

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	6,757	6,757	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	19,523	19,523	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	8,210,678	8,210,678	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,038,008	8,038,008	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(654,024)	(654,024)	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).....	7,383,984	7,383,984	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,940,348	7,940,348	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(185)	(185)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	7,940,533	7,940,533	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	174,012	174,012	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	804,250	804,250	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).....	8,918,795	8,918,795	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,534,811)	(1,534,811)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	5,150	5,150	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).....	(1,529,661)	(1,529,661)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(526,604)	(526,604)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,003,057)	(1,003,057)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	98.8%	98.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	6,757	6,757	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	46,451	46,451	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	19,345,215	19,345,215	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,964,070	18,964,070	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(658,086)	(658,086)	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).....	18,305,984	18,305,984	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	15,378,071	15,378,071	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	7,224	7,224	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	15,370,847	15,370,847	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	405,336	405,336	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,889,778	1,889,778	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).....	17,665,961	17,665,961	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	640,023	640,023	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	10,999	10,999	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).....	651,022	651,022	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	250,930	250,930	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	400,092	400,092	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	81.1%	81.1%	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 **SEPTEMBER 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	0									
4. Third Quarter	2,244	2	2,242	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	15,126	18	15,108	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	9,650	13	9,637	0	0	0	0	0	0	0
8. Non-Physician	305	0	305	0	0	0	0	0	0	0
9. Total	9,955	13	9,942	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	194	0	194	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	47	0	47	0	0	0	0	0	0	0
12. Health Premiums Written	5,798,062	14,055	5,784,007	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	5,562,749	14,055	5,548,694	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	3,967,817	6,421	3,961,396	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	5,007,791	4,697	5,003,094	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	2,244	2,244	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	6,653	6,653	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,592,675	2,592,675	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	2,527,172	2,527,172	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(235,313)	(235,313)	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).....	2,291,859	2,291,859	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,665,710	2,665,710	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	342	342	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,665,368	2,665,368	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	59,154	59,154	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	273,571	273,571	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).....	2,998,093	2,998,093	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(706,234)	(706,234)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,582	1,582	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).....	(704,652)	(704,652)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(260,570)	(260,570)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(444,082)	(444,082)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	105.5%	105.5%	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 **SEPTEMBER 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.....	2,244	2,244	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	15,126	15,126	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,798,062	5,798,062	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,663,849	5,663,849	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(235,313)	(235,313)	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).....	5,428,536	5,428,536	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	5,007,791	5,007,791	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	650	650	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,007,141	5,007,141	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	131,996	131,996	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	615,397	615,397	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).....	5,754,534	5,754,534	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(325,998)	(325,998)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,262	3,262	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).....	(322,736)	(322,736)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(124,396)	(124,396)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(198,340)	(198,340)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	88.4%	88.4%	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 **SEPTEMBER 30, 2015**

OF THE **Unitedhealthcare of Texas, Inc.**

REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	47	0	47	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	192	0	192	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	1,890	0	1,890	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,206	0	1,206	0	0	0	0	0	0	0
8. Non-Physician	38	0	38	0	0	0	0	0	0	0
9. Total	1,244	0	1,244	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	24	0	24	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	6	0	6	0	0	0	0	0	0	0
12. Health Premiums Written	769,887	0	769,887	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	743,206	0	743,206	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	495,568	0	495,568	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	625,884	0	625,884	0	0	0	0	0	0	0

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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.....	192	192	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	568	568	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	251,440	251,440	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	251,054	251,054	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(26,681)	(26,681)	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).....	224,373	224,373	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	257,730	257,730	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	25	25	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	257,705	257,705	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5,047	5,047	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	23,182	23,182	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).....	285,934	285,934	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(61,561)	(61,561)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	169	169	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).....	(61,392)	(61,392)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(21,215)	(21,215)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(40,177)	(40,177)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	102.6%	102.6%	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				

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

OF THE **Unitedhealthcare of Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi
(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	192	192	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,890	1,890	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	769,887	769,887	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	768,862	768,862	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(26,681)	(26,681)	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).....	742,181	742,181	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	625,884	625,884	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	25	25	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	625,859	625,859	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	16,497	16,497	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	76,914	76,914	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).....	719,270	719,270	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	22,911	22,911	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	446	446	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).....	23,357	23,357	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	9,003	9,003	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	14,354	14,354	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	81.4%	81.4%	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 **SEPTEMBER 30, 2015**

OF THE **Unitedhealthcare of Texas, Inc.**

REPORT FOR DIVISION: **Dallas, Ft Worth**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	262	1	261	0	0	0	0	0	0	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	1,649	0	1,649	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	10,856	0	10,856	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	6,925	0	6,925	0	0	0	0	0	0	0
8. Non-Physician	219	0	219	0	0	0	0	0	0	0
9. Total	7,144	0	7,144	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	139	0	139	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	34	0	34	0	0	0	0	0	0	0
12. Health Premiums Written	4,817,228	0	4,817,228	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	4,740,318	0	4,740,318	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	2,846,499	0	2,846,499	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	3,595,022	0	3,595,022	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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: 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.....	1,649	1,649	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	4,576	4,576	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,089,992	2,089,992	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,986,956	1,986,956	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(76,910)	(76,910)	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).....	1,910,046	1,910,046	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,846,152	1,846,152	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	229	229	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,845,923	1,845,923	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	40,366	40,366	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	186,538	186,538	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).....	2,072,827	2,072,827	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(162,781)	(162,781)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,317	1,317	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).....	(161,464)	(161,464)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(46,686)	(46,686)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(114,778)	(114,778)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	92.9%	92.9%	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 **SEPTEMBER 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.....	1,649	1,649	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	10,856	10,856	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,817,228	4,817,228	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,580,771	4,580,771	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(76,910)	(76,910)	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).....	4,503,861	4,503,861	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,595,022	3,595,022	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,836	1,836	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,593,186	3,593,186	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	94,758	94,758	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	441,784	441,784	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).....	4,129,728	4,129,728	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	374,133	374,133	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,706	2,706	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).....	376,839	376,839	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	145,249	145,249	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	231,590	231,590	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	78.4%	78.4%	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 **SEPTEMBER 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	0									
4. Third Quarter	2,672	5	2,667	0	0	0	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	18,579	45	18,534	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	11,856	34	11,822	0	0	0	0	0	0	0
8. Non-Physician	375	1	374	0	0	0	0	0	0	0
9. Total	12,231	35	12,196	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	239	1	238	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	59	1	58	0	0	0	0	0	0	0
12. Health Premiums Written	7,960,037	41,260	7,918,777	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	7,640,856	41,260	7,599,596	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	4,875,762	16,052	4,859,710	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	6,149,374	11,742	6,137,632	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	2,672	2,672	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	7,726	7,726	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	3,276,570	3,276,570	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	3,272,826	3,272,826	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(315,119)	(315,119)	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).....	2,957,707	2,957,707	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,170,756	3,170,756	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	(781)	(781)	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,171,537	3,171,537	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	69,445	69,445	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	320,959	320,959	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).....	3,561,941	3,561,941	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(604,234)	(604,234)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	2,082	2,082	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).....	(602,152)	(602,152)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(198,133)	(198,133)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(404,019)	(404,019)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	96.9%	96.9%	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 **SEPTEMBER 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.....	2,672	2,672	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	18,579	18,579	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,960,037	7,960,037	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,950,588	7,950,588	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(319,181)	(319,181)	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).....	7,631,407	7,631,407	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,149,374	6,149,374	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	4,713	4,713	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,144,661	6,144,661	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	162,085	162,085	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	755,683	755,683	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).....	7,062,429	7,062,429	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	568,978	568,978	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,585	4,585	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).....	573,563	573,563	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	221,074	221,074	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	352,489	352,489	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	77.3%	77.3%	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				