

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	205,046	1,311	0	203,735	0	0	0	0	0	0
2. MEMBER MONTHS.....	613,230	3,930	0	609,300	0	0	0	0	0	0
3. Direct Premium Income.....	660,777,461	2,896,747	0	657,880,714	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	656,266,372	2,857,163	0	653,409,265	0	0	0	0	0	(56)
5. Change in unearned premium reserve and reserve for rate credits.....	(9,368,236)	0	0	(9,368,236)	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).....	646,898,136	2,857,163	0	644,041,029	0	0	0	0	0	(56)
11. Hospital & Medical Benefits.....	552,017,989	2,568,435	0	549,449,554	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,859,445	80,563	0	3,778,882	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	548,158,544	2,487,872	0	545,670,672	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	34,580,157	330,602	0	34,249,836	0	0	0	0	0	(281)
15. General Administrative Expenses.....	23,871,433	399,130	0	23,455,628	0	0	0	0	0	16,675
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).....	606,610,134	3,217,604	0	603,376,136	0	0	0	0	0	16,394
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	40,288,002	(360,441)	0	40,664,893	0	0	0	0	0	(16,450)
19. Net Investments Gains / (Losses).....	1,636,519	7,025	0	1,629,494	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(9,651)	0	0	(9,651)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	41,914,870	(353,416)	0	42,284,736	0	0	0	0	0	(16,450)
22. Federal and foreign income taxes incurred.....	14,328,681	(123,010)	0	14,453,927	0	0	0	0	0	(2,236)
23. NET INCOME/(LOSS) (L21 less L22).....	27,586,189	(230,406)	0	27,830,809	0	0	0	0	0	(14,214)
24 Medical Loss Ratio	83.5%	87.1%	0.0%	83.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,304	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		3,909	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	205,046	1,311	0	203,735	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,432,676	17,351	0	2,415,325	0	0	0	0	0	0
3. Direct Premium Income.....	2,648,815,702	12,571,106	0	2,637,998,355	0	0	0	XXXXXXXX	0	(1,753,759)
4. Net Premium Income.....	2,631,471,751	12,395,210	0	2,620,828,546	0	0	0	0	0	(1,752,005)
5. Change in unearned premium reserve and reserve for rate credits.....	(22,316,752)	0	0	(22,316,752)	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).....	2,609,154,999	12,395,210	0	2,598,511,794	0	0	0	0	0	(1,752,005)
11. Hospital & Medical Benefits.....	2,206,247,125	11,384,105	0	2,197,717,951	0	0	0	0	0	(2,854,931)
12. Net Reins Recoveries Incurred.....	15,123,653	218,110	0	14,905,543	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,191,123,472	11,165,995	0	2,182,812,408	0	0	0	0	0	(2,854,931)
14. Claims Adjustment Expenses.....	99,217,201	645,144	0	98,629,358	0	0	0	0	0	(57,301)
15. General Administrative Expenses.....	172,955,498	1,124,616	0	171,945,722	0	0	0	0	0	(114,840)
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).....	2,463,296,171	12,935,755	0	2,453,387,488	0	0	0	0	0	(3,027,072)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	145,858,828	(540,545)	0	145,124,306	0	0	0	0	0	1,275,067
19. Net Investments Gains / (Losses).....	7,795,495	36,997	0	7,758,498	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(262,176)	(980)	0	(261,196)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	153,392,147	(504,528)	0	152,621,608	0	0	0	0	0	1,275,067
22. Federal and foreign income taxes incurred.....	68,873,982	(95,215)	0	68,543,359	0	0	0	0	0	425,838
23. NET INCOME/(LOSS) (L21 less L22).....	84,518,165	(409,313)	0	84,078,249	0	0	0	0	0	849,229
24 Medical Loss Ratio	83.3%	90.1%	0.0%	83.3%	0.0%	0.0%	0.0%	0.0%	0.0%	163.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,304	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		16,094	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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	56,052	5	280	0	0	0	1,707	54,060	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	58,408	5	0	0	0	0	1,304	57,099	0	0
6. Current Year Member Months	697,840	60	0	0	0	0	16,094	681,686	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	222,160	181	0	0	0	0	7,925	214,054	0	0
8. Non-Physician	21,804	24	0	0	0	0	1,017	20,763	0	0
9. Total	243,964	205	0	0	0	0	8,942	234,817	0	0
10. Hospital Patient Days Incurred	9,442	93	0	0	0	0	4,715	4,634	0	0
11. Number of Inpatient Admissions	1,773	18	0	0	0	0	908	847	0	0
12. Health Premiums Written	894,984,752	58,777	0	0	0	0	11,655,003	885,024,731	0	(1,753,759)
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	876,642,006	58,777	0	0	0	0	11,655,003	866,681,985	0	(1,753,759)
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	735,712,177	202,518	0	0	0	0	10,228,236	728,005,445	0	(2,724,022)
18. Amount Incurred for Provision of Health Care Services	730,854,393	190,017	0	0	0	0	10,812,300	722,707,007	0	(2,854,931)

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	58,408	1,309	0	57,099	0	0	0	0	0	0
2. MEMBER MONTHS.....	174,686	3,924	0	170,762	0	0	0	0	0	0
3. Direct Premium Income.....	223,574,006	2,860,941	0	220,713,065	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	220,481,913	2,821,357	0	217,660,612	0	0	0	0	0	(56)
5. Change in unearned premium reserve and reserve for rate credits.....	(7,755,702)	0	0	(7,755,702)	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).....	212,726,211	2,821,357	0	209,904,910	0	0	0	0	0	(56)
11. Hospital & Medical Benefits.....	182,208,088	3,113,835	0	179,094,253	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,404,365	80,563	0	3,323,802	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	178,803,723	3,033,272	0	175,770,451	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	11,520,766	323,911	0	11,197,136	0	0	0	0	0	(281)
15. General Administrative Expenses.....	7,994,741	404,318	0	7,573,748	0	0	0	0	0	16,675
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).....	198,319,230	3,761,501	0	194,541,335	0	0	0	0	0	16,394
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	14,406,981	(940,144)	0	15,363,575	0	0	0	0	0	(16,450)
19. Net Investments Gains / (Losses).....	536,989	7,048	0	529,941	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(8,806)	0	0	(8,806)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	14,935,164	(933,096)	0	15,884,710	0	0	0	0	0	(16,450)
22. Federal and foreign income taxes incurred.....	5,107,670	(320,093)	0	5,429,999	0	0	0	0	0	(2,236)
23. NET INCOME/(LOSS) (L21 less L22).....	9,827,494	(613,003)	0	10,454,711	0	0	0	0	0	(14,214)
24 Medical Loss Ratio	81.1%	107.5%	0.0%	80.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,304	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		3,909	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	58,408	1,309	0	57,099	0	0	0	0	0	0
2. MEMBER MONTHS.....	697,840	16,154	0	681,686	0	0	0	0	0	0
3. Direct Premium Income.....	894,984,752	11,713,780	0	885,024,731	0	0	0	XXXXXXXX	0	(1,753,759)
4. Net Premium Income.....	882,634,400	11,537,884	0	872,848,521	0	0	0	0	0	(1,752,005)
5. Change in unearned premium reserve and reserve for rate credits.....	(18,342,746)	0	0	(18,342,746)	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).....	864,291,654	11,537,884	0	854,505,775	0	0	0	0	0	(1,752,005)
11. Hospital & Medical Benefits.....	730,854,393	11,002,317	0	722,707,007	0	0	0	0	0	(2,854,931)
12. Net Reins Recoveries Incurred.....	13,328,745	218,110	0	13,110,635	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	717,525,648	10,784,207	0	709,596,372	0	0	0	0	0	(2,854,931)
14. Claims Adjustment Expenses.....	32,981,280	608,538	0	32,430,043	0	0	0	0	0	(57,301)
15. General Administrative Expenses.....	57,492,992	1,060,804	0	56,547,028	0	0	0	0	0	(114,840)
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).....	807,999,920	12,453,549	0	798,573,443	0	0	0	0	0	(3,027,072)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	56,291,734	(915,665)	0	55,932,332	0	0	0	0	0	1,275,067
19. Net Investments Gains / (Losses).....	2,585,776	34,438	0	2,551,338	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(258,357)	(980)	0	(257,377)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	58,619,153	(882,207)	0	58,226,293	0	0	0	0	0	1,275,067
22. Federal and foreign income taxes incurred.....	25,596,806	(229,845)	0	25,400,813	0	0	0	0	0	425,838
23. NET INCOME/(LOSS) (L21 less L22).....	33,022,347	(652,362)	0	32,825,480	0	0	0	0	0	849,229
24 Medical Loss Ratio	81.3%	93.5%	0.0%	81.3%	0.0%	0.0%	0.0%	0.0%	0.0%	163.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,304	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		16,094	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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	5,649	0	0	0	0	0	0	5,649	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	6,616	0	0	0	0	0	0	6,616	0	0
6. Current Year Member Months	78,600	0	0	0	0	0	0	78,600	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	24,802	0	0	0	0	0	0	24,802	0	0
8. Non-Physician	2,406	0	0	0	0	0	0	2,406	0	0
9. Total	27,208	0	0	0	0	0	0	27,208	0	0
10. Hospital Patient Days Incurred	537	0	0	0	0	0	0	537	0	0
11. Number of Inpatient Admissions	98	0	0	0	0	0	0	98	0	0
12. Health Premiums Written	99,890,543	0	0	0	0	0	0	99,890,543	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	98,610,689	0	0	0	0	0	0	98,610,689	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	82,832,134	0	0	0	0	0	0	82,832,134	0	0
18. Amount Incurred for Provision of Health Care Services	81,684,394	0	0	0	0	0	0	81,684,394	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	6,616	0	0	6,616	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,787	0	0	19,787	0	0	0	0	0	0
3. Direct Premium Income.....	24,911,336	0	0	24,911,336	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	24,338,400	0	0	24,338,400	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(475,817)	0	0	(475,817)	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).....	23,862,583	0	0	23,862,583	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	20,358,577	0	0	20,358,577	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	222,127	0	0	222,127	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	20,136,450	0	0	20,136,450	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,270,723	0	0	1,270,723	0	0	0	0	0	0
15. General Administrative Expenses.....	865,893	0	0	865,893	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).....	22,273,066	0	0	22,273,066	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,589,517	0	0	1,589,517	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	60,329	0	0	60,329	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(151)	0	0	(151)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,649,695	0	0	1,649,695	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	563,908	0	0	563,908	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,085,787	0	0	1,085,787	0	0	0	0	0	0
24 Medical Loss Ratio	82.7%	0.0%	0.0%	82.7%	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 **DECEMBER 31, 2015**

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.....	6,616	0	0	6,616	0	0	0	0	0	0
2. MEMBER MONTHS.....	78,600	0	0	78,600	0	0	0	0	0	0
3. Direct Premium Income.....	99,890,543	0	0	99,890,543	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	97,860,883	0	0	97,860,883	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,279,854)	0	0	(1,279,854)	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0	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).....	96,581,029	0	0	96,581,029	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	81,684,394	0	0	81,684,394	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	876,104	0	0	876,104	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	80,808,290	0	0	80,808,290	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,666,041	0	0	3,666,041	0	0	0	0	0	0
15. General Administrative Expenses.....	6,390,646	0	0	6,390,646	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).....	90,864,977	0	0	90,864,977	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,716,052	0	0	5,716,052	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	288,366	0	0	288,366	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(929)	0	0	(929)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,003,489	0	0	6,003,489	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,672,284	0	0	2,672,284	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,331,205	0	0	3,331,205	0	0	0	0	0	0
24 Medical Loss Ratio	82.6%	0.0%	0.0%	82.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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	130,118	0	3	0	0	0	0	130,115	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	140,020	0	0	0	0	0	0	140,020	0	0
6. Current Year Member Months	1,655,054	0	16	0	0	0	0	1,655,038	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	524,924	0	15	0	0	0	0	524,909	0	0
8. Non-Physician	50,917	0	2	0	0	0	0	50,915	0	0
9. Total	575,841	0	17	0	0	0	0	575,824	0	0
10. Hospital Patient Days Incurred	11,371	0	8	0	0	0	0	11,363	0	0
11. Number of Inpatient Admissions	2,077	0	1	0	0	0	0	2,076	0	0
12. Health Premiums Written	1,653,113,970	0	30,889	0	0	0	0	1,653,083,081	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,650,419,818	0	30,889	0	0	0	0	1,650,388,929	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	1,386,320,501	0	7,935	0	0	0	0	1,386,312,566	0	0
18. Amount Incurred for Provision of Health Care Services	1,393,334,485	0	7,935	0	0	0	0	1,393,326,550	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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.....	140,020	0	0	140,020	0	0	0	0	0	0
2. MEMBER MONTHS.....	418,753	2	0	418,751	0	0	0	0	0	0
3. Direct Premium Income.....	412,260,301	3,988	0	412,256,313	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	411,414,241	3,988	0	411,410,253	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,136,717)	0	0	(1,136,717)	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).....	410,277,524	3,988	0	410,273,536	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	349,979,882	(16,842)	0	349,996,724	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	232,953	0	0	232,953	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	349,746,929	(16,842)	0	349,763,771	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	21,782,000	24	0	21,781,976	0	0	0	0	0	0
15. General Administrative Expenses.....	15,015,462	(525)	0	15,015,987	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).....	386,544,391	(17,343)	0	386,561,734	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	23,733,133	21,331	0	23,711,802	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,039,231	7	0	1,039,224	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(694)	0	0	(694)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	24,771,670	21,338	0	24,750,332	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	8,467,297	7,277	0	8,460,020	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	16,304,373	14,061	0	16,290,312	0	0	0	0	0	0
24 Medical Loss Ratio	85.0%	-422.3%	0.0%	85.0%	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 **DECEMBER 31, 2015**

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.....	140,020	0	0	140,020	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,655,055	16	0	1,655,039	0	0	0	0	0	0
3. Direct Premium Income.....	1,653,113,970	30,889	0	1,653,083,081	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,650,150,031	30,889	0	1,650,119,142	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,694,152)	0	0	(2,694,152)	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).....	1,647,455,879	30,889	0	1,647,424,990	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,393,334,485	7,935	0	1,393,326,550	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	918,804	0	0	918,804	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,392,415,681	7,935	0	1,392,407,746	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	62,534,302	1,029	0	62,533,273	0	0	0	0	0	0
15. General Administrative Expenses.....	109,009,841	1,793	0	109,008,048	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).....	1,563,959,824	10,757	0	1,563,949,067	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	83,496,055	20,132	0	83,475,923	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,918,886	92	0	4,918,794	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,890)	0	0	(2,890)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	88,412,051	20,224	0	88,391,827	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	40,477,379	7,117	0	40,470,262	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	47,934,672	13,107	0	47,921,565	0	0	0	0	0	0
24 Medical Loss Ratio	84.4%	25.7%	0.0%	84.4%	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 **DECEMBER 31, 2015**

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.....	2	2	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	4	4	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	31,818	31,818	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	31,818	31,818	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).....	31,818	31,818	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	(528,558)	(528,558)	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).....	(528,558)	(528,558)	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	6,666	6,666	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	(4,663)	(4,663)	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).....	(526,555)	(526,555)	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	558,373	558,373	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(30)	(30)	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).....	558,343	558,343	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	189,806	189,806	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	368,537	368,537	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	-1661.2%	-1661.2%	0.0%	0.0%	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 **DECEMBER 31, 2015**

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.....	2	2	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,181	1,181	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	826,437	826,437	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	826,437	826,437	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).....	826,437	826,437	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	373,853	373,853	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).....	373,853	373,853	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	35,577	35,577	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	62,019	62,019	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).....	471,449	471,449	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	354,988	354,988	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,467	2,467	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).....	357,455	357,455	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	127,513	127,513	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	229,942	229,942	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	45.2%	45.2%	0.0%	0.0%	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				