	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	105.29	(99.06)	0.00	125.29	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	40.86	(35.72)	0.00	48.35	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	64.43	(63.35)	0.00	76.93	0.00	0.00	0.00	0.00	0.00	0.00
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.....	12,981.58	4,524.89	0.00	13,797.38	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	12,968.56	4,520.35	0.00	13,783.54	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(23.34)	0.00	0.00	(25.59)	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	12,945.23	4,520.35	0.00	13,757.95	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	10,493.39	4,067.56	0.00	11,113.27	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,493.39	4,067.56	0.00	11,113.27	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	249.24	84.25	0.00	265.16	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	1,091.31	564.21	0.00	1,142.16	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	7.61	86.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	11,841.55	4,802.50	0.00	12,520.59	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,103.68	(282.15)	0.00	1,237.36	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	36.62	36.77	0.00	36.60	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,140.30	(245.38)	0.00	1,273.97	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	402.26	(89.65)	0.00	449.71	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	738.04	(155.73)	0.00	824.26	0.00	0.00	0.00	0.00	0.00	0.00
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	
2. MEMBER MONTHS.....	1,789	1,789	0	0	0	0	0	0	0	
3. Direct Premium Income.....	309.17	309.17	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00	
4. Net Premium Income.....	308.86	308.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
5. Change in unearned premium reserve and reserve for rate credits.....	0.57	0.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10. TOTAL REVENUE (L4 to L9).....	309.43	309.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
11. Hospital & Medical Benefits.....	409.88	409.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13. TOTAL MEDICAL & HOSP (L11 less L12).....	409.88	409.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
14. Claims Adjustment Expenses.....	12.66	12.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
15. General Administrative Expenses.....	101.32	101.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
16. Increase in Reserves for A&H contracts.....	51.72	51.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	575.58	575.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(266.15)	(266.15)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
19. Net Investments Gains / (Losses).....	9.07	9.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(257.08)	(257.08)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
22. Federal and foreign income taxes incurred.....	(19.78)	(19.78)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
23. NET INCOME/(LOSS) (L21 less L22).....	(237.30)	(237.30)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
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

**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.....	3,528.46	3,528.46	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	3,524.92	3,524.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	3,524.92	3,524.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	3,616.45	3,616.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,616.45	3,616.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	82.40	82.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	551.76	551.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in Reserves for A&H contracts.....	155.00	155.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,405.61	4,405.61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(880.69)	(880.69)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	34.82	34.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(845.86)	(845.86)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	(84.89)	(84.89)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	(760.97)	(760.97)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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				