

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	6,102	6,102	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	18,463	18,463	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,276,718	7,276,718	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,269,096	7,269,096	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).....	7,269,096	7,269,096	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,211,624	5,211,624	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).....	5,211,624	5,211,624	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	171,318	171,318	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,011,432	1,011,432	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,383,000)	(1,383,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	5,011,374	5,011,374	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,257,722	2,257,722	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,871	3,871	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).....	2,261,593	2,261,593	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	336,881	336,881	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,924,712	1,924,712	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 **MARCH 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.....	6,102	6,102	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	18,463	18,463	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,276,718	7,276,718	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,269,096	7,269,096	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).....	7,269,096	7,269,096	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,211,624	5,211,624	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).....	5,211,624	5,211,624	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	171,318	171,318	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,011,432	1,011,432	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,383,000)	(1,383,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	5,011,374	5,011,374	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,257,722	2,257,722	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,871	3,871	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).....	2,261,593	2,261,593	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	336,881	336,881	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,924,712	1,924,712	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 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.....	5	5	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	28	28	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	29,563	29,563	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	29,532	29,532	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).....	29,532	29,532	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	21,173	21,173	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).....	21,173	21,173	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	696	696	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,109	4,109	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(5,619)	(5,619)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	20,359	20,359	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	9,173	9,173	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	16	16	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).....	9,189	9,189	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,369	1,369	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	7,820	7,820	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 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.....	5	5	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	28	28	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	29,563	29,563	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	29,532	29,532	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).....	29,532	29,532	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	21,173	21,173	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).....	21,173	21,173	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	696	696	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,109	4,109	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(5,619)	(5,619)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	20,359	20,359	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	9,173	9,173	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	16	16	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).....	9,189	9,189	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,369	1,369	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	7,820	7,820	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 **MARCH 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	307	5	302	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	959	16	943	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	775	10	765	0	0	0	0	0	0	0
8. Non-Physician	52	1	51	0	0	0	0	0	0	0
9. Total	827	11	816	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	48	5	43	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	9	1	8	0	0	0	0	0	0	0
12. Health Premiums Written	403,721	14,108	389,613	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	403,097	14,108	388,989	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	363,650	4,337	359,313	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	284,265	3,388	280,877	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.....	307	307	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	959	959	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	403,722	403,722	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	403,299	403,299	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).....	403,299	403,299	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	289,148	289,148	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).....	289,148	289,148	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	9,505	9,505	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	56,116	56,116	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(76,731)	(76,731)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	278,038	278,038	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	125,261	125,261	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	215	215	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).....	125,476	125,476	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	18,691	18,691	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	106,785	106,785	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.....	307	307	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	959	959	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	403,722	403,722	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	403,299	403,299	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).....	403,299	403,299	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	289,148	289,148	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).....	289,148	289,148	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	9,505	9,505	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	56,116	56,116	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(76,731)	(76,731)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	278,038	278,038	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	125,261	125,261	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	215	215	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).....	125,476	125,476	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	18,691	18,691	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	106,785	106,785	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 **MARCH 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	5,790	12	5,778	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	17,476	37	17,439	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	13,400	21	13,379	0	0	0	0	0	0	0
8. Non-Physician	889	2	887	0	0	0	0	0	0	0
9. Total	14,289	23	14,266	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	754	9	745	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	139	1	138	0	0	0	0	0	0	0
12. Health Premiums Written	6,843,433	28,495	6,814,938	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	6,843,433	28,495	6,814,938	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	6,293,906	8,760	6,285,146	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	4,919,975	6,844	4,913,131	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.....	5,790	5,790	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,476	17,476	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,843,433	6,843,433	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,836,265	6,836,265	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).....	6,836,265	6,836,265	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,901,303	4,901,303	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).....	4,901,303	4,901,303	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	161,117	161,117	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	951,207	951,207	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,300,650)	(1,300,650)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,712,977	4,712,977	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,123,288	2,123,288	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,641	3,641	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).....	2,126,929	2,126,929	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	316,822	316,822	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,810,107	1,810,107	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 **MARCH 31, 2010**

**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.....	5,790	5,790	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,476	17,476	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,843,433	6,843,433	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,836,265	6,836,265	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).....	6,836,265	6,836,265	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,901,303	4,901,303	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).....	4,901,303	4,901,303	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	161,117	161,117	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	951,207	951,207	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,300,650)	(1,300,650)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,712,977	4,712,977	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,123,288	2,123,288	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,641	3,641	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).....	2,126,929	2,126,929	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	316,822	316,822	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,810,107	1,810,107	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				