

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	202,232	1,366	0	200,866	0	0	0	0	0	0
2. MEMBER MONTHS.....	606,139	4,350	0	601,789	0	0	0	0	0	0
3. Direct Premium Income.....	652,037,791	3,128,643	0	648,523,487	0	0	0	XXXXXXXX	0	385,661
4. Net Premium Income.....	647,804,495	3,080,529	0	644,335,923	0	0	0	0	0	388,043
5. Change in unearned premium reserve and reserve for rate credits.....	(3,462,653)	0	0	(3,462,653)	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).....	644,341,842	3,080,529	0	640,873,270	0	0	0	0	0	388,043
11. Hospital & Medical Benefits.....	553,686,346	3,414,897	0	548,635,617	0	0	0	0	0	1,635,832
12. Net Reins Recoveries Incurred.....	3,964,748	40,499	0	3,924,249	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	549,721,598	3,374,398	0	544,711,368	0	0	0	0	0	1,635,832
14. Claims Adjustment Expenses.....	21,420,906	102,944	0	21,305,283	0	0	0	0	0	12,679
15. General Administrative Expenses.....	33,367,416	146,886	0	33,201,529	0	0	0	0	0	19,001
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).....	604,509,920	3,624,228	0	599,218,180	0	0	0	0	0	1,667,512
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	39,831,922	(543,699)	0	41,655,090	0	0	0	0	0	(1,279,469)
19. Net Investments Gains / (Losses).....	3,147,317	15,508	0	3,131,809	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(70,487)	0	0	(70,487)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	42,908,752	(528,191)	0	44,716,412	0	0	0	0	0	(1,279,469)
22. Federal and foreign income taxes incurred.....	14,123,259	(189,010)	0	14,743,032	0	0	0	0	0	(430,763)
23. NET INCOME/(LOSS) (L21 less L22).....	28,785,493	(339,181)	0	29,973,380	0	0	0	0	0	(848,706)
24 Medical Loss Ratio	84.9%	109.5%	0.0%	84.5%	0.0%	0.0%	0.0%	0.0%	0.0%	421.6%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,358	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		4,040	of Texas enrollees and Federal employees.)			3				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	202,232	1,366	0	200,866	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,210,002	9,442	0	1,200,560	0	0	0	0	0	0
3. Direct Premium Income.....	1,333,601,176	6,790,145	0	1,326,000,518	0	0	0	XXXXXXXX	0	810,513
4. Net Premium Income.....	1,325,154,087	6,691,109	0	1,317,650,712	0	0	0	0	0	812,266
5. Change in unearned premium reserve and reserve for rate credits.....	(4,659,066)	0	0	(4,659,066)	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).....	1,320,495,021	6,691,109	0	1,312,991,646	0	0	0	0	0	812,266
11. Hospital & Medical Benefits.....	1,120,538,616	6,085,232	0	1,111,758,077	0	0	0	0	0	2,695,307
12. Net Reins Recoveries Incurred.....	7,451,093	83,064	0	7,368,029	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,113,087,523	6,002,168	0	1,104,390,048	0	0	0	0	0	2,695,307
14. Claims Adjustment Expenses.....	43,239,168	220,156	0	42,992,733	0	0	0	0	0	26,279
15. General Administrative Expenses.....	115,356,586	587,349	0	114,699,128	0	0	0	0	0	70,109
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).....	1,271,683,277	6,809,673	0	1,262,081,909	0	0	0	0	0	2,791,695
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	48,811,744	(118,564)	0	50,909,737	0	0	0	0	0	(1,979,429)
19. Net Investments Gains / (Losses).....	4,986,174	25,386	0	4,960,788	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(147,229)	(980)	0	(146,249)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	53,650,689	(94,158)	0	55,724,276	0	0	0	0	0	(1,979,429)
22. Federal and foreign income taxes incurred.....	34,396,386	50,283	0	35,009,058	0	0	0	0	0	(662,955)
23. NET INCOME/(LOSS) (L21 less L22).....	19,254,303	(144,441)	0	20,715,218	0	0	0	0	0	(1,316,474)
24 Medical Loss Ratio	84.0%	89.7%	0.0%	83.8%	0.0%	0.0%	0.0%	0.0%	0.0%	331.8%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,358	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		8,223	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	0									
3. Second Quarter	60,096	5	0	0	0	0	1,358	58,733	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	349,547	30	0	0	0	0	8,223	341,294	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	117,482	108	0	0	0	0	4,061	113,313	0	0
8. Non-Physician	11,216	16	0	0	0	0	412	10,788	0	0
9. Total	128,698	124	0	0	0	0	4,473	124,101	0	0
10. Hospital Patient Days Incurred	4,654	53	0	0	0	0	2,081	2,520	0	0
11. Number of Inpatient Admissions	943	12	0	0	0	0	485	446	0	0
12. Health Premiums Written	451,646,253	29,389	0	0	0	0	5,945,098	444,861,253	0	810,513
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	447,183,452	29,389	0	0	0	0	5,945,098	440,398,452	0	810,513
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	363,219,381	128,415	0	0	0	0	5,056,998	355,305,262	0	2,728,706
18. Amount Incurred for Provision of Health Care Services	376,012,396	133,102	0	0	0	0	5,430,017	367,753,970	0	2,695,307

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	60,096	1,363	0	58,733	0	0	0	0	0	0
2. MEMBER MONTHS.....	180,017	4,055	0	175,962	0	0	0	0	0	0
3. Direct Premium Income.....	226,337,304	2,938,534	0	223,013,109	0	0	XXXXXXX	0	385,661	
4. Net Premium Income.....	224,374,502	2,890,350	0	221,096,109	0	0	0	0	388,043	
5. Change in unearned premium reserve and reserve for rate credits.....	(3,266,388)	0	0	(3,266,388)	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).....	221,108,114	2,890,350	0	217,829,721	0	0	0	0	0	388,043
11. Hospital & Medical Benefits.....	191,148,529	3,140,605	0	186,372,092	0	0	0	0	0	1,635,832
12. Net Reins Recoveries Incurred.....	3,077,507	40,499	0	3,037,008	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	188,071,022	3,100,106	0	183,335,084	0	0	0	0	0	1,635,832
14. Claims Adjustment Expenses.....	7,344,951	96,412	0	7,235,860	0	0	0	0	0	12,679
15. General Administrative Expenses.....	11,861,058	151,591	0	11,690,466	0	0	0	0	0	19,001
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).....	207,277,031	3,348,109	0	202,261,410	0	0	0	0	0	1,667,512
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	13,831,083	(457,759)	0	15,568,311	0	0	0	0	0	(1,279,469)
19. Net Investments Gains / (Losses).....	1,065,970	14,125	0	1,051,845	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(70,197)	0	0	(70,197)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	14,826,856	(443,634)	0	16,549,959	0	0	0	0	0	(1,279,469)
22. Federal and foreign income taxes incurred.....	5,006,476	(153,104)	0	5,590,343	0	0	0	0	0	(430,763)
23. NET INCOME/(LOSS) (L21 less L22).....	9,820,380	(290,530)	0	10,959,616	0	0	0	0	0	(848,706)
24 Medical Loss Ratio	83.8%	107.3%	0.0%	82.9%	0.0%	0.0%	0.0%	0.0%	0.0%	421.6%
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.....		(31)	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

**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.....	60,096	1,363	0	58,733	0	0	0	0	0	0
2. MEMBER MONTHS.....	349,547	8,253	0	341,294	0	0	0	0	0	0
3. Direct Premium Income.....	451,646,253	5,974,487	0	444,861,253	0	0	0	XXXXXXXX	0	810,513
4. Net Premium Income.....	445,469,728	5,875,451	0	438,782,011	0	0	0	0	0	812,266
5. Change in unearned premium reserve and reserve for rate credits.....	(4,462,801)	0	0	(4,462,801)	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).....	441,006,927	5,875,451	0	434,319,210	0	0	0	0	0	812,266
11. Hospital & Medical Benefits.....	376,012,396	5,563,119	0	367,753,970	0	0	0	0	0	2,695,307
12. Net Reins Recoveries Incurred.....	6,563,852	83,064	0	6,480,788	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	369,448,544	5,480,055	0	361,273,182	0	0	0	0	0	2,695,307
14. Claims Adjustment Expenses.....	14,440,991	193,319	0	14,221,393	0	0	0	0	0	26,279
15. General Administrative Expenses.....	38,526,721	515,750	0	37,940,862	0	0	0	0	0	70,109
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).....	422,416,256	6,189,124	0	413,435,437	0	0	0	0	0	2,791,695
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	18,590,671	(313,673)	0	20,883,773	0	0	0	0	0	(1,979,429)
19. Net Investments Gains / (Losses).....	1,663,251	22,292	0	1,640,959	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(146,939)	(980)	0	(145,959)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	20,106,983	(292,361)	0	22,378,773	0	0	0	0	0	(1,979,429)
22. Federal and foreign income taxes incurred.....	12,307,363	(26,967)	0	12,997,285	0	0	0	0	0	(662,955)
23. NET INCOME/(LOSS) (L21 less L22).....	7,799,620	(265,394)	0	9,381,488	0	0	0	0	0	(1,316,474)
24 Medical Loss Ratio	82.9%	93.3%	0.0%	82.3%	0.0%	0.0%	0.0%	0.0%	0.0%	331.8%
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.....		1,358	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	0									
3. Second Quarter	6,374	0	0	0	0	0	0	6,374	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	39,211	0	0	0	0	0	0	39,211	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	12,297	0	0	0	0	0	0	12,297	0	0
8. Non-Physician	1,171	0	0	0	0	0	0	1,171	0	0
9. Total	13,468	0	0	0	0	0	0	13,468	0	0
10. Hospital Patient Days Incurred	274	0	0	0	0	0	0	274	0	0
11. Number of Inpatient Admissions	48	0	0	0	0	0	0	48	0	0
12. Health Premiums Written	50,210,384	0	0	0	0	0	0	50,210,384	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	50,193,656	0	0	0	0	0	0	50,193,656	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	40,495,306	0	0	0	0	0	0	40,495,306	0	0
18. Amount Incurred for Provision of Health Care Services	41,718,976	0	0	0	0	0	0	41,718,976	0	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: 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.....	6,374	0	0	6,374	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,096	0	0	19,096	0	0	0	0	0	0
3. Direct Premium Income.....	23,403,374	0	0	23,403,374	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	22,480,030	0	0	22,480,030	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(16,728)	0	0	(16,728)	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).....	22,463,302	0	0	22,463,302	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	19,259,198	0	0	19,259,198	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	433,067	0	0	433,067	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	18,826,131	0	0	18,826,131	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	748,322	0	0	748,322	0	0	0	0	0	0
15. General Administrative Expenses.....	1,053,632	0	0	1,053,632	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).....	20,628,085	0	0	20,628,085	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,835,217	0	0	1,835,217	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	113,207	0	0	113,207	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(99)	0	0	(99)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,948,325	0	0	1,948,325	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	617,683	0	0	617,683	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,330,642	0	0	1,330,642	0	0	0	0	0	0
24 Medical Loss Ratio	83.7%	0.0%	0.0%	83.7%	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.....	6,374	0	0	6,374	0	0	0	0	0	0
2. MEMBER MONTHS.....	39,211	0	0	39,211	0	0	0	0	0	0
3. Direct Premium Income.....	50,210,384	0	0	50,210,384	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	49,287,040	0	0	49,287,040	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(16,728)	0	0	(16,728)	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).....	49,270,312	0	0	49,270,312	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	41,718,976	0	0	41,718,976	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	433,067	0	0	433,067	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	41,285,909	0	0	41,285,909	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	1,613,312	0	0	1,613,312	0	0	0	0	0	0
15. General Administrative Expenses.....	4,304,111	0	0	4,304,111	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).....	47,203,332	0	0	47,203,332	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,066,980	0	0	2,066,980	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	186,155	0	0	186,155	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(99)	0	0	(99)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,253,036	0	0	2,253,036	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,374,250	0	0	1,374,250	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	878,786	0	0	878,786	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	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	0									
3. Second Quarter	135,759	0	0	0	0	0	0	135,759	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	820,070	0	15	0	0	0	0	820,055	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	261,953	0	34	0	0	0	0	261,919	0	0
8. Non-Physician	24,942	0	5	0	0	0	0	24,937	0	0
9. Total	286,895	0	39	0	0	0	0	286,856	0	0
10. Hospital Patient Days Incurred	5,840	0	15	0	0	0	0	5,825	0	0
11. Number of Inpatient Admissions	1,036	0	4	0	0	0	0	1,032	0	0
12. Health Premiums Written	830,957,738	0	28,857	0	0	0	0	830,928,881	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	830,778,201	0	28,857	0	0	0	0	830,749,344	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	670,270,485	0	37,399	0	0	0	0	670,233,086	0	0
18. Amount Incurred for Provision of Health Care Services	702,322,529	0	37,398	0	0	0	0	702,285,131	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	135,759	0	0	135,759	0	0	0	0	0	0
2. MEMBER MONTHS.....	406,737	6	0	406,731	0	0	0	0	0	0
3. Direct Premium Income.....	402,118,270	11,266	0	402,107,004	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	400,771,050	11,266	0	400,759,784	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(179,537)	0	0	(179,537)	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).....	400,591,513	11,266	0	400,580,247	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	343,027,765	23,438	0	343,004,327	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	454,174	0	0	454,174	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	342,573,591	23,438	0	342,550,153	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	13,321,479	378	0	13,321,101	0	0	0	0	0	0
15. General Administrative Expenses.....	20,457,818	387	0	20,457,431	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).....	376,352,888	24,203	0	376,328,685	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	24,238,625	(12,937)	0	24,251,562	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,966,818	61	0	1,966,757	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(191)	0	0	(191)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	26,205,252	(12,876)	0	26,218,128	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	8,530,546	(4,460)	0	8,535,006	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	17,674,706	(8,416)	0	17,683,122	0	0	0	0	0	0
24 Medical Loss Ratio	85.5%	208.0%	0.0%	85.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2	(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

**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.....	135,759	0	0	135,759	0	0	0	0	0	0
2. MEMBER MONTHS.....	820,070	15	0	820,055	0	0	0	0	0	0
3. Direct Premium Income.....	830,957,738	28,857	0	830,928,881	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	829,610,518	28,857	0	829,581,661	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(179,537)	0	0	(179,537)	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).....	829,430,981	28,857	0	829,402,124	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	702,322,529	37,398	0	702,285,131	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	454,174	0	0	454,174	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	701,868,355	37,398	0	701,830,957	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	27,158,977	949	0	27,158,028	0	0	0	0	0	0
15. General Administrative Expenses.....	72,456,688	2,533	0	72,454,155	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).....	801,484,020	40,880	0	801,443,140	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	27,946,961	(12,023)	0	27,958,984	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,133,783	109	0	3,133,674	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(191)	0	0	(191)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	31,080,553	(11,914)	0	31,092,467	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	20,633,823	(3,700)	0	20,637,523	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	10,446,730	(8,214)	0	10,454,944	0	0	0	0	0	0
24 Medical Loss Ratio	84.6%	129.6%	0.0%	84.6%	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 **JUNE 30, 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.....	3	3	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	289	289	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	178,843	178,843	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	178,913	178,913	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).....	178,913	178,913	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	250,854	250,854	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).....	250,854	250,854	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	6,154	6,154	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	(5,092)	(5,092)	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).....	251,916	251,916	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(73,003)	(73,003)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,322	1,322	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).....	(71,681)	(71,681)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(31,446)	(31,446)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(40,235)	(40,235)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	140.2%	140.2%	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 **JUNE 30, 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.....	3	3	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,174	1,174	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	786,801	786,801	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	786,801	786,801	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).....	786,801	786,801	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	484,715	484,715	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).....	484,715	484,715	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	25,888	25,888	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	69,066	69,066	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).....	579,669	579,669	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	207,132	207,132	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,985	2,985	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).....	210,117	210,117	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	80,950	80,950	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	129,167	129,167	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	61.6%	61.6%	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				