

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	6,136	6,136	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	18,399	18,399	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,283,363	7,283,363	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,276,137	7,276,137	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).....	7,276,137	7,276,137	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,828,531	6,828,531	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).....	6,828,531	6,828,531	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	160,442	160,442	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	947,673	947,673	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(130,000)	(130,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	7,806,646	7,806,646	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(530,509)	(530,509)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,443	4,443	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).....	(526,332)	(526,332)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(259,090)	(259,090)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(267,242)	(267,242)	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 **JUNE 30, 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.....	6,136	6,136	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	36,862	36,862	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	14,560,081	14,560,081	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	14,545,233	14,545,233	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).....	14,545,233	14,545,233	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	12,040,155	12,040,155	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).....	12,040,155	12,040,155	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	331,760	331,760	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,959,105	1,959,105	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,513,000)	(1,513,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	12,818,020	12,818,020	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,727,213	1,727,213	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	8,314	8,314	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).....	1,735,261	1,735,261	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	77,791	77,791	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,657,470	1,657,470	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 **JUNE 30, 2010**

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.....	15	15	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,625	6,625	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,619	6,619	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).....	6,619	6,619	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,752	8,752	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).....	8,752	8,752	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	128	128	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	760	760	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	1,859	1,859	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	11,499	11,499	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,880)	(4,880)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5	5	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).....	(4,876)	(4,876)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,176)	(1,176)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,700)	(3,700)	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.....	43	43	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	36,188	36,188	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	36,151	36,151	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).....	36,151	36,151	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	29,925	29,925	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).....	29,925	29,925	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	824	824	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,869	4,869	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(3,760)	(3,760)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	31,858	31,858	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,293	4,293	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	21	21	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).....	4,313	4,313	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	193	193	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,120	4,120	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 **JUNE 30, 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	290	5	285	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,837	31	1,806	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,646	44	1,602	0	0	0	0	0	0	0
8. Non-Physician	94	3	91	0	0	0	0	0	0	0
9. Total	1,740	47	1,693	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	68	0	68	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	14	0	14	0	0	0	0	0	0	0
12. Health Premiums Written	790,746	27,432	763,314	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	789,734	27,432	762,302	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	670,704	16,455	654,249	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	662,860	16,281	646,579	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.....	290	290	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	878	878	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	387,024	387,024	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	386,641	386,641	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).....	386,641	386,641	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	364,743	364,743	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).....	364,743	364,743	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	8,513	8,513	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	50,281	50,281	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(5,439)	(5,439)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	418,098	418,098	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(31,457)	(31,457)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	237	237	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).....	(31,235)	(31,235)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(14,466)	(14,466)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(16,769)	(16,769)	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.....	290	290	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,837	1,837	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	790,746	790,746	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	789,940	789,940	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).....	789,940	789,940	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	653,891	653,891	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).....	653,891	653,891	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	18,018	18,018	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	106,397	106,397	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(82,170)	(82,170)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	696,136	696,136	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	93,804	93,804	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	452	452	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).....	94,241	94,241	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	4,225	4,225	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	90,016	90,016	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 **JUNE 30, 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	5,841	10	5,831	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	34,982	67	34,915	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	28,112	89	28,023	0	0	0	0	0	0	0
8. Non-Physician	1,590	6	1,584	0	0	0	0	0	0	0
9. Total	29,702	95	29,607	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,184	0	1,184	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	242	0	242	0	0	0	0	0	0	0
12. Health Premiums Written	13,733,146	52,416	13,680,730	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	13,733,147	52,417	13,680,730	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	11,477,425	33,236	11,444,189	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	11,342,908	32,885	11,310,023	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.....	5,841	5,841	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,506	17,506	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,889,714	6,889,714	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,882,877	6,882,877	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).....	6,882,877	6,882,877	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,455,036	6,455,036	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).....	6,455,036	6,455,036	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	151,801	151,801	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	896,632	896,632	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(126,420)	(126,420)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	7,377,049	7,377,049	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(494,172)	(494,172)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,201	4,201	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(250)	(250)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(490,221)	(490,221)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(243,448)	(243,448)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(246,773)	(246,773)	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.....	5,841	5,841	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,982	34,982	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	13,733,147	13,733,147	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	13,719,142	13,719,142	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).....	13,719,142	13,719,142	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	11,356,339	11,356,339	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).....	11,356,339	11,356,339	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	312,918	312,918	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,847,839	1,847,839	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,427,070)	(1,427,070)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	12,090,026	12,090,026	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,629,116	1,629,116	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,842	7,842	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(250)	(250)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,636,708	1,636,708	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	73,374	73,374	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,563,334	1,563,334	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				