

**TEXAS HMO SUPPLEMENT**

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

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.....	571	571	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,677	1,677	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	791,179	791,179	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	790,389	790,389	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).....	790,389	790,389	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(373,214)	(373,214)	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).....	(373,214)	(373,214)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	30,416	30,416	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	195,469	195,469	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(24,000)	(24,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	(171,329)	(171,329)	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	961,718	961,718	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,267	4,267	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).....	965,985	965,985	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	329,695	329,695	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	636,290	636,290	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				

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

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.....	571	571	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,677	1,677	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	791,179	791,179	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	790,389	790,389	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).....	790,389	790,389	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(373,214)	(373,214)	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).....	(373,214)	(373,214)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	30,416	30,416	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	195,469	195,469	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(24,000)	(24,000)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	(171,329)	(171,329)	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	961,718	961,718	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,267	4,267	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).....	965,985	965,985	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	329,695	329,695	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	636,290	636,290	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.....	3	3	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	9	9	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	8,655	8,655	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,655	8,655	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).....	8,655	8,655	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(4,087)	(4,087)	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).....	(4,087)	(4,087)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	333	333	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,140	2,140	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	12,604	12,604	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	10,990	10,990	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,335)	(2,335)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	47	47	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).....	(2,288)	(2,288)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(781)	(781)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,507)	(1,507)	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.)							

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

**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.....	3	3	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	9	9	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	8,655	8,655	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,655	8,655	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).....	8,655	8,655	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(4,087)	(4,087)	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).....	(4,087)	(4,087)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	333	333	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,140	2,140	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	12,604	12,604	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	10,990	10,990	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,335)	(2,335)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	47	47	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).....	(2,288)	(2,288)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(781)	(781)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,507)	(1,507)	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

**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.....	94	94	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	281	281	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	107,613	107,613	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	107,613	107,613	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).....	107,613	107,613	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(50,814)	(50,814)	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).....	(50,814)	(50,814)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,141	4,141	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	26,614	26,614	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,729)	(1,729)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	(21,788)	(21,788)	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	129,401	129,401	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	581	581	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).....	129,982	129,982	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	44,364	44,364	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	85,618	85,618	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

**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.....	94	94	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	281	281	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	107,613	107,613	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	107,613	107,613	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).....	107,613	107,613	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(50,814)	(50,814)	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).....	(50,814)	(50,814)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4,141	4,141	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	26,614	26,614	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(1,729)	(1,729)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	(21,788)	(21,788)	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	129,401	129,401	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	581	581	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).....	129,982	129,982	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	44,364	44,364	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	85,618	85,618	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 **Unitedhealthcare 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	227	5	222	0	0	0	0	0	0	0
2. First Quarter	247	3	244	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	721	8	713	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	608	24	584	0	0	0	0	0	0	0
8. Non-Physician	64	3	61	0	0	0	0	0	0	0
9. Total	672	27	645	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	182	4	178	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	38	0	38	0	0	0	0	0	0	0
12. Health Premiums Written	282,093	3,130	278,963	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	282,093	3,130	278,963	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	212,179	23,126	189,053	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	(133,202)	(1,478)	(131,724)	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,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.....	247	247	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	721	721	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	282,093	282,093	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	282,093	282,093	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).....	282,093	282,093	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(133,201)	(133,201)	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).....	(133,201)	(133,201)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	10,856	10,856	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	69,764	69,764	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	14,837	14,837	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	(37,744)	(37,744)	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	319,837	319,837	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,523	1,523	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(838)	(838)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	320,522	320,522	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	109,396	109,396	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	211,126	211,126	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,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.....	247	247	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	721	721	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	282,093	282,093	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	282,093	282,093	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).....	282,093	282,093	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(133,201)	(133,201)	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).....	(133,201)	(133,201)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	10,856	10,856	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	69,764	69,764	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	14,837	14,837	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	(37,744)	(37,744)	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	319,837	319,837	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,523	1,523	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(838)	(838)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	320,522	320,522	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	109,396	109,396	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	211,126	211,126	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

**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 Unitedhealthcare 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 **Unitedhealthcare 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	223	9	214	0	0	0	0	0	0	0
2. First Quarter	227	9	218	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	666	27	639	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	596	72	524	0	0	0	0	0	0	0
8. Non-Physician	63	8	55	0	0	0	0	0	0	0
9. Total	659	80	579	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	170	11	159	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	35	1	34	0	0	0	0	0	0	0
12. Health Premiums Written	392,818	15,893	376,925	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	392,028	15,893	376,135	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	238,810	69,378	169,432	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	(185,112)	(7,505)	(177,607)	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  
(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.....	227	227	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	666	666	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	392,818	392,818	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	392,028	392,028	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).....	392,028	392,028	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(185,112)	(185,112)	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).....	(185,112)	(185,112)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	15,086	15,086	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	96,951	96,951	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(49,711)	(49,711)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	(122,786)	(122,786)	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	514,814	514,814	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,116	2,116	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	838	838	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	517,768	517,768	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	176,716	176,716	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	341,052	341,052	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  
(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.....	227	227	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	666	666	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	392,818	392,818	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	392,028	392,028	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).....	392,028	392,028	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(185,112)	(185,112)	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).....	(185,112)	(185,112)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	15,086	15,086	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	96,951	96,951	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(49,711)	(49,711)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	(122,786)	(122,786)	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	514,814	514,814	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,116	2,116	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	838	838	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	517,768	517,768	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	176,716	176,716	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	341,052	341,052	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				