

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	236,466	0	0	30,450	0	195,084	0	0	10,932	0
2. MEMBER MONTHS.....	704,355	0	0	90,851	0	580,132	0	0	33,372	0
3. Direct Premium Income.....	468,045,325	0	0	112,899,292	0	349,265,327	0	XXXXXXXX	5,880,706	0
4. Net Premium Income.....	457,280,911	0	0	112,035,685	0	339,474,247	0	0	5,770,979	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,822,221)	0	0	(801,387)	0	(5,922,003)	0	0	(98,831)	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).....	450,458,690	0	0	111,234,298	0	333,552,244	0	0	5,672,148	0
11. Hospital & Medical Benefits.....	362,246,984	0	0	82,737,890	0	275,536,008	0	0	3,973,802	(716)
12. Net Reins Recoveries Incurred.....	12,318,484	0	0	1,098,955	0	11,155,815	0	0	63,714	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	349,928,500	0	0	81,638,935	0	264,380,193	0	0	3,910,088	(716)
14. Claims Adjustment Expenses.....	25,553,635	0	0	6,163,906	0	19,068,663	0	0	321,066	0
15. General Administrative Expenses.....	50,270,818	0	0	12,126,047	0	37,513,149	0	0	631,622	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).....	425,752,953	0	0	99,928,888	0	320,962,005	0	0	4,862,776	(716)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	24,705,737	0	0	11,305,410	0	12,590,239	0	0	809,372	716
19. Net Investments Gains / (Losses).....	1,498,578	0	0	361,478	0	1,118,271	0	0	18,829	0
20. Aggregate write-ins for other expenses.....	(30,833)	0	0	(16,178)	0	(14,655)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	26,173,482	0	0	11,650,710	0	13,693,855	0	0	828,201	716
22. Federal and foreign income taxes incurred.....	17,623,643	0	0	6,094,530	0	11,134,961	0	0	393,901	251
23. NET INCOME/(LOSS) (L21 less L22).....	8,549,839	0	0	5,556,180	0	2,558,894	0	0	434,300	465
24 Medical Loss Ratio	76.5%	0.0%	0.0%	72.9%	0.0%	77.9%	0.0%	0.0%	67.8%	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 **MARCH 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.....	236,466	0	0	30,450	0	195,084	0	0	10,932	0
2. MEMBER MONTHS.....	704,355	0	0	90,851	0	580,132	0	0	33,372	0
3. Direct Premium Income.....	468,045,325	0	0	112,899,292	0	349,265,327	0	XXXXXXXX	5,880,706	0
4. Net Premium Income.....	457,280,911	0	0	112,035,685	0	339,474,247	0	0	5,770,979	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,822,221)	0	0	(801,387)	0	(5,922,003)	0	0	(98,831)	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).....	450,458,690	0	0	111,234,298	0	333,552,244	0	0	5,672,148	0
11. Hospital & Medical Benefits.....	362,246,984	0	0	82,737,890	0	275,536,008	0	0	3,973,802	(716)
12. Net Reins Recoveries Incurred.....	12,318,484	0	0	1,098,955	0	11,155,815	0	0	63,714	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	349,928,500	0	0	81,638,935	0	264,380,193	0	0	3,910,088	(716)
14. Claims Adjustment Expenses.....	25,553,635	0	0	6,163,906	0	19,068,663	0	0	321,066	0
15. General Administrative Expenses.....	50,270,818	0	0	12,126,047	0	37,513,149	0	0	631,622	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).....	425,752,953	0	0	99,928,888	0	320,962,005	0	0	4,862,776	(716)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	24,705,737	0	0	11,305,410	0	12,590,239	0	0	809,372	716
19. Net Investments Gains / (Losses).....	1,498,578	0	0	361,478	0	1,118,271	0	0	18,829	0
20. Aggregate write-ins for other expenses.....	(30,833)	0	0	(16,178)	0	(14,655)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	26,173,482	0	0	11,650,710	0	13,693,855	0	0	828,201	716
22. Federal and foreign income taxes incurred.....	17,623,643	0	0	6,094,530	0	11,134,961	0	0	393,901	251
23. NET INCOME/(LOSS) (L21 less L22).....	8,549,839	0	0	5,556,180	0	2,558,894	0	0	434,300	465
24 Medical Loss Ratio	76.5%	0.0%	0.0%	72.9%	0.0%	77.9%	0.0%	0.0%	67.8%	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				

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

STATEMENT AS OF **MARCH 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	76,218	0	0	0	0	0	0	1,665	74,553	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	230,196	0	0	0	0	0	0	4,969	225,227	0
Total Member Ambulatory Encounters for Year:										
7. Physician	262,416	0	0	0	0	0	0	8,853	253,563	0
8. Non-Physician	213,024	0	0	0	0	0	0	4,110	208,914	0
9. Total	475,440	0	0	0	0	0	0	12,963	462,477	0
10. Hospital Patient Days Incurred	67,662	0	0	0	0	0	0	1,651	66,011	0
11. Number of Inpatient Admissions	12,053	0	0	0	0	0	0	382	11,671	0
12. Health Premiums Written	86,508,983	0	0	0	0	0	0	6,344,940	80,164,043	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	86,508,983	0	0	0	0	0	0	6,344,940	80,164,043	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	65,515,738	0	0	0	0	0	0	4,689,325	60,826,413	0
18. Amount Incurred for Provision of Health Care Services	65,195,262	0	0	0	0	0	0	4,485,890	60,709,372	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	76,218	0	0	1,665	0	74,553	0	0	0	0
2. MEMBER MONTHS.....	230,196	0	0	4,969	0	225,227	0	0	0	0
3. Direct Premium Income.....	86,508,983	0	0	6,344,940	0	80,164,043	0	XXXXXXXX	0	0
4. Net Premium Income.....	84,644,311	0	0	6,274,577	0	78,369,734	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).....	84,644,311	0	0	6,274,577	0	78,369,734	0	0	0	0
11. Hospital & Medical Benefits.....	65,195,262	0	0	4,485,890	0	60,709,372	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,304,892	0	0	0	0	1,304,892	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	63,890,370	0	0	4,485,890	0	59,404,480	0	0	0	0
14. Claims Adjustment Expenses.....	4,747,330	0	0	345,211	0	4,402,119	0	0	0	0
15. General Administrative Expenses.....	9,339,264	0	0	679,121	0	8,660,143	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).....	77,976,964	0	0	5,510,222	0	72,466,742	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,667,347	0	0	764,355	0	5,902,992	0	0	0	0
19. Net Investments Gains / (Losses).....	278,405	0	0	20,245	0	258,160	0	0	0	0
20. Aggregate write-ins for other expenses.....	(48)	0	0	(48)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,945,704	0	0	784,552	0	6,161,152	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,985,486	0	0	387,338	0	3,598,148	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,960,218	0	0	397,214	0	2,563,004	0	0	0	0
24 Medical Loss Ratio	75.5%	0.0%	0.0%	71.5%	0.0%	75.8%	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 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.....	76,218	0	0	1,665	0	74,553	0	0	0	0
2. MEMBER MONTHS.....	230,196	0	0	4,969	0	225,227	0	0	0	0
3. Direct Premium Income.....	86,508,983	0	0	6,344,940	0	80,164,043	0	XXXXXXXX	0	0
4. Net Premium Income.....	84,644,311	0	0	6,274,577	0	78,369,734	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).....	84,644,311	0	0	6,274,577	0	78,369,734	0	0	0	0
11. Hospital & Medical Benefits.....	65,195,262	0	0	4,485,890	0	60,709,372	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,304,892	0	0	0	0	1,304,892	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	63,890,370	0	0	4,485,890	0	59,404,480	0	0	0	0
14. Claims Adjustment Expenses.....	4,747,330	0	0	345,211	0	4,402,119	0	0	0	0
15. General Administrative Expenses.....	9,339,264	0	0	679,121	0	8,660,143	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).....	77,976,964	0	0	5,510,222	0	72,466,742	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,667,347	0	0	764,355	0	5,902,992	0	0	0	0
19. Net Investments Gains / (Losses).....	278,405	0	0	20,245	0	258,160	0	0	0	0
20. Aggregate write-ins for other expenses.....	(48)	0	0	(48)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	6,945,704	0	0	784,552	0	6,161,152	0	0	0	0
22. Federal and foreign income taxes incurred.....	3,985,486	0	0	387,338	0	3,598,148	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,960,218	0	0	397,214	0	2,563,004	0	0	0	0
24 Medical Loss Ratio	75.5%	0.0%	0.0%	71.5%	0.0%	75.8%	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 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	10,429	0	0	0	0	0	0	0	10,429	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	29,265	0	0	0	0	0	0	0	29,265	0
Total Member Ambulatory Encounters for Year:										
7. Physician	35,470	0	0	0	0	0	0	0	35,470	0
8. Non-Physician	29,224	0	0	0	0	0	0	0	29,224	0
9. Total	64,694	0	0	0	0	0	0	0	64,694	0
10. Hospital Patient Days Incurred	9,234	0	0	0	0	0	0	0	9,234	0
11. Number of Inpatient Admissions	1,633	0	0	0	0	0	0	0	1,633	0
12. Health Premiums Written	33,673,678	0	0	0	0	0	0	0	33,673,678	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	33,673,678	0	0	0	0	0	0	0	33,673,678	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	25,550,720	0	0	0	0	0	0	0	25,550,720	0
18. Amount Incurred for Provision of Health Care Services	25,277,421	0	0	0	0	0	0	0	25,277,421	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	10,429	0	0	0	0	10,429	0	0	0	0
2. MEMBER MONTHS.....	29,265	0	0	0	0	29,265	0	0	0	0
3. Direct Premium Income.....	33,673,678	0	0	0	0	33,673,678	0	XXXXXXXX	0	0
4. Net Premium Income.....	32,538,197	0	0	0	0	32,538,197	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).....	32,538,197	0	0	0	0	32,538,197	0	0	0	0
11. Hospital & Medical Benefits.....	25,277,421	0	0	0	0	25,277,421	0	0	0	0
12. Net Reins Recoveries Incurred.....	577,428	0	0	0	0	577,428	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	24,699,993	0	0	0	0	24,699,993	0	0	0	0
14. Claims Adjustment Expenses.....	1,827,708	0	0	0	0	1,827,708	0	0	0	0
15. General Administrative Expenses.....	3,595,590	0	0	0	0	3,595,590	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).....	30,123,291	0	0	0	0	30,123,291	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,414,906	0	0	0	0	2,414,906	0	0	0	0
19. Net Investments Gains / (Losses).....	107,185	0	0	0	0	107,185	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).....	2,522,091	0	0	0	0	2,522,091	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,488,655	0	0	0	0	1,488,655	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,033,436	0	0	0	0	1,033,436	0	0	0	0
24 Medical Loss Ratio	75.9%	0.0%	0.0%	0.0%	0.0%	75.9%	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				

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

**TEXAS HMO SUPPLEMENT**

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.....	10,429	0	0	0	0	10,429	0	0	0	0
2. MEMBER MONTHS.....	29,265	0	0	0	0	29,265	0	0	0	0
3. Direct Premium Income.....	33,673,678	0	0	0	0	33,673,678	0	XXXXXXXX	0	0
4. Net Premium Income.....	32,538,197	0	0	0	0	32,538,197	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).....	32,538,197	0	0	0	0	32,538,197	0	0	0	0
11. Hospital & Medical Benefits.....	25,277,421	0	0	0	0	25,277,421	0	0	0	0
12. Net Reins Recoveries Incurred.....	577,428	0	0	0	0	577,428	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	24,699,993	0	0	0	0	24,699,993	0	0	0	0
14. Claims Adjustment Expenses.....	1,827,708	0	0	0	0	1,827,708	0	0	0	0
15. General Administrative Expenses.....	3,595,590	0	0	0	0	3,595,590	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).....	30,123,291	0	0	0	0	30,123,291	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,414,906	0	0	0	0	2,414,906	0	0	0	0
19. Net Investments Gains / (Losses).....	107,185	0	0	0	0	107,185	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).....	2,522,091	0	0	0	0	2,522,091	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,488,655	0	0	0	0	1,488,655	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,033,436	0	0	0	0	1,033,436	0	0	0	0
24. Medical Loss Ratio	75.9%	0.0%	0.0%	0.0%	0.0%	75.9%	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 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	149,819	10,932	0	0	0	0	0	28,785	110,102	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	444,894	33,372	0	0	0	0	0	85,882	325,640	0
Total Member Ambulatory Encounters for Year:										
7. Physician	541,989	14,466	0	0	0	0	0	153,054	374,469	0
8. Non-Physician	388,864	9,285	0	0	0	0	0	71,049	308,530	0
9. Total	930,853	23,751	0	0	0	0	0	224,103	682,999	0
10. Hospital Patient Days Incurred	126,143	109	0	0	0	0	0	28,548	97,486	0
11. Number of Inpatient Admissions	23,881	35	0	0	0	0	0	6,610	17,236	0
12. Health Premiums Written	347,862,664	5,880,706	0	0	0	0	0	106,554,352	235,427,606	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	341,040,442	5,781,874	0	0	0	0	0	105,752,965	229,505,603	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	256,278,103	3,976,764	0	0	0	0	0	78,158,354	174,142,945	40
18. Amount Incurred for Provision of Health Care Services	271,774,301	3,973,802	0	0	0	0	0	78,252,000	189,549,215	(716)

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 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.....	149,819	0	0	28,785	0	110,102	0	0	10,932	0
2. MEMBER MONTHS.....	444,894	0	0	85,882	0	325,640	0	0	33,372	0
3. Direct Premium Income.....	347,862,664	0	0	106,554,352	0	235,427,606	0	XXXXXXXX	5,880,706	0
4. Net Premium Income.....	340,098,403	0	0	105,761,108	0	228,566,316	0	0	5,770,979	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,822,221)	0	0	(801,387)	0	(5,922,003)	0	0	(98,831)	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).....	333,276,182	0	0	104,959,721	0	222,644,313	0	0	5,672,148	0
11. Hospital & Medical Benefits.....	271,774,301	0	0	78,252,000	0	189,549,215	0	0	3,973,802	(716)
12. Net Reins Recoveries Incurred.....	10,436,164	0	0	1,098,955	0	9,273,495	0	0	63,714	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	261,338,137	0	0	77,153,045	0	180,275,720	0	0	3,910,088	(716)
14. Claims Adjustment Expenses.....	18,978,597	0	0	5,818,695	0	12,838,836	0	0	321,066	0
15. General Administrative Expenses.....	37,335,964	0	0	11,446,926	0	25,257,416	0	0	631,622	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).....	317,652,698	0	0	94,418,666	0	218,371,972	0	0	4,862,776	(716)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	15,623,484	0	0	10,541,055	0	4,272,341	0	0	809,372	716
19. Net Investments Gains / (Losses).....	1,112,988	0	0	341,233	0	752,926	0	0	18,829	0
20. Aggregate write-ins for other expenses.....	(30,785)	0	0	(16,130)	0	(14,655)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	16,705,687	0	0	10,866,158	0	5,010,612	0	0	828,201	716
22. Federal and foreign income taxes incurred.....	12,149,502	0	0	5,707,192	0	6,048,158	0	0	393,901	251
23. NET INCOME/(LOSS) (L21 less L22).....	4,556,185	0	0	5,158,966	0	(1,037,546)	0	0	434,300	465
24 Medical Loss Ratio	76.8%	0.0%	0.0%	73.0%	0.0%	78.9%	0.0%	0.0%	67.8%	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 **MARCH 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.....	149,819	0	0	28,785	0	110,102	0	0	10,932	0
2. MEMBER MONTHS.....	444,894	0	0	85,882	0	325,640	0	0	33,372	0
3. Direct Premium Income.....	347,862,664	0	0	106,554,352	0	235,427,606	0	XXXXXXXX	5,880,706	0
4. Net Premium Income.....	340,098,403	0	0	105,761,108	0	228,566,316	0	0	5,770,979	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,822,221)	0	0	(801,387)	0	(5,922,003)	0	0	(98,831)	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).....	333,276,182	0	0	104,959,721	0	222,644,313	0	0	5,672,148	0
11. Hospital & Medical Benefits.....	271,774,301	0	0	78,252,000	0	189,549,215	0	0	3,973,802	(716)
12. Net Reins Recoveries Incurred.....	10,436,164	0	0	1,098,955	0	9,273,495	0	0	63,714	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	261,338,137	0	0	77,153,045	0	180,275,720	0	0	3,910,088	(716)
14. Claims Adjustment Expenses.....	18,978,597	0	0	5,818,695	0	12,838,836	0	0	321,066	0
15. General Administrative Expenses.....	37,335,964	0	0	11,446,926	0	25,257,416	0	0	631,622	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).....	317,652,698	0	0	94,418,666	0	218,371,972	0	0	4,862,776	(716)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	15,623,484	0	0	10,541,055	0	4,272,341	0	0	809,372	716
19. Net Investments Gains / (Losses).....	1,112,988	0	0	341,233	0	752,926	0	0	18,829	0
20. Aggregate write-ins for other expenses.....	(30,785)	0	0	(16,130)	0	(14,655)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	16,705,687	0	0	10,866,158	0	5,010,612	0	0	828,201	716
22. Federal and foreign income taxes incurred.....	12,149,502	0	0	5,707,192	0	6,048,158	0	0	393,901	251
23. NET INCOME/(LOSS) (L21 less L22).....	4,556,185	0	0	5,158,966	0	(1,037,546)	0	0	434,300	465
24 Medical Loss Ratio	76.8%	0.0%	0.0%	73.0%	0.0%	78.9%	0.0%	0.0%	67.8%	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				