

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	201,688	1,695	0	199,993	0	0	0	0	0	0
2. MEMBER MONTHS.....	603,863	5,092	0	598,771	0	0	0	0	0	0
3. Direct Premium Income.....	681,563,385	3,661,502	0	677,477,031	0	0	0	XXXXXXXX	0	424,852
4. Net Premium Income.....	677,349,592	3,610,580	0	673,314,789	0	0	0	0	0	424,223
5. Change in unearned premium reserve and reserve for rate credits.....	(1,196,413)	0	0	(1,196,413)	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).....	676,153,179	3,610,580	0	672,118,376	0	0	0	0	0	424,223
11. Hospital & Medical Benefits.....	566,852,270	2,670,335	0	563,122,460	0	0	0	0	0	1,059,475
12. Net Reins Recoveries Incurred.....	3,486,345	42,565	0	3,443,780	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	563,365,925	2,627,770	0	559,678,680	0	0	0	0	0	1,059,475
14. Claims Adjustment Expenses.....	21,818,262	117,212	0	21,687,450	0	0	0	0	0	13,600
15. General Administrative Expenses.....	81,989,170	440,463	0	81,497,599	0	0	0	0	0	51,108
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).....	667,173,357	3,185,445	0	662,863,729	0	0	0	0	0	1,124,183
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,979,822	425,135	0	9,254,647	0	0	0	0	0	(699,960)
19. Net Investments Gains / (Losses).....	1,838,857	9,878	0	1,828,979	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(76,742)	(980)	0	(75,762)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,741,937	434,033	0	11,007,864	0	0	0	0	0	(699,960)
22. Federal and foreign income taxes incurred.....	20,273,127	239,293	0	20,266,026	0	0	0	0	0	(232,192)
23. NET INCOME/(LOSS) (L21 less L22).....	(9,531,190)	194,740	0	(9,258,162)	0	0	0	0	0	(467,768)
24 Medical Loss Ratio	83.2%	72.8%	0.0%	83.1%	0.0%	0.0%	0.0%	0.0%	0.0%	249.7%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,389	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		4,183	of Texas enrollees and Federal employees.)			2				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	201,688	1,695	0	199,993	0	0	0	0	0	0
2. MEMBER MONTHS.....	603,863	5,092	0	598,771	0	0	0	0	0	0
3. Direct Premium Income.....	681,563,385	3,661,502	0	677,477,031	0	0	0	XXXXXXXX	0	424,852
4. Net Premium Income.....	677,349,592	3,610,580	0	673,314,789	0	0	0	0	0	424,223
5. Change in unearned premium reserve and reserve for rate credits.....	(1,196,413)	0	0	(1,196,413)	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).....	676,153,179	3,610,580	0	672,118,376	0	0	0	0	0	424,223
11. Hospital & Medical Benefits.....	566,852,270	2,670,335	0	563,122,460	0	0	0	0	0	1,059,475
12. Net Reins Recoveries Incurred.....	3,486,345	42,565	0	3,443,780	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	563,365,925	2,627,770	0	559,678,680	0	0	0	0	0	1,059,475
14. Claims Adjustment Expenses.....	21,818,262	117,212	0	21,687,450	0	0	0	0	0	13,600
15. General Administrative Expenses.....	81,989,170	440,463	0	81,497,599	0	0	0	0	0	51,108
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).....	667,173,357	3,185,445	0	662,863,729	0	0	0	0	0	1,124,183
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,979,822	425,135	0	9,254,647	0	0	0	0	0	(699,960)
19. Net Investments Gains / (Losses).....	1,838,857	9,878	0	1,828,979	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(76,742)	(980)	0	(75,762)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	10,741,937	434,033	0	11,007,864	0	0	0	0	0	(699,960)
22. Federal and foreign income taxes incurred.....	20,273,127	239,293	0	20,266,026	0	0	0	0	0	(232,192)
23. NET INCOME/(LOSS) (L21 less L22).....	(9,531,190)	194,740	0	(9,258,162)	0	0	0	0	0	(467,768)
24 Medical Loss Ratio	83.2%	72.8%	0.0%	83.1%	0.0%	0.0%	0.0%	0.0%	0.0%	249.7%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,389	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		4,183	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 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	56,618	5	0	0	0	0	1,389	55,224	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	169,530	15	0	0	0	0	4,183	165,332	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	59,629	57	0	0	0	0	2,291	57,281	0	0
8. Non-Physician	5,586	12	0	0	0	0	333	5,241	0	0
9. Total	65,215	69	0	0	0	0	2,624	62,522	0	0
10. Hospital Patient Days Incurred	1,888	24	0	0	0	0	644	1,220	0	0
11. Number of Inpatient Admissions	386	6	0	0	0	0	166	214	0	0
12. Health Premiums Written	225,308,949	14,694	0	0	0	0	3,021,259	221,848,144	0	424,852
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	224,112,536	14,694	0	0	0	0	3,021,259	220,651,731	0	424,852
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	176,770,273	80,107	82,255	0	0	0	2,156,109	173,427,869	0	1,023,933
18. Amount Incurred for Provision of Health Care Services	184,863,867	38,699	(23,312)	0	0	0	2,407,127	181,381,878	0	1,059,475

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	56,618	1,394	0	55,224	0	0	0	0	0	0
2. MEMBER MONTHS.....	169,530	4,198	0	165,332	0	0	0	0	0	0
3. Direct Premium Income.....	225,308,949	3,035,953	0	221,848,144	0	0	0	XXXXXXXX	0	424,852
4. Net Premium Income.....	221,095,226	2,985,101	0	217,685,902	0	0	0	0	0	424,223
5. Change in unearned premium reserve and reserve for rate credits.....	(1,196,413)	0	0	(1,196,413)	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).....	219,898,813	2,985,101	0	216,489,489	0	0	0	0	0	424,223
11. Hospital & Medical Benefits.....	184,863,867	2,422,514	0	181,381,878	0	0	0	0	0	1,059,475
12. Net Reins Recoveries Incurred.....	3,486,345	42,565	0	3,443,780	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	181,377,522	2,379,949	0	177,938,098	0	0	0	0	0	1,059,475
14. Claims Adjustment Expenses.....	7,096,040	96,907	0	6,985,533	0	0	0	0	0	13,600
15. General Administrative Expenses.....	26,665,663	364,159	0	26,250,396	0	0	0	0	0	51,108
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).....	215,139,225	2,841,015	0	211,174,027	0	0	0	0	0	1,124,183
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,759,588	144,086	0	5,315,462	0	0	0	0	0	(699,960)
19. Net Investments Gains / (Losses).....	597,281	8,167	0	589,114	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(76,742)	(980)	0	(75,762)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,280,127	151,273	0	5,828,814	0	0	0	0	0	(699,960)
22. Federal and foreign income taxes incurred.....	7,300,887	126,137	0	7,406,942	0	0	0	0	0	(232,192)
23. NET INCOME/(LOSS) (L21 less L22).....	(2,020,760)	25,136	0	(1,578,128)	0	0	0	0	0	(467,768)
24 Medical Loss Ratio	82.0%	79.7%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	249.7%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,389	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	56,618	1,394	0	55,224	0	0	0	0	0	0
2. MEMBER MONTHS.....	169,530	4,198	0	165,332	0	0	0	0	0	0
3. Direct Premium Income.....	225,308,949	3,035,953	0	221,848,144	0	0	0	XXXXXXXX	0	424,852
4. Net Premium Income.....	221,095,226	2,985,101	0	217,685,902	0	0	0	0	0	424,223
5. Change in unearned premium reserve and reserve for rate credits.....	(1,196,413)	0	0	(1,196,413)	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).....	219,898,813	2,985,101	0	216,489,489	0	0	0	0	0	424,223
11. Hospital & Medical Benefits.....	184,863,867	2,422,514	0	181,381,878	0	0	0	0	0	1,059,475
12. Net Reins Recoveries Incurred.....	3,486,345	42,565	0	3,443,780	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	181,377,522	2,379,949	0	177,938,098	0	0	0	0	0	1,059,475
14. Claims Adjustment Expenses.....	7,096,040	96,907	0	6,985,533	0	0	0	0	0	13,600
15. General Administrative Expenses.....	26,665,663	364,159	0	26,250,396	0	0	0	0	0	51,108
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).....	215,139,225	2,841,015	0	211,174,027	0	0	0	0	0	1,124,183
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,759,588	144,086	0	5,315,462	0	0	0	0	0	(699,960)
19. Net Investments Gains / (Losses).....	597,281	8,167	0	589,114	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(76,742)	(980)	0	(75,762)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,280,127	151,273	0	5,828,814	0	0	0	0	0	(699,960)
22. Federal and foreign income taxes incurred.....	7,300,887	126,137	0	7,406,942	0	0	0	0	0	(232,192)
23. NET INCOME/(LOSS) (L21 less L22).....	(2,020,760)	25,136	0	(1,578,128)	0	0	0	0	0	(467,768)
24 Medical Loss Ratio	82.0%	79.7%	0.0%	81.7%	0.0%	0.0%	0.0%	0.0%	0.0%	249.7%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		1,389	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 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	6,718	0	0	0	0	0	0	6,718	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	20,115	0	0	0	0	0	0	20,115	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	6,968	0	0	0	0	0	0	6,968	0	0
8. Non-Physician	638	0	0	0	0	0	0	638	0	0
9. Total	7,606	0	0	0	0	0	0	7,606	0	0
10. Hospital Patient Days Incurred	148	0	0	0	0	0	0	148	0	0
11. Number of Inpatient Admissions	26	0	0	0	0	0	0	26	0	0
12. Health Premiums Written	26,807,010	0	0	0	0	0	0	26,807,010	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	26,807,010	0	0	0	0	0	0	26,807,010	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	21,069,776	0	0	0	0	0	0	21,069,776	0	0
18. Amount Incurred for Provision of Health Care Services	22,459,778	0	0	0	0	0	0	22,459,778	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	6,718	0	0	6,718	0	0	0	0	0	0
2. MEMBER MONTHS.....	20,115	0	0	20,115	0	0	0	0	0	0
3. Direct Premium Income.....	26,807,010	0	0	26,807,010	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	26,807,010	0	0	26,807,010	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).....	26,807,010	0	0	26,807,010	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	22,459,778	0	0	22,459,778	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).....	22,459,778	0	0	22,459,778	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	864,990	0	0	864,990	0	0	0	0	0	0
15. General Administrative Expenses.....	3,250,479	0	0	3,250,479	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).....	26,575,247	0	0	26,575,247	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	231,763	0	0	231,763	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	72,948	0	0	72,948	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).....	304,711	0	0	304,711	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	756,567	0	0	756,567	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(451,856)	0	0	(451,856)	0	0	0	0	0	0
24 Medical Loss Ratio	83.8%	0.0%	0.0%	83.8%	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

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.....	6,718	0	0	6,718	0	0	0	0	0	0
2. MEMBER MONTHS.....	20,115	0	0	20,115	0	0	0	0	0	0
3. Direct Premium Income.....	26,807,010	0	0	26,807,010	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	26,807,010	0	0	26,807,010	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).....	26,807,010	0	0	26,807,010	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	22,459,778	0	0	22,459,778	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).....	22,459,778	0	0	22,459,778	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	864,990	0	0	864,990	0	0	0	0	0	0
15. General Administrative Expenses.....	3,250,479	0	0	3,250,479	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).....	26,575,247	0	0	26,575,247	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	231,763	0	0	231,763	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	72,948	0	0	72,948	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).....	304,711	0	0	304,711	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	756,567	0	0	756,567	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(451,856)	0	0	(451,856)	0	0	0	0	0	0
24. Medical Loss Ratio	83.8%	0.0%	0.0%	83.8%	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 **MARCH 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	138,054	0	3	0	0	0	0	138,051	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	413,333	0	9	0	0	0	0	413,324	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	143,196	0	3	0	0	0	0	143,193	0	0
8. Non-Physician	13,104	0	1	0	0	0	0	13,103	0	0
9. Total	156,300	0	4	0	0	0	0	156,296	0	0
10. Hospital Patient Days Incurred	3,050	0	1	0	0	0	0	3,049	0	0
11. Number of Inpatient Admissions	535	0	0	0	0	0	0	535	0	0
12. Health Premiums Written	428,839,468	0	17,591	0	0	0	0	428,821,877	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	428,839,468	0	17,591	0	0	0	0	428,821,877	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	337,060,552	0	15,092	0	0	0	0	337,045,460	0	0
18. Amount Incurred for Provision of Health Care Services	359,294,764	0	13,960	0	0	0	0	359,280,804	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	138,054	3	0	138,051	0	0	0	0	0	0
2. MEMBER MONTHS.....	413,333	9	0	413,324	0	0	0	0	0	0
3. Direct Premium Income.....	428,839,468	17,591	0	428,821,877	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	428,839,468	17,591	0	428,821,877	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).....	428,839,468	17,591	0	428,821,877	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	359,294,764	13,960	0	359,280,804	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).....	359,294,764	13,960	0	359,280,804	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	13,837,498	571	0	13,836,927	0	0	0	0	0	0
15. General Administrative Expenses.....	51,998,870	2,146	0	51,996,724	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).....	425,131,132	16,677	0	425,114,455	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,708,336	914	0	3,707,422	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,166,965	48	0	1,166,917	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).....	4,875,301	962	0	4,874,339	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	12,103,277	760	0	12,102,517	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(7,227,976)	202	0	(7,228,178)	0	0	0	0	0	0
24 Medical Loss Ratio	83.8%	79.4%	0.0%	83.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	138,054	3	0	138,051	0	0	0	0	0	0
2. MEMBER MONTHS.....	413,333	9	0	413,324	0	0	0	0	0	0
3. Direct Premium Income.....	428,839,468	17,591	0	428,821,877	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	428,839,468	17,591	0	428,821,877	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).....	428,839,468	17,591	0	428,821,877	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	359,294,764	13,960	0	359,280,804	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).....	359,294,764	13,960	0	359,280,804	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	13,837,498	571	0	13,836,927	0	0	0	0	0	0
15. General Administrative Expenses.....	51,998,870	2,146	0	51,996,724	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).....	425,131,132	16,677	0	425,114,455	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,708,336	914	0	3,707,422	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,166,965	48	0	1,166,917	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).....	4,875,301	962	0	4,874,339	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	12,103,277	760	0	12,102,517	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(7,227,976)	202	0	(7,228,178)	0	0	0	0	0	0
24 Medical Loss Ratio	83.8%	79.4%	0.0%	83.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **UnitedHealthcare Benefits 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	300	0	300	0	0	0	0	0	0	0
2. First Quarter	298	0	298	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	885	0	885	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	328	0	328	0	0	0	0	0	0	0
8. Non-Physician	72	0	72	0	0	0	0	0	0	0
9. Total	400	0	400	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	132	0	132	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	34	0	34	0	0	0	0	0	0	0
12. Health Premiums Written	607,958	0	607,958	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	607,958	0	607,958	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	346,967	0	346,967	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	233,861	0	233,861	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	298	298	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	885	885	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	607,958	607,958	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	607,888	607,888	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).....	607,888	607,888	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	233,861	233,861	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).....	233,861	233,861	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	19,734	19,734	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	74,158	74,158	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).....	327,753	327,753	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	280,135	280,135	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,663	1,663	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).....	281,798	281,798	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	112,396	112,396	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	169,402	169,402	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	38.5%	38.5%	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 **MARCH 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.....	298	298	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	885	885	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	607,958	607,958	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	607,888	607,888	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).....	607,888	607,888	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	233,861	233,861	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).....	233,861	233,861	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	19,734	19,734	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	74,158	74,158	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).....	327,753	327,753	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	280,135	280,135	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,663	1,663	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).....	281,798	281,798	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	112,396	112,396	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	169,402	169,402	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	38.5%	38.5%	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				