

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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.....	188,970	2,400	0	186,570	0	0	0	0	0	0
2. MEMBER MONTHS.....	565,608	7,095	0	558,513	0	0	0	0	0	0
3. Direct Premium Income.....	632,314,481	4,486,997	0	627,827,484	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	628,427,003	4,416,811	0	624,010,192	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(53,055)	(376,231)	0	323,176	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).....	628,373,948	4,040,580	0	624,333,368	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	508,438,727	5,056,114	0	503,382,613	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,881,402	45,518	0	2,835,884	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	505,557,325	5,010,596	0	500,546,729	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	18,538,276	119,316	0	18,418,960	0	0	0	0	0	0
15. General Administrative Expenses.....	33,999,812	200,784	0	33,799,028	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).....	558,095,413	5,330,696	0	552,764,717	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	70,278,535	(1,290,116)	0	71,568,651	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,891,907	12,167	0	1,879,740	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	29,406	0	0	29,406	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	72,199,848	(1,277,949)	0	73,477,797	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	23,707,460	(371,523)	0	24,078,983	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	48,492,388	(906,426)	0	49,398,814	0	0	0	0	0	0
24. Medical Loss Ratio	80.4%	113.4%	0.0%	80.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,785	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		5,287	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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.....	188,970	2,400	0	186,570	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,127,849	14,423	0	1,113,426	0	0	0	0	0	0
3. Direct Premium Income.....	1,257,710,325	9,184,635	0	1,248,525,690	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	1,249,308,294	9,031,268	0	1,240,277,026	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(233,727)	(376,231)	0	142,504	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).....	1,249,074,567	8,655,037	0	1,240,419,530	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,016,090,067	6,995,445	0	1,009,094,622	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,914,359	79,269	0	5,835,090	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,010,175,708	6,916,176	0	1,003,259,532	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	36,629,397	957,860	0	35,671,537	0	0	0	0	0	0
15. General Administrative Expenses.....	102,907,467	2,012,064	0	100,895,403	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).....	1,149,712,572	9,886,100	0	1,139,826,472	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	99,361,995	(1,231,063)	0	100,593,058	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,757,819	26,038	0	3,731,781	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	25,798	0	0	25,798	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	103,145,612	(1,205,025)	0	104,350,637	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	46,475,775	(317,869)	0	46,793,644	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	56,669,837	(887,156)	0	57,556,993	0	0	0	0	0	0
24 Medical Loss Ratio	80.9%	76.6%	0.0%	80.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,785	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		10,712	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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	59,647	7	304	0	0	0	2,257	57,079	0	0
2. First Quarter	0									
3. Second Quarter	55,587	6	294	0	0	0	1,785	53,502	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	341,912	42	1,783	0	0	0	10,712	329,375	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	164,400	88	503	0	0	0	5,299	158,510	0	0
8. Non-Physician	16,934	11	64	0	0	0	535	16,324	0	0
9. Total	181,334	99	567	0	0	0	5,834	174,834	0	0
10. Hospital Patient Days Incurred	4,554	30	743	0	0	0	1,249	2,532	0	0
11. Number of Inpatient Admissions	828	5	133	0	0	0	233	457	0	0
12. Health Premiums Written	418,803,021	40,164	1,228,253	0	0	0	6,757,493	410,777,111	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	417,827,429	40,164	1,228,253	0	0	0	6,381,261	410,177,751	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	334,348,711	142,006	1,142,895	0	0	0	5,877,227	327,186,583	0	0
18. Amount Incurred for Provision of Health Care Services	334,366,543	155,763	1,142,895	0	0	0	5,718,696	327,349,189	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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.....	55,587	2,085	0	53,502	0	0	0	0	0	0
2. MEMBER MONTHS.....	151,775	6,187	0	145,588	0	0	0	0	0	0
3. Direct Premium Income.....	191,198,726	3,872,969	0	187,325,757	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	188,787,344	4,904,140	0	183,883,204	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	19,830	(376,231)	0	396,061	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).....	188,807,174	4,527,909	0	184,279,265	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	152,963,333	4,650,125	0	148,313,208	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,539,921	45,518	0	2,494,403	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	150,423,412	4,604,607	0	145,818,805	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,576,571	133,510	0	5,443,061	0	0	0	0	0	0
15. General Administrative Expenses.....	9,194,434	256,528	0	8,937,906	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).....	165,194,417	4,994,645	0	160,199,772	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	23,612,757	(466,736)	0	24,079,493	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	568,544	13,631	0	554,913	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	29,491	0	0	29,491	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	24,210,792	(453,105)	0	24,663,897	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,695,848	(412,696)	0	7,108,544	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	17,514,944	(40,409)	0	17,555,353	0	0	0	0	0	0
24 Medical Loss Ratio	79.7%	93.9%	0.0%	79.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 1 (Examples of non-taxable enrollees are State
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... (34) of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):

0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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.....	55,587	2,085	0	53,502	0	0	0	0	0	0
2. MEMBER MONTHS.....	341,912	12,537	0	329,375	0	0	0	0	0	0
3. Direct Premium Income.....	418,803,021	8,025,910	0	410,777,111	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	411,963,996	8,973,900	0	402,990,096	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(975,591)	(376,231)	0	(599,360)	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).....	410,988,405	8,597,669	0	402,390,736	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	334,366,543	7,017,354	0	327,349,189	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,211,837	79,269	0	5,132,568	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	329,154,706	6,938,085	0	322,216,621	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	11,887,666	370,803	0	11,516,863	0	0	0	0	0	0
15. General Administrative Expenses.....	33,556,278	927,296	0	32,628,982	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).....	374,598,650	8,236,184	0	366,362,466	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	36,389,755	361,485	0	36,028,270	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,236,451	25,865	0	1,210,586	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	26,317	0	0	26,317	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	37,652,523	387,350	0	37,265,173	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	16,585,588	205,668	0	16,379,920	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	21,066,935	181,682	0	20,885,253	0	0	0	0	0	0
24 Medical Loss Ratio	79.9%	77.3%	0.0%	80.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,785	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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	4,305	0	0	0	0	0	0	4,305	0	0
2. First Quarter	0									
3. Second Quarter	5,274	0	0	0	0	0	0	5,274	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	30,362	0	0	0	0	0	0	30,362	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	15,625	0	0	0	0	0	0	15,625	0	0
8. Non-Physician	1,609	0	0	0	0	0	0	1,609	0	0
9. Total	17,234	0	0	0	0	0	0	17,234	0	0
10. Hospital Patient Days Incurred	250	0	0	0	0	0	0	250	0	0
11. Number of Inpatient Admissions	45	0	0	0	0	0	0	45	0	0
12. Health Premiums Written	38,502,280	0	0	0	0	0	0	38,502,280	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	38,904,652	0	0	0	0	0	0	38,904,652	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	31,033,083	0	0	0	0	0	0	31,033,083	0	0
18. Amount Incurred for Provision of Health Care Services	31,496,982	0	0	0	0	0	0	31,496,982	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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.....	5,274	0	0	5,274	0	0	0	0	0	0
2. MEMBER MONTHS.....	15,788	0	0	15,788	0	0	0	0	0	0
3. Direct Premium Income.....	19,881,334	0	0	19,881,334	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	19,726,552	0	0	19,726,552	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	150,142	0	0	150,142	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).....	19,876,694	0	0	19,876,694	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	16,031,699	0	0	16,031,699	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	166,679	0	0	166,679	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,865,020	0	0	15,865,020	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	586,260	0	0	586,260	0	0	0	0	0	0
15. General Administrative Expenses.....	1,098,192	0	0	1,098,192	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).....	17,549,472	0	0	17,549,472	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,327,222	0	0	2,327,222	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	59,842	0	0	59,842	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(24)	0	0	(24)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,387,040	0	0	2,387,040	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	757,482	0	0	757,482	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,629,558	0	0	1,629,558	0	0	0	0	0	0
24 Medical Loss Ratio	80.4%	0.0%	0.0%	80.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0

(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)

* Other (identify products(s); eg Non-Risk Business, PPO):

0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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.....	5,274	0	0	5,274	0	0	0	0	0	0
2. MEMBER MONTHS.....	30,362	0	0	30,362	0	0	0	0	0	0
3. Direct Premium Income.....	38,502,280	0	0	38,502,280	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	38,314,980	0	0	38,314,980	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	402,372	0	0	402,372	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).....	38,717,352	0	0	38,717,352	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	31,496,982	0	0	31,496,982	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	342,905	0	0	342,905	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	31,154,077	0	0	31,154,077	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,118,201	0	0	1,118,201	0	0	0	0	0	0
15. General Administrative Expenses.....	3,158,081	0	0	3,158,081	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).....	35,430,359	0	0	35,430,359	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,286,993	0	0	3,286,993	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	116,480	0	0	116,480	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(82)	0	0	(82)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,403,391	0	0	3,403,391	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,505,261	0	0	1,505,261	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,898,130	0	0	1,898,130	0	0	0	0	0	0
24 Medical Loss Ratio	81.3%	0.0%	0.0%	81.3%	0.0%	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 **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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	128,458	0	15,089	0	0	0	0	113,369	0	0
2. First Quarter	0									
3. Second Quarter	127,797	0	3	0	0	0	0	127,794	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	753,842	0	153	0	0	0	0	753,689	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	378,619	0	5	0	0	0	0	378,614	0	0
8. Non-Physician	38,994	0	1	0	0	0	0	38,993	0	0
9. Total	417,613	0	6	0	0	0	0	417,607	0	0
10. Hospital Patient Days Incurred	6,055	0	8	0	0	0	0	6,047	0	0
11. Number of Inpatient Admissions	1,092	0	1	0	0	0	0	1,091	0	0
12. Health Premiums Written	799,251,637	0	5,338	0	0	0	0	799,246,299	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	799,591,129	0	5,338	0	0	0	0	799,585,791	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	642,880,546	0	5,074,760	0	0	0	0	637,805,786	0	0
18. Amount Incurred for Provision of Health Care Services	649,195,654	0	(1,052,797)	0	0	0	0	650,248,451	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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.....	127,797	3	0	127,794	0	0	0	0	0	0
2. MEMBER MONTHS.....	382,572	9	0	382,563	0	0	0	0	0	0
3. Direct Premium Income.....	420,627,640	7,247	0	420,620,393	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	420,402,345	1,909	0	420,400,436	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(223,027)	0	0	(223,027)	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).....	420,179,318	1,909	0	420,177,409	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	339,029,196	(8,510)	0	339,037,706	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	174,802	0	0	174,802	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	338,854,394	(8,510)	0	338,862,904	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	12,389,695	56	0	12,389,639	0	0	0	0	0	0
15. General Administrative Expenses.....	23,763,142	212	0	23,762,930	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).....	375,007,231	(8,242)	0	375,015,473	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	45,172,087	10,151	0	45,161,936	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,264,991	6	0	1,264,985	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(61)	0	0	(61)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	46,437,017	10,157	0	46,426,860	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	16,444,881	231,924	0	16,212,957	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	29,992,136	(221,767)	0	30,213,903	0	0	0	0	0	0
24 Medical Loss Ratio	80.6%	-445.8%	0.0%	80.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		(4)	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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.....	127,797	3	0	127,794	0	0	0	0	0	0
2. MEMBER MONTHS.....	753,842	153	0	753,689	0	0	0	0	0	0
3. Direct Premium Income.....	799,251,637	5,338	0	799,246,299	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	798,971,950	0	0	798,971,950	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	339,492	0	0	339,492	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).....	799,311,442	0	0	799,311,442	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	649,195,654	(1,052,797)	0	650,248,451	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	359,617	0	0	359,617	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	648,836,037	(1,052,797)	0	649,888,834	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	23,603,649	567,176	0	23,036,473	0	0	0	0	0	0
15. General Administrative Expenses.....	66,154,804	1,046,464	0	65,108,340	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).....	738,594,490	560,843	0	738,033,647	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	60,716,952	(560,843)	0	61,277,795	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,404,715	0	0	2,404,715	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(437)	0	0	(437)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	63,121,230	(560,843)	0	63,682,073	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	28,720,274	(188,189)	0	28,908,463	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	34,400,956	(372,654)	0	34,773,610	0	0	0	0	0	0
24 Medical Loss Ratio	81.2%	0.0%	0.0%	81.3%	0.0%	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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.....	312	312	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	899	899	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	606,781	606,781	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	(489,238)	(489,238)	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).....	(489,238)	(489,238)	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	414,499	414,499	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).....	414,499	414,499	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(14,250)	(14,250)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	(55,956)	(55,956)	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).....	344,293	344,293	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(833,531)	(833,531)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(1,470)	(1,470)	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).....	(835,001)	(835,001)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(190,751)	(190,751)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(644,250)	(644,250)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	-84.7%	-84.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		(1)	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2014**

OF THE **UnitedHealthcare Benefits 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.....	312	312	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,733	1,733	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,153,387	1,153,387	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	57,368	57,368	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).....	57,368	57,368	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,030,888	1,030,888	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).....	1,030,888	1,030,888	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	19,881	19,881	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	38,304	38,304	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).....	1,089,073	1,089,073	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,031,705)	(1,031,705)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	173	173	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).....	(1,031,532)	(1,031,532)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(335,348)	(335,348)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(696,184)	(696,184)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	1797.0%	1797.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		18	(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				