

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	553	553	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,673	12,673	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,036,542	5,036,542	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,027,079	5,027,079	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).....	5,027,079	5,027,079	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,827,638	3,827,638	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).....	3,827,638	3,827,638	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	138,306	138,306	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	816,717	816,717	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(288,000)	(288,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,494,661	4,494,661	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	532,418	532,418	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,189	6,189	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).....	538,607	538,607	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	87,713	87,713	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	450,894	450,894	0	0	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0				0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	553	553	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	49,535	49,535	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	19,596,623	19,596,623	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,572,312	19,572,312	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).....	19,572,312	19,572,312	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	15,867,793	15,867,793	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).....	15,867,793	15,867,793	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	470,066	470,066	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,775,822	2,775,822	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,801,000)	(1,801,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	17,312,681	17,312,681	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,259,631	2,259,631	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	14,503	14,503	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).....	2,273,868	2,273,868	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	165,504	165,504	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,108,364	2,108,364	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.....	15	15	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	11,730	11,730	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	10,381	10,381	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).....	10,381	10,381	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,800	7,800	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).....	7,800	7,800	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	294	294	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,730	1,730	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(522)	(522)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	9,302	9,302	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,079	1,079	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	13	13	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	2	2	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,094	1,094	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	200	200	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	894	894	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.....	58	58	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	47,918	47,918	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	46,532	46,532	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).....	46,532	46,532	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	37,725	37,725	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).....	37,725	37,725	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,118	1,118	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	6,599	6,599	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(4,282)	(4,282)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	41,160	41,160	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,372	5,372	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	34	34	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).....	5,407	5,407	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	393	393	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,014	5,014	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 **SEPTEMBER 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	0									
4. Third Quarter	235	5	230	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	2,542	46	2,496	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	33,103	14	33,089	0	0	0	0	0	0	0
8. Non-Physician	1,883	1	1,882	0	0	0	0	0	0	0
9. Total	34,986	15	34,971	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	106	0	106	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	17	0	17	0	0	0	0	0	0	0
12. Health Premiums Written	1,076,867	41,892	1,034,975	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	1,073,575	41,892	1,031,683	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	17,451,003	113,530	17,337,473	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	15,867,793	101,482	15,766,311	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.....	235	235	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	705	705	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	285,940	285,940	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	255,789	255,789	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).....	255,789	255,789	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	193,909	193,909	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).....	193,909	193,909	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,097	7,097	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	41,912	41,912	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(14,055)	(14,055)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	228,863	228,863	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	26,926	26,926	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	323	323	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).....	27,249	27,249	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	4,617	4,617	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	22,632	22,632	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 **SEPTEMBER 30, 2010**

**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.....	235	235	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,542	2,542	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,076,686	1,076,686	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,045,729	1,045,729	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).....	1,045,729	1,045,729	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	847,800	847,800	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).....	847,800	847,800	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	25,115	25,115	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	148,309	148,309	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(96,225)	(96,225)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	924,999	924,999	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	120,730	120,730	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	775	775	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).....	121,490	121,490	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	8,842	8,842	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	112,648	112,648	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 **SEPTEMBER 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	0									
4. Third Quarter	313	10	303	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	46,935	97	46,838	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	36,208	245	35,963	0	0	0	0	0	0	0
8. Non-Physician	1,789	12	1,777	0	0	0	0	0	0	0
9. Total	37,997	257	37,740	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	1,883	6	1,877	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	301	1	300	0	0	0	0	0	0	0
12. Health Premiums Written	19,030,346	76,559	18,953,787	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	19,030,346	76,559	18,953,787	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	932,389	6,066	926,323	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	847,800	5,422	842,378	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.....	313	313	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	11,953	11,953	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,297,199	5,297,199	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,760,909	4,760,909	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).....	4,760,909	4,760,909	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,625,929	3,625,929	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).....	3,625,929	3,625,929	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	130,915	130,915	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	773,074	773,074	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(273,422)	(273,422)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,256,496	4,256,496	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	504,413	504,413	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,852	5,852	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).....	510,264	510,264	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	82,894	82,894	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	427,370	427,370	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 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.....	313	313	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	46,935	46,935	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	19,030,346	19,030,346	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,480,051	18,480,051	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).....	18,480,051	18,480,051	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	14,982,268	14,982,268	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).....	14,982,268	14,982,268	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	443,833	443,833	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,620,913	2,620,913	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,700,492)	(1,700,492)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	16,346,522	16,346,522	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,133,529	2,133,529	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	13,694	13,694	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).....	2,146,972	2,146,972	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	156,268	156,268	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,990,704	1,990,704	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				