

**TEXAS HMO SUPPLEMENT**

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

OF THE **Unitedhealthcare Community Plan of Texas, LLC**  
(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.....	241,003	0	0	35,026	0	194,917	0	0	11,060	0
2. MEMBER MONTHS.....	730,181	0	0	104,748	0	592,304	0	0	33,129	0
3. Direct Premium Income.....	597,845,346	0	0	147,118,982	0	444,983,813	0	XXXXXXXX	5,742,551	0
4. Net Premium Income.....	581,547,000	0	0	144,007,175	0	431,915,993	0	0	5,623,832	0
5. Change in unearned premium reserve and reserve for rate credits.....	(8,015,127)	0	0	(6,745,716)	0	(1,251,709)	0	0	(17,702)	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).....	573,531,873	0	0	137,261,459	0	430,664,284	0	0	5,606,130	0
11. Hospital & Medical Benefits.....	518,100,358	0	0	107,149,859	0	406,567,444	0	0	4,383,055	0
12. Net Reins Recoveries Incurred.....	15,934,799	0	0	1,783,188	0	14,034,800	0	0	116,811	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	502,165,559	0	0	105,366,671	0	392,532,644	0	0	4,266,244	0
14. Claims Adjustment Expenses.....	28,741,565	0	0	7,072,782	0	21,392,708	0	0	276,075	0
15. General Administrative Expenses.....	61,797,712	0	0	15,207,305	0	45,996,815	0	0	593,592	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).....	592,704,836	0	0	127,646,758	0	459,922,167	0	0	5,135,911	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(19,172,963)	0	0	9,614,701	0	(29,257,883)	0	0	470,219	0
19. Net Investments Gains / (Losses).....	1,979,495	0	0	487,118	0	1,473,363	0	0	19,014	0
20. Aggregate write-ins for other expenses.....	(486,715)	0	0	(11,040)	0	(475,675)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(17,680,183)	0	0	10,090,779	0	(28,260,195)	0	0	489,233	0
22. Federal and foreign income taxes incurred.....	3,666,061	0	0	5,523,589	0	(2,103,647)	0	0	246,119	0
23. NET INCOME/(LOSS) (L21 less L22).....	(21,346,244)	0	0	4,567,190	0	(26,156,548)	0	0	243,114	0
24 Medical Loss Ratio	86.3%	0.0%	0.0%	73.2%	0.0%	90.9%	0.0%	0.0%	75.9%	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 Community Plan of Texas, LLC**  
(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.....	241,003	0	0	35,026	0	194,917	0	0	11,060	0
2. MEMBER MONTHS.....	730,181	0	0	104,748	0	592,304	0	0	33,129	0
3. Direct Premium Income.....	597,845,346	0	0	147,118,982	0	444,983,813	0	XXXXXXXX	5,742,551	0
4. Net Premium Income.....	581,547,000	0	0	144,007,175	0	431,915,993	0	0	5,623,832	0
5. Change in unearned premium reserve and reserve for rate credits.....	(8,015,127)	0	0	(6,745,716)	0	(1,251,709)	0	0	(17,702)	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).....	573,531,873	0	0	137,261,459	0	430,664,284	0	0	5,606,130	0
11. Hospital & Medical Benefits.....	518,100,358	0	0	107,149,859	0	406,567,444	0	0	4,383,055	0
12. Net Reins Recoveries Incurred.....	15,934,799	0	0	1,783,188	0	14,034,800	0	0	116,811	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	502,165,559	0	0	105,366,671	0	392,532,644	0	0	4,266,244	0
14. Claims Adjustment Expenses.....	28,741,565	0	0	7,072,782	0	21,392,708	0	0	276,075	0
15. General Administrative Expenses.....	61,797,712	0	0	15,207,305	0	45,996,815	0	0	593,592	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).....	592,704,836	0	0	127,646,758	0	459,922,167	0	0	5,135,911	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(19,172,963)	0	0	9,614,701	0	(29,257,883)	0	0	470,219	0
19. Net Investments Gains / (Losses).....	1,979,495	0	0	487,118	0	1,473,363	0	0	19,014	0
20. Aggregate write-ins for other expenses.....	(486,715)	0	0	(11,040)	0	(475,675)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(17,680,183)	0	0	10,090,779	0	(28,260,195)	0	0	489,233	0
22. Federal and foreign income taxes incurred.....	3,666,061	0	0	5,523,589	0	(2,103,647)	0	0	246,119	0
23. NET INCOME/(LOSS) (L21 less L22).....	(21,346,244)	0	0	4,567,190	0	(26,156,548)	0	0	243,114	0
24 Medical Loss Ratio	86.3%	0.0%	0.0%	73.2%	0.0%	90.9%	0.0%	0.0%	75.9%	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 Community Plan of Texas, LLC**

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	76,472	0	0	0	0	0	0	1,995	74,477	0
2. First Quarter	75,074	0	0	0	0	0	0	2,169	72,905	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	229,878	0	0	0	0	0	0	6,389	223,489	0
Total Member Ambulatory Encounters for Year:										
7. Physician	215,534	0	0	0	0	0	0	10,158	205,376	0
8. Non-Physician	208,930	0	0	0	0	0	0	5,174	203,756	0
9. Total	424,464	0	0	0	0	0	0	15,332	409,132	0
10. Hospital Patient Days Incurred	643,721	0	0	0	0	0	0	7,635	636,086	0
11. Number of Inpatient Admissions	77,583	0	0	0	0	0	0	866	76,717	0
12. Health Premiums Written	113,971,205	0	0	0	0	0	0	9,268,496	104,702,709	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	113,671,494	0	0	0	0	0	0	9,268,496	104,402,998	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	95,951,646	0	0	0	0	0	0	7,037,830	88,913,816	0
18. Amount Incurred for Provision of Health Care Services	98,009,719	0	0	0	0	0	0	5,530,142	92,479,577	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Unitedhealthcare Community Plan of Texas, LLC**

(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.....	75,074	0	0	2,169	0	72,905	0	0	0	0
2. MEMBER MONTHS.....	229,878	0	0	6,389	0	223,489	0	0	0	0
3. Direct Premium Income.....	113,971,205	0	0	9,268,496	0	104,702,709	0	XXXXXXXX	0	0
4. Net Premium Income.....	110,900,695	0	0	9,130,528	0	101,770,167	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(299,711)	0	0	0	0	(299,711)	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).....	110,600,984	0	0	9,130,528	0	101,470,456	0	0	0	0
11. Hospital & Medical Benefits.....	98,009,719	0	0	5,530,142	0	92,479,577	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,911,210	0	0	0	0	1,911,210	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	96,098,509	0	0	5,530,142	0	90,568,367	0	0	0	0
14. Claims Adjustment Expenses.....	5,489,093	0	0	448,438	0	5,040,655	0	0	0	0
15. General Administrative Expenses.....	11,802,188	0	0	964,193	0	10,837,995	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).....	113,389,790	0	0	6,942,773	0	106,447,017	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,788,806)	0	0	2,187,755	0	(4,976,561)	0	0	0	0
19. Net Investments Gains / (Losses).....	378,046	0	0	30,885	0	347,161	0	0	0	0
20. Aggregate write-ins for other expenses.....	(4,976)	0	0	24	0	(5,000)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,415,736)	0	0	2,218,664	0	(4,634,400)	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,004,416	0	0	854,544	0	149,872	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,420,152)	0	0	1,364,120	0	(4,784,272)	0	0	0	0
24 Medical Loss Ratio	86.7%	0.0%	0.0%	60.6%	0.0%	89.0%	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 Community Plan of Texas, LLC**

(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.....	75,074	0	0	2,169	0	72,905	0	0	0	0
2. MEMBER MONTHS.....	229,878	0	0	6,389	0	223,489	0	0	0	0
3. Direct Premium Income.....	113,971,205	0	0	9,268,496	0	104,702,709	0	XXXXXXXX	0	0
4. Net Premium Income.....	110,900,695	0	0	9,130,528	0	101,770,167	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(299,711)	0	0	0	0	(299,711)	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).....	110,600,984	0	0	9,130,528	0	101,470,456	0	0	0	0
11. Hospital & Medical Benefits.....	98,009,719	0	0	5,530,142	0	92,479,577	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,911,210	0	0	0	0	1,911,210	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	96,098,509	0	0	5,530,142	0	90,568,367	0	0	0	0
14. Claims Adjustment Expenses.....	5,489,093	0	0	448,438	0	5,040,655	0	0	0	0
15. General Administrative Expenses.....	11,802,188	0	0	964,193	0	10,837,995	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).....	113,389,790	0	0	6,942,773	0	106,447,017	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,788,806)	0	0	2,187,755	0	(4,976,561)	0	0	0	0
19. Net Investments Gains / (Losses).....	378,046	0	0	30,885	0	347,161	0	0	0	0
20. Aggregate write-ins for other expenses.....	(4,976)	0	0	24	0	(5,000)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(2,415,736)	0	0	2,218,664	0	(4,634,400)	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,004,416	0	0	854,544	0	149,872	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,420,152)	0	0	1,364,120	0	(4,784,272)	0	0	0	0
24 Medical Loss Ratio	86.7%	0.0%	0.0%	60.6%	0.0%	89.0%	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 Community Plan of Texas, LLC**

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	10,416	0	0	0	0	0	0	0	10,416	0
2. First Quarter	10,402	0	0	0	0	0	0	0	10,402	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	31,257	0	0	0	0	0	0	0	31,257	0
Total Member Ambulatory Encounters for Year:										
7. Physician	29,303	0	0	0	0	0	0	0	29,303	0
8. Non-Physician	29,072	0	0	0	0	0	0	0	29,072	0
9. Total	58,375	0	0	0	0	0	0	0	58,375	0
10. Hospital Patient Days Incurred	90,756	0	0	0	0	0	0	0	90,756	0
11. Number of Inpatient Admissions	10,946	0	0	0	0	0	0	0	10,946	0
12. Health Premiums Written	49,998,839	0	0	0	0	0	0	0	49,998,839	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	49,860,503	0	0	0	0	0	0	0	49,860,503	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	42,463,221	0	0	0	0	0	0	0	42,463,221	0
18. Amount Incurred for Provision of Health Care Services	52,617,228	0	0	0	0	0	0	0	52,617,228	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Unitedhealthcare Community Plan of Texas, LLC**

(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.....	10,402	0	0	0	0	10,402	0	0	0	0
2. MEMBER MONTHS.....	31,257	0	0	0	0	31,257	0	0	0	0
3. Direct Premium Income.....	49,998,839	0	0	0	0	49,998,839	0	XXXXXXXX	0	0
4. Net Premium Income.....	48,811,230	0	0	0	0	48,811,230	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(138,336)	0	0	0	0	(138,336)	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).....	48,672,894	0	0	0	0	48,672,894	0	0	0	0
11. Hospital & Medical Benefits.....	52,617,228	0	0	0	0	52,617,228	0	0	0	0
12. Net Reins Recoveries Incurred.....	506,456	0	0	0	0	506,456	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	52,110,772	0	0	0	0	52,110,772	0	0	0	0
14. Claims Adjustment Expenses.....	2,417,610	0	0	0	0	2,417,610	0	0	0	0
15. General Administrative Expenses.....	5,198,143	0	0	0	0	5,198,143	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).....	59,726,525	0	0	0	0	59,726,525	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(11,053,631)	0	0	0	0	(11,053,631)	0	0	0	0
19. Net Investments Gains / (Losses).....	166,506	0	0	0	0	166,506	0	0	0	0
20. Aggregate write-ins for other expenses.....	(5,000)	0	0	0	0	(5,000)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,892,125)	0	0	0	0	(10,892,125)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,705,812)	0	0	0	0	(2,705,812)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(8,186,313)	0	0	0	0	(8,186,313)	0	0	0	0
24 Medical Loss Ratio	106.8%	0.0%	0.0%	0.0%	0.0%	106.8%	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 Community Plan of Texas, LLC**

(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.....	10,402	0	0	0	0	10,402	0	0	0	0
2. MEMBER MONTHS.....	31,257	0	0	0	0	31,257	0	0	0	0
3. Direct Premium Income.....	49,998,839	0	0	0	0	49,998,839	0	XXXXXXXX	0	0
4. Net Premium Income.....	48,811,230	0	0	0	0	48,811,230	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(138,336)	0	0	0	0	(138,336)	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).....	48,672,894	0	0	0	0	48,672,894	0	0	0	0
11. Hospital & Medical Benefits.....	52,617,228	0	0	0	0	52,617,228	0	0	0	0
12. Net Reins Recoveries Incurred.....	506,456	0	0	0	0	506,456	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	52,110,772	0	0	0	0	52,110,772	0	0	0	0
14. Claims Adjustment Expenses.....	2,417,610	0	0	0	0	2,417,610	0	0	0	0
15. General Administrative Expenses.....	5,198,143	0	0	0	0	5,198,143	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).....	59,726,525	0	0	0	0	59,726,525	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(11,053,631)	0	0	0	0	(11,053,631)	0	0	0	0
19. Net Investments Gains / (Losses).....	166,506	0	0	0	0	166,506	0	0	0	0
20. Aggregate write-ins for other expenses.....	(5,000)	0	0	0	0	(5,000)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,892,125)	0	0	0	0	(10,892,125)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,705,812)	0	0	0	0	(2,705,812)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(8,186,313)	0	0	0	0	(8,186,313)	0	0	0	0
24. Medical Loss Ratio	106.8%	0.0%	0.0%	0.0%	0.0%	106.8%	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 Community Plan of Texas, LLC**

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	154,411	11,025	0	0	0	0	0	32,097	111,289	0
2. First Quarter	155,527	11,060	0	0	0	0	0	32,857	111,610	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	469,046	33,129	0	0	0	0	0	98,359	337,558	0
Total Member Ambulatory Encounters for Year:										
7. Physician	483,796	15,508	0	0	0	0	0	153,878	314,410	0
8. Non-Physician	398,691	8,391	0	0	0	0	0	78,371	311,929	0
9. Total	882,487	23,899	0	0	0	0	0	232,249	626,339	0
10. Hospital Patient Days Incurred	1,089,727	292	0	0	0	0	0	115,654	973,781	0
11. Number of Inpatient Admissions	130,682	111	0	0	0	0	0	13,125	117,446	0
12. Health Premiums Written	433,875,302	5,742,551	0	0	0	0	0	137,850,486	290,282,265	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	426,298,222	5,724,849	0	0	0	0	0	131,104,770	289,468,603	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	350,375,670	4,300,954	0	0	0	0	0	99,551,545	246,523,171	0
18. Amount Incurred for Provision of Health Care Services	367,473,411	4,383,055	0	0	0	0	0	101,619,717	261,470,639	0

**TEXAS HMO SUPPLEMENT**

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

OF THE **Unitedhealthcare Community Plan of Texas, LLC**

(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.....	155,527	0	0	32,857	0	111,610	0	0	11,060	0
2. MEMBER MONTHS.....	469,046	0	0	98,359	0	337,558	0	0	33,129	0
3. Direct Premium Income.....	433,875,302	0	0	137,850,486	0	290,282,265	0	XXXXXXXX	5,742,551	0
4. Net Premium Income.....	421,835,075	0	0	134,876,647	0	281,334,596	0	0	5,623,832	0
5. Change in unearned premium reserve and reserve for rate credits.....	(7,577,080)	0	0	(6,745,716)	0	(813,662)	0	0	(17,702)	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).....	414,257,995	0	0	128,130,931	0	280,520,934	0	0	5,606,130	0
11. Hospital & Medical Benefits.....	367,473,411	0	0	101,619,717	0	261,470,639	0	0	4,383,055	0
12. Net Reins Recoveries Incurred.....	13,517,133	0	0	1,783,188	0	11,617,134	0	0	116,811	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	353,956,278	0	0	99,836,529	0	249,853,505	0	0	4,266,244	0
14. Claims Adjustment Expenses.....	20,834,862	0	0	6,624,344	0	13,934,443	0	0	276,075	0
15. General Administrative Expenses.....	44,797,381	0	0	14,243,112	0	29,960,677	0	0	593,592	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).....	419,588,521	0	0	120,703,985	0	293,748,625	0	0	5,135,911	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,330,526)	0	0	7,426,946	0	(13,227,691)	0	0	470,219	0
19. Net Investments Gains / (Losses).....	1,434,943	0	0	456,233	0	959,696	0	0	19,014	0
20. Aggregate write-ins for other expenses.....	(476,739)	0	0	(11,064)	0	(465,675)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,372,322)	0	0	7,872,115	0	(12,733,670)	0	0	489,233	0
22. Federal and foreign income taxes incurred.....	5,367,457	0	0	4,669,045	0	452,293	0	0	246,119	0
23. NET INCOME/(LOSS) (L21 less L22).....	(9,739,779)	0	0	3,203,070	0	(13,185,963)	0	0	243,114	0
24 Medical Loss Ratio	83.9%	0.0%	0.0%	74.0%	0.0%	88.8%	0.0%	0.0%	75.9%	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 Community Plan of Texas, LLC**

(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.....	155,527	0	0	32,857	0	111,610	0	0	11,060	0
2. MEMBER MONTHS.....	469,046	0	0	98,359	0	337,558	0	0	33,129	0
3. Direct Premium Income.....	433,875,302	0	0	137,850,486	0	290,282,265	0	XXXXXXXX	5,742,551	0
4. Net Premium Income.....	421,835,075	0	0	134,876,647	0	281,334,596	0	0	5,623,832	0
5. Change in unearned premium reserve and reserve for rate credits.....	(7,577,080)	0	0	(6,745,716)	0	(813,662)	0	0	(17,702)	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).....	414,257,995	0	0	128,130,931	0	280,520,934	0	0	5,606,130	0
11. Hospital & Medical Benefits.....	367,473,411	0	0	101,619,717	0	261,470,639	0	0	4,383,055	0
12. Net Reins Recoveries Incurred.....	13,517,133	0	0	1,783,188	0	11,617,134	0	0	116,811	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	353,956,278	0	0	99,836,529	0	249,853,505	0	0	4,266,244	0
14. Claims Adjustment Expenses.....	20,834,862	0	0	6,624,344	0	13,934,443	0	0	276,075	0
15. General Administrative Expenses.....	44,797,381	0	0	14,243,112	0	29,960,677	0	0	593,592	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).....	419,588,521	0	0	120,703,985	0	293,748,625	0	0	5,135,911	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,330,526)	0	0	7,426,946	0	(13,227,691)	0	0	470,219	0
19. Net Investments Gains / (Losses).....	1,434,943	0	0	456,233	0	959,696	0	0	19,014	0
20. Aggregate write-ins for other expenses.....	(476,739)	0	0	(11,064)	0	(465,675)	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(4,372,322)	0	0	7,872,115	0	(12,733,670)	0	0	489,233	0
22. Federal and foreign income taxes incurred.....	5,367,457	0	0	4,669,045	0	452,293	0	0	246,119	0
23. NET INCOME/(LOSS) (L21 less L22).....	(9,739,779)	0	0	3,203,070	0	(13,185,963)	0	0	243,114	0
24 Medical Loss Ratio	83.9%	0.0%	0.0%	74.0%	0.0%	88.8%	0.0%	0.0%	75.9%	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				