

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	5,948	5,948	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	15,229	15,229	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,998,096	5,998,096	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,865,932	5,865,932	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	34,659	34,659	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).....	5,900,590	5,900,590	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	4,202,377	4,202,377	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(346)	(346)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,202,723	4,202,723	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	128,992	128,992	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	625,940	625,940	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).....	4,957,655	4,957,655	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	942,935	942,935	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,746	3,746	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).....	946,681	946,681	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	338,565	338,565	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	608,116	608,116	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	71.6%	71.6%	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 **JUNE 30, 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.....	5,948	5,948	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,928	26,928	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	11,134,537	11,134,537	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	10,926,062	10,926,062	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,062)	(4,062)	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).....	10,922,000	10,922,000	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,437,723	7,437,723	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,409	7,409	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	7,430,314	7,430,314	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	231,324	231,324	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,085,528	1,085,528	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).....	8,747,166	8,747,166	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,174,834	2,174,834	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,849	5,849	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).....	2,180,683	2,180,683	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	777,534	777,534	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,403,149	1,403,149	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	68.0%	68.0%	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 **JUNE 30, 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	0									
3. Second Quarter	1,972	2	1,970	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	8,473	12	8,461	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	5,288	9	5,279	0	0	0	0	0	0	0
8. Non-Physician	154	0	154	0	0	0	0	0	0	0
9. Total	5,442	9	5,433	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	113	0	113	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	25	0	25	0	0	0	0	0	0	0
12. Health Premiums Written	3,205,387	9,370	3,196,017	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	3,205,387	9,370	3,196,017	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	1,902,834	4,535	1,898,299	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,342,081	(14,159)	2,356,240	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	1,972	1,972	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	5,033	5,033	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,892,878	1,892,878	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,849,700	1,849,700	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).....	1,861,861	1,861,861	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,515,380	1,515,380	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	308	308	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,515,072	1,515,072	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	46,694	46,694	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	224,390	224,390	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).....	1,786,156	1,786,156	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	75,705	75,705	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,146	1,146	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).....	76,851	76,851	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	27,654	27,654	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	49,197	49,197	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	81.9%	81.9%	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 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.....	1,972	1,972	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,473	8,473	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	3,205,387	3,205,387	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	3,136,677	3,136,677	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).....	3,136,677	3,136,677	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,342,081	2,342,081	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	308	308	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,341,773	2,341,773	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	72,842	72,842	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	341,826	341,826	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).....	2,756,441	2,756,441	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	380,236	380,236	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,680	1,680	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).....	381,916	381,916	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	136,174	136,174	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	245,742	245,742	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	74.7%	74.7%	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**

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.....	225	225	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	663	663	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	252,117	252,117	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	251,858	251,858	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).....	254,286	254,286	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	197,316	197,316	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).....	197,316	197,316	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	6,047	6,047	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	29,464	29,464	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).....	232,827	232,827	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	21,459	21,459	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	167	167	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).....	21,626	21,626	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	7,763	7,763	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	13,863	13,863	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	78.3%	78.3%	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**

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.....	225	225	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,322	1,322	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	518,447	518,447	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	517,808	517,808	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).....	517,808	517,808	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	368,154	368,154	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).....	368,154	368,154	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	11,450	11,450	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	53,732	53,732	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).....	433,336	433,336	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	84,472	84,472	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	277	277	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).....	84,749	84,749	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	30,218	30,218	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	54,531	54,531	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	71.1%	71.1%	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**

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.....	1,376	1,376	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,512	3,512	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,422,398	1,422,398	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,308,681	1,308,681	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).....	1,312,308	1,312,308	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	911,108	911,108	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,339	1,339	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	909,769	909,769	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	27,894	27,894	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	136,240	136,240	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).....	1,073,903	1,073,903	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	238,405	238,405	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	852	852	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).....	239,257	239,257	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	85,556	85,556	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	153,701	153,701	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	69.5%	69.5%	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 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.....	1,376	1,376	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,280	6,280	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,727,236	2,727,236	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,593,815	2,593,815	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).....	2,593,815	2,593,815	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,748,870	1,748,870	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,607	1,607	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,747,263	1,747,263	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	54,392	54,392	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	255,246	255,246	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).....	2,056,901	2,056,901	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	536,914	536,914	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,389	1,389	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).....	538,303	538,303	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	191,935	191,935	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	346,368	346,368	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	67.4%	67.4%	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 **JUNE 30, 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	0									
3. Second Quarter	2,375	5	2,370	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	10,853	30	10,823	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	6,777	24	6,753	0	0	0	0	0	0	0
8. Non-Physician	198	1	197	0	0	0	0	0	0	0
9. Total	6,975	25	6,950	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	145	0	145	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	32	0	32	0	0	0	0	0	0	0
12. Health Premiums Written	4,683,467	27,507	4,655,960	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	4,679,404	27,506	4,651,898	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	2,439,571	11,337	2,428,234	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,978,617	(35,397)	3,014,014	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	2,375	2,375	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,021	6,021	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,430,703	2,430,703	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,455,692	2,455,692	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	16,443	16,443	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).....	2,472,135	2,472,135	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,578,574	1,578,574	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(1,993)	(1,993)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,580,567	1,580,567	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	48,358	48,358	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	235,844	235,844	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).....	1,864,769	1,864,769	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	607,366	607,366	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,581	1,581	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).....	608,947	608,947	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	217,592	217,592	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	391,355	391,355	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	64.4%	64.4%	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 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.....	2,375	2,375	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	10,853	10,853	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,683,467	4,683,467	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,677,762	4,677,762	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,062)	(4,062)	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).....	4,673,700	4,673,700	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,978,618	2,978,618	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	5,494	5,494	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,973,124	2,973,124	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	92,640	92,640	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	434,724	434,724	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).....	3,500,488	3,500,488	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,173,212	1,173,212	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,503	2,503	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).....	1,175,715	1,175,715	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	419,207	419,207	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	756,508	756,508	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	63.6%	63.6%	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				