

**TEXAS HMO SUPPLEMENT**

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

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.....	9,486	9,486	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,213	26,213	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	9,171,100	9,171,100	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,942,254	8,942,254	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	642,188	642,188	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).....	9,584,443	9,584,443	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,141,234	9,141,234	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	181,179	181,179	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,960,055	8,960,055	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	648,271	648,271	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	200,984	200,984	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	1,298,000	1,298,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	11,107,310	11,107,310	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,522,867)	(1,522,867)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,523	6,523	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).....	(1,516,344)	(1,516,344)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(53,983)	(53,983)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,462,361)	(1,462,361)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	100.2%	100.2%	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				

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

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.....	9,486	9,486	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	72,664	72,664	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	28,516,315	28,516,315	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	27,906,324	27,906,324	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(15,898)	(15,898)	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).....	27,890,427	27,890,427	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	24,519,305	24,519,305	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	188,403	188,403	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	24,330,902	24,330,902	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,053,607	1,053,607	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,090,762	2,090,762	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	1,298,000	1,298,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	28,773,271	28,773,271	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(882,844)	(882,844)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	17,522	17,522	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).....	(865,322)	(865,322)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	196,947	196,947	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,062,269)	(1,062,269)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	87.2%	87.2%	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				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

OF THE **Unitedhealthcare 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	97	2	95	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	2,796	2	2,794	0	0	0	0	0	0	0
6. Current Year Member Months	23,254	24	23,230	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	14,885	34	14,851	0	0	0	0	0	0	0
8. Non-Physician	497	1	496	0	0	0	0	0	0	0
9. Total	15,382	35	15,347	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	354	0	354	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	79	0	79	0	0	0	0	0	0	0
12. Health Premiums Written	8,817,206	18,740	8,798,466	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	8,817,206	18,740	8,798,466	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	6,611,697	16,353	6,595,344	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	7,845,180	20,669	7,824,511	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

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.....	2,796	2,796	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,128	8,128	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	3,019,144	3,019,144	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,937,883	2,937,883	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	235,313	235,313	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).....	3,173,196	3,173,196	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,837,389	2,837,389	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	37,474	37,474	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,799,915	2,799,915	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	205,116	205,116	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	53,562	53,562	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	415,307	415,307	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	3,473,900	3,473,900	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(300,704)	(300,704)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,142	2,142	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).....	(298,562)	(298,562)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	265,803	265,803	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(564,365)	(564,365)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	95.3%	95.3%	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 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.....	2,796	2,796	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	23,254	23,254	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	8,817,206	8,817,206	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,601,732	8,601,732	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).....	8,601,732	8,601,732	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,845,180	7,845,180	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	38,124	38,124	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	7,807,056	7,807,056	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	337,112	337,112	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	668,959	668,959	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	415,307	415,307	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	9,228,434	9,228,434	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(626,702)	(626,702)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,404	5,404	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).....	(621,298)	(621,298)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	141,407	141,407	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(762,705)	(762,705)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	90.8%	90.8%	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 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.....	295	295	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	748	748	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	310,564	310,564	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	310,109	310,109	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	26,681	26,681	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).....	336,790	336,790	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	262,668	262,668	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,044	2,044	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	260,624	260,624	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	21,684	21,684	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	(1,147)	(1,147)	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	47,038	47,038	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	328,199	328,199	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,591	8,591	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	232	232	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).....	8,823	8,823	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(16,327)	(16,327)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	25,150	25,150	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	84.0%	84.0%	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				

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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.....	295	295	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,638	2,638	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,080,451	1,080,451	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,078,971	1,078,971	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,078,971	1,078,971	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	888,552	888,552	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,069	2,069	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	886,483	886,483	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	38,181	38,181	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	75,767	75,767	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	47,038	47,038	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,047,469	1,047,469	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	31,502	31,502	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	678	678	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).....	32,180	32,180	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(7,324)	(7,324)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	39,504	39,504	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	82.2%	82.2%	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 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.....	2,300	2,300	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,243	6,243	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,079,633	1,079,633	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	938,027	938,027	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	76,910	76,910	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,014,937	1,014,937	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,164,397	2,164,397	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	82,974	82,974	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,081,423	2,081,423	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	152,727	152,727	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	49,322	49,322	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	304,891	304,891	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,588,363	2,588,363	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,573,426)	(1,573,427)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	761	761	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).....	(1,572,665)	(1,572,666)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	126,920	126,920	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,699,585)	(1,699,586)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	221.9%	221.9%	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 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.....	2,300	2,300	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	17,099	17,099	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,896,861	5,896,861	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,518,798	5,518,798	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	5,518,798	5,518,798	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,759,419	5,759,419	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	84,810	84,810	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,674,609	5,674,609	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	247,485	247,485	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	491,106	491,106	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	304,891	304,891	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	6,718,091	6,718,091	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,199,293)	(1,199,294)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,467	3,467	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).....	(1,195,826)	(1,195,827)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	272,169	272,169	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,467,995)	(1,467,996)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	102.8%	102.8%	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				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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	110	5	105	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	4,095	5	4,090	0	0	0	0	0	0	0
6. Current Year Member Months	29,673	60	29,613	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	19,018	86	18,932	0	0	0	0	0	0	0
8. Non-Physician	636	3	633	0	0	0	0	0	0	0
9. Total	19,654	89	19,565	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	453	1	452	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	102	1	101	0	0	0	0	0	0	0
12. Health Premiums Written	12,721,796	55,013	12,666,783	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	12,705,898	55,013	12,650,885	0	0	0	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	8,448,454	40,881	8,407,573	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	10,026,154	51,671	9,974,483	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

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.....	4,095	4,095	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	11,094	11,094	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,761,759	4,761,759	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	4,756,236	4,756,236	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	303,283	303,283	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	5,059,519	5,059,520	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,876,780	3,876,780	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	58,687	58,687	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,818,093	3,818,093	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	268,744	268,744	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	99,247	99,247	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	530,763	530,763	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,716,847	4,716,847	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	342,672	342,672	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,388	3,388	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).....	346,060	346,060	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(430,379)	(430,379)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	776,439	776,439	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	80.3%	80.3%	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 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.....	4,095	4,095	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	29,673	29,673	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	12,721,796	12,721,796	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	12,706,824	12,706,824	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(15,898)	(15,898)	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).....	12,690,926	12,690,927	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,026,154	10,026,154	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	63,400	63,400	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	9,962,754	9,962,754	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	430,829	430,829	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	854,930	854,930	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	530,763	530,763	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	11,779,276	11,779,276	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	911,650	911,650	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,973	7,973	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).....	919,623	919,623	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(209,305)	(209,305)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,128,928	1,128,928	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	78.4%	78.4%	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				