

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	210,546	1,082	0	209,464	0	0	0	0	0	0
2. MEMBER MONTHS.....	631,172	3,206	0	627,966	0	0	0	0	0	0
3. Direct Premium Income.....	704,805,930	2,615,092	0	702,190,838	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	700,178,930	2,581,145	0	697,597,785	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,733,474)	0	0	(4,733,474)	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).....	695,445,456	2,581,145	0	692,864,311	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	610,948,464	1,837,654	0	609,110,810	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,483,757	61,822	0	3,421,935	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	607,464,707	1,775,832	0	605,688,875	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	24,297,716	90,154	0	24,207,562	0	0	0	0	0	0
15. General Administrative Expenses.....	77,817,555	288,732	0	77,528,823	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).....	709,579,978	2,154,718	0	707,425,260	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(14,134,522)	426,427	0	(14,560,949)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,408,621	5,227	0	1,403,394	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(73,755)	0	0	(73,755)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(12,799,656)	431,654	0	(13,231,310)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	11,851,121	209,246	0	11,641,875	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(24,650,777)	222,408	0	(24,873,185)	0	0	0	0	0	0
24 Medical Loss Ratio	86.8%	68.8%	0.0%	86.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,076	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		3,191	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	210,546	1,082	0	209,464	0	0	0	0	0	0
2. MEMBER MONTHS.....	631,172	3,206	0	627,966	0	0	0	0	0	0
3. Direct Premium Income.....	704,805,930	2,615,092	0	702,190,838	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	700,178,930	2,581,145	0	697,597,785	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,733,474)	0	0	(4,733,474)	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).....	695,445,456	2,581,145	0	692,864,311	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	610,948,464	1,837,654	0	609,110,810	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,483,757	61,822	0	3,421,935	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	607,464,707	1,775,832	0	605,688,875	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	24,297,716	90,154	0	24,207,562	0	0	0	0	0	0
15. General Administrative Expenses.....	77,817,555	288,732	0	77,528,823	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).....	709,579,978	2,154,718	0	707,425,260	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(14,134,522)	426,427	0	(14,560,949)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	1,408,621	5,227	0	1,403,394	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(73,755)	0	0	(73,755)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(12,799,656)	431,654	0	(13,231,310)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	11,851,121	209,246	0	11,641,875	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(24,650,777)	222,408	0	(24,873,185)	0	0	0	0	0	0
24 Medical Loss Ratio	86.8%	68.8%	0.0%	86.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1,076	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		3,191	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	58,408	5	0	0	0	0	1,304	57,099	0	0
2. First Quarter	59,002	4	0	0	0	0	1,076	57,922	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	176,847	9	0	0	0	0	3,191	173,647	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	64,133	17	0	0	0	0	1,872	62,244	0	0
8. Non-Physician	5,208	7	0	0	0	0	94	5,107	0	0
9. Total	69,341	24	0	0	0	0	1,966	67,351	0	0
10. Hospital Patient Days Incurred	2,641	26	0	0	0	0	1,388	1,227	0	0
11. Number of Inpatient Admissions	447	4	0	0	0	0	227	216	0	0
12. Health Premiums Written	238,182,080	8,817	0	0	0	0	2,594,550	235,578,713	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	233,597,299	8,817	0	0	0	0	2,594,550	230,993,932	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	186,881,059	47,395	0	0	0	0	2,526,001	184,307,663	0	0
18. Amount Incurred for Provision of Health Care Services	202,048,437	49,852	0	0	0	0	1,650,951	200,347,634	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	59,002	1,080	0	57,922	0	0	0	0	0	0
2. MEMBER MONTHS.....	176,847	3,200	0	173,647	0	0	0	0	0	0
3. Direct Premium Income.....	238,182,080	2,603,367	0	235,578,713	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	235,049,886	2,569,420	0	232,480,466	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,584,781)	0	0	(4,584,781)	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).....	230,465,105	2,569,420	0	227,895,685	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	202,048,437	1,700,803	0	200,347,634	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,071,683	61,822	0	3,009,861	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	198,976,754	1,638,981	0	197,337,773	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	8,029,248	66,941	0	7,962,307	0	0	0	0	0	0
15. General Administrative Expenses.....	25,715,032	214,391	0	25,500,641	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).....	232,721,034	1,920,313	0	230,800,721	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,255,929)	649,107	0	(2,905,036)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	466,805	5,203	0	461,602	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(72,523)	0	0	(72,523)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,861,647)	654,310	0	(2,515,957)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	4,854,839	285,777	0	4,569,062	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(6,716,486)	368,533	0	(7,085,019)	0	0	0	0	0	0
24 Medical Loss Ratio	84.7%	63.8%	0.0%	84.9%	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.....		1,076	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	59,002	1,080	0	57,922	0	0	0	0	0	0
2. MEMBER MONTHS.....	176,847	3,200	0	173,647	0	0	0	0	0	0
3. Direct Premium Income.....	238,182,080	2,603,367	0	235,578,713	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	235,049,886	2,569,420	0	232,480,466	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,584,781)	0	0	(4,584,781)	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).....	230,465,105	2,569,420	0	227,895,685	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	202,048,437	1,700,803	0	200,347,634	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	3,071,683	61,822	0	3,009,861	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	198,976,754	1,638,981	0	197,337,773	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	8,029,248	66,941	0	7,962,307	0	0	0	0	0	0
15. General Administrative Expenses.....	25,715,032	214,391	0	25,500,641	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).....	232,721,034	1,920,313	0	230,800,721	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,255,929)	649,107	0	(2,905,036)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	466,805	5,203	0	461,602	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(72,523)	0	0	(72,523)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(1,861,647)	654,310	0	(2,515,957)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	4,854,839	285,777	0	4,569,062	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(6,716,486)	368,533	0	(7,085,019)	0	0	0	0	0	0
24 Medical Loss Ratio	84.7%	63.8%	0.0%	84.9%	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.....		1,076	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	6,616	0	0	0	0	0	0	6,616	0	0
2. First Quarter	6,832	0	0	0	0	0	0	6,832	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	20,483	0	0	0	0	0	0	20,483	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	7,342	0	0	0	0	0	0	7,342	0	0
8. Non-Physician	602	0	0	0	0	0	0	602	0	0
9. Total	7,944	0	0	0	0	0	0	7,944	0	0
10. Hospital Patient Days Incurred	145	0	0	0	0	0	0	145	0	0
11. Number of Inpatient Admissions	25	0	0	0	0	0	0	25	0	0
12. Health Premiums Written	26,589,184	0	0	0	0	0	0	26,589,184	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	26,436,804	0	0	0	0	0	0	26,436,804	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	21,093,652	0	0	0	0	0	0	21,093,652	0	0
18. Amount Incurred for Provision of Health Care Services	22,721,638	0	0	0	0	0	0	22,721,638	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	6,832	0	0	6,832	0	0	0	0	0	0
2. MEMBER MONTHS.....	20,483	0	0	20,483	0	0	0	0	0	0
3. Direct Premium Income.....	26,589,184	0	0	26,589,184	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	25,998,272	0	0	25,998,272	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(152,380)	0	0	(152,380)	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).....	25,845,892	0	0	25,845,892	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	22,721,638	0	0	22,721,638	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	201,135	0	0	201,135	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	22,520,503	0	0	22,520,503	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	903,014	0	0	903,014	0	0	0	0	0	0
15. General Administrative Expenses.....	2,892,055	0	0	2,892,055	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).....	26,315,572	0	0	26,315,572	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(469,680)	0	0	(469,680)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	52,351	0	0	52,351	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(332)	0	0	(332)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(417,661)	0	0	(417,661)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	469,584	0	0	469,584	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(887,245)	0	0	(887,245)	0	0	0	0	0	0
24 Medical Loss Ratio	86.6%	0.0%	0.0%	86.6%	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 **MARCH 31, 2016**

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.....	6,832	0	0	6,832	0	0	0	0	0	0
2. MEMBER MONTHS.....	20,483	0	0	20,483	0	0	0	0	0	0
3. Direct Premium Income.....	26,589,184	0	0	26,589,184	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	25,998,272	0	0	25,998,272	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(152,380)	0	0	(152,380)	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).....	25,845,892	0	0	25,845,892	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	22,721,638	0	0	22,721,638	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	201,135	0	0	201,135	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	22,520,503	0	0	22,520,503	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	903,014	0	0	903,014	0	0	0	0	0	0
15. General Administrative Expenses.....	2,892,055	0	0	2,892,055	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).....	26,315,572	0	0	26,315,572	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(469,680)	0	0	(469,680)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	52,351	0	0	52,351	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(332)	0	0	(332)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(417,661)	0	0	(417,661)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	469,584	0	0	469,584	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(887,245)	0	0	(887,245)	0	0	0	0	0	0
24 Medical Loss Ratio	86.6%	0.0%	0.0%	86.6%	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 **MARCH 31, 2016**

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	140,020	0	0	0	0	0	0	140,020	0	0
2. First Quarter	144,710	0	0	0	0	0	0	144,710	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	433,836	0	0	0	0	0	0	433,836	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	155,507	0	0	0	0	0	0	155,507	0	0
8. Non-Physician	12,759	0	0	0	0	0	0	12,759	0	0
9. Total	168,266	0	0	0	0	0	0	168,266	0	0
10. Hospital Patient Days Incurred	3,065	0	0	0	0	0	0	3,065	0	0
11. Number of Inpatient Admissions	540	0	0	0	0	0	0	540	0	0
12. Health Premiums Written	440,022,941	0	0	0	0	0	0	440,022,941	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	440,026,628	0	0	0	0	0	0	440,026,628	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	351,092,683	0	0	0	0	0	0	351,092,683	0	0
18. Amount Incurred for Provision of Health Care Services	386,041,538	0	0	0	0	0	0	386,041,538	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	144,710	0	0	144,710	0	0	0	0	0	0
2. MEMBER MONTHS.....	433,836	0	0	433,836	0	0	0	0	0	0
3. Direct Premium Income.....	440,022,941	0	0	440,022,941	0	0	XXXXXXXX	0	0	0
4. Net Premium Income.....	439,119,047	0	0	439,119,047	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,687	0	0	3,687	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).....	439,122,734	0	0	439,122,734	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	386,041,538	0	0	386,041,538	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	210,939	0	0	210,939	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	385,830,599	0	0	385,830,599	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	15,342,240	0	0	15,342,240	0	0	0	0	0	0
15. General Administrative Expenses.....	49,136,127	0	0	49,136,127	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).....	450,308,966	0	0	450,308,966	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(11,186,232)	0	0	(11,186,232)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	889,441	0	0	889,441	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(900)	0	0	(900)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,297,691)	0	0	(10,297,691)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,603,229	0	0	6,603,229	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(16,900,920)	0	0	(16,900,920)	0	0	0	0	0	0
24 Medical Loss Ratio	87.9%	0.0%	0.0%	87.9%	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 **MARCH 31, 2016**

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.....	144,710	0	0	144,710	0	0	0	0	0	0
2. MEMBER MONTHS.....	433,836	0	0	433,836	0	0	0	0	0	0
3. Direct Premium Income.....	440,022,941	0	0	440,022,941	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	439,119,047	0	0	439,119,047	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,687	0	0	3,687	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).....	439,122,734	0	0	439,122,734	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	386,041,538	0	0	386,041,538	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	210,939	0	0	210,939	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	385,830,599	0	0	385,830,599	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	15,342,240	0	0	15,342,240	0	0	0	0	0	0
15. General Administrative Expenses.....	49,136,127	0	0	49,136,127	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).....	450,308,966	0	0	450,308,966	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(11,186,232)	0	0	(11,186,232)	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	889,441	0	0	889,441	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(900)	0	0	(900)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,297,691)	0	0	(10,297,691)	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,603,229	0	0	6,603,229	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(16,900,920)	0	0	(16,900,920)	0	0	0	0	0	0
24 Medical Loss Ratio	87.9%	0.0%	0.0%	87.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	2	0	2	0	0	0	0	0	0	0
2. First Quarter	2	0	2	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	6	0	6	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	65	0	65	0	0	0	0	0	0	0
8. Non-Physician	29	0	29	0	0	0	0	0	0	0
9. Total	94	0	94	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	68	0	68	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	11	0	11	0	0	0	0	0	0	0
12. Health Premiums Written	11,725	0	11,725	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	11,725	0	11,725	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	124,349	0	124,349	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	136,851	0	136,851	0	0	0	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	6	6	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	11,725	11,725	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	11,725	11,725	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).....	11,725	11,725	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	136,851	136,851	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).....	136,851	136,851	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	23,213	23,213	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	74,341	74,341	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).....	234,405	234,405	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(222,680)	(222,680)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	24	24	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).....	(222,656)	(222,656)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(76,531)	(76,531)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(146,125)	(146,125)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	1167.2%	1167.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	6	6	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	11,725	11,725	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	11,725	11,725	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).....	11,725	11,725	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	136,851	136,851	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).....	136,851	136,851	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	23,213	23,213	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	74,341	74,341	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).....	234,405	234,405	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(222,680)	(222,680)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	24	24	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).....	(222,656)	(222,656)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(76,531)	(76,531)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(146,125)	(146,125)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	1167.2%	1167.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12	(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				