

**TEXAS HMO SUPPLEMENT**

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

OF THE **PacificCare 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.....	151,527	12,334	0	139,193	0	0	0	0	0	0
2. MEMBER MONTHS.....	454,900	37,282	0	417,618	0	0	0	0	0	0
3. Direct Premium Income.....	512,107,829	14,500,403	0	497,607,426	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	511,645,592	14,487,314	0	497,158,278	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,305,403)	0	0	(6,305,403)	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).....	505,340,189	14,487,314	0	490,852,875	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	401,987,616	12,290,420	0	389,697,196	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).....	401,987,616	12,290,420	0	389,697,196	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,765,670	237,429	0	7,528,241	0	0	0	0	0	0
15. General Administrative Expenses.....	43,333,240	1,324,876	0	42,008,364	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	453,086,526	13,852,724	0	439,233,802	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	52,253,663	634,590	0	51,619,073	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,843,539	52,200	0	1,791,339	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).....	54,097,202	686,790	0	53,410,412	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	17,554,203	497,050	0	17,057,153	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	36,542,999	189,740	0	36,353,259	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 **MARCH 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.....	151,527	12,334	0	139,193	0	0	0	0	0	0
2. MEMBER MONTHS.....	454,900	37,282	0	417,618	0	0	0	0	0	0
3. Direct Premium Income.....	512,107,829	14,500,403	0	497,607,426	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	511,645,592	14,487,314	0	497,158,278	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,305,403)	0	0	(6,305,403)	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).....	505,340,189	14,487,314	0	490,852,875	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	401,987,616	12,290,420	0	389,697,196	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).....	401,987,616	12,290,420	0	389,697,196	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,765,670	237,429	0	7,528,241	0	0	0	0	0	0
15. General Administrative Expenses.....	43,333,240	1,324,876	0	42,008,364	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	453,086,526	13,852,724	0	439,233,802	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	52,253,663	634,590	0	51,619,073	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,843,539	52,200	0	1,791,339	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).....	54,097,202	686,790	0	53,410,412	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	17,554,203	497,050	0	17,057,153	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	36,542,999	189,740	0	36,353,259	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 **MARCH 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	99,799	0	6,402	0	0	0	218	93,179	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	299,635	0	19,085	0	0	0	987	279,563	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	144,827	0	5,964	0	0	0	458	138,405	0	0
8. Non-Physician	13,789	0	381	0	0	0	31	13,377	0	0
9. Total	158,617	0	6,345	0	0	0	490	151,782	0	0
10. Hospital Patient Days Incurred	6,682	0	639	0	0	0	33	6,010	0	0
11. Number of Inpatient Admissions	855	0	112	0	0	0	6	736	0	0
12. Health Premiums Written	341,337,922	0	7,826,331	0	0	0	402,392	333,109,199	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	337,119,045	0	7,826,331	0	0	0	402,392	328,890,322	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	255,408,596	0	6,079,983	0	0	0	506,826	248,821,788	0	0
18. Amount Incurred for Provision of Health Care Services	267,716,951	0	6,475,212	0	0	0	369,988	260,871,752	0	0

**TEXAS HMO SUPPLEMENT**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	99,799	6,620	0	93,179	0	0	0	0	0	0
2. MEMBER MONTHS.....	299,635	20,072	0	279,563	0	0	0	0	0	0
3. Direct Premium Income.....	341,337,922	8,228,723	0	333,109,199	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	341,029,825	8,221,296	0	332,808,530	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,220,973)	0	0	(4,220,973)	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).....	336,808,852	8,221,296	0	328,587,556	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	267,716,952	6,845,200	0	260,871,752	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).....	267,716,952	6,845,200	0	260,871,752	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,174,305	134,737	0	5,039,568	0	0	0	0	0	0
15. General Administrative Expenses.....	28,873,153	751,844	0	28,121,310	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	301,764,410	7,731,780	0	294,032,630	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	35,044,442	489,515	0	34,554,927	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,228,784	29,623	0	1,199,161	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).....	36,273,226	519,138	0	35,754,088	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	11,794,143	375,715	0	11,418,428	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	24,479,082	143,423	0	24,335,659	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

**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.....	99,799	6,620	0	93,179	0	0	0	0	0	0
2. MEMBER MONTHS.....	299,635	20,072	0	279,563	0	0	0	0	0	0
3. Direct Premium Income.....	341,337,922	8,228,723	0	333,109,199	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	341,029,825	8,221,296	0	332,808,530	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,220,973)	0	0	(4,220,973)	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).....	336,808,852	8,221,296	0	328,587,556	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	267,716,952	6,845,200	0	260,871,752	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).....	267,716,952	6,845,200	0	260,871,752	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,174,305	134,737	0	5,039,568	0	0	0	0	0	0
15. General Administrative Expenses.....	28,873,153	751,844	0	28,121,310	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	301,764,410	7,731,780	0	294,032,630	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	35,044,442	489,515	0	34,554,927	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,228,784	29,623	0	1,199,161	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).....	36,273,226	519,138	0	35,754,088	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	11,794,143	375,715	0	11,418,428	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	24,479,082	143,423	0	24,335,659	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 **MARCH 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	1,155	0	1,112	0	0	0	0	43	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	3,437	0	3,307	0	0	0	0	130	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,098	0	1,033	0	0	0	0	64	0	0
8. Non-Physician	72	0	66	0	0	0	0	6	0	0
9. Total	1,170	0	1,099	0	0	0	0	70	0	0
10. Hospital Patient Days Incurred	114	0	111	0	0	0	0	3	0	0
11. Number of Inpatient Admissions	20	0	19	0	0	0	0	1	0	0
12. Health Premiums Written	1,116,988	0	962,664	0	0	0	0	154,324	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	1,115,034	0	962,664	0	0	0	0	152,370	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	863,133	0	747,857	0	0	0	0	115,275	0	0
18. Amount Incurred for Provision of Health Care Services	917,330	0	796,472	0	0	0	0	120,858	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.....	1,155	1,112	0	43	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,437	3,307	0	130	0	0	0	0	0	0
3. Direct Premium Income.....	1,116,988	962,664	0	154,324	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,115,980	961,795	0	154,185	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,956)	0	0	(1,956)	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).....	1,114,024	961,795	0	152,230	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	917,330	796,472	0	120,858	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).....	917,330	796,472	0	120,858	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	18,097	15,763	0	2,335	0	0	0	0	0	0
15. General Administrative Expenses.....	100,985	87,957	0	13,028	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,036,412	900,191	0	136,221	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	77,612	61,604	0	16,009	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,021	3,465	0	556	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).....	81,633	65,069	0	16,564	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	52,382	47,092	0	5,290	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	29,251	17,977	0	11,274	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.....	1,155	1,112	0	43	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,437	3,307	0	130	0	0	0	0	0	0
3. Direct Premium Income.....	1,116,988	962,664	0	154,324	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,115,980	961,795	0	154,185	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,956)	0	0	(1,956)	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).....	1,114,024	961,795	0	152,230	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	917,330	796,472	0	120,858	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).....	917,330	796,472	0	120,858	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	18,097	15,763	0	2,335	0	0	0	0	0	0
15. General Administrative Expenses.....	100,985	87,957	0	13,028	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,036,412	900,191	0	136,221	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	77,612	61,604	0	16,009	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,021	3,465	0	556	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).....	81,633	65,069	0	16,564	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	52,382	47,092	0	5,290	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	29,251	17,977	0	11,274	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 **MARCH 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	50,065	0	1,958	0	0	0	2,136	45,971	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	150,357	0	5,998	0	0	0	6,433	137,926	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	73,145	0	1,874	0	0	0	2,987	68,284	0	0
8. Non-Physician	6,924	0	120	0	0	0	205	6,600	0	0
9. Total	80,069	0	1,994	0	0	0	3,191	74,884	0	0
10. Hospital Patient Days Incurred	3,382	0	201	0	0	0	216	2,965	0	0
11. Number of Inpatient Admissions	436	0	35	0	0	0	38	362	0	0
12. Health Premiums Written	169,183,289	0	1,913,580	0	0	0	2,925,806	164,343,903	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	167,085,866	0	1,897,596	0	0	0	2,925,806	162,262,463	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	127,918,889	0	1,474,171	0	0	0	3,685,143	122,759,575	0	0
18. Amount Incurred for Provision of Health Care Services	132,964,781	0	1,570,000	0	0	0	2,690,194	128,704,587	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.....	50,065	4,094	0	45,971	0	0	0	0	0	0
2. MEMBER MONTHS.....	150,357	12,431	0	137,926	0	0	0	0	0	0
3. Direct Premium Income.....	169,183,289	4,839,386	0	164,343,903	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	169,030,582	4,835,018	0	164,195,563	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,082,474)	0	0	(2,082,474)	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).....	166,948,108	4,835,018	0	162,113,089	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	132,964,781	4,260,194	0	128,704,587	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).....	132,964,781	4,260,194	0	128,704,587	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,565,578	79,240	0	2,486,339	0	0	0	0	0	0
15. General Administrative Expenses.....	14,316,192	442,166	0	13,874,026	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	149,846,552	4,781,600	0	145,064,952	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	17,101,556	53,418	0	17,048,138	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	609,044	17,421	0	591,622	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).....	17,710,599	70,839	0	17,639,760	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	5,684,704	51,268	0	5,633,435	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	12,025,896	19,571	0	12,006,325	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

**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.....	50,065	4,094	0	45,971	0	0	0	0	0	0
2. MEMBER MONTHS.....	150,357	12,431	0	137,926	0	0	0	0	0	0
3. Direct Premium Income.....	169,183,289	4,839,386	0	164,343,903	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	169,030,582	4,835,018	0	164,195,563	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,082,474)	0	0	(2,082,474)	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).....	166,948,108	4,835,018	0	162,113,089	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	132,964,781	4,260,194	0	128,704,587	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).....	132,964,781	4,260,194	0	128,704,587	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,565,578	79,240	0	2,486,339	0	0	0	0	0	0
15. General Administrative Expenses.....	14,316,192	442,166	0	13,874,026	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	149,846,552	4,781,600	0	145,064,952	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	17,101,556	53,418	0	17,048,138	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	609,044	17,421	0	591,622	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).....	17,710,599	70,839	0	17,639,760	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	5,684,704	51,268	0	5,633,435	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	12,025,896	19,571	0	12,006,325	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 **MARCH 31, 2010**

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

REPORT FOR DIVISION: **Austin**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	577	0	577	0	0	0	0	0	0	0
2. First Quarter	508	0	508	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,472	0	1,472	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	460	0	460	0	0	0	0	0	0	0
8. Non-Physician	29	0	29	0	0	0	0	0	0	0
9. Total	489	0	489	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	49	0	49	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	9	0	9	0	0	0	0	0	0	0
12. Health Premiums Written	469,629	0	469,629	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	469,629	0	469,629	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	364,837	0	364,837	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	388,553	0	388,553	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	508	508	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,472	1,472	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	469,629	469,629	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	469,205	469,205	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).....	469,205	469,205	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	388,553	388,553	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).....	388,553	388,553	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,690	7,690	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	42,909	42,909	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	439,152	439,152	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	30,053	30,053	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,691	1,691	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).....	31,744	31,744	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	22,974	22,974	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	8,770	8,770	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 **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.....	508	508	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,472	1,472	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	469,629	469,629	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	469,205	469,205	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).....	469,205	469,205	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	388,553	388,553	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).....	388,553	388,553	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,690	7,690	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	42,909	42,909	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	439,152	439,152	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	30,053	30,053	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,691	1,691	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).....	31,744	31,744	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	22,974	22,974	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	8,770	8,770	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				