

TEXAS HMO SUPPLEMENT

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

OF THE **Unitedhealthcare Community Plan of Texas, LLC**
(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.....	241,299	0	0	34,092	0	196,182	0	0	11,025	0
2. MEMBER MONTHS.....	729,034	0	0	103,072	0	591,621	0	0	34,341	0
3. Direct Premium Income.....	579,268,101	0	0	149,190,906	0	424,029,393	0	XXXXXXXX	6,047,802	0
4. Net Premium Income.....	563,000,860	0	0	145,886,054	0	411,190,438	0	0	5,924,368	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,541,859)	0	0	(11,133,022)	0	7,462,234	0	0	128,929	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).....	559,459,001	0	0	134,753,032	0	418,652,672	0	0	6,053,297	0
11. Hospital & Medical Benefits.....	470,606,491	0	0	101,901,858	0	365,543,818	0	0	3,160,815	0
12. Net Reins Recoveries Incurred.....	12,979,762	0	0	1,563,787	0	11,321,948	0	0	94,027	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	457,626,729	0	0	100,338,071	0	354,221,870	0	0	3,066,788	0
14. Claims Adjustment Expenses.....	21,696,197	0	0	(4,161,276)	0	26,498,660	0	0	(641,187)	0
15. General Administrative Expenses.....	36,562,979	0	0	11,689,644	0	22,964,245	0	0	1,909,090	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).....	515,885,905	0	0	107,866,439	0	403,684,775	0	0	4,334,691	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	43,573,096	0	0	26,886,593	0	14,967,897	0	0	1,718,606	0
19. Net Investments Gains / (Losses).....	1,706,144	0	0	438,867	0	1,249,419	0	0	17,858	0
20. Aggregate write-ins for other expenses.....	1,997	0	0	494	0	1,503	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	45,281,237	0	0	27,325,954	0	16,218,819	0	0	1,736,464	0
22. Federal and foreign income taxes incurred.....	15,689,529	0	0	9,479,826	0	5,612,787	0	0	596,916	0
23. NET INCOME/(LOSS) (L21 less L22).....	29,591,708	0	0	17,846,128	0	10,606,032	0	0	1,139,548	0
24 Medical Loss Ratio	81.3%	0.0%	0.0%	68.8%	0.0%	86.1%	0.0%	0.0%	51.8%	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 Community Plan of Texas, LLC**
(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.....	241,299	0	0	34,092	0	196,182	0	0	11,025	0
2. MEMBER MONTHS.....	2,875,757	0	0	392,806	0	2,346,163	0	0	136,788	0
3. Direct Premium Income.....	2,139,513,211	0	0	520,807,004	0	1,593,872,300	0	XXXXXXXX	24,833,907	0
4. Net Premium Income.....	2,086,325,463	0	0	513,524,295	0	1,548,434,363	0	0	24,366,805	0
5. Change in unearned premium reserve and reserve for rate credits.....	(13,820,299)	0	0	(20,265,617)	0	6,315,427	0	0	129,891	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).....	2,072,505,164	0	0	493,258,678	0	1,554,749,790	0	0	24,496,696	0
11. Hospital & Medical Benefits.....	1,754,614,739	0	0	386,180,183	0	1,351,897,437	0	0	16,540,691	(3,572)
12. Net Reins Recoveries Incurred.....	52,515,405	0	0	6,267,245	0	45,884,087	0	0	364,073	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,702,099,334	0	0	379,912,938	0	1,306,013,350	0	0	16,176,618	(3,572)
14. Claims Adjustment Expenses.....	105,764,705	0	0	15,861,996	0	89,531,671	0	0	371,038	0
15. General Administrative Expenses.....	145,638,067	0	0	37,668,932	0	104,746,728	0	0	3,222,407	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).....	1,953,502,106	0	0	433,443,866	0	1,500,291,749	0	0	19,770,063	(3,572)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	119,003,058	0	0	59,814,812	0	54,458,041	0	0	4,726,633	3,572
19. Net Investments Gains / (Losses).....	6,196,403	0	0	1,508,348	0	4,616,132	0	0	71,923	0
20. Aggregate write-ins for other expenses.....	(138,314)	0	0	(41,175)	0	(97,139)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	125,061,147	0	0	61,281,985	0	58,977,034	0	0	4,798,556	3,572
22. Federal and foreign income taxes incurred.....	51,641,520	0	0	23,151,980	0	26,740,505	0	0	1,747,785	1,250
23. NET INCOME/(LOSS) (L21 less L22).....	73,419,627	0	0	38,130,005	0	32,236,529	0	0	3,050,771	2,322
24 Medical Loss Ratio	81.6%	0.0%	0.0%	74.0%	0.0%	84.3%	0.0%	0.0%	66.4%	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 Community Plan of Texas, LLC**

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	76,721	0	0	0	0	0	0	1,554	75,167	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	76,472	0	0	0	0	0	0	1,995	74,477	0
6. Current Year Member Months	927,323	0	0	0	0	0	0	21,911	905,412	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,017,161	0	0	0	0	0	0	43,269	973,892	0
8. Non-Physician	832,737	0	0	0	0	0	0	25,085	807,652	0
9. Total	1,849,898	0	0	0	0	0	0	68,354	1,781,544	0
10. Hospital Patient Days Incurred	1,373,119	0	0	0	0	0	0	11,842	1,361,277	0
11. Number of Inpatient Admissions	172,715	0	0	0	0	0	0	1,523	171,192	0
12. Health Premiums Written	411,700,207	0	0	0	0	0	0	36,456,490	375,243,717	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	411,700,207	0	0	0	0	0	0	36,456,490	375,243,717	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	334,011,206	0	0	0	0	0	0	26,920,925	307,090,281	0
18. Amount Incurred for Provision of Health Care Services	344,549,673	0	0	0	0	0	0	19,671,726	324,877,947	0

TEXAS HMO SUPPLEMENT

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

OF THE **Unitedhealthcare Community Plan of Texas, LLC**

(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.....	76,472	0	0	1,995	0	74,477	0	0	0	0
2. MEMBER MONTHS.....	232,083	0	0	5,944	0	226,139	0	0	0	0
3. Direct Premium Income.....	113,517,866	0	0	13,044,676	0	100,473,190	0	XXXXXXXX	0	0
4. Net Premium Income.....	110,377,213	0	0	12,916,717	0	97,460,496	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,021,323	0	0	0	0	2,021,323	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).....	112,398,536	0	0	12,916,717	0	99,481,819	0	0	0	0
11. Hospital & Medical Benefits.....	92,900,853	0	0	4,575,466	0	88,325,387	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,426,621	0	0	0	0	1,426,621	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	91,474,232	0	0	4,575,466	0	86,898,766	0	0	0	0
14. Claims Adjustment Expenses.....	6,130,151	0	0	(146,963)	0	6,277,114	0	0	0	0
15. General Administrative Expenses.....	6,459,165	0	0	1,009,743	0	5,449,422	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).....	104,063,548	0	0	5,438,246	0	98,625,302	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,334,988	0	0	7,478,471	0	856,517	0	0	0	0
19. Net Investments Gains / (Losses).....	334,698	0	0	38,592	0	296,106	0	0	0	0
20. Aggregate write-ins for other expenses.....	298	0	0	298	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	8,669,984	0	0	7,517,361	0	1,152,623	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,000,781	0	0	2,605,210	0	395,571	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,669,203	0	0	4,912,151	0	757,052	0	0	0	0
24 Medical Loss Ratio	82.9%	0.0%	0.0%	35.4%	0.0%	89.2%	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 Community Plan of Texas, LLC**

(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.....	76,472	0	0	1,995	0	74,477	0	0	0	0
2. MEMBER MONTHS.....	927,323	0	0	21,911	0	905,412	0	0	0	0
3. Direct Premium Income.....	411,700,207	0	0	36,456,490	0	375,243,717	0	XXXXXXXX	0	0
4. Net Premium Income.....	401,576,791	0	0	36,073,215	0	365,503,576	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).....	401,576,791	0	0	36,073,215	0	365,503,576	0	0	0	0
11. Hospital & Medical Benefits.....	344,549,673	0	0	19,671,726	0	324,877,947	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,213,084	0	0	0	0	5,213,084	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	339,336,589	0	0	19,671,726	0	319,664,863	0	0	0	0
14. Claims Adjustment Expenses.....	22,247,947	0	0	1,114,247	0	21,133,700	0	0	0	0
15. General Administrative Expenses.....	27,371,276	0	0	2,646,105	0	24,725,171	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).....	388,955,812	0	0	23,432,078	0	365,523,734	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	12,620,979	0	0	12,641,137	0	(20,158)	0	0	0	0
19. Net Investments Gains / (Losses).....	1,195,581	0	0	105,956	0	1,089,625	0	0	0	0
20. Aggregate write-ins for other expenses.....	(12,887)	0	0	113	0	(13,000)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	13,803,673	0	0	12,747,206	0	1,056,467	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,416,404	0	0	4,522,481	0	1,893,923	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	7,387,269	0	0	8,224,725	0	(837,456)	0	0	0	0
24 Medical Loss Ratio	84.5%	0.0%	0.0%	54.5%	0.0%	87.5%	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 Community Plan of Texas, LLC**

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	9,178	0	0	0	0	0	0	0	9,178	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	10,416	0	0	0	0	0	0	0	10,416	0
6. Current Year Member Months	123,549	0	0	0	0	0	0	0	123,549	0
Total Member Ambulatory Encounters for Year:										
7. Physician	136,204	0	0	0	0	0	0	0	136,204	0
8. Non-Physician	112,954	0	0	0	0	0	0	0	112,954	0
9. Total	249,158	0	0	0	0	0	0	0	249,158	0
10. Hospital Patient Days Incurred	190,382	0	0	0	0	0	0	0	190,382	0
11. Number of Inpatient Admissions	23,942	0	0	0	0	0	0	0	23,942	0
12. Health Premiums Written	170,504,137	0	0	0	0	0	0	0	170,504,137	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	170,504,137	0	0	0	0	0	0	0	170,504,137	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	139,536,416	0	0	0	0	0	0	0	139,536,416	0
18. Amount Incurred for Provision of Health Care Services	150,747,827	0	0	0	0	0	0	0	150,747,827	0

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

OF THE **Unitedhealthcare Community Plan of Texas, LLC**

(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.....	10,416	0	0	0	0	10,416	0	0	0	0
2. MEMBER MONTHS.....	31,297	0	0	0	0	31,297	0	0	0	0
3. Direct Premium Income.....	46,779,150	0	0	0	0	46,779,150	0	XXXXXXXX	0	0
4. Net Premium Income.....	45,323,333	0	0	0	0	45,323,333	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	820,086	0	0	0	0	820,086	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).....	46,143,419	0	0	0	0	46,143,419	0	0	0	0
11. Hospital & Medical Benefits.....	42,098,734	0	0	0	0	42,098,734	0	0	0	0
12. Net Reins Recoveries Incurred.....	369,266	0	0	0	0	369,266	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	41,729,468	0	0	0	0	41,729,468	0	0	0	0
14. Claims Adjustment Expenses.....	2,907,560	0	0	0	0	2,907,560	0	0	0	0
15. General Administrative Expenses.....	2,554,826	0	0	0	0	2,554,826	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).....	47,191,854	0	0	0	0	47,191,854	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,048,435)	0	0	0	0	(1,048,435)	0	0	0	0
19. Net Investments Gains / (Losses).....	137,603	0	0	0	0	137,603	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).....	(910,832)	0	0	0	0	(910,832)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(310,264)	0	0	0	0	(310,264)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(600,568)	0	0	0	0	(600,568)	0	0	0	0
24 Medical Loss Ratio	92.1%	0.0%	0.0%	0.0%	0.0%	92.1%	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 Community Plan of Texas, LLC**

(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.....	10,416	0	0	0	0	10,416	0	0	0	0
2. MEMBER MONTHS.....	123,549	0	0	0	0	123,549	0	0	0	0
3. Direct Premium Income.....	170,504,137	0	0	0	0	170,504,137	0	XXXXXXXX	0	0
4. Net Premium Income.....	165,143,898	0	0	0	0	165,143,898	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).....	165,143,898	0	0	0	0	165,143,898	0	0	0	0
11. Hospital & Medical Benefits.....	150,747,827	0	0	0	0	150,747,827	0	0	0	0
12. Net Reins Recoveries Incurred.....	2,083,669	0	0	0	0	2,083,669	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	148,664,158	0	0	0	0	148,664,158	0	0	0	0
14. Claims Adjustment Expenses.....	9,548,748	0	0	0	0	9,548,748	0	0	0	0
15. General Administrative Expenses.....	11,171,467	0	0	0	0	11,171,467	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).....	169,384,373	0	0	0	0	169,384,373	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,240,475)	0	0	0	0	(4,240,475)	0	0	0	0
19. Net Investments Gains / (Losses).....	492,321	0	0	0	0	492,321	0	0	0	0
20. Aggregate write-ins for other expenses.....	(500)	0	0	0	0	(500)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,748,654)	0	0	0	0	(3,748,654)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(590,343)	0	0	0	0	(590,343)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,158,311)	0	0	0	0	(3,158,311)	0	0	0	0
24 Medical Loss Ratio	90.0%	0.0%	0.0%	0.0%	0.0%	90.0%	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 Community Plan of Texas, LLC**

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	148,214	11,123	0	0	0	0	0	30,507	106,584	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	154,411	11,025	0	0	0	0	0	32,097	111,289	0
6. Current Year Member Months	1,824,885	136,788	0	0	0	0	0	370,895	1,317,202	0
Total Member Ambulatory Encounters for Year:										
7. Physician	2,208,035	56,632	0	0	0	0	0	696,142	1,455,261	0
8. Non-Physician	1,643,284	32,846	0	0	0	0	0	403,586	1,206,852	0
9. Total	3,851,319	89,478	0	0	0	0	0	1,099,728	2,662,113	0
10. Hospital Patient Days Incurred	2,225,384	742	0	0	0	0	0	190,522	2,034,120	0
11. Number of Inpatient Admissions	280,541	229	0	0	0	0	0	24,505	255,807	0
12. Health Premiums Written	1,557,308,867	24,833,907	0	0	0	0	0	484,350,514	1,048,124,446	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	1,543,488,568	24,963,798	0	0	0	0	0	464,084,897	1,054,439,873	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	1,222,777,417	17,153,648	0	0	0	0	0	342,698,779	862,927,805	(2,815)
18. Amount Incurred for Provision of Health Care Services	1,259,317,239	16,540,691	0	0	0	0	0	366,508,457	876,271,663	(3,572)

TEXAS HMO SUPPLEMENT

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

OF THE **Unitedhealthcare Community Plan of Texas, LLC**

(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.....	154,411	0	0	32,097	0	111,289	0	0	11,025	0
2. MEMBER MONTHS.....	465,654	0	0	97,128	0	334,185	0	0	34,341	0
3. Direct Premium Income.....	418,971,085	0	0	136,146,230	0	276,777,053	0	XXXXXXXX	6,047,802	0
4. Net Premium Income.....	407,300,314	0	0	132,969,337	0	268,406,609	0	0	5,924,368	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,383,268)	0	0	(11,133,022)	0	4,620,825	0	0	128,929	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).....	400,917,046	0	0	121,836,315	0	273,027,434	0	0	6,053,297	0
11. Hospital & Medical Benefits.....	335,606,904	0	0	97,326,392	0	235,119,697	0	0	3,160,815	0
12. Net Reins Recoveries Incurred.....	11,183,875	0	0	1,563,787	0	9,526,061	0	0	94,027	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	324,423,029	0	0	95,762,605	0	225,593,636	0	0	3,066,788	0
14. Claims Adjustment Expenses.....	12,658,488	0	0	(4,014,313)	0	17,313,987	0	0	(641,186)	0
15. General Administrative Expenses.....	27,548,989	0	0	10,679,901	0	14,959,998	0	0	1,909,090	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).....	364,630,506	0	0	102,428,193	0	257,867,621	0	0	4,334,692	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	36,286,540	0	0	19,408,122	0	15,159,813	0	0	1,718,605	0
19. Net Investments Gains / (Losses).....	1,233,843	0	0	400,275	0	815,710	0	0	17,858	0
20. Aggregate write-ins for other expenses.....	126,626	0	0	41,484	0	85,142	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	37,647,009	0	0	19,849,881	0	16,060,665	0	0	1,736,463	0
22. Federal and foreign income taxes incurred.....	12,999,010	0	0	6,874,616	0	5,527,478	0	0	596,916	0
23. NET INCOME/(LOSS) (L21 less L22).....	24,647,999	0	0	12,975,265	0	10,533,187	0	0	1,139,547	0
24 Medical Loss Ratio	79.7%	0.0%	0.0%	72.0%	0.0%	84.0%	0.0%	0.0%	51.8%	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 Community Plan of Texas, LLC**

(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.....	154,411	0	0	32,097	0	111,289	0	0	11,025	0
2. MEMBER MONTHS.....	1,824,885	0	0	370,895	0	1,317,202	0	0	136,788	0
3. Direct Premium Income.....	1,557,308,867	0	0	484,350,514	0	1,048,124,446	0	XXXXXXXX	24,833,907	0
4. Net Premium Income.....	1,519,604,774	0	0	477,451,080	0	1,017,786,889	0	0	24,366,805	0
5. Change in unearned premium reserve and reserve for rate credits.....	(13,820,299)	0	0	(20,265,617)	0	6,315,427	0	0	129,891	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).....	1,505,784,475	0	0	457,185,463	0	1,024,102,316	0	0	24,496,696	0
11. Hospital & Medical Benefits.....	1,259,317,239	0	0	366,508,457	0	876,271,663	0	0	16,540,691	(3,572)
12. Net Reins Recoveries Incurred.....	45,218,652	0	0	6,267,245	0	38,587,334	0	0	364,073	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,214,098,587	0	0	360,241,212	0	837,684,329	0	0	16,176,618	(3,572)
14. Claims Adjustment Expenses.....	73,968,012	0	0	14,747,749	0	58,849,224	0	0	371,039	0
15. General Administrative Expenses.....	107,095,325	0	0	35,022,827	0	68,850,091	0	0	3,222,407	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).....	1,395,161,924	0	0	410,011,788	0	965,383,644	0	0	19,770,064	(3,572)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	110,622,551	0	0	47,173,675	0	58,718,672	0	0	4,726,632	3,572
19. Net Investments Gains / (Losses).....	4,508,501	0	0	1,402,392	0	3,034,186	0	0	71,923	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).....	115,131,052	0	0	48,576,067	0	61,752,858	0	0	4,798,555	3,572
22. Federal and foreign income taxes incurred.....	45,815,457	0	0	18,629,499	0	25,436,923	0	0	1,747,785	1,250
23. NET INCOME/(LOSS) (L21 less L22).....	69,315,595	0	0	29,946,568	0	36,315,935	0	0	3,050,770	2,322
24 Medical Loss Ratio	79.9%	0.0%	0.0%	75.5%	0.0%	82.3%	0.0%	0.0%	66.4%	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				