

**TEXAS HMO SUPPLEMENT**

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

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.....	18,405	18,405	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	54,443	54,443	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	18,963,036	18,963,036	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,497,262	18,497,262	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,641)	(4,641)	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).....	18,492,621	18,492,621	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	13,516,789	13,516,789	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	26,182	26,182	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,490,607	13,490,607	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	829,584	829,584	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,100,626	2,100,626	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	467,000	467,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	16,887,817	16,887,817	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,604,804	1,604,804	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	16,188	16,188	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(22)	(22)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,620,970	1,620,970	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	934,524	934,524	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	686,446	686,446	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	72.9%	72.9%	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 **MARCH 31, 2016**

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.....	18,405	18,405	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	54,443	54,443	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	18,963,036	18,963,036	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,497,262	18,497,262	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,641)	(4,641)	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).....	18,492,621	18,492,621	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	13,516,789	13,516,789	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	26,182	26,182	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,490,607	13,490,607	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	829,584	829,584	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,100,626	2,100,626	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	467,000	467,000	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	16,887,817	16,887,817	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,604,804	1,604,804	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	16,188	16,188	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(22)	(22)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,620,970	1,620,970	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	934,524	934,524	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	686,446	686,446	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	72.9%	72.9%	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 **MARCH 31, 2016**

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	2,796	2	2,794	0	0	0	0	0	0	0
2. First Quarter	9,272	1	9,271	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	28,002	3	27,999	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	14,839	2	14,837	0	0	0	0	0	0	0
8. Non-Physician	408	0	408	0	0	0	0	0	0	0
9. Total	15,247	2	15,245	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	294	0	294	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	92	0	92	0	0	0	0	0	0	0
12. Health Premiums Written	8,559,820	2,418	8,557,402	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	8,559,820	2,418	8,557,402	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	5,150,125	2,998	5,147,127	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	6,947,083	3,184	6,943,899	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

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.....	9,272	9,272	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	28,002	28,002	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	8,559,820	8,559,820	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	8,290,591	8,290,591	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).....	8,290,591	8,290,591	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,947,083	6,947,083	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	6,510	6,510	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,940,573	6,940,573	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	426,373	426,373	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,079,636	1,079,636	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	240,019	240,019	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	8,686,601	8,686,601	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(396,010)	(396,010)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,257	7,257	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(11)	(11)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(388,764)	(388,764)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(224,131)	(224,131)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(164,633)	(164,633)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.7%	83.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

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.....	9,272	9,272	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	28,002	28,002	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	8,559,820	8,559,820	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	8,290,591	8,290,591	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).....	8,290,591	8,290,591	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	6,947,083	6,947,083	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	6,510	6,510	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	6,940,573	6,940,573	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	426,373	426,373	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,079,636	1,079,636	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	240,019	240,019	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	8,686,601	8,686,601	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(396,010)	(396,010)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	7,257	7,257	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(11)	(11)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(388,764)	(388,764)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(224,131)	(224,131)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(164,633)	(164,633)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	83.7%	83.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	295	0	295	0	0	0	0	0	0	0
2. First Quarter	1,052	0	1,052	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	2,275	0	2,275	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	33	0	33	0	0	0	0	0	0	0
9. Total	1,239	0	1,239	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	7	0	7	0	0	0	0	0	0	0
12. Health Premiums Written	616,063	0	616,063	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	616,063	0	616,063	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	418,219	0	418,219	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	564,212	0	564,212	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

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.....	1,052	1,052	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,275	2,275	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	616,063	616,063	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	615,251	615,251	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).....	615,251	615,251	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	564,212	564,212	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).....	564,212	564,212	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	34,628	34,628	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	87,684	87,684	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	19,493	19,493	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	706,017	706,017	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(90,766)	(90,766)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	539	539	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(1)	(1)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(90,228)	(90,228)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(52,018)	(52,018)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(38,210)	(38,210)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	91.7%	91.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

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.....	1,052	1,052	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,275	2,275	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	616,063	616,063	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	615,251	615,251	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).....	615,251	615,251	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	564,212	564,212	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).....	564,212	564,212	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	34,628	34,628	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	87,684	87,684	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	19,493	19,493	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	706,017	706,017	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(90,766)	(90,766)	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	539	539	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(1)	(1)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(90,228)	(90,228)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(52,018)	(52,018)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(38,210)	(38,210)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	91.7%	91.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				



**TEXAS HMO SUPPLEMENT**

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

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.....	3,018	3,018	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,984	8,984	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,446,199	4,446,199	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,265,398	4,265,398	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).....	4,265,398	4,265,398	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,228,079	2,228,079	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	4,668	4,668	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,223,411	2,223,411	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	136,747	136,747	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	346,263	346,263	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	76,979	76,979	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,783,400	2,783,400	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,481,998	1,481,998	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,734	3,734	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(4)	(4)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,485,728	1,485,728	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	856,554	856,554	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	629,174	629,174	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	52.1%	52.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

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

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.....	3,018	3,018	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	8,984	8,984	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,446,199	4,446,199	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,265,398	4,265,398	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).....	4,265,398	4,265,398	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,228,079	2,228,079	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	4,668	4,668	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,223,411	2,223,411	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	136,747	136,747	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	346,263	346,263	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	76,979	76,979	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,783,400	2,783,400	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,481,998	1,481,998	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	3,734	3,734	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(4)	(4)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,485,728	1,485,728	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	856,554	856,554	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	629,174	629,174	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	52.1%	52.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	4,095	5	4,090	0	0	0	0	0	0	0
2. First Quarter	5,063	5	5,058	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	15,182	15	15,167	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	8,046	9	8,037	0	0	0	0	0	0	0
8. Non-Physician	221	0	221	0	0	0	0	0	0	0
9. Total	8,267	9	8,258	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	159	0	159	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	50	0	50	0	0	0	0	0	0	0
12. Health Premiums Written	5,340,954	10,310	5,330,644	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	5,336,313	10,310	5,326,003	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	2,803,176	14,988	2,788,188	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	3,777,415	15,919	3,761,496	0	0	0	0	0	0	0

**TEXAS HMO SUPPLEMENT**

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

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.....	5,063	5,063	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	15,182	15,182	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,340,954	5,340,954	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,326,021	5,326,021	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,641)	(4,641)	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).....	5,321,380	5,321,380	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,777,415	3,777,415	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	15,004	15,004	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,762,411	3,762,411	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	231,836	231,836	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	587,043	587,043	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	130,508	130,508	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,711,798	4,711,798	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	609,582	609,582	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,658	4,658	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(6)	(6)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	614,234	614,234	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	354,119	354,119	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	260,115	260,115	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	70.6%	70.6%	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				

**TEXAS HMO SUPPLEMENT**

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

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.....	5,063	5,063	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	15,182	15,182	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	5,340,954	5,340,954	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	5,326,021	5,326,021	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,641)	(4,641)	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).....	5,321,380	5,321,380	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,777,415	3,777,415	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	15,004	15,004	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	3,762,411	3,762,411	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	231,836	231,836	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	587,043	587,043	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	130,508	130,508	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,711,798	4,711,798	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	609,582	609,582	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	4,658	4,658	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(6)	(6)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	614,234	614,234	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	354,119	354,119	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	260,115	260,115	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	70.6%	70.6%	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				