

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	4,021	4,021	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	11,699	11,699	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,136,441	5,136,441	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,060,130	5,060,130	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(38,721)	(38,721)	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).....	5,021,410	5,021,410	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,235,346	3,235,346	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,755	7,755	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,227,591	3,227,591	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	102,332	102,332	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	459,588	459,588	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).....	3,789,511	3,789,511	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,231,899	1,231,899	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,103	2,103	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).....	1,234,002	1,234,002	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	438,969	438,969	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	795,033	795,033	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	63.8%	63.8%	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 **MARCH 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.....	4,021	4,021	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	11,699	11,699	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,136,441	5,136,441	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,060,130	5,060,130	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(38,721)	(38,721)	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).....	5,021,410	5,021,410	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,235,346	3,235,346	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,755	7,755	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,227,591	3,227,591	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	102,332	102,332	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	459,588	459,588	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).....	3,789,511	3,789,511	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,231,899	1,231,899	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,103	2,103	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).....	1,234,002	1,234,002	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	438,969	438,969	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	795,033	795,033	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	63.8%	63.8%	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 **MARCH 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	1,188	2	1,186	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	3,440	6	3,434	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,994	9	1,985	0	0	0	0	0	0	0
8. Non-Physician	50	0	50	0	0	0	0	0	0	0
9. Total	2,044	9	2,035	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	35	0	35	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	8	0	8	0	0	0	0	0	0	0
12. Health Premiums Written	1,312,509	4,685	1,307,824	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	1,300,348	4,685	1,295,663	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	551,000	3,439	547,561	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	826,701	(12,704)	839,405	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	1,188	1,188	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,440	3,440	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,312,509	1,312,509	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,286,977	1,286,977	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(12,161)	(12,161)	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).....	1,274,816	1,274,816	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	826,701	826,701	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).....	826,701	826,701	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	26,148	26,148	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	117,436	117,436	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).....	970,285	970,285	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	304,531	304,531	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	534	534	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).....	305,065	305,065	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	108,520	108,520	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	196,545	196,545	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	64.2%	64.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	1,188	1,188	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,440	3,440	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,312,509	1,312,509	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,286,977	1,286,977	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(12,161)	(12,161)	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).....	1,274,816	1,274,816	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	826,701	826,701	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).....	826,701	826,701	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	26,148	26,148	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	117,436	117,436	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).....	970,285	970,285	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	304,531	304,531	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	534	534	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).....	305,065	305,065	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	108,520	108,520	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	196,545	196,545	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	64.2%	64.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Unitedhealthcare 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	47	0	47	0	0	0	0	0	0	0
2. First Quarter	218	0	218	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	659	0	659	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	365	0	365	0	0	0	0	0	0	0
8. Non-Physician	9	0	9	0	0	0	0	0	0	0
9. Total	374	0	374	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	7	0	7	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	2	0	2	0	0	0	0	0	0	0
12. Health Premiums Written	266,330	0	266,330	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	263,902	0	263,902	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	111,441	0	111,441	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	170,838	0	170,838	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	218	218	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	659	659	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	266,330	266,330	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	265,950	265,950	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,428)	(2,428)	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).....	263,522	263,522	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	170,838	170,838	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).....	170,838	170,838	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,403	5,403	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	24,268	24,268	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).....	200,509	200,509	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	63,013	63,013	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	110	110	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).....	63,123	63,123	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	22,455	22,455	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	40,668	40,668	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	64.2%	64.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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: 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.....	218	218	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	659	659	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	266,330	266,330	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	265,950	265,950	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,428)	(2,428)	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).....	263,522	263,522	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	170,838	170,838	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).....	170,838	170,838	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,403	5,403	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	24,268	24,268	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).....	200,509	200,509	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	63,013	63,013	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	110	110	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).....	63,123	63,123	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	22,455	22,455	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	40,668	40,668	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	64.2%	64.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Unitedhealthcare 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	262	1	261	0	0	0	0	0	0	0
2. First Quarter	967	0	967	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	2,768	0	2,768	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,618	0	1,618	0	0	0	0	0	0	0
8. Non-Physician	40	0	40	0	0	0	0	0	0	0
9. Total	1,658	0	1,658	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	29	0	29	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	7	0	7	0	0	0	0	0	0	0
12. Health Premiums Written	1,304,838	0	1,304,838	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	1,301,211	0	1,301,211	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	546,489	0	546,489	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	837,762	0	837,762	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	967	967	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,768	2,768	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,304,838	1,304,838	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,285,134	1,285,134	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,627)	(3,627)	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).....	1,281,507	1,281,507	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	837,762	837,762	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	268	268	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	837,494	837,494	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	26,498	26,498	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	119,006	119,006	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).....	982,998	982,998	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	298,509	298,509	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	537	537	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).....	299,046	299,046	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	106,379	106,379	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	192,667	192,667	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	65.2%	65.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	967	967	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,768	2,768	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,304,838	1,304,838	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,285,134	1,285,134	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,627)	(3,627)	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).....	1,281,507	1,281,507	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	837,762	837,762	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	268	268	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	837,494	837,494	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	26,498	26,498	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	119,006	119,006	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).....	982,998	982,998	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	298,509	298,509	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	537	537	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).....	299,046	299,046	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	106,379	106,379	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	192,667	192,667	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	65.2%	65.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 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	1,648	5	1,643	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	4,832	15	4,817	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	2,771	21	2,750	0	0	0	0	0	0	0
8. Non-Physician	70	1	69	0	0	0	0	0	0	0
9. Total	2,841	22	2,819	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	49	0	49	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	11	0	11	0	0	0	0	0	0	0
12. Health Premiums Written	2,252,766	13,753	2,239,013	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	2,232,261	13,753	2,218,508	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	947,700	10,095	937,605	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,400,044	(37,293)	1,437,337	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	1,648	1,648	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	4,832	4,832	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,252,764	2,252,764	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,222,070	2,222,070	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(20,505)	(20,505)	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).....	2,201,565	2,201,565	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,400,044	1,400,044	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,487	7,487	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,392,557	1,392,557	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	44,282	44,282	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	198,880	198,880	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,635,719	1,635,719	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	565,846	565,846	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	922	922	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).....	566,768	566,768	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	201,615	201,615	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	365,153	365,153	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	62.7%	62.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	1,648	1,648	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	4,832	4,832	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,252,764	2,252,764	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,222,070	2,222,070	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(20,505)	(20,505)	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).....	2,201,565	2,201,565	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,400,044	1,400,044	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,487	7,487	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,392,557	1,392,557	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	44,282	44,282	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	198,880	198,880	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,635,719	1,635,719	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	565,846	565,846	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	922	922	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).....	566,768	566,768	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	201,615	201,615	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	365,153	365,153	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	62.7%	62.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				