

TEXAS HMO SUPPLEMENT

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

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	540	540	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,636	1,636	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	752,062	752,062	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	753,847	753,847	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	5,236	5,236	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).....	759,083	759,083	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	738,927	738,927	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).....	738,927	738,927	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	39,192	39,192	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	679,920	679,920	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(136,000)	(136,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,322,039	1,322,039	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(562,956)	(562,956)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,912	4,912	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	266	266	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(557,778)	(557,778)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(606,413)	(606,413)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	48,635	48,635	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				

TEXAS HMO SUPPLEMENT

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

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	540	540	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	51,171	51,171	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	20,348,685	20,348,685	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	20,326,159	20,326,159	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	5,236	5,236	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).....	20,331,395	20,331,395	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,606,720	16,606,720	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).....	16,606,720	16,606,720	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	509,258	509,258	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,455,742	3,455,742	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,937,000)	(1,937,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	18,634,720	18,634,720	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,696,675	1,696,675	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	19,415	19,415	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,716,090	1,716,090	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(440,909)	(440,909)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,156,999	2,156,999	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	824	5	819	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	4	4	0	0	0	0	0	0	0	0
6. Current Year Member Months	61	48	13	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	80	70	10	0	0	0	0	0	0	0
8. Non-Physician	3	3	0	0	0	0	0	0	0	0
9. Total	83	73	10	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2	1	1	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	50,891	48,616	2,275	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	51,618	49,343	2,275	0	0	0	0	0	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	35,541	30,878	4,663	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	32,053	27,850	4,203	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4	4	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3	3	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,973	2,973	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,303	4,303	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	6	6	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).....	4,309	4,309	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(5,672)	(5,672)	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).....	(5,672)	(5,672)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(511)	(511)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	(2,479)	(2,479)	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	1,973	1,973	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	(6,689)	(6,689)	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	10,998	10,998	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(11)	(11)	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).....	10,986	10,986	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(919)	(919)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	11,905	11,905	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.)							

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	4	4	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	61	61	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	50,891	50,891	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	50,835	50,835	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	6	6	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).....	50,841	50,841	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	32,053	32,053	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).....	32,053	32,053	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	607	607	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,120	4,120	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(2,309)	(2,309)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	34,471	34,471	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	16,370	16,370	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	23	23	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	16,393	16,393	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(526)	(526)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	16,919	16,919	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	553	7	546	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	227	5	222	0	0	0	0	0	0	0
6. Current Year Member Months	3,208	70	3,138	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	2,471	102	2,369	0	0	0	0	0	0	0
8. Non-Physician	118	5	113	0	0	0	0	0	0	0
9. Total	2,589	107	2,482	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	132	2	130	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	27	0	27	0	0	0	0	0	0	0
12. Health Premiums Written	1,311,253	63,001	1,248,252	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	1,315,761	63,001	1,252,760	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,170,647	45,031	1,125,616	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,055,189	40,614	1,014,575	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	227	227	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	666	666	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	234,566	234,566	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	264,072	264,072	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	328	328	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).....	264,400	264,400	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	207,389	207,389	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).....	207,389	207,389	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	6,811	6,811	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	68,338	68,338	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(25,209)	(25,209)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	257,329	257,329	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,071	7,071	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	442	442	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	15	15	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	7,528	7,528	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(36,483)	(36,483)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	44,011	44,011	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				

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	227	227	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,208	3,208	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,311,252	1,311,252	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,309,801	1,309,801	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	328	328	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).....	1,310,129	1,310,129	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,055,189	1,055,189	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).....	1,055,189	1,055,189	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	31,926	31,926	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	216,647	216,647	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(121,434)	(121,434)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,182,328	1,182,328	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	127,801	127,801	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,217	1,217	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	129,018	129,018	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(27,641)	(27,641)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	156,659	156,659	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	5,901	13	5,888	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	309	9	300	0	0	0	0	0	0	0
6. Current Year Member Months	47,902	124	47,778	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	36,245	180	36,065	0	0	0	0	0	0	0
8. Non-Physician	1,728	9	1,719	0	0	0	0	0	0	0
9. Total	37,973	189	37,784	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,976	3	1,973	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	419	1	418	0	0	0	0	0	0	0
12. Health Premiums Written	18,986,541	98,718	18,887,823	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	18,986,541	98,718	18,887,823	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	17,217,970	79,769	17,138,201	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	15,519,479	71,946	15,447,533	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	309	309	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	967	967	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	(43,804)	(43,804)	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	485,472	485,472	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	4,902	4,902	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).....	490,374	490,374	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	537,211	537,211	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).....	537,211	537,211	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	32,892	32,892	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	614,063	614,063	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(112,765)	(112,765)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,071,401	1,071,401	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(581,027)	(581,027)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,481	4,481	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	251	251	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(576,295)	(576,295)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(569,010)	(569,010)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(7,285)	(7,285)	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				

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	309	309	0	0	0	0	0	0	0	
2. MEMBER MONTHS.....	47,902	47,902	0	0	0	0	0	0	0	
3. Direct Premium Income.....	18,986,542	18,986,542	0	0	0	0	XXXXXXXX	0	0	
4. Net Premium Income.....	18,965,523	18,965,523	0	0	0	0	0	0	0	
5. Change in unearned premium reserve and reserve for rate credits.....	4,902	4,902	0	0	0	0	0	0	0	
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	
8. Agg write-in for Other Health Related Revenues.....	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	
10. TOTAL REVENUE (L4 to L9).....	18,970,425	18,970,425	0	0	0	0	0	0	0	
11. Hospital & Medical Benefits.....	15,519,479	15,519,479	0	0	0	0	0	0	0	
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,519,479	15,519,479	0	0	0	0	0	0	0	
14. Claims Adjustment Expenses.....	476,725	476,725	0	0	0	0	0	0	0	
15. General Administrative Expenses.....	3,234,976	3,234,976	0	0	0	0	0	0	0	
16. Increase in Reserves for A&H contracts.....	(1,813,257)	(1,813,257)	0	0	0	0	0	0	0	
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	17,417,923	17,417,923	0	0	0	0	0	0	0	
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,552,502	1,552,502	0	0	0	0	0	0	0	
19. Net Investments Gains / (Losses).....	18,175	18,175	0	0	0	0	0	0	0	
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,570,677	1,570,677	0	0	0	0	0	0	0	
22. Federal and foreign income taxes incurred.....	(412,742)	(412,742)	0	0	0	0	0	0	0	
23. NET INCOME/(LOSS) (L21 less L22).....	1,983,419	1,983,419	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.)							