

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	203,386	1,332	0	202,054	0	0	0	0	0	0
2. MEMBER MONTHS.....	609,444	3,979	0	605,465	0	0	0	0	0	0
3. Direct Premium Income.....	654,437,065	2,884,214	0	654,117,123	0	0	0	XXXXXXXX	0	(2,564,272)
4. Net Premium Income.....	650,051,292	2,846,938	0	649,768,569	0	0	0	0	0	(2,564,215)
5. Change in unearned premium reserve and reserve for rate credits.....	(8,289,450)	0	0	(8,289,450)	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).....	641,761,842	2,846,938	0	641,479,119	0	0	0	0	0	(2,564,215)
11. Hospital & Medical Benefits.....	533,690,520	2,730,438	0	536,510,320	0	0	0	0	0	(5,550,238)
12. Net Reins Recoveries Incurred.....	3,813,115	54,483	0	3,758,632	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	529,877,405	2,675,955	0	532,751,688	0	0	0	0	0	(5,550,238)
14. Claims Adjustment Expenses.....	21,397,876	94,386	0	21,386,789	0	0	0	0	0	(83,299)
15. General Administrative Expenses.....	33,727,479	138,137	0	33,790,966	0	0	0	0	0	(201,624)
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).....	585,002,760	2,908,478	0	587,929,443	0	0	0	0	0	(5,835,161)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	56,759,082	(61,540)	0	53,549,676	0	0	0	0	0	3,270,946
19. Net Investments Gains / (Losses).....	1,172,802	4,586	0	1,168,216	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(105,296)	0	0	(105,296)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	57,826,588	(56,954)	0	54,612,596	0	0	0	0	0	3,270,946
22. Federal and foreign income taxes incurred.....	20,148,915	(22,488)	0	19,080,374	0	0	0	0	0	1,091,029
23. NET INCOME/(LOSS) (L21 less L22).....	37,677,673	(34,466)	0	35,532,222	0	0	0	0	0	2,179,917
24 Medical Loss Ratio	81.5%	94.0%	0.0%	82.0%	0.0%	0.0%	0.0%	0.0%	0.0%	216.4%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,325	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		3,962	of Texas enrollees and Federal employees.)			2				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	203,386	1,332	0	202,054	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,819,446	13,421	0	1,806,025	0	0	0	0	0	0
3. Direct Premium Income.....	1,988,038,241	9,674,359	0	1,980,117,641	0	0	0	XXXXXXXX	0	(1,753,759)
4. Net Premium Income.....	1,975,205,379	9,538,047	0	1,967,419,281	0	0	0	0	0	(1,751,949)
5. Change in unearned premium reserve and reserve for rate credits.....	(12,948,516)	0	0	(12,948,516)	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).....	1,962,256,863	9,538,047	0	1,954,470,765	0	0	0	0	0	(1,751,949)
11. Hospital & Medical Benefits.....	1,654,229,136	8,815,670	0	1,648,268,397	0	0	0	0	0	(2,854,931)
12. Net Reins Recoveries Incurred.....	11,264,208	137,547	0	11,126,661	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,642,964,928	8,678,123	0	1,637,141,736	0	0	0	0	0	(2,854,931)
14. Claims Adjustment Expenses.....	64,637,044	314,542	0	64,379,522	0	0	0	0	0	(57,020)
15. General Administrative Expenses.....	149,084,065	725,486	0	148,490,094	0	0	0	0	0	(131,515)
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).....	1,856,686,037	9,718,151	0	1,850,011,352	0	0	0	0	0	(3,043,466)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	105,570,826	(180,104)	0	104,459,413	0	0	0	0	0	1,291,517
19. Net Investments Gains / (Losses).....	6,158,976	29,972	0	6,129,004	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(252,525)	(980)	0	(251,545)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	111,477,277	(151,112)	0	110,336,872	0	0	0	0	0	1,291,517
22. Federal and foreign income taxes incurred.....	54,545,301	27,795	0	54,089,432	0	0	0	0	0	428,074
23. NET INCOME/(LOSS) (L21 less L22).....	56,931,976	(178,907)	0	56,247,440	0	0	0	0	0	863,443
24 Medical Loss Ratio	83.2%	91.0%	0.0%	83.2%	0.0%	0.0%	0.0%	0.0%	0.0%	163.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,325	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		12,185	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	57,938	5	0	0	0	0	1,325	56,608	0	0
5. Current Year	0									
6. Current Year Member Months	523,154	45	0	0	0	0	12,185	510,924	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	167,794	143	0	0	0	0	5,782	161,869	0	0
8. Non-Physician	16,188	20	0	0	0	0	676	15,492	0	0
9. Total	183,982	163	0	0	0	0	6,458	177,361	0	0
10. Hospital Patient Days Incurred	8,037	94	0	0	0	0	4,474	3,469	0	0
11. Number of Inpatient Admissions	1,441	17	0	0	0	0	805	619	0	0
12. Health Premiums Written	671,410,746	44,083	0	0	0	0	8,808,756	664,311,666	0	(1,753,759)
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	660,823,702	44,083	0	0	0	0	8,808,756	653,724,622	0	(1,753,759)
Property/Casualty 16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	560,948,573	161,256	0	0	0	0	7,701,887	555,809,452	0	(2,724,022)
18. Amount Incurred for Provision of Health Care Services	548,646,305	136,619	0	0	0	0	7,751,863	543,612,754	0	(2,854,931)

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	57,938	1,330	0	56,608	0	0	0	0	0	0
2. MEMBER MONTHS.....	173,607	3,977	0	169,630	0	0	0	0	0	0
3. Direct Premium Income.....	219,764,493	2,878,352	0	219,450,413	0	0	0	XXXXXXXX	0	(2,564,272)
4. Net Premium Income.....	216,682,759	2,841,076	0	216,405,898	0	0	0	0	0	(2,564,215)
5. Change in unearned premium reserve and reserve for rate credits.....	(6,124,243)	0	0	(6,124,243)	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).....	210,558,516	2,841,076	0	210,281,655	0	0	0	0	0	(2,564,215)
11. Hospital & Medical Benefits.....	172,633,909	2,325,363	0	175,858,784	0	0	0	0	0	(5,550,238)
12. Net Reins Recoveries Incurred.....	3,360,528	54,483	0	3,306,045	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	169,273,381	2,270,880	0	172,552,739	0	0	0	0	0	(5,550,238)
14. Claims Adjustment Expenses.....	7,019,523	91,308	0	7,011,514	0	0	0	0	0	(83,299)
15. General Administrative Expenses.....	10,971,530	140,736	0	11,032,418	0	0	0	0	0	(201,624)
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).....	187,264,434	2,502,924	0	190,596,671	0	0	0	0	0	(5,835,161)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	23,294,082	338,152	0	19,684,984	0	0	0	0	0	3,270,946
19. Net Investments Gains / (Losses).....	385,536	5,098	0	380,438	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(102,612)	0	0	(102,612)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	23,577,006	343,250	0	19,962,810	0	0	0	0	0	3,270,946
22. Federal and foreign income taxes incurred.....	8,181,773	117,215	0	6,973,529	0	0	0	0	0	1,091,029
23. NET INCOME/(LOSS) (L21 less L22).....	15,395,233	226,035	0	12,989,281	0	0	0	0	0	2,179,917
24 Medical Loss Ratio	78.1%	79.9%	0.0%	79.7%	0.0%	0.0%	0.0%	0.0%	0.0%	216.4%
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.....		(33)	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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: 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.....	57,938	1,330	0	56,608	0	0	0	0	0	0
2. MEMBER MONTHS.....	523,154	12,230	0	510,924	0	0	0	0	0	0
3. Direct Premium Income.....	671,410,746	8,852,839	0	664,311,666	0	0	0	XXXXXXXX	0	(1,753,759)
4. Net Premium Income.....	662,152,487	8,716,527	0	655,187,909	0	0	0	0	0	(1,751,949)
5. Change in unearned premium reserve and reserve for rate credits.....	(10,587,044)	0	0	(10,587,044)	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).....	651,565,443	8,716,527	0	644,600,865	0	0	0	0	0	(1,751,949)
11. Hospital & Medical Benefits.....	548,646,305	7,888,482	0	543,612,754	0	0	0	0	0	(2,854,931)
12. Net Reins Recoveries Incurred.....	9,924,380	137,547	0	9,786,833	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	538,721,925	7,750,935	0	533,825,921	0	0	0	0	0	(2,854,931)
14. Claims Adjustment Expenses.....	21,460,514	284,627	0	21,232,907	0	0	0	0	0	(57,020)
15. General Administrative Expenses.....	49,498,251	656,486	0	48,973,280	0	0	0	0	0	(131,515)
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).....	609,680,690	8,692,048	0	604,032,108	0	0	0	0	0	(3,043,466)
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	41,884,753	24,479	0	40,568,757	0	0	0	0	0	1,291,517
19. Net Investments Gains / (Losses).....	2,048,787	27,390	0	2,021,397	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(249,551)	(980)	0	(248,571)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	43,683,989	50,889	0	42,341,583	0	0	0	0	0	1,291,517
22. Federal and foreign income taxes incurred.....	20,489,136	90,248	0	19,970,814	0	0	0	0	0	428,074
23. NET INCOME/(LOSS) (L21 less L22).....	23,194,853	(39,359)	0	22,370,769	0	0	0	0	0	863,443
24. Medical Loss Ratio	81.4%	88.9%	0.0%	81.5%	0.0%	0.0%	0.0%	0.0%	0.0%	163.0%
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.....		1,325	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	6,542	0	0	0	0	0	0	6,542	0	0
5. Current Year	0									
6. Current Year Member Months	58,813	0	0	0	0	0	0	58,813	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	18,707	0	0	0	0	0	0	18,707	0	0
8. Non-Physician	1,790	0	0	0	0	0	0	1,790	0	0
9. Total	20,497	0	0	0	0	0	0	20,497	0	0
10. Hospital Patient Days Incurred	401	0	0	0	0	0	0	401	0	0
11. Number of Inpatient Admissions	71	0	0	0	0	0	0	71	0	0
12. Health Premiums Written	74,979,207	0	0	0	0	0	0	74,979,207	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	74,175,170	0	0	0	0	0	0	74,175,170	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	63,065,179	0	0	0	0	0	0	63,065,179	0	0
18. Amount Incurred for Provision of Health Care Services	61,325,817	0	0	0	0	0	0	61,325,817	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 2015**

OF THE **UnitedHealthcare Benefits of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi
(Location)

**EXHIBIT II (Filed Annually and Quarterly)
 ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	6,542	0	0	6,542	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,602	0	0	19,602	0	0	0	0	0	0
3. Direct Premium Income.....	24,768,823	0	0	24,768,823	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	24,235,443	0	0	24,235,443	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(787,309)	0	0	(787,309)	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).....	23,448,134	0	0	23,448,134	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	19,606,841	0	0	19,606,841	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	220,910	0	0	220,910	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	19,385,931	0	0	19,385,931	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	782,006	0	0	782,006	0	0	0	0	0	0
15. General Administrative Expenses.....	1,220,642	0	0	1,220,642	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).....	21,388,579	0	0	21,388,579	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,059,555	0	0	2,059,555	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	41,882	0	0	41,882	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(679)	0	0	(679)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,100,758	0	0	2,100,758	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	734,126	0	0	734,126	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,366,632	0	0	1,366,632	0	0	0	0	0	0
24 Medical Loss Ratio	80.0%	0.0%	0.0%	80.0%	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 **SEPTEMBER 30, 2015**

OF THE **UnitedHealthcare Benefits of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi
(Location)

**EXHIBIT II (Filed Annually and Quarterly)
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: 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.....	6,542	0	0	6,542	0	0	0	0	0	0
2. MEMBER MONTHS.....	58,813	0	0	58,813	0	0	0	0	0	0
3. Direct Premium Income.....	74,979,207	0	0	74,979,207	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	73,522,483	0	0	73,522,483	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(804,037)	0	0	(804,037)	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).....	72,718,446	0	0	72,718,446	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	61,325,817	0	0	61,325,817	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	653,977	0	0	653,977	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	60,671,840	0	0	60,671,840	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	2,395,318	0	0	2,395,318	0	0	0	0	0	0
15. General Administrative Expenses.....	5,524,753	0	0	5,524,753	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).....	68,591,911	0	0	68,591,911	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,126,535	0	0	4,126,535	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	228,037	0	0	228,037	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(778)	0	0	(778)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	4,353,794	0	0	4,353,794	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,108,376	0	0	2,108,376	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,245,418	0	0	2,245,418	0	0	0	0	0	0
24 Medical Loss Ratio	82.5%	0.0%	0.0%	82.5%	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 **SEPTEMBER 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	0									
4. Third Quarter	138,904	0	0	0	0	0	0	138,904	0	0
5. Current Year	0									
6. Current Year Member Months	1,236,302	0	14	0	0	0	0	1,236,288	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	397,213	0	21	0	0	0	0	397,192	0	0
8. Non-Physician	38,016	0	3	0	0	0	0	38,013	0	0
9. Total	435,229	0	24	0	0	0	0	435,205	0	0
10. Hospital Patient Days Incurred	8,526	0	13	0	0	0	0	8,513	0	0
11. Number of Inpatient Admissions	1,520	0	2	0	0	0	0	1,518	0	0
12. Health Premiums Written	1,240,853,669	0	26,901	0	0	0	0	1,240,826,768	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	1,239,296,234	0	26,901	0	0	0	0	1,239,269,333	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	1,053,675,788	0	24,777	0	0	0	0	1,053,651,011	0	0
18. Amount Incurred for Provision of Health Care Services	1,043,354,603	0	24,777	0	0	0	0	1,043,329,826	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	138,904	0	0	138,904	0	0	0	0	0	0
2. MEMBER MONTHS.....	416,232	(1)	0	416,233	0	0	0	0	0	0
3. Direct Premium Income.....	409,895,931	(1,956)	0	409,897,887	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	409,125,272	(1,956)	0	409,127,228	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,377,898)	0	0	(1,377,898)	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).....	407,747,374	(1,956)	0	407,749,330	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	341,032,074	(12,621)	0	341,044,695	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	231,677	0	0	231,677	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	340,800,397	(12,621)	0	340,813,018	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	13,593,325	56	0	13,593,269	0	0	0	0	0	0
15. General Administrative Expenses.....	21,537,691	(215)	0	21,537,906	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).....	375,931,413	(12,780)	0	375,944,193	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	31,815,961	10,824	0	31,805,137	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	745,872	(24)	0	745,896	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,005)	0	0	(2,005)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	32,559,828	10,800	0	32,549,028	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	11,376,259	3,540	0	11,372,719	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	21,183,569	7,260	0	21,176,309	0	0	0	0	0	0
24 Medical Loss Ratio	83.3%	645.2%	0.0%	83.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		6	(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 **SEPTEMBER 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: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	138,904	0	0	138,904	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,236,302	14	0	1,236,288	0	0	0	0	0	0
3. Direct Premium Income.....	1,240,853,669	26,901	0	1,240,826,768	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,238,735,790	26,901	0	1,238,708,889	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,557,435)	0	0	(1,557,435)	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).....	1,237,178,355	26,901	0	1,237,151,454	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,043,354,603	24,777	0	1,043,329,826	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	685,851	0	0	685,851	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,042,668,752	24,777	0	1,042,643,975	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	40,752,302	1,005	0	40,751,297	0	0	0	0	0	0
15. General Administrative Expenses.....	93,994,379	2,318	0	93,992,061	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).....	1,177,415,433	28,100	0	1,177,387,333	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	59,762,922	(1,199)	0	59,764,121	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,879,655	85	0	3,879,570	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(2,196)	0	0	(2,196)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	63,640,381	(1,114)	0	63,641,495	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	32,010,082	(160)	0	32,010,242	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	31,630,299	(954)	0	31,631,253	0	0	0	0	0	0
24 Medical Loss Ratio	84.2%	92.1%	0.0%	84.2%	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 **SEPTEMBER 30, 2015**

OF THE **UnitedHealthcare Benefits of Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	300	0	300	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	2	0	2	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	1,177	0	1,177	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	769	0	769	0	0	0	0	0	0	0
8. Non-Physician	110	0	110	0	0	0	0	0	0	0
9. Total	879	0	879	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	483	0	483	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	87	0	87	0	0	0	0	0	0	0
12. Health Premiums Written	794,619	0	794,619	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	794,619	0	794,619	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	829,904	0	829,904	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	902,411	0	902,411	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	2	2	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3	3	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,818	7,818	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,818	7,818	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).....	7,818	7,818	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	417,696	417,696	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).....	417,696	417,696	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	3,023	3,023	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	(2,384)	(2,384)	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).....	418,335	418,335	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(410,517)	(410,517)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(488)	(488)	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).....	(411,005)	(411,005)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(143,243)	(143,243)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(267,762)	(267,762)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	5342.7%	5342.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		53	(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 **SEPTEMBER 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.....	2	2	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,177	1,177	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	794,619	794,619	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	794,619	794,619	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).....	794,619	794,619	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	902,411	902,411	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).....	902,411	902,411	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	28,911	28,911	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	66,682	66,682	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).....	998,004	998,004	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(203,385)	(203,385)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,497	2,497	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).....	(200,888)	(200,888)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(62,293)	(62,293)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(138,595)	(138,595)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	113.6%	113.6%	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				