

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2011**

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: 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.....	167,262	17,700	0	149,562	0	0	0	0	0	0
2. MEMBER MONTHS.....	501,572	53,355	0	448,217	0	0	0	0	0	0
3. Direct Premium Income.....	548,088,153	19,250,298	0	528,837,855	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	547,552,016	19,233,142	0	528,318,874	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,764,640)	0	0	(3,764,640)	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).....	543,787,376	19,233,142	0	524,554,234	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	440,557,662	15,319,928	0	425,237,734	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).....	440,557,662	15,319,928	0	425,237,734	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	8,865,369	311,402	0	8,553,967	0	0	0	0	0	0
15. General Administrative Expenses.....	45,764,242	1,607,501	0	44,156,741	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,080,000)	(1,080,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	494,107,273	16,158,830	0	477,948,442	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	49,680,103	3,074,312	0	46,605,791	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,677,319	58,917	0	1,618,402	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).....	51,357,422	3,133,229	0	48,224,194	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	16,780,385	1,023,743	0	15,756,642	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	34,577,037	2,109,486	0	32,467,551	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,297	(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.....		6,851				0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2011**

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.....	167,262	17,700	0	149,562	0	0	0	0	0	0
2. MEMBER MONTHS.....	501,572	53,355	0	448,217	0	0	0	0	0	0
3. Direct Premium Income.....	548,088,153	19,250,298	0	528,837,855	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	547,552,016	19,233,142	0	528,318,874	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,764,640)	0	0	(3,764,640)	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).....	543,787,376	19,233,142	0	524,554,234	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	440,557,662	15,319,928	0	425,237,734	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).....	440,557,662	15,319,928	0	425,237,734	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	8,865,369	311,402	0	8,553,967	0	0	0	0	0	0
15. General Administrative Expenses.....	45,764,242	1,607,501	0	44,156,741	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,080,000)	(1,080,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	494,107,273	16,158,830	0	477,948,442	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	49,680,103	3,074,312	0	46,605,791	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,677,319	58,917	0	1,618,402	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).....	51,357,422	3,133,229	0	48,224,194	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	16,780,385	1,023,743	0	15,756,642	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	34,577,037	2,109,486	0	32,467,551	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,297	(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.....		6,851				0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2011**

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

REPORT FOR DIVISION: **Austin, San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	58,494	9	3,064	0	0	0	2,060	53,361	0	0
2. First Quarter	54,034	9	3,708	0	0	0	2,249	48,068	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	193,154	27	17,835	0	0	0	6,707	168,585	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	83,727	38	3,020	0	0	0	2,958	77,711	0	0
8. Non-Physician	19,864	10	820	0	0	0	796	18,238	0	0
9. Total	103,590	48	3,840	0	0	0	3,753	95,949	0	0
10. Hospital Patient Days Incurred	2,160	1	205	0	0	0	124	1,830	0	0
11. Number of Inpatient Admissions	398	0	46	0	0	0	28	323	0	0
12. Health Premiums Written	205,958,453	26,450	3,399,392	0	0	0	3,624,508	198,908,103	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	204,542,484	26,450	3,399,392	0	0	0	3,624,508	197,492,134	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	161,188,052	22,684	4,377,691	0	0	0	2,469,268	154,318,409	0	0
18. Amount Incurred for Provision of Health Care Services	165,548,532	22,443	3,194,070	0	0	0	2,384,856	159,947,163	0	0

TEXAS HMO SUPPLEMENT

OF THE **PacifiCare 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.....	54,034	5,966	0	48,068	0	0	0	0	0	0
2. MEMBER MONTHS.....	186,447	17,862	0	168,585	0	0	0	0	0	0
3. Direct Premium Income.....	205,958,453	7,050,350	0	198,908,103	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	205,763,574	7,043,300	0	198,720,274	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,415,944)	0	0	(1,415,944)	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).....	204,347,629	7,043,300	0	197,304,329	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	165,548,532	5,601,369	0	159,947,163	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).....	165,548,532	5,601,369	0	159,947,163	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,331,501	114,037	0	3,217,463	0	0	0	0	0	0
15. General Administrative Expenses.....	17,197,661	588,677	0	16,608,984	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(253,497)	(253,497)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	185,824,196	6,050,586	0	179,773,610	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	18,523,433	992,714	0	17,530,719	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	630,317	21,576	0	608,741	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).....	19,153,750	1,014,290	0	18,139,460	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,258,244	331,406	0	5,926,838	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	12,895,505	682,883	0	12,212,622	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,249	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		6,707	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,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.....	54,034	5,966	0	48,068	0	0	0	0	0	
2. MEMBER MONTHS.....	186,447	17,862	0	168,585	0	0	0	0	0	
3. Direct Premium Income.....	205,958,453	7,050,350	0	198,908,103	0	0	XXXXXXXX	0	0	
4. Net Premium Income.....	205,763,574	7,043,300	0	198,720,274	0	0	0	0	0	
5. Change in unearned premium reserve and reserve for rate credits.....	(1,415,944)	0	0	(1,415,944)	0	0	0	0	0	
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	
10. TOTAL REVENUE (L4 to L9).....	204,347,629	7,043,300	0	197,304,329	0	0	0	0	0	
11. Hospital & Medical Benefits.....	165,548,532	5,601,369	0	159,947,163	0	0	0	0	0	
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	
13. TOTAL MEDICAL & HOSP (L11 less L12).....	165,548,532	5,601,369	0	159,947,163	0	0	0	0	0	
14. Claims Adjustment Expenses.....	3,331,501	114,037	0	3,217,463	0	0	0	0	0	
15. General Administrative Expenses.....	17,197,661	588,677	0	16,608,984	0	0	0	0	0	
16. Increase in Reserves for A&H contracts.....	(253,497)	(253,497)	0	0	0	0	0	0	0	
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	185,824,196	6,050,586	0	179,773,610	0	0	0	0	0	
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	18,523,433	992,714	0	17,530,719	0	0	0	0	0	
19. Net Investments Gains / (Losses).....	630,317	21,576	0	608,741	0	0	0	0	0	
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	19,153,750	1,014,290	0	18,139,460	0	0	0	0	0	
22. Federal and foreign income taxes incurred.....	6,258,244	331,406	0	5,926,838	0	0	0	0	0	
23. NET INCOME/(LOSS) (L21 less L22).....	12,895,505	682,883	0	12,212,622	0	0	0	0	0	
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,249	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		6,707	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2011**

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

REPORT FOR DIVISION: **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	1,918	0	0	0	0	0	0	1,918	0	0
2. First Quarter	2,086	0	0	0	0	0	0	2,086	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	6,060	0	0	0	0	0	0	6,060	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	2,793	0	0	0	0	0	0	2,793	0	0
8. Non-Physician	656	0	0	0	0	0	0	656	0	0
9. Total	3,449	0	0	0	0	0	0	3,449	0	0
10. Hospital Patient Days Incurred	66	0	0	0	0	0	0	66	0	0
11. Number of Inpatient Admissions	12	0	0	0	0	0	0	12	0	0
12. Health Premiums Written	7,149,792	0	0	0	0	0	0	7,149,792	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	7,098,895	0	0	0	0	0	0	7,098,895	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	5,547,169	0	0	0	0	0	0	5,547,169	0	0
18. Amount Incurred for Provision of Health Care Services	5,749,333	0	0	0	0	0	0	5,749,333	0	0

TEXAS HMO SUPPLEMENT

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

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.....	2,086	0	0	2,086	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,060	0	0	6,060	0	0	0	0	0	0
3. Direct Premium Income.....	7,149,792	0	0	7,149,792	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,142,787	0	0	7,142,787	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(50,899)	0	0	(50,899)	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).....	7,091,888	0	0	7,091,888	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,749,333	0	0	5,749,333	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).....	5,749,333	0	0	5,749,333	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	115,648	0	0	115,648	0	0	0	0	0	0
15. General Administrative Expenses.....	596,992	0	0	596,992	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).....	6,461,974	0	0	6,461,974	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	629,915	0	0	629,915	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	21,881	0	0	21,881	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).....	651,796	0	0	651,796	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	212,966	0	0	212,966	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	438,830	0	0	438,830	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

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.....	2,086	0	0	2,086	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,060	0	0	6,060	0	0	0	0	0	0
3. Direct Premium Income.....	7,149,792	0	0	7,149,792	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,142,787	0	0	7,142,787	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(50,899)	0	0	(50,899)	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).....	7,091,888	0	0	7,091,888	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,749,333	0	0	5,749,333	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).....	5,749,333	0	0	5,749,333	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	115,648	0	0	115,648	0	0	0	0	0	0
15. General Administrative Expenses.....	596,992	0	0	596,992	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).....	6,461,974	0	0	6,461,974	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	629,915	0	0	629,915	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	21,881	0	0	21,881	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).....	651,796	0	0	651,796	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	212,966	0	0	212,966	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	438,830	0	0	438,830	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, 2011**

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

REPORT FOR DIVISION: **Dallas, Ft Worth**

(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	94,164	0	7,486	0	0	0	87	86,591	0	0
2. First Quarter	108,549	0	9,093	0	0	0	48	99,408	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	301,341	0	27,625	0	0	0	144	273,572	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	135,495	0	9,327	0	0	0	63	126,105	0	0
8. Non-Physician	32,133	0	2,520	0	0	0	17	29,596	0	0
9. Total	167,629	0	11,847	0	0	0	81	155,701	0	0
10. Hospital Patient Days Incurred	3,484	0	512	0	0	0	3	2,969	0	0
11. Number of Inpatient Admissions	641	0	115	0	0	0	1	525	0	0
12. Health Premiums Written	332,885,813	0	10,026,888	0	0	0	78,965	322,779,960	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	330,588,038	0	10,026,888	0	0	0	78,965	320,482,185	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	257,043,132	0	6,569,285	0	0	0	53,015	250,420,831	0	0
18. Amount Incurred for Provision of Health Care Services	267,593,257	0	8,000,816	0	0	0	51,203	259,541,238	0	0

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2011**

TEXAS HMO SUPPLEMENT

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas,Ft Worth

(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.....	108,549	9,141	0	99,408	0	0	0	0	0	0
2. MEMBER MONTHS.....	301,341	27,769	0	273,572	0	0	0	0	0	0
3. Direct Premium Income.....	332,885,813	10,105,853	0	322,779,960	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	332,551,560	10,095,747	0	322,455,813	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,297,797)	0	0	(2,297,797)	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).....	330,253,763	10,095,747	0	320,158,016	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	267,593,257	8,052,019	0	259,541,238	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).....	267,593,257	8,052,019	0	259,541,238	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,384,315	163,459	0	5,220,855	0	0	0	0	0	0
15. General Administrative Expenses.....	27,794,565	843,800	0	26,950,765	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(708,979)	(708,979)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	300,063,158	8,350,299	0	291,712,858	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	30,190,606	1,745,448	0	28,445,158	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,018,707	30,926	0	987,781	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).....	31,209,313	1,776,374	0	29,432,939	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	10,197,246	580,408	0	9,616,839	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	21,012,066	1,195,966	0	19,816,100	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		48	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		144	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,Ft Worth

(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.....	108,549	9,141	0	99,408	0	0	0	0	0	0
2. MEMBER MONTHS.....	301,341	27,769	0	273,572	0	0	0	0	0	0
3. Direct Premium Income.....	332,885,813	10,105,853	0	322,779,960	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	332,551,560	10,095,747	0	322,455,813	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,297,797)	0	0	(2,297,797)	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).....	330,253,763	10,095,747	0	320,158,016	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	267,593,257	8,052,019	0	259,541,238	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).....	267,593,257	8,052,019	0	259,541,238	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,384,315	163,459	0	5,220,855	0	0	0	0	0	0
15. General Administrative Expenses.....	27,794,565	843,800	0	26,950,765	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(708,979)	(708,979)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	300,063,158	8,350,299	0	291,712,858	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	30,190,606	1,745,448	0	28,445,158	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,018,707	30,926	0	987,781	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).....	31,209,313	1,776,374	0	29,432,939	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	10,197,246	580,408	0	9,616,839	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	21,012,066	1,195,966	0	19,816,100	0	0	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		48	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		144	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

El Paso

(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.....	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	0	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
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	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
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	0	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	0	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
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	0	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

El Paso

(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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	0	0	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).....	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	0	0	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).....	0	0	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	0	0	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	0	0	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).....	0	0	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	0	0	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	0	0	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).....	0	0	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	0	0	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	0	0	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, 2011**

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	1,652	0	1,652	0	0	0	0	0	0	0
2. First Quarter	2,593	0	2,593	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	7,724	0	7,724	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	2,608	0	2,608	0	0	0	0	0	0	0
8. Non-Physician	705	0	705	0	0	0	0	0	0	0
9. Total	3,313	0	3,313	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	143	0	143	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	32	0	32	0	0	0	0	0	0	0
12. Health Premiums Written	2,094,095	0	2,094,095	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	2,094,095	0	2,094,095	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,938,018	0	1,938,018	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,666,540	0	1,666,540	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

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.....	2,593	2,593	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	7,724	7,724	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,094,095	2,094,095	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,094,095	2,094,095	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).....	2,094,095	2,094,095	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,666,540	1,666,540	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,666,540	1,666,540	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	33,905	33,905	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	175,024	175,024	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(117,524)	(117,524)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,757,945	1,757,945	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	336,150	336,150	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,415	6,415	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	342,565	342,565	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	111,929	111,929	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	230,636	230,636	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

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.....	2,593	2,593	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	7,724	7,724	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,094,095	2,094,095	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,094,095	2,094,095	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).....	2,094,095	2,094,095	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,666,540	1,666,540	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,666,540	1,666,540	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	33,905	33,905	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	175,024	175,024	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(117,524)	(117,524)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,757,945	1,757,945	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	336,150	336,150	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,415	6,415	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	342,565	342,565	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	111,929	111,929	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	230,636	230,636	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				