

ANNUAL STATEMENT

OF THE

UnitedHealthcare of Louisiana, Inc.

TO THE

Insurance Department

OF THE

STATE OF

Louisiana

FOR THE YEAR ENDED
DECEMBER 31, 2012

HEALTH

2012



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2012
OF THE CONDITION AND AFFAIRS OF THE
UnitedHealthcare of Louisiana, Inc.

NAIC Group Code07070707NAIC Company Code95833Employer's ID Number72-1074008

(Current)(Prior)

Organized under the Laws ofLouisiana, State of Domicile or Port of EntryLouisiana

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized04/09/1986Commenced Business11/20/1986

Statutory Home Office3838 N. Causeway Blvd, Suite 2600Metairie, LA, US 70002

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office3838 N. Causeway Blvd, Suite 2600

(Street and Number)

Metairie, LA, US 70002504-849-1603

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address3838 N. Causeway Blvd, Suite 2600Metairie, LA, US 70002

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records9700 Health Care Lane

(Street and Number)

Minnetonka, MN, US 55343952-936-1300

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Web Site Addresswww.uhc.com

Statutory Statement ContactMichael E Koepke952-979-6149

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OFFICERS

Chair, President, Chief Executive OfficerGlen John GolemiSecretaryJohn Joseph Matthews

Chief Financial OfficerBridget Leigh GalatasTreasurerRobert Worth Oberrender

OTHER

Cheryl Ann LippertVice PresidentJuanita Bolland LuisAssistant SecretaryMichelle Marie Huntley DillAssistant Secretary

Nyle Brent CottinghamAssistant Treasurer

DIRECTORS OR TRUSTEES

Glen John GolemiCheryl Ann LippertRobert James Friedrichs

Bridget Leigh Galatas

State ofState ofState of

County ofCounty ofCounty of

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Glen John GolemiBridget Leigh GalatasBlank

Chair, Chief Executive Officer, PresidentChief Financial OfficerBlank

Subscribed and sworn to before me thisSubscribed and sworn to before me thisSubscribed and sworn to before me this

day ofday ofday of

a. Is this an original filing?.....Yes [x] No []

b. If no,

1. State the amendment number.....

2. Date filed.....

3. Number of pages attached.....

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)			0	0
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$				
encumbrances)			0	0
4.2 Properties held for the production of income (less				
\$ encumbrances)			0	0
4.3 Properties held for sale (less \$				
encumbrances)			0	0
5. Cash (\$1,053,477 , Schedule E - Part 1), cash equivalents				
(\$, Schedule E - Part 2) and short-term				
investments (\$7,320,498 , Schedule DA)	8,373,975		8,373,975	7,938,905
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	8,373,975	0	8,373,975	7,938,905
13. Title plants less \$ charged off (for Title insurers				
only)			0	0
14. Investment income due and accrued	2,308		2,308	3,317
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	10,999		10,999	12,611
15.2 Deferred premiums, agents' balances and installments booked but				
deferred and not yet due (including \$				
earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	1,526,108		1,526,108	0
18.2 Net deferred tax asset	186,322	0	186,322	25,486
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets				
(\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	461,168	461,168	0	0
24. Health care (\$0) and other amounts receivable	11,539	11,539	0	0
25. Aggregate write-ins for other than invested assets	240,110	560	239,550	351,302
26. Total assets excluding Separate Accounts, Segregated Accounts and				
Protected Cell Accounts (Lines 12 to 25)	10,812,529	473,267	10,339,262	8,331,621
27. From Separate Accounts, Segregated Accounts and Protected Cell				
Accounts			0	0
28. Total (Lines 26 and 27)	10,812,529	473,267	10,339,262	8,331,621
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Premium Taxes Recoverable	239,550		239,550	351,302
2502. Prepaid Expenses	560	560	0	
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	240,110	560	239,550	351,302

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$0 reinsurance ceded)	329,330		329,330	416,307
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	3,926		3,926	5,898
4. Aggregate health policy reserves, including the liability of \$260,529 for medical loss ratio rebate per the Public Health Service Act	261,273		261,273	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	92,145		92,145	45,504
9. General expenses due or accrued	19,359		19,359	5,088
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	17,455
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	398		398	485
12. Amounts withheld or retained for the account of others			0	0
13. Remittance and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	4,522,332		4,522,332	9,792
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	5,228,763	0	5,228,763	500,529
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,800,000	1,800,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	18,138,440	16,138,440
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(14,827,941)	(10,107,348)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	5,110,499	7,831,092
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	10,339,262	8,331,621
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2308. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2309. Totals (Lines 2301 thru 2303 plus 2308)(Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	8,661	9,426
2. Net premium income (including \$ non-health premium income)	XXX	4,928,692	5,391,283
3. Change in unearned premium reserves and reserve for rate credits	XXX	(261,273)	0
4. Fee-for-service (net of \$ medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	4,667,419	5,391,283
Hospital and Medical:			
9. Hospital/medical benefits		2,301,731	1,759,120
10. Other professional services		549	740
11. Outside referrals		0	0
12. Emergency room and out-of-area		0	0
13. Prescription drugs		575,558	314,718
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments, and bonus amounts		0	0
16. Subtotal (Lines 9 to 15)	0	2,877,838	2,074,578
Less:			
17. Net reinsurance recoveries		0	0
18. Total hospital and medical (Lines 16 minus 17)	0	2,877,838	2,074,578
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$14,753,403 cost containment expenses		16,881,022	55,954
21. General administrative expenses		(7,798,410)	878,162
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	(73,000)
23. Total underwriting deductions (Lines 18 through 22)	0	11,960,450	2,935,694
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(7,293,031)	2,455,589
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		6,850	10,211
26. Net realized capital gains (losses) less capital gains tax of \$			
27. Net investment gains (losses) (Lines 25 plus 26)	0	6,850	10,211
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$3,748)]		(3,748)	
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(7,289,929)	2,465,800
31. Federal and foreign income taxes incurred	XXX	(2,565,517)	799,416
32. Net income (loss) (Lines 30 minus 31)	XXX	(4,724,412)	1,666,384
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	7,831,092	6,137,435
34. Net income or (loss) from Line 32	(4,724,412)	1,666,384
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	98,055	88,267
39. Change in nonadmitted assets	(424,008)	(60,994)
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....	30,012	
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	2,000,000	0
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	299,760	0
48. Net change in capital and surplus (Lines 34 to 47)	(2,720,593)	1,693,657
49. Capital and surplus end of reporting period (Line 33 plus 48)	5,110,499	7,831,092
DETAILS OF WRITE-INS		
4701. Correction of errors	299,760	0
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	299,760	0

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	5,438,027	5,931,065
2. Net investment income	7,859	12,097
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	5,445,886	5,943,162
5. Benefit and loss related payments	2,959,864	5,075,972
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	8,962,869	1,468,567
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(860,545)	646,510
10. Total (Lines 5 through 9)	11,062,188	7,191,049
11. Net cash from operations (Line 4 minus Line 10)	(5,616,302)	(1,247,887)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	2,000,000	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	4,051,373	(349,467)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	6,051,373	(349,467)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	435,071	(1,597,354)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	7,938,905	9,536,258
19.2 End of year (Line 18 plus Line 19.1)	8,373,975	7,938,905

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	4,928,692	4,928,692								
2. Change in unearned premium reserves and reserve for rate credit	(261,273)	(261,273)								
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	4,667,419	4,667,419	0	0	0	0	0	0	0	0
8. Hospital/medical benefits	2,301,731	2,301,731								XXX
9. Other professional services	549	549								XXX
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	575,558	575,558								XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0	0								XXX
15. Subtotal (Lines 8 to 14)	2,877,838	2,877,838	0	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	2,877,838	2,877,838	0	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ cost containment expenses	16,881,022	16,881,022							0	
20. General administrative expenses	(7,798,410)	903,698							(8,702,108)	
21. Increase in reserves for accident and health contracts	0								0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	11,960,450	20,662,558	0	0	0	0	0	0	(8,702,108)	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	(7,293,031)	(15,995,139)	0	0	0	0	0	0	8,702,108	0
DETAILS OF WRITE-INS										XXX
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

		1	2	3	4
Line of Business		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
1.	Comprehensive (hospital and medical)	4,933,625		4,933	4,928,692
2.	Medicare Supplement	0			0
3.	Dental only				0
4.	Vision only				0
5.	Federal Employees Health Benefits Plan	0			0
6.	Title XVIII - Medicare	0			0
7.	Title XIX - Medicaid	0			0
8.	Other health				0
9.	Health subtotal (Lines 1 through 8)	4,933,625	0	4,933	4,928,692
10.	Life	0			0
11.	Property/casualty	0			0
12.	Totals (Lines 9 to 11)	4,933,625	0	4,933	4,928,692

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	2,959,864	2,959,864								
1.2 Reinsurance assumed .....	.0									
1.3 Reinsurance ceded .....	.0									
1.4 Net	2,959,864	2,959,864	.0	.0	.0	.0	.0	.0	.0	.0
2. Paid medical incentive pools and bonuses .....	.0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	329,330	329,330	.0	.0	.0	.0	.0	.0	.0	.0
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net	329,330	329,330	.0	.0	.0	.0	.0	.0	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	.0									
4.2 Reinsurance assumed .....	.0									
4.3 Reinsurance ceded .....	.0									
4.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year .....	.0									
6. Net healthcare receivables (a)	(4,951)	(4,951)								
7. Amounts recoverable from reinsurers December 31, current year .....	.0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	416,307	416,307	.0	.0	.0	.0	.0	.0	.0	.0
8.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.4 Net	416,307	416,307	.0	.0	.0	.0	.0	.0	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	.0									
9.2 Reinsurance assumed .....	.0									
9.3 Reinsurance ceded .....	.0									
9.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	2,877,838	2,877,838	.0	.0	.0	.0	.0	.0	.0	.0
12.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.4 Net	2,877,838	2,877,838	0	0	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	198,309	198,309								
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	198,309	198,309	0	0	0	0	0	0	0	0
2. Incurred but Unreported:										
2.1 Direct	131,021	131,021								
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	131,021	131,021	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	329,330	329,330	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	329,330	329,330	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	233,380	2,726,484	3,170	326,160	236,550	416,307
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	233,380	2,726,484	3,170	326,160	236,550	416,307
10. Healthcare receivables (a)	1,039	10,138		362	1,039	16,490
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9 - 10 + 11 + 12)	232,341	2,716,346	3,170	325,798	235,511	399,817

(a) Excludes \$ loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	729	712	708	708	708
2.	2008	4,239	4,536	4,544	4,544	4,551
3.	2009	XXX	23,424	26,296	26,364	26,284
4.	2010	XXX	XXX	26,681	28,445	28,779
5.	2011	XXX	XXX	XXX	3,244	3,217
6.	2012	XXX	XXX	XXX	XXX	2,726

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	887	712	708	708	708
2.	2008	4,844	4,636	4,544	4,544	4,551
3.	2009	XXX	26,646	26,456	26,364	26,284
4.	2010	XXX	XXX	29,941	28,484	28,779
5.	2011	XXX	XXX	XXX	3,622	3,220
6.	2012	XXX	XXX	XXX	XXX	3,053

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2008	7,665	4,551	163	3.6	4,714	61.5			4,714	61.5
2.	2009	29,186	26,284	731	2.8	27,015	92.6			27,015	92.6
3.	2010	28,021	28,779	584	2.0	29,363	104.8			29,363	104.8
4.	2011	5,397	3,217	100	3.1	3,317	61.5	3		3,320	61.5
5.	2012	4,672	2,726	16,883	619.3	19,609	419.7	326	4	19,939	426.8

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred						Cumulative Net Amounts Paid				
						1 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	.....	.....	.....	.....	729	712	708	708	708
2.	2008	.....	.....	.....	.....	4,239	4,536	4,544	4,544	4,551
3.	2009	.....	.....	.....	.....	XXX	23,424	26,296	26,364	26,284
4.	2010	.....	.....	.....	.....	XXX	XXX	26,681	28,445	28,779
5.	2011	.....	.....	.....	.....	XXX	XXX	XXX	3,244	3,217
6.	2012	.....	.....	.....	.....	XXX	XXX	XXX	XXX	2,726

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred						Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
						1 2008	2 2009	3 2010	4 2011	5 2012
1.	Prior	.....	.....	.....	.....	887	712	708	708	708
2.	2008	.....	.....	.....	.....	4,844	4,636	4,544	4,544	4,551
3.	2009	.....	.....	.....	.....	XXX	26,646	26,456	26,364	26,284
4.	2010	.....	.....	.....	.....	XXX	XXX	29,941	28,484	28,779
5.	2011	.....	.....	.....	.....	XXX	XXX	XXX	3,622	3,220
6.	2012	.....	.....	.....	.....	XXX	XXX	XXX	XXX	3,053

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred		1	2	3	4	5	6	7	8	9	10
		Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2008	.....	.....	.....	.....	4,714	61.5	0	0	4,714	61.5
2.	2009	.....	.....	.....	.....	27,015	92.6	0	0	27,015	92.6
3.	2010	.....	.....	.....	.....	29,363	104.8	0	0	29,363	104.8
4.	2011	.....	.....	.....	.....	3,317	61.5	3	0	3,320	61.5
5.	2012	.....	.....	.....	.....	19,609	419.7	326	4	19,939	426.8

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	744	744							
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including \$) for investment income	260,529	260,529							
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	261,273	261,273	0	0	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	261,273	261,273	0	0	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1. Rent (\$ for occupancy of own building)	363,596	56,357	417,057		837,010
2. Salary, wages and other benefits	7,361,920	1,141,087	8,444,376		16,947,383
3. Commissions (less \$ ceded plus \$ assumed)			198,907		198,907
4. Legal fees and expenses	100,554	15,586	117,318		233,458
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	1,985,085	124,627	900,010		3,009,722
7. Traveling expenses	254,668	39,473	292,704		586,845
8. Marketing and advertising	611,895	94,843	701,865		1,408,603
9. Postage, express and telephone	526,994	81,683	604,481		1,213,158
10. Printing and office supplies	160,030	24,804	183,560		368,394
11. Occupancy, depreciation and amortization	126,473	19,603	145,069		291,145
12. Equipment	22,587	3,501	25,908		51,996
13. Cost or depreciation of EDP equipment and software	1,016,803	157,603	1,166,309		2,340,715
14. Outsourced services including EDP, claims, and other services	653,083	110,738	748,366		1,512,187
15. Boards, bureaus and association fees	23,785	3,687	27,283		54,755
16. Insurance, except on real estate	159,579	24,735	183,043		367,357
17. Collection and bank service charges	52,155	8,084	59,824		120,063
18. Group service and administration fees	70,427	10,916	80,782		162,125
19. Reimbursements by uninsured plans			(23,770,081)		(23,770,081)
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes	56,251	9,624	70,357		136,232
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					0
23.2 State premium taxes			111,753		111,753
23.3 Regulatory authority licenses and fees			17,344		17,344
23.4 Payroll taxes	402,065	76,405	551,952		1,030,422
23.5 Other (excluding federal income and real estate taxes)					0
24. Investment expenses not included elsewhere				625	625
25. Aggregate write-ins for expenses	805,453	124,263	923,403	0	1,853,119
26. Total expenses incurred (Lines 1 to 25)	14,753,403	2,127,619	(7,798,410)	625	(a) 9,083,237
27. Less expenses unpaid December 31, current year		3,926	19,359		23,285
28. Add expenses unpaid December 31, prior year	0	5,898	5,088	0	10,986
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	14,753,403	2,129,591	(7,812,681)	625	9,070,938
DETAILS OF WRITE-INS					
2501. Information Technology	60,870	9,435	69,820		140,125
2502. Interest	9,847	1,526	15,173		26,546
2503. Managed Care & Network Access	8,744	775	5,734		15,253
2598. Summary of remaining write-ins for Line 25 from overflow page	725,992	112,527	832,676	0	1,671,195
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	805,453	124,263	923,403	0	1,853,119

(a) Includes management fees of \$ 27,468,238 to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds	(a) .....	.....
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) .....	.....
1.3	Bonds of affiliates	(a) .....	.....
2.1	Preferred stocks (unaffiliated)	(b) .....	.....
2.11	Preferred stocks of affiliates	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c) .....	.....
4.	Real estate	(d) .....	.....
5	Contract Loans .....	.....	.....
6	Cash, cash equivalents and short-term investments	(e) 6,342	5,339
7	Derivative instruments	(f) 2,136	2,136
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income	0	0
10.	Total gross investment income	8,478	7,475
11.	Investment expenses .....	.....	(g) 625
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g) 0
13.	Interest expense .....	.....	(h)
14.	Depreciation on real estate and other invested assets .....	.....	(i)
15.	Aggregate write-ins for deductions from investment income .....	.....	0
16.	Total deductions (Lines 11 through 15) .....	.....	625
17.	Net investment income (Line 10 minus Line 16) .....	.....	6,850
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above) .....	.....	0

- (a) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$. 625 investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	0	0	0	0	0
1.1	Bonds exempt from U.S. tax .....	.....	.....	0	.....	.....
1.2	Other bonds (unaffiliated)	0	0	0	0	0
1.3	Bonds of affiliates	0	0	0	0	0
2.1	Preferred stocks (unaffiliated)	0	0	0	0	0
2.11	Preferred stocks of affiliates	0	0	0	0	0
2.2	Common stocks (unaffiliated)	0	0	0	0	0
2.21	Common stocks of affiliates	0	0	0	0	0
3.	Mortgage loans .....	.....	0	0	0	0
4.	Real estate .....	.....	0	0	.....	0
5.	Contract loans .....	.....	.....	0	.....	.....
6.	Cash, cash equivalents and short-term investments .....	.....	.....	0	.....	.....
7.	Derivative instruments .....	.....	.....	0	.....	.....
8.	Other invested assets .....	.....	0	0	0	0
9.	Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10.	Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon		0	0
18.2 Net deferred tax asset	0	62,781	62,781
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates	461,168		(461,168)
24. Health care and other amounts receivable	11,539	16,490	4,951
25. Aggregate write-ins for other than invested assets	560	0	(560)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	473,267	79,271	(393,996)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	473,267	79,271	(393,996)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Expenses	560	0	(560)
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	560	0	(560)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	869	824	696	696	676	8,661
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	869	824	696	696	676	8,661
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Optum RX, Inc.	4,264	2,965	1,482	1,194	9,906	0
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	1,633				1,633	0
0199999. Total Pharmaceutical Rebate Receivables	5,897	2,965	1,482	1,194	11,539	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed						
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	5,897	2,965	1,482	1,194	11,539	0

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

20

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

21

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	12,264	0.4	676	100.0	12,264	
3. All other providers	0	0.0		0.0		
4. Total capitation payments	12,264	0.4	676	100.0	12,264	0
Other Payments:						
5. Fee-for-service	208,338	7.0	XXX	XXX		208,338
6. Contractual fee payments	2,739,262	92.5	XXX	XXX		2,739,262
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	2,947,600	99.6	XXX	XXX	0	2,947,600
13. TOTAL (Line 4 plus Line 12)	2,959,864	100%	XXX	XXX	12,264	2,947,600

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	United Behavioral Health	11,601	967		
	Spectera, Inc.	663	55		
9999999 Totals		12,264	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	NONE					
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						

NOTES TO FINANCIAL STATEMENTS

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐

1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes ☒ No ☐ N/A ☐

1.3

State Regulating?

Louisiana

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2011

3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2006

3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

01/28/2008

3.4

By what department or departments?
Louisiana Department of Insurance

3.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☒ No ☐ N/A ☐

3.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ N/A ☐

4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

Yes ☐ No ☒

4.12 renewals?

Yes ☐ No ☒

4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

Yes ☐ No ☒

4.22 renewals?

Yes ☐ No ☒

5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

6.2

If yes, give full information:

7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes ☐ No ☒

7.2

If yes,

7.21 State the percentage of foreign control;

%

7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1	2
Nationality	Type of Entity

GENERAL INTERROGATORIES

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [X] No []
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
OptumHealth Bank, Inc.,	Salt Lake City, Utah	NO	NO	YES	NO

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Deloitte & Touche LLP, Minneapolis, MN
- 10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]
- 10.2

If the response to 10.1 is yes, provide information related to this exemption:
- 10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]
- 10.4

If the response to 10.3 is yes, provide information related to this exemption:
- 10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [X] No [] N/A []
- 10.6

If the response to 10.5 is no or n/a, please explain
11.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Allen J. Sorbo, Chief Actuary of UnitedHealthcare Insurance Company, an affiliate of UnitedHealthcare of Louisiana, Inc., Hartford CT.
- 12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [] No [X]
- 12.11

Name of real estate holding company
- 12.12

Number of parcels involved
- 12.13

Total book/adjusted carrying value

\$
- 12.2

If, yes provide explanation:
13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [] No []
- 13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No []
- 13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] N/A []
- 14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X] No []
- (a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c)

Compliance with applicable governmental laws, rules and regulations;
- (d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e)

Accountability for adherence to the code.
- 14.11

If the response to 14.1 is No, please explain:
- 14.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 14.21

If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

- 15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [] No [X]
- 15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [X] No []
17.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []
18.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person?

Yes [X] No []

FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [] No [X]
- 20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers

\$

20.12 To stockholders not officers

\$

20.13 Trustees, supreme or grand (Fraternal Only)

\$
- 20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers

\$

20.22 To stockholders not officers

\$

20.23 Trustees, supreme or grand (Fraternal Only)

\$
- 21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes [] No [X]
- 21.2

If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others

\$

21.22 Borrowed from others

\$

21.23 Leased from others

\$

21.24 Other

\$
- 22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [X] No []
- 22.2

If answer is yes:

22.21 Amount paid as losses or risk adjustment

\$

22.22 Amount paid as expenses

\$15,096

22.23 Other amounts paid

\$
- 23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

INVESTMENT

- 24.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

Yes [X] No []
- 24.02

If no, give full and complete information relating thereto
- 24.03

For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04

Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes [] No [] N/A [X]
- 24.05

If answer to 24.04 is yes, report amount of collateral for conforming programs.

\$
- 24.06

If answer to 24.04 is no, report amount of collateral for other programs.

\$
- 24.07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes [] No [] N/A [X]
- 24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes [] No [] N/A [X]
- 24.09

Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending?

Yes [] No [] N/A [X]

GENERAL INTERROGATORIES

24.10 For the reporting entity’s security lending program state the amount of the following as December 31 of the current year:

24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$	0
24.103	Total payable for securities lending reported on the liability page.	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes ☒ No ☐

25.2	If yes, state the amount thereof at December 31 of the current year:	25.21 Subject to repurchase agreements	\$	
		25.22 Subject to reverse repurchase agreements	\$	
		25.23 Subject to dollar repurchase agreements	\$	
		25.24 Subject to reverse dollar repurchase agreements	\$	
		25.25 Pledged as collateral	\$	
		25.26 Placed under option agreements	\$	
		25.27 Letter stock or other securities restricted as to sale	\$	
		25.28 On deposit with state or other regulatory body	\$	1,000,000
		25.29 Other	\$	

25.3 For category (25.27) provide the following:

1	2	3
Nature of Restriction	Description	Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes ☐ No ☒

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes ☐ No ☐ N/A ☒
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes ☐ No ☒

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes ☒ No ☐

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian's Address
Mellon Bank	Global Liquidity Services, 1 Wall St, 14th Floor, New York NY 10286

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes ☐ No ☒

28.04 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository Number(s)	Name	Address
N/A	Internally Managed	N/A

GENERAL INTERROGATORIES

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]
- 29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999 - Total		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1	2	3	4
Name of Mutual Fund (from above table)	Name of Significant Holding of the Mutual Fund	Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	7,320,498	7,320,498	0
30.2 Preferred stocks	0		0
30.3 Totals	7,320,498	7,320,498	0

- 30.4 Describe the sources or methods utilized in determining the fair values:
For those securities that had prices in the NAIC SVO ISIS database, those prices were used; for those securities that did not have prices in the NAIC SVO ISIS database, GAAP pricing was used. GAAP pricing was obtained from HUB which is an external data sources vendor. Hub utilizes various pricing sources.
- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
- 32.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any?\$1,979

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
BAKER DONELSON BEARMAN CALDWELL .....	.....1,979

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U.S. business only.

\$

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above

\$

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$

0

1.6

Individual policies:

Most current three years:

1.61 Total premium earned

\$

0

1.62 Total incurred claims

\$

0

1.63 Number of covered lives

0

All years prior to most current three years:

1.64 Total premium earned

\$

0

1.65 Total incurred claims

\$

0

1.66 Number of covered lives

0

1.7

Group policies:

Most current three years:

1.71 Total premium earned

\$

0

1.72 Total incurred claims

\$

0

1.73 Number of covered lives

0

All years prior to most current three years:

1.74 Total premium earned

\$

0

1.75 Total incurred claims

\$

0

1.76 Number of covered lives

0

2.

Health Test:

1

Current Year

2

Prior Year

2.1 Premium Numerator

4,928,692

5,391,283

2.2 Premium Denominator

4,928,692

5,391,283

2.3 Premium Ratio (2.1/2.2)

1.000

1.000

2.4 Reserve Numerator

590,603

416,307

2.5 Reserve Denominator

590,603

416,307

2.6 Reserve Ratio (2.4/2.5)

1.000

1.000

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes [X] No []

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No [X]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [] No [X]

5.2

If no, explain:

Entity has insolvency only reinsurance agreement

5.3

Maximum retained risk (see instructions)

5.31 Comprehensive Medical

\$

5.32 Medical Only

\$

5.33 Medicare Supplement

\$

5.34 Dental & Vision

\$

5.35 Other Limited Benefit Plan

\$

5.36 Other

\$

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Hold harmless clauses in provider agreements and continuation of coverage endorsements in reinsurance agreement.

7.1

Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes [X] No []

7.2

If no, give details

8.

Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

9,362

8.2 Number of providers at end of reporting year

9,981

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

\$

9.22 Business with rate guarantees over 36 months

\$

GENERAL INTERROGATORIES

10.1

Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes [] No [X]

10.2

If yes:

10.21

Maximum amount payable bonuses

\$

10.22

Amount actually paid for year bonuses

\$

10.23

Maximum amount payable withholds

\$

10.24

Amount actually paid for year withholds

\$

11.1

Is the reporting entitiy organized as:

11.12

A Medical Group/Staff Model,

Yes [] No [X]

11.13

An Individual Practice Association (IPA), or,

Yes [] No [X]

11.14

A Mixed Model (combination of above)?

Yes [] No [X]

11.2

Is the reporting entity subject to Minimum Net Worth Requirements?

Yes [X] No []

11.3

If yes, show the name of the state requiring such net worth.

Louisiana

11.4

If yes, show the amount required.

\$3,000,000

11.5

Is this amount included as part of a contingency reserve in stockholder's equity?

Yes [] No [X]

11.6

If the amount is calculated, show the calculation

The higher of \$3,000,000 or 200% of authorized control level RBC.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Acadia
Allen
Ascension
Assumption
Avoyelles
Beauregard
Bienville
Bossier
Caddo
Calcasieu
Caldwell
Cameron
Catahoula
Claiborne
Concordia
De Soto
East Baton Rouge
East Carroll
East Feliciana
Evangeline
Franklin
Grant
Iberia
Iberville
Jackson
Jefferson
Jefferson Davis
La Salle
Lafayette
Lafourche
Lincoln
Livingston
Madison
Morehouse
Natchitoches
Orleans
Ouachita
Plaquemines
Pointe Coupee
Rapides
Red River
Richland
Sabine
St. Bernard
St. Charles
St. Helena
St. James
St. John The Baptist
St. Landry
St. Martin
St. Mary
St. Tammany
Tangipahoa
Tensas
Terrebonne
Union
Vermilion
Vernon
Washington
Webster
West Baton Rouge

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

1 Name of Service Area
West Carroll
West Feliciana
Winn
.....

- 13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
- 13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
- 13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
- 13.4 If yes, please provide the balance of funds administered as of the reporting date. \$

FIVE-YEAR HISTORICAL DATA

	1 2012	2 2011	3 2010	4 2009	5 2008
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	10,339,262	8,331,621	10,267,743	15,255,614	7,034,746
2. Total liabilities (Page 3, Line 24)	5,228,763	500,529	4,130,308	7,717,154	1,545,924
3. Statutory surplus	3,000,000	3,000,000	3,640,002	3,173,748	1,512,824
4. Total capital and surplus (Page 3, Line 33)	5,110,499	7,831,092	6,137,435	7,538,460	5,488,822
Income Statement (Page 4)					
5. Total revenues (Line 8)	4,667,419	5,391,283	27,992,890	29,156,634	7,657,303
6. Total medical and hospital expenses (Line 18)	2,877,838	2,074,578	29,646,591	26,253,596	5,000,782
7. Claims adjustment expenses (Line 20)	16,881,022	55,954	585,075	772,033	162,591
8. Total administrative expenses (Line 21)	(7,798,410)	878,162	4,172,054	4,117,386	1,403,873
9. Net underwriting gain (loss) (Line 24)	(7,293,031)	2,455,589	(3,211,830)	(4,975,381)	984,707
10. Net investment gain (loss) (Line 27)	6,850	10,211	17,041	42,655	180,223
11. Total other income (Lines 28 plus 29)	(3,748)	0	0	0	34
12. Net income or (loss) (Line 32)	(4,724,412)	1,666,384	(938,343)	(4,266,801)	733,703
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(5,616,302)	(1,247,887)	(4,210,219)	513,762	1,134,004
Risk-Based Capital Analysis					
14. Total adjusted capital	5,110,499	7,831,092	6,137,435	7,538,460	5,488,822
15. Authorized control level risk-based capital	756,232	755,976	1,820,001	1,586,874	756,317
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	676	869	5,875	5,923	1,066
17. Total members months (Column 6, Line 7)	8,661	9,426	69,209	71,608	14,577
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	61.7	38.5	105.9	90.0	65.3
20. Cost containment expenses	316.1	1.0	0.9	0.5	0.1
21. Other claims adjustment expenses	45.6	0.0	1.2	2.2	2.0
22. Total underwriting deductions (Line 23)	256.3	54.5	111.5	117.1	87.1
23. Total underwriting gain (loss) (Line 24)	(156.3)	45.5	(11.5)	(17.1)	12.9
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	235,511	1,869,477	3,036,690	379,689	886,824
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	399,817	3,401,211	3,313,213	762,618	729,693
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION UnitedHealthcare of Louisiana, Inc. 2. Metairie, LA

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)
0707		Louisiana		2012							NAIC Company Code 95833
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		869	1	868							
2. First Quarter		824	1	823							
3. Second Quarter		696	1	695							
4. Third Quarter		696	1	695							
5. Current Year		676	1	675							
6. Current Year Member Months		8,661	12	8,649							
Total Member Ambulatory Encounters for Year:											
7. Physician		7,031	7	7,024							
8. Non-Physician		507	1	506							
9. Total		7,538	8	7,530	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred		234		234							
11. Number of Inpatient Admissions		52		52							
12. Health Premiums Written (b)		4,933,625	10,782	4,922,843							
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		4,672,353	10,782	4,661,571							
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		2,959,864	2,833	2,957,031							
18. Amount Incurred for Provision of Health Care Services		2,877,838	2,828	2,875,010							

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

UnitedHealthcare of Louisiana, Inc.

2. Metairie, LA

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2012		(LOCATION)	
0707										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
			Individual	Group							
Total Members at end of:											
1. Prior Year	869	1	868	0	0	0	0	0	0	0	0
2. First Quarter	824	1	823	0	0	0	0	0	0	0	0
3. Second Quarter	696	1	695	0	0	0	0	0	0	0	0
4. Third Quarter	696	1	695	0	0	0	0	0	0	0	0
5. Current Year	676	1	675	0	0	0	0	0	0	0	0
6. Current Year Member Months	8,661	12	8,649	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:											
7. Physician	7,031	7	7,024	0	0	0	0	0	0	0	0
8. Non-Physician	507	1	506	0	0	0	0	0	0	0	0
9. Total	7,538	8	7,530	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	234	0	234	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	52	0	52	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	4,933,625	10,782	4,922,843	0	0	0	0	0	0	0	0
13. Life Premiums Direct	0	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	0
15. Health Premiums Earned	4,672,353	10,782	4,661,571	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	2,959,864	2,833	2,957,031	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	2,877,838	2,828	2,875,010	0	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

Schedule S - Part 1 - Section 2
N O N E

Schedule S - Part 2
N O N E

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10	11		
									Current Year	Prior Year		
79413	36-2739571	01/01/2005	UnitedHealthcare Insurance Company	Hartford, CT	OTH/G	4,933						
0199999.	General Account - Authorized U.S. Affiliates					4,933	0	0	0	0	0	0
0399999.	Total General Account - Authorized Affiliates					4,933	0	0	0	0	0	0
0699999.	Total General Account - Authorized Non-Affiliates					0	0	0	0	0	0	0
0799999.	Total General Account Authorized					4,933	0	0	0	0	0	0
1099999.	Total General Account - Unauthorized Affiliates					0	0	0	0	0	0	0
1399999.	Total General Account - Unauthorized Non-Affiliates					0	0	0	0	0	0	0
1499999.	Total General Account Unauthorized					0	0	0	0	0	0	0
1799999.	Total General Account - Certified Affiliates					0	0	0	0	0	0	0
2099999.	Total General Account - Certified Non-Affiliates					0	0	0	0	0	0	0
2199999.	Total General Account Certified					0	0	0	0	0	0	0
2299999.	Total General Account Authorized, Unauthorized and Certified					4,933	0	0	0	0	0	0
2599999.	Total Separate Accounts - Authorized Affiliates					0	0	0	0	0	0	0
2899999.	Total Separate Accounts - Authorized Non-Affiliates					0	0	0	0	0	0	0
2999999.	Total Separate Accounts Authorized					0	0	0	0	0	0	0
3299999.	Total Separate Accounts - Unauthorized Affiliates					0	0	0	0	0	0	0
3599999.	Total Separate Accounts - Unauthorized Non-Affiliates					0	0	0	0	0	0	0
3699999.	Total Separate Accounts Unauthorized					0	0	0	0	0	0	0
3999999.	Total Separate Accounts - Certified Affiliates					0	0	0	0	0	0	0
4299999.	Total Separate Accounts - Certified Non-Affiliates					0	0	0	0	0	0	0
4399999.	Total Separate Accounts Certified					0	0	0	0	0	0	0
4499999.	Total Separate Accounts Authorized, Unauthorized and Certified					0	0	0	0	0	0	0
4599999.	Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599999, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)					4,933	0	0	0	0	0	0
4699999.	Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999)					0	0	0	0	0	0	0
4799999.	Totals					4,933	0	0	0	0	0	0

Schedule S - Part 4
N O N E

Schedule S - Part 4 - Bank Footnote
N O N E

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums	5	5	28	29	8
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers		XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)		XXX	XXX	XXX	XXX
19. Letters of credit (L)		XXX	XXX	XXX	XXX
20. Trust agreements (T)		XXX	XXX	XXX	XXX
21. Other (O)		XXX	XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	8,373,975		8,373,975
2. Accident and health premiums due and unpaid (Line 15)	10,999		10,999
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	(398)	(398)
5. All other admitted assets (Balance)	1,954,288		1,954,288
6. Total assets (Line 28)	10,339,262	(398)	10,338,864
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	329,330		329,330
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	92,145		92,145
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	4,807,288	(398)	4,806,890
15. Total liabilities (Line 24)	5,228,763	(398)	5,228,365
16. Total capital and surplus (Line 33)	5,110,499	XXX	5,110,499
17. Total liabilities, capital and surplus (Line 34)	10,339,262	(398)	10,338,864
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	398		
30. Total ceded reinsurance payables/offsets	398		
31. Total net credit for ceded reinsurance	(398)		

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories										
			1	Direct Business Only						
				2	3	4	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
States, etc.			Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX				
1.	Alabama	AL	N							.0
2.	Alaska	AK	N							.0
3.	Arizona	AZ	N							.0
4.	Arkansas	AR	N							.0
5.	California	CA	N							.0
6.	Colorado	CO	N							.0
7.	Connecticut	CT	N							.0
8.	Delaware	DE	N							.0
9.	District of Columbia	DC	N							.0
10.	Florida	FL	N							.0
11.	Georgia	GA	N							.0
12.	Hawaii	HI	N							.0
13.	Idaho	ID	N							.0
14.	Illinois	IL	N							.0
15.	Indiana	IN	N							.0
16.	Iowa	IA	N							.0
17.	Kansas	KS	N							.0
18.	Kentucky	KY	N							.0
19.	Louisiana	LA	L	4,933,625					4,933,625	
20.	Maine	ME	N							.0
21.	Maryland	MD	N							.0
22.	Massachusetts	MA	N							.0
23.	Michigan	MI	N							.0
24.	Minnesota	MN	N							.0
25.	Mississippi	MS	N							.0
26.	Missouri	MO	N							.0
27.	Montana	MT	N							.0
28.	Nebraska	NE	N							.0
29.	Nevada	NV	N							.0
30.	New Hampshire	NH	N							.0
31.	New Jersey	NJ	N							.0
32.	New Mexico	NM	N							.0
33.	New York	NY	N							.0
34.	North Carolina	NC	N							.0
35.	North Dakota	ND	N							.0
36.	Ohio	OH	N							.0
37.	Oklahoma	OK	N							.0
38.	Oregon	OR	N							.0
39.	Pennsylvania	PA	N							.0
40.	Rhode Island	RI	N							.0
41.	South Carolina	SC	N							.0
42.	South Dakota	SD	N							.0
43.	Tennessee	TN	N							.0
44.	Texas	TX	N							.0
45.	Utah	UT	N							.0
46.	Vermont	VT	N							.0
47.	Virginia	VA	N							.0
48.	Washington	WA	N							.0
49.	West Virginia	WV	N							.0
50.	Wisconsin	WI	N							.0
51.	Wyoming	WY	N							.0
52.	American Samoa	AS	N							.0
53.	Guam	GU	N							.0
54.	Puerto Rico	PR	N							.0
55.	U.S. Virgin Islands	VI	N							.0
56.	Northern Mariana Islands	MP	N							.0
57.	Canada	CAN	N							.0
58.	Aggregate other alien	OT	XXX	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal		XXX	4,933,625	.0	.0	.0	.0	4,933,625	.0
60.	Reporting entity contributions for Employee Benefit Plans		XXX						.0	
61.	Total (Direct Business)	(a)	1	4,933,625	0	0	0	0	4,933,625	0
DETAILS OF WRITE-INS										
58001.			XXX							
58002.			XXX							
58003.			XXX							
58998.	Summary of remaining write-ins for Line 58 from overflow page		XXX	.0	.0	.0	.0	.0	.0	.0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

Premiums allocated by state based upon Geographic Market.

(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

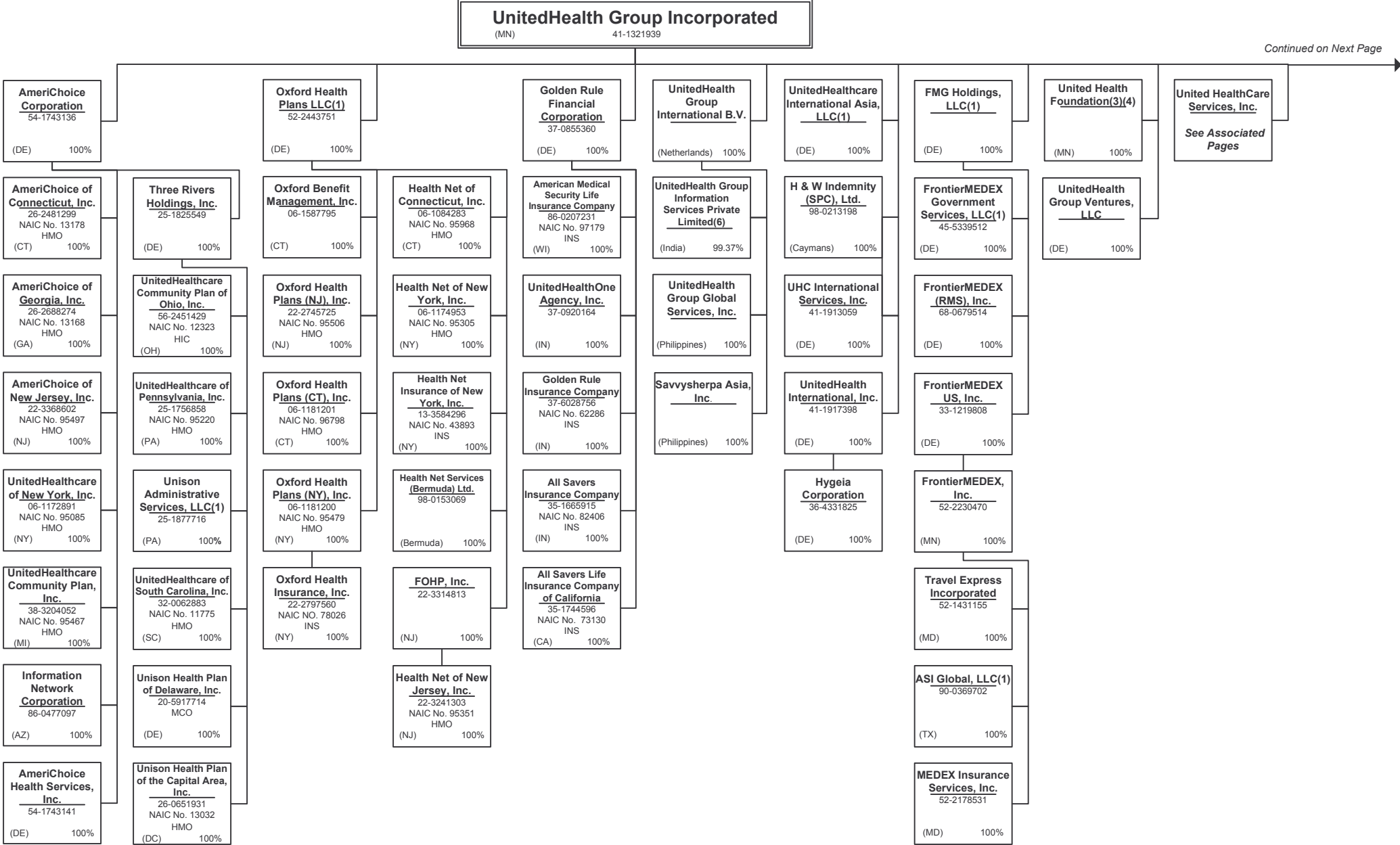
Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Total						

NONE

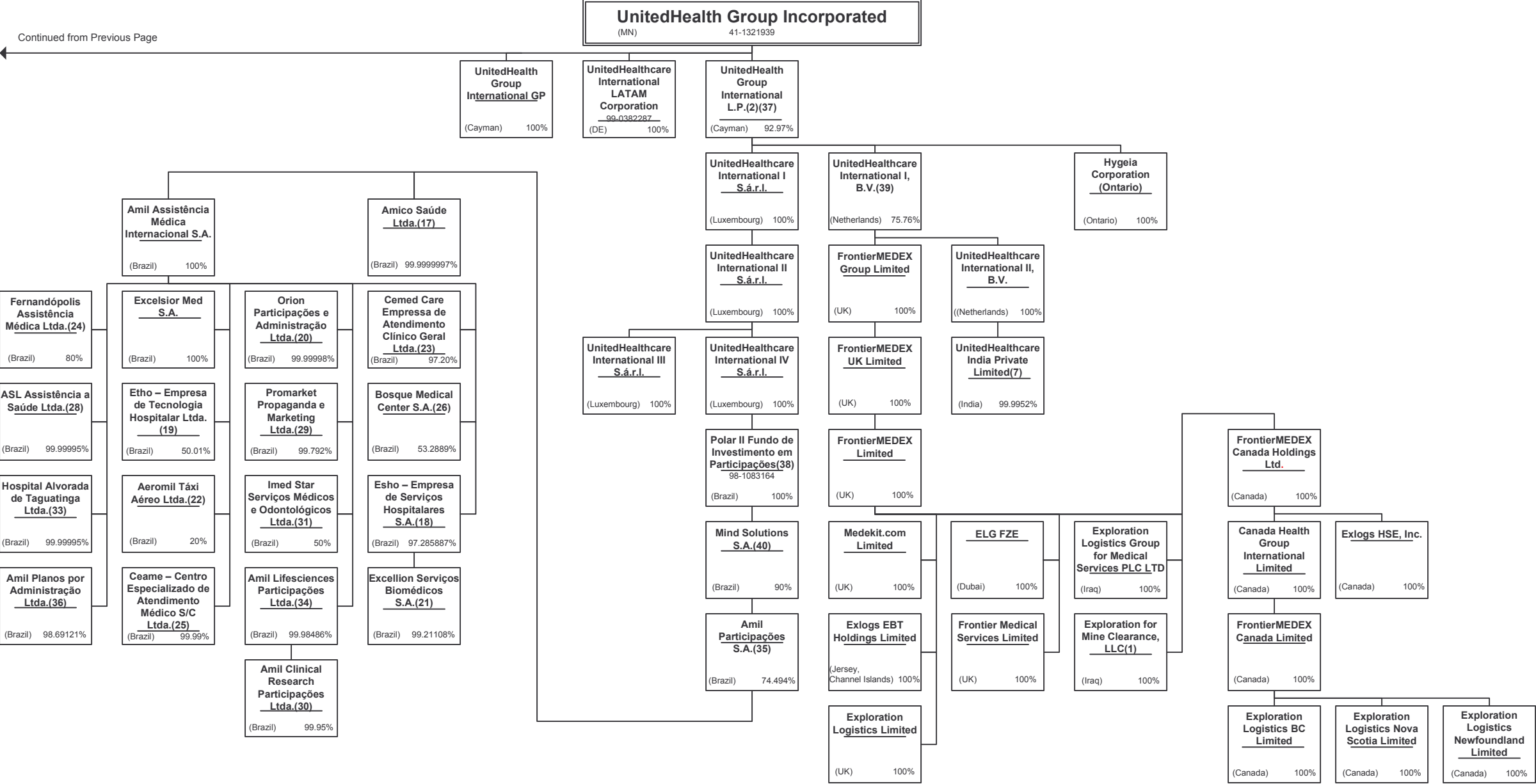
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



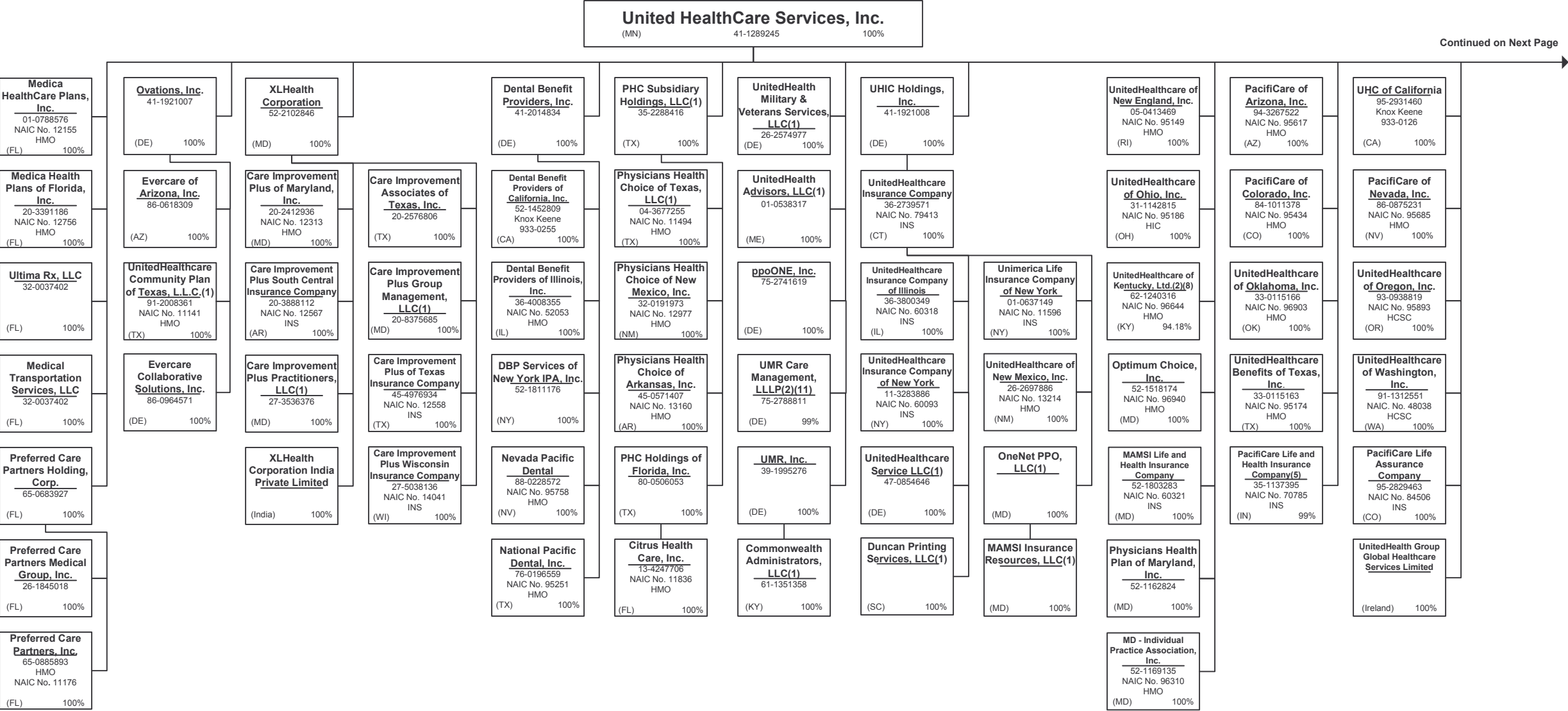
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



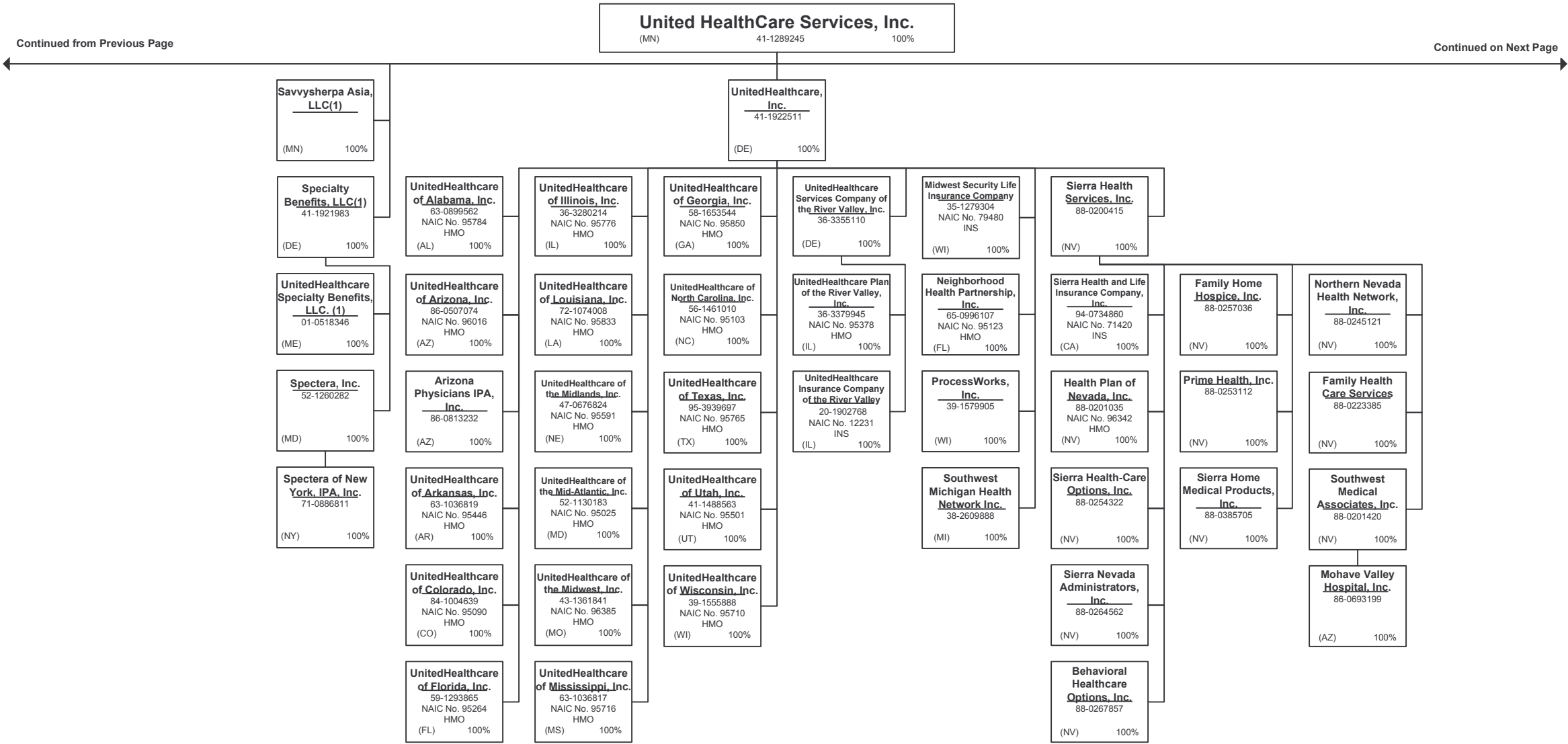
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



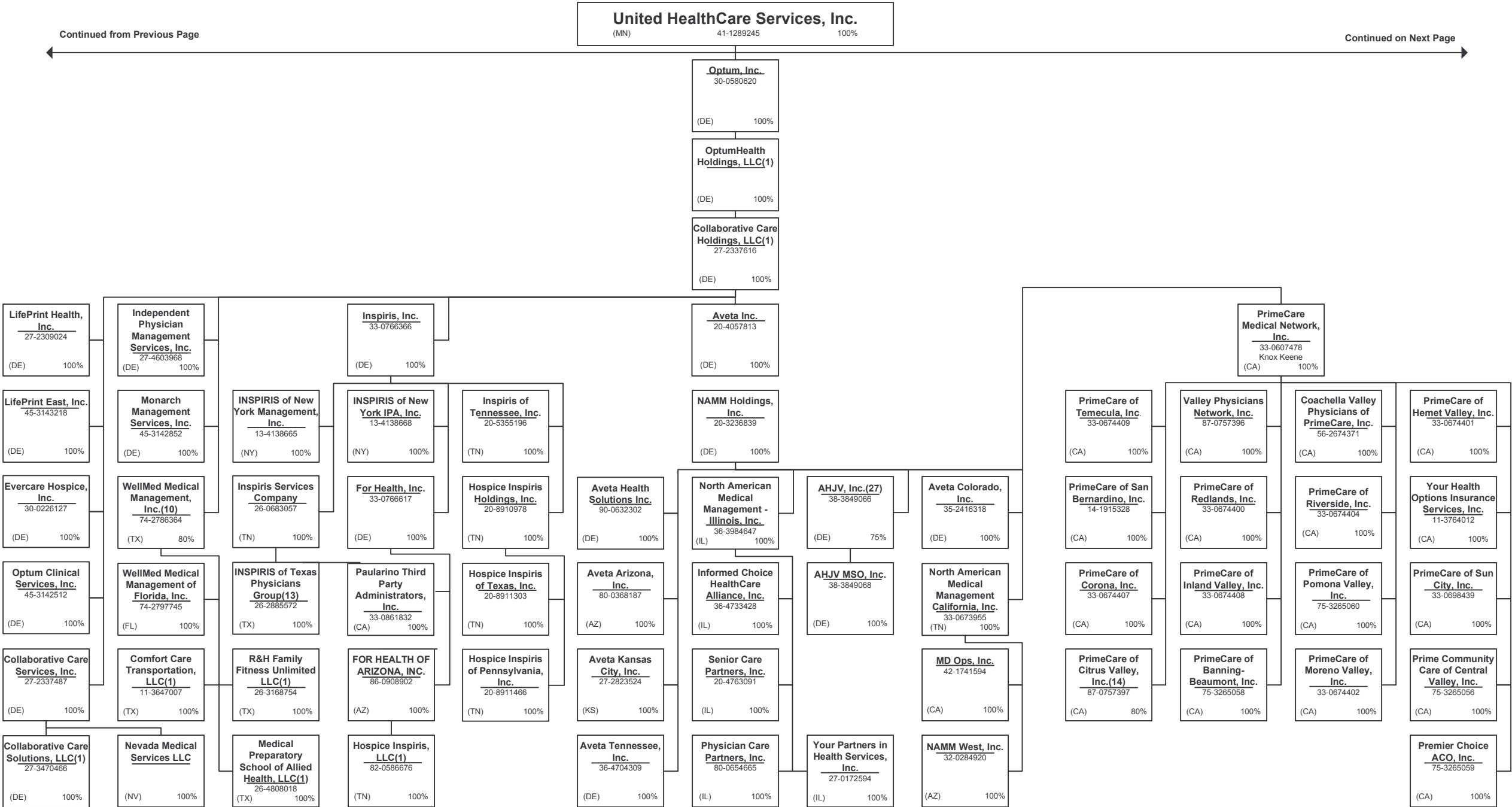
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



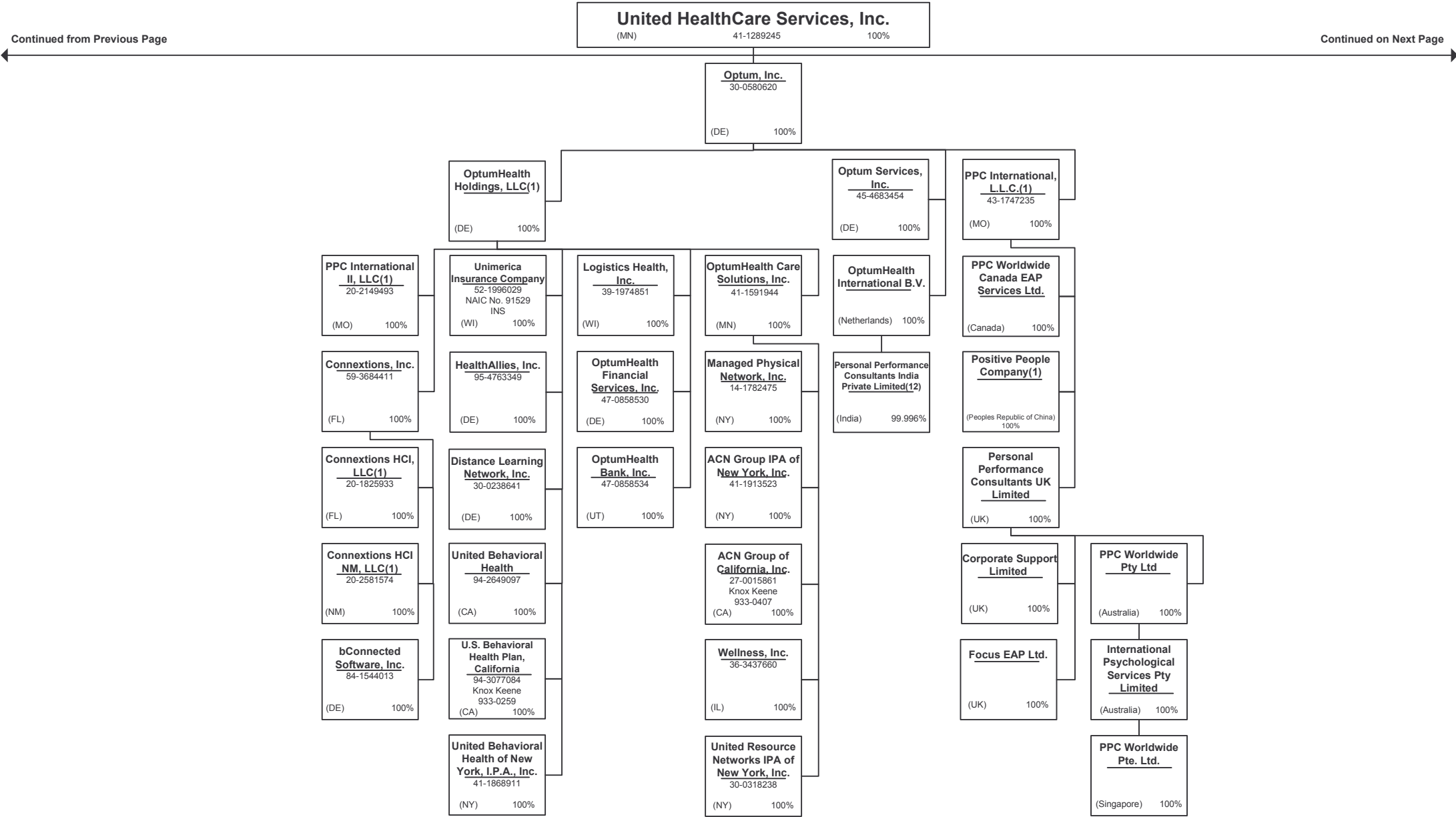
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



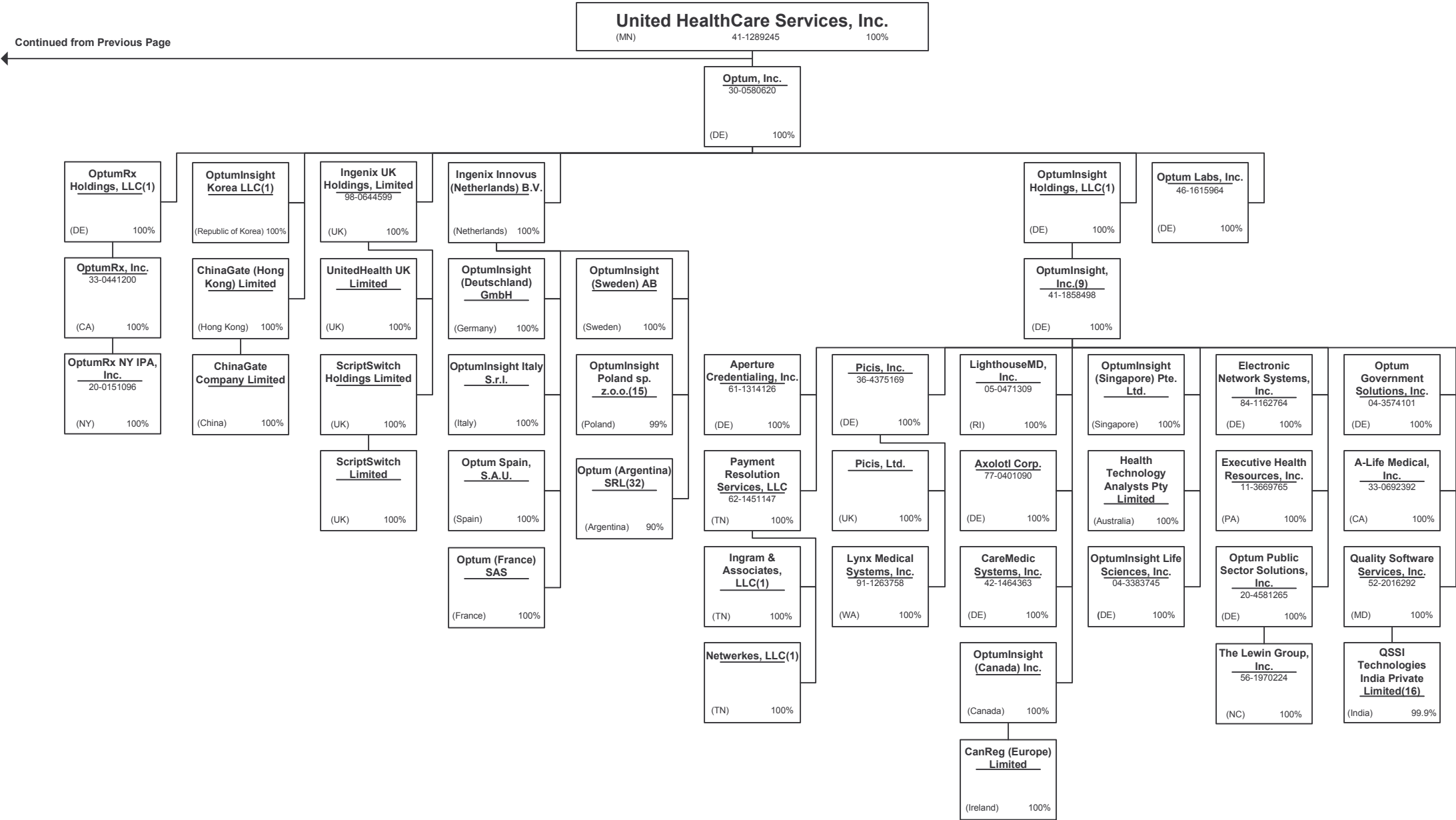
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Notes

- All legal entities on the Organization Chart are Corporations unless otherwise indicated.
- (1) Entity is a Limited Liability Company
 - (2) Entity is a Partnership
 - (3) Entity is a Non-Profit Corporation
 - (4) Control of the Foundation is based on sole membership, not the ownership of voting securities
 - (5) PacifiCare Life and Health Insurance Company is 99% owned by PacifiCare Health Plan Administrators, Inc. and 1% owned by PacifiCare Health Systems, LLC
 - (6) UnitedHealth Group Information Services Private Limited is 99.37% owned by UnitedHealth Group International B.V.. The remaining 0.63% is owned by UnitedHealth International, Inc.
 - (7) United Healthcare India Private Limited is 99.9952% owned by UnitedHealthcare International II B.V. and 0.0048% owned by UnitedHealth International, Inc.
 - (8) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.
 - (9) Established a branch, Ingenix, Inc. – Abu Dhabi, located in Abut Dhabi, UAE.
 - (10) WellMed Medical Management, Inc. is 80% owned by Collaborative Care Holdings, LLC and 20% owned by WMG Healthcare Partners, L.P.
 - (11) Limited partnership interest is held by United HealthCare Services, Inc. (99%). General partnership interest is held by UMR, Inc. (1%)
 - (12) Personal Performance Consultants India Private Limited is 99.996% owned by OptumHealth International B.V. and 0.004 % owned by United Behavioral Health.
 - (13) INSPIRIS of Texas Physicians Group is a Texas non-profit (taxable) whose sole member is Inspiris Services Company.
 - (14) PrimeCare of Citrus Valley, Inc. is 80% owned by PrimeCare Medical Network, Inc. and 20% owned by Citrus Valley Medical Associates, Inc.
 - (15) OptumInsight Poland sp. z.o.o. is 99% owned by Ingenix Innovus (Netherlands) B.V. The remaining 1% is owned by OptumInsight, Inc.
 - (16) QSSI Technologies India Private Limited is 99.9% owned by Quality Software Services, Inc. and 0.1% owned by an Indian citizen.
 - (17) Amico Saúde Ltda. is 99.9999997% owned by Amil Participações S.A. and 0.0000003% owned by and officer of Amil.
 - (18) Esho – Empresa de Serviços Hospitalares S.A is 97.285887% owned by Amil Assistência Médica Internacional S.A.; 0.224917% owned by Amico Saúde Ltda.; 0.094901 owned by Treasury Shares and 2.4% owned by external shareholders.
 - (19) Etho – Empresa de Tecnologia Hospitalar Ltda. 50.01% owned by Amil Assistência Médica Internacional S.A.and 49.99% owned by an external shareholder.
 - (20) Orion Participações e Administração Ltda. is 99.99998% owned by Amil Assistência Médica Internacional S.A. and 0.00002% owned by Amico Saúde Ltda.
 - (21) Excellion Serviços Biomédicos S.A.is 99.21108% owned by Esho – Empresa de Serviços Hospitalares S.A and 0.78892% owned by external shareholders.

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Notes

Continued from Previous Page

- (22) Aeromil Táxi Aéreo Ltda. Is 20% owned by Amil Assistência Médica Internacional S.A. and 80% owned by the Chairman and CEO of Amil.
- (23) Cemed Care Empresa de Atendimento Clínico Geral Ltda. Is 97.20% owned by Amil Assistência Médica Internacional S.A. and 2.8% owned by Amico Saúde Ltd.
- (24) Fernandópolis Assistência Médica Ltda. is 80% owned by Amil Assistência Médica Internacional S.A. and 20% owned by an external shareholder.
- (25) Ceame – Centro Especializado de Atendimento Médico S/C Ltda. Is 99.99% onwed by Amil Assistência Médica Internacional S.A. and 0.01% owned by Cemed Care Empresa de Atendimento Clínico Geral Ltda.
- (26) Bosque Medical Center S.A. is 53.2889% owned by Amil Assistência Médica Internacional S.A.; 33.7727% owned by Amico Saúde Ltd. and 12.9384% owned by Esho – Empresa de Serviços Hospitalares S.A.
- (27) AHJV, Inc. is 75% owned by NAMM Holdings, Inc. and 25% owned by Humana, Inc.
- (28) ASL Assistência a Saúde Ltda. Is 99.99995% owned by Amil Assistência Médica Internacional S.A and 0.00005% owned by an officer of Amil.
- (29) Promarket Propaganda e Marketing Ltda.is 99.792% owned by Amil Assistência Médica Internacional S.A and 0.208% owned by Amico Saúde Ltd.
- (30) Amil Clinical Research Participações Ltda. is 99.95% owned by Amil Lifesciences Participações Ltda. and .05% owned by an officer of Amil.
- (31) Imed Star Serviços Médicos e Odontológicos Ltda.is 50% owned by Amil Assistência Médica Internacional S.A and 50% owned by Amico Saúde Ltd.
- (32) Optum Argentina is 90% owned by Ingenix Innovus (Netherlands) BV and 10% owned by ScriptSwitch Holdings Limited.
- (33) Hospital Alvorada Taguatinga Ltda. Is 99.99995% owned by Amil Assistência Médica Internacional S.A. and 0.00005% owned by an officer of Amil.
- (34) Amil Lifesciences Participações Ltda. Is 99.98486% owned by Amil Assistência Médica Internacional S.A and 0.01514% owned by an officer of Amil.
- (35) Amil Participações S.A. is 74.49% owned by Mind Solutions S.A and the remaining 25.51% is owned by other parties.
- (36) Amil Planos por Administração Ltda. is 98.69121% owned by Amil Assistência Médica Internacional S.A; 1.30196% owned by Amico Saúde Ltd and 0.00683% owned by an officer of Amil.
- (37) The limited partners of UnitedHealth Group International, L.P. include FMG Holdings, LLC (4.41%), UnitedHealthcare International LATAM Corporation (2.3%), Hygeia Corporation (DE) (0.33%) and UnitedHealth Group Incorporated (92.97%). UnitedHealth Group International GP is the general partner of UnitedHealth Group International, L.P.
- (38) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.
- (39) UnitedHealthcare International I, B.V. is 75.76% owned by UnitedHealth Group International L.P. and 24.24% owned by UnitedHealth Group International B.V.
- (40) Mind Solutions S.A. is 90% owned by Polar II Fundo de Investimento em Participações and 10% owned by Amil's founders.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
		00000	41-1913523				ACN Group IPA of New York, Inc. ....	..NY..	..NIA..	OptumHealth Care Solutions, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	27-0015861				ACN Group of California, Inc. ....	..CA..	..IA..	OptumHealth Care Solutions, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Aeromil Táxi Aéreo Ltda. ....	..BRA..	..NIA..	Amil Assistência Médica Internacional S.A.	Ownership.....	20.000	UnitedHealth Group Incorporated	2
		00000	38-3849068				AHJV MSO, Inc. ....	..DE..	..NIA..	AHJV, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	38-3849066				AHJV, Inc. ....	..CA..	..NIA..	NAMM Holdings, Inc.	Ownership.....	75.000	UnitedHealth Group Incorporated	3
		00000	33-0692392				A-Life Medical, Inc. ....	..CA..	..NIA..	OptumInsight, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	82406	35-1665915				All Savers Insurance Company	..IN..	..IA..	Golden Rule Financial Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	73130	35-1744596				All Savers Life Insurance Company of California	..CA..	..IA..	Golden Rule Financial Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	97179	86-0207231				American Medical Security Life Insurance Company	..WI..	..IA..	Golden Rule Financial Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	54-1743136				AmeriChoice Corporation	..DE..	..NIA..	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	54-1743141				AmeriChoice Health Services, Inc.	..DE..	..NIA..	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	13178	26-2481299				AmeriChoice of Connecticut, Inc.	..CT..	..IA..	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	13168	26-2688274				AmeriChoice of Georgia, Inc.	..GA..	..IA..	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95497	22-3368602				AmeriChoice of New Jersey, Inc.	..NJ..	..IA..	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Amico Saúde Ltda.	..BRA..	..NIA..	Amil Participações S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated	4
		00000					Amil Assistência Médica Internacional S.A.	..BRA..	..NIA..	Amil Participações S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Amil Clinical Research Participações Ltda.	..BRA..	..NIA..	Amil Lifesciences Participações Ltda.	Ownership.....	100.000	UnitedHealth Group Incorporated	4
		00000					Amil Lifesciences Participações Ltda.	..BRA..	..NIA..	Amil Assistência Médica Internacional S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated	4
		00000					Amil Participações S.A.	..BRA..	..NIA..	Mind Solutions S.A.	Ownership.....	74.000	UnitedHealth Group Incorporated	5
		00000					Amil Planos por Administração Ltda.	..BRA..	..NIA..	Amil Assistência Médica Internacional S.A.	Ownership.....	99.000	UnitedHealth Group Incorporated	6
		00000					Amil Planos por Administração Ltda.	..BRA..	..NIA..	Amico Saúde Ltda.	Ownership.....	1.000	UnitedHealth Group Incorporated	6
		00000	61-1314126				Aperture Credentialing, Inc.	..DE..	..NIA..	OptumInsight, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	86-0813232				Arizona Physicians IPA, Inc.	..AZ..	..IA..	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	90-0369702				ASI Global, LLC	..TX..	..NIA..	FrontierMEDEX, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					ASL Assistência a Saúde Ltda.	..BRA..	..NIA..	Amil Assistência Médica Internacional S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated	3
		00000	80-0368187				Aveta Arizona, Inc.	..AZ..	..NIA..	NAMM Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	35-2416318				Aveta Colorado, Inc.	..DE..	..NIA..	NAMM Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	90-0632302				Aveta Health Solutions Inc.	..DE..	..NIA..	NAMM Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	20-4057813				Aveta Inc.	..DE..	..NIA..	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	27-2823524				Aveta Kansas City, Inc.	..KS..	..NIA..	NAMM Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	36-4704309				Aveta Tennessee, Inc.	..DE..	..NIA..	NAMM Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	77-0401090				Axolotl Corp.	..DE..	..NIA..	OptumInsight, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	84-1544013				bConnected Software, Inc.	..DE..	..NIA..	Connexions, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	88-0267857				Behavioral Healthcare Options, Inc.	..NV..	..NIA..	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Bosque Medical Center S.A.	..BRA..	..NIA..	Amil Assistência Médica Internacional S.A.	Ownership.....	53.000	UnitedHealth Group Incorporated	
		00000					Bosque Medical Center S.A.	..BRA..	..NIA..	Amico Saúde Ltda.	Ownership.....	34.000	UnitedHealth Group Incorporated	
		00000					Bosque Medical Center S.A.	..BRA..	..NIA..	Esho – Empresa de Serviços Hospitalares S.A.	Ownership.....	13.000	UnitedHealth Group Incorporated	
		00000					Canada Health Group International Limited	..CAN..	..NIA..	FrontierMEDEX Canada Holdings Ltd.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					CanReg (Europe) Limited	..JRL..	..NIA..	OptumInsight (Canada) Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	20-2576806				Care Improvement Associates of Texas, Inc.	..TX..	..NIA..	XLHealth Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Perce-ntage	Ultimate Controlling Entity(ies)/Person(s)	*
		00000	20-8375685				Care Improvement Plus Group Management, LLC	MD	NIA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	12313	20-2412936				Care Improvement Plus of Maryland, Inc.	MD	IA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
							Care Improvement Plus of Texas Insurance Company	TX	IA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	12558	45-4976934				Care Improvement Plus Practitioners, LLC	MD	NIA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	27-3536376				Care Improvement Plus South Central Insurance Company	AR	IA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	12567	20-3888112				Care Improvement Plus Wisconsin Insurance Company	WI	IA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	14041	27-5038136				CareMedic Systems, Inc.	CA	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	42-1464363				Ceame – Centro Especializado de Atendimento Médico S/C Ltda.	BRA	NIA	Cemed Care Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated	
		00000					Ceame – Centro Especializado de Atendimento Médico S/C Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					Cemed Care Empresa de Atendimento Clínico Geral Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	97.000	UnitedHealth Group Incorporated	
		00000					Cemed Care Empresa de Atendimento Clínico Geral Ltda.	BRA	NIA	Amico Saúde Ltda.	Ownership	3.000	UnitedHealth Group Incorporated	
		00000					ChinaGate (Hong Kong) Limited	HKG	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					ChinaGate Company Limited	CHN	NIA	ChinaGate (Hong Kong) Limited	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	11836	13-4247706				Citrus Health Care, Inc.	FL	IA	PHC Holdings of Florida, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	56-2674371				Coachella Valley Physicians of PrimeCare, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	27-2337616				Collaborative Care Holdings, LLC	DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	27-2337487				Collaborative Care Services, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	27-3470466				Collaborative Care Solutions, LLC	DE	NIA	Collaborative Care Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	11-3647007				Comfort Care Transportation, LLC	TX	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	61-1351358				Commonwealth Administrators, LLC	KY	NIA	UMR, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	20-2581574				Connexions HCl NM, LLC	NM	NIA	Connexions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	20-1825933				Connexions HCl, LLC	FL	NIA	Connexions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	59-3684411				Connexions, Inc.	FL	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					Corporate Support Limited		NIA	Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	52-1811176				DBP Services of New York IPA, Inc.	NY	NIA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
							Dental Benefit Providers of California, Inc.	CA	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	52-1452809				Dental Benefit Providers of Illinois, Inc.							
0707	UnitedHealth Group Incorporated	52053	36-4008355				Dental Benefit Providers, Inc.	IL	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	41-2014834				Distance Learning Network, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	30-0238641				Duncan Printing Services, LLC	SC	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	84-1162764				Electronic Network Systems, Inc.	DE	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					ELG FZE	ARE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
							Esho – Empresa de Serviços Hospitalares S.A	BRA	NIA	FrontierMEDEX Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					Esho – Empresa de Serviços Hospitalares S.A	BRA	NIA	Amico Saúde Ltda.	Ownership	0.000	UnitedHealth Group Incorporated	7
		00000					Etho – Empresa de Tecnologia Hospitalar Ltda.	BRA	NIA	Amil Assistência Médica Internacional	Ownership	97.000	UnitedHealth Group Incorporated	7
		00000					Evercare Collaborative Solutions, Inc.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	50.000	UnitedHealth Group Incorporated	5
		00000	86-0964571					DE	NIA	Ovalions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
		.00000	30-0226127				Evercare Hospice, Inc.	.DE	.NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	86-0618309				Evercare of Arizona, Inc.	.AZ	.IA	Ovations, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					Excellion Serviços Biomédicos S.A.	.BRA	.NIA	Esho – Empresa de Serviços Hospitalares S.A	Ownership	99.000	UnitedHealth Group Incorporated	5
		.00000					Amil Assistência Médica Internacional S.A							
		.00000					Excelsior Med S.A.	.BRA	.NIA	S.A.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	11-3669765				Executive Health Resources, Inc.	.PA	.NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					Exlogs EBT Holdings Limited	.JEY	.NIA	FrontierMEDEX Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					Exlogs HSE, Inc. (Canada)	.CAN	.NIA	FrontierMEDEX Canada Holdings Ltd.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					Exploration for Mine Clearance, LLC	.IRQ	.NIA	FrontierMEDEX Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					Exploration Logistics BC Limited	.CAN	.NIA	FrontierMEDEX Canada Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					Exploration Logistics Group for Medical Services PLC LTD	.IRQ	.NIA	FrontierMEDEX Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					Exploration Logistics Limited		.NIA	FrontierMEDEX Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					Exploration Logistics Newfoundland Limited							
		.00000						.CAN	.NIA	FrontierMEDEX Canada Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					Exploration Logistics Nova Scotia Limited	.CAN	.NIA	FrontierMEDEX Canada Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	88-0223385				Family Health Care Services	.NV	.NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	88-0257036				Family Home Hospice, Inc.	.NV	.NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000								Amil Assistência Médica Internacional S.A.				
		.00000					Fernandópolis Assistência Médica Ltda.	.BRA	.NIA	S.A.	Ownership	80.000	UnitedHealth Group Incorporated	5
		.00000	35-2456267				FMG Holdings, LLC	.DE	.NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000								Personal Performance Consultants UK Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	22-3314813				Focus EAP Ltd.		.NIA	Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	86-0908902				FOHP, Inc.	.NJ	.NIA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	33-0766617				FOR HEALTH OF ARIZONA, INC.	.AZ	.NIA	For Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					For Health, Inc.	.DE	.NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					Frontier Medical Services Limited		.NIA	FrontierMEDEX Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	68-0679514				FrontierMEDEX (RMS), Inc.	.DE	.NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					FrontierMEDEX Canada Holdings Ltd.	.CAN	.NIA	FrontierMEDEX Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000								Canada Health Group International Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	45-5339512				FrontierMEDEX Canada Limited	.CAN	.NIA	Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					FrontierMEDEX Government Services, LLC	.DE	.NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					FrontierMEDEX Group Limited		.NIA	UnitedHealthcare International I, B.V.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					FrontierMEDEX Limited		.NIA	FrontierMEDEX UK Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					FrontierMEDEX UK Limited		.NIA	FrontierMEDEX Group Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	33-1219808				FrontierMEDEX US, Inc.	.DE	.NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	52-2230470				FrontierMEDEX, Inc.	.MN	.NIA	FrontierMEDEX US, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	37-0855360				Golden Rule Financial Corporation	.DE	.NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.62286	37-6028756	3057283			Golden Rule Insurance Company	.IN	.IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	98-0213198				H&W Indemnity (SPC), Ltd.	.CYM	.NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.43893	13-3584296				Health Net Insurance of New York, Inc.	.NY	.IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.95968	06-1084283				Health Net of Connecticut, Inc.	.CT	.IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.95351	22-3241303				Health Net of New Jersey, Inc.	.NJ	.IA	FOHP, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.95305	06-1174953				Health Net of New York, Inc.	.NY	.IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	98-0153069				Health Net Services (Bermuda) Ltd.	.BMU	.NIA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.96342	88-0201035				Health Plan of Nevada, Inc.	.NV	.IA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000					Health Technology Analysts Pty Limited	.AUS	.NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	95-4763349				HealthAllies, Inc.	.DE	.NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	20-8910979				Hospice Inspiris Holdings, Inc.	.TN	.NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		.00000	20-8911466				Hospice Inspiris of Pennsylvania, Inc.	.TN	.NIA	Hospice Inspiris Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
		00000	20-8911303				Hospice Inspiris of Texas, Inc. ....	..TN.....	..NIA.....	Hospice Inspiris Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	82-0586676				Hospice Inspiris, LLC .....	..TN.....	..NIA.....	FOR HEALTH OF ARIZONA, INC.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Hospital Alvorada de Taguatinga Ltda. ....	..BRA.....	..NIA.....	Amil Assistência Médica Internacional S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated	4
		00000	36-4331825				Hygeia Corporation .....	..DE.....	..NIA.....	UnitedHealth International, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Hygeia Corporation (Ontario) .....	..CAN.....	..NIA.....	UnitedHealth Group International L.P.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Imed Star Serviços Médicos e Odontológicos Ltda. ....	..BRA.....	..NIA.....	Amil Assistência Médica Internacional S.A.	Ownership.....	50.000	UnitedHealth Group Incorporated	
		00000					Imed Star Serviços Médicos e Odontológicos Ltda. ....	..BRA.....	..NIA.....	Amico Saúde Ltda.	Ownership.....	50.000	UnitedHealth Group Incorporated	
		00000	27-4603968				Independent Physician Management Services, Inc. ....	..DE.....	..NIA.....	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	86-0477097				Information Network Corporation .....	..AZ.....	..NIA.....	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	36-4733428				Informed Choice HealthCare Alliance, Inc. ....	..IL.....	..NIA.....	North American Medical Management - Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Ingenix Innovus (Netherlands) B.V. ....	..NLD.....	..NIA.....	Optum, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	98-0644599				Ingenix UK Holdings Limited .....		..NIA.....	Optum, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	62-1641102				Ingram & Associates, LLC .....	..TN.....	..NIA.....	Payment Resolution Services, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	13-4138668				INSPIRIS of New York IPA, Inc. ....	..NY.....	..NIA.....	Inspiris, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	13-4138665				INSPIRIS of New York Management, Inc. ....	..NY.....	..NIA.....	Inspiris, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	20-5355196				Inspiris of Tennessee, Inc. ....	..TN.....	..NIA.....	Inspiris, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	26-2885572				INSPIRIS of Texas Physician Group .....	..TX.....	..NIA.....	Inspiris Services Company	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	26-0683057				Inspiris Services Company .....	..TN.....	..NIA.....	Inspiris, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	33-0766366				Inspiris, Inc. ....	..DE.....	..NIA.....	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					International Psychological Services Pty Limited .....	..AUS.....	..NIA.....	PPC Worldwide Pty Ltd	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	45-3143218				Lifeprint East, Inc. ....	..DE.....	..NIA.....	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	27-2309024				Lifeprint Health, Inc. ....	..DE.....	..NIA.....	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	05-0471309				LighthouseMD, Inc. ....	..RI.....	..NIA.....	OptumInsight, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	39-1974851				Logistics Health, Inc. ....	..WI.....	..NIA.....	OptumHealth Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	91-1263758				Lynx Medical Systems, Inc. ....	..WA.....	..NIA.....	Picis, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	52-2129787				MAMSI Insurance Resources, LLC .....	..MD.....	..NIA.....	OneNet PP0, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	60321	52-1803283				MAMSI Life and Health Insurance Company .....	..MD.....	..IA.....	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	14-1782475				Managed Physical Network, Inc. ....	..NY.....	..NIA.....	OptumHealth Care Solutions, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					MD Ops, Inc. ....	..CA.....	..NIA.....	North American Medical Management California, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	96310	52-1169135				MD-Individual Practice Association, Inc. ....	..MD.....	..IA.....	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Medekit.com Limited .....		..NIA.....	FrontierMEDEX Limited	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	52-2178531				MEDEX Insurance Services, Inc. ....	..MD.....	..NIA.....	FrontierMEDEX, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	12756	20-3391186				Medica Health Plans of Florida, Inc. ....	..FL.....	..IA.....	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	12155	01-0788576				Medica HealthCare Plans, Inc. ....	..FL.....	..IA.....	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Medical Preparatory School of Allied Health, LLC .....	..TX.....	..NIA.....	WellMed Medical Management, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	26-4808018				Medical Transportation Services, LLC .....	..FL.....	..NIA.....	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	79480	35-1279304				Midwest Security Life Insurance Company .....	..WI.....	..IA.....	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Mind Solutions S.A. ....	..BRA.....	..NIA.....	Polar II Fundo de Investimento em Participações	Ownership.....	86.000	UnitedHealth Group Incorporated	5
		00000	86-0693199				Mohave Valley Hospital, Inc. ....	..AZ.....	..NIA.....	Southwest Medical Associates, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	45-3142852				Monarch Management Services, Inc. ....	..DE.....	..NIA.....	Collaborative Care Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	20-3236839				NAMM Holdings, Inc.DE.....	..NIA.....	Aveta Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Perce-ntage	Ultimate Controlling Entity(ies)/Person(s)	*
		..00000	32-0284920				NAMM West, Inc. ....	..CA..	..NIA.....	North American Medical Management California, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
..0707	UnitedHealth Group Incorporated .....	..95251	76-0196559				National Pacific Dental, Inc. ....	..TX..	..IA.....	Dental Benefit Providers, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
..0707	UnitedHealth Group Incorporated .....	..95123	65-0996107				Neighborhood Health Partnership, Inc. ....	..FL..	..IA.....	UnitedHealthcare, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	20-4755277				Netwerkes, LLC .....	..TN..	..NIA.....	Payment Resolution Services, LLC	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					Nevada Medical Services LLC .....	..NV..	..NIA.....	Collaborative Care Services, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
..0707	UnitedHealth Group Incorporated .....	..95758	88-0228572				Nevada Pacific Dental .....	..NV..	..IA.....	Dental Benefit Providers, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	36-3984647				North American Medical Management - Illinois, Inc. ....	..IL..	..NIA.....	NAMM Holdings, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	33-0673955				North American Medical Management California, Inc. ....	..TN..	..NIA.....	NAMM Holdings, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	88-0245121				Northern Nevada Health Network, Inc. ....	..NV..	..NIA.....	Sierra Health Services, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	52-2129786				OneNet PPO, LLC .....	..MD..	..NIA.....	UnitedHealthcare Insurance Company	Ownership.....	..100.000	UnitedHealth Group Incorporated	
..0707	UnitedHealth Group Incorporated .....	..96940	52-1518174				Optimum Choice, Inc. ....	..MD..	..IA.....	United HealthCare Services, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					Optum (Argentina) SRL .....	..ARG..	..NIA.....	ScriptSwitch Holdings Limited	Ownership.....	..10.000	UnitedHealth Group Incorporated	
		..00000					Optum (Argentina) SRL .....	..ARG..	..NIA.....	Ingenix Innovus (Netherlands) B.V.	Ownership.....	..90.000	UnitedHealth Group Incorporated	
		..00000					Optum (France) SAS .....	..FRA..	..NIA.....	Ingenix Innovus (Netherlands) B.V.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					Optum (Spain), S.A.U. ....	..ESP..	..NIA.....	Ingenix Innovus (Netherlands) B.V.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	47-0858534				Optum Bank, Inc. ....	..UT..	..NIA.....	OptumHealth Financial Services, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	45-3142512				Optum Clinical Services, Inc. ....	..DE..	..NIA.....	Collaborative Care Holdings, LLC	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	04-3574101				Optum Government Solutions, Inc. ....	..DE..	..NIA.....	OptumInsight, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	46-1615964				Optum Labs, Inc. ....	..DE..	..NIA.....	Optum, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	20-4581265				Optum Public Sector Solutions, Inc. ....	..DE..	..NIA.....	OptumInsight, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	45-4683454				Optum Services, Inc. ....	..DE..	..NIA.....	Optum, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	30-0580620	3119994			Optum, Inc. ....	..DE..	..NIA.....	United HealthCare Services, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	41-1591944				OptumHealth Care Solutions, Inc. ....	..MN..	..NIA.....	OptumHealth Holdings, LLC	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	47-0858530				OptumHealth Financial Services, Inc. ....	..DE..	..NIA.....	OptumHealth Holdings, LLC	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					OptumHealth Holdings, LLC .....	..DE..	..NIA.....	Optum, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					OptumHealth International B.V. ....	..NLD..	..NIA.....	Optum, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					OptumInsight (Canada) Inc. ....	..CAN..	..NIA.....	OptumInsight, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					OptumInsight (Deutschland) GmbH .....	..DEU..	..NIA.....	Ingenix Innovus (Netherlands) B.V.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					OptumInsight (Singapore) Pte. Ltd. ....	..SGP..	..NIA.....	OptumInsight, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					OptumInsight (Sweden) AB .....	..SWE..	..NIA.....	Ingenix Innovus (Netherlands) B.V.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					OptumInsight Holdings, LLC .....	..DE..	..NIA.....	Optum, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					OptumInsight Italy S.r.l. ....	..ITA..	..NIA.....	Ingenix Innovus (Netherlands) B.V.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					OptumInsight Korea LLC .....		..NIA.....	Optum, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	04-3383745				OptumInsight Life Sciences, Inc. ....	..DE..	..NIA.....	OptumInsight, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					OptumInsight Poland sp. z o.o. ....	..POL..	..NIA.....	OptumInsight, Inc.	Ownership.....	..1.000	UnitedHealth Group Incorporated	
		..00000					OptumInsight Poland sp. z.o.o. ....	..POL..	..NIA.....	Ingenix Innovus (Netherlands) B.V.	Ownership.....	..99.000	UnitedHealth Group Incorporated	
		..00000	41-1858498				OptumInsight, Inc. ....	..DE..	..NIA.....	OptumInsight Holdings, LLC	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					OptumRx Holdings, LLC .....	..DE..	..NIA.....	Optum, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	20-0151096				OptumRx NY IPA, Inc. ....	..NY..	..NIA.....	OptumRx, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	33-0441200				OptumRx, Inc. ....	..CA..	..NIA.....	OptumRx Holdings, LLC	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					Orion Participações e Administração Ltda. ....	..BRA..	..NIA.....	Amico Saúde Ltda.	Ownership.....	..0.000	UnitedHealth Group Incorporated	
		..00000								Amil Assistência Médica Internacional S.A.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	41-1921007				Orion Participações e Administração Ltda. ....	..BRA..	..NIA.....	S.A.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000	06-1587795				Ovations, Inc. ....	..DE..	..NIA.....	United HealthCare Services, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
		..00000					Oxford Benefit Management, Inc. ....	..CT..	..NIA.....	Oxford Health Plans LLC	Ownership.....	..100.000	UnitedHealth Group Incorporated	
..0707	UnitedHealth Group Incorporated .....	..78026	22-2797560				Oxford Health Insurance, Inc. ....	..NY..	..IA.....	Oxford Health Plans (NY), Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated	
..0707	UnitedHealth Group Incorporated .....	..96798	06-1181201				Oxford Health Plans (CT), Inc. ....	..CT..	..IA.....	Oxford Health Plans LLC	Ownership.....	..100.000	UnitedHealth Group Incorporated	
..0707	UnitedHealth Group Incorporated95506	22-2745725				Oxford Health Plans (NJ), Inc.NJ..	..IA.....	Oxford Health Plans LLC	Ownership.....	..100.000	UnitedHealth Group Incorporated	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0707	UnitedHealth Group Incorporated	95479	06-1181200				Oxford Health Plans (NY), Inc.	NY	IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	52-2443751				Oxford Health Plans LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	70785	35-1137395				PacifiCare Life and Health Insurance Company	IN	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	84506	95-2829463				PacifiCare Life Assurance Company	CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95617	94-3267522				PacifiCare of Arizona, Inc.	AZ	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95434	84-1011378				PacifiCare of Colorado, Inc.	CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95685	86-0875231				PacifiCare of Nevada, Inc.	NV	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
							Paularino Third Party Administrators, Inc.							
		00000	33-0861832					CA	NIA	For Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	62-1451147				Payment Resolution Services, LLC	TN	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
							Personal Performance Consultants India Private Limited	IND	NIA	United Behavioral Health	Ownership	0.000	UnitedHealth Group Incorporated	
		00000					Personal Performance Consultants India Private Limited	IND	NIA	OptumHealth International B.V.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					Personal Performance Consultants UK Limited		NIA	PPC International, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	80-0506053				PHC Holdings of Florida, Inc.	TX	NIA	PHC Subsidiary Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	35-2288416				PHC Subsidiary Holdings, LLC	TX	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
										North American Medical Management - Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	13160	45-0571407				Physician Care Partners, Inc.	IL	NIA		Ownership	100.000	UnitedHealth Group Incorporated	
							Physicians Health Choice of Arkansas, Inc.	AR	IA	PHC Subsidiary Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	12977	32-0191973				Physicians Health Choice of New Mexico, Inc.	NM	IA	PHC Subsidiary Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	11494	04-3677255				Physicians Health Choice of Texas, LLC	TX	IA	PHC Subsidiary Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	52-1162824				Physicians Health Plan of Maryland, Inc.	MD	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	36-4375169	3886791			Picis, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					Picis, Ltd.		NIA	Picis, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
							Polar II Fundo de Investimento em Participações	BRA	NIA	UnitedHealthcare International IV S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1083164				Positive People Company	CHN	NIA	PPC International, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	20-2149493				PPC International II, LLC	MO	NIA	United Behavioral Health	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	43-1747235				PPC International, L.L.C.	MO	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					PPC Worldwide Canada EAP Services Ltd.	CAN	NIA	PPC International, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated	
										International Psychological Services Pty Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					PPC Worldwide Pte. Ltd.	SGP	NIA	Personal Performance Consultants UK Limited	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					PPC Worldwide Pty Ltd	AUS	NIA		Ownership	100.000	UnitedHealth Group Incorporated	
		00000	75-2741619				ppoONE, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	65-0683927				Preferred Care Partners Holding, Corp.	FL	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
							Preferred Care Partners Medical Group, Inc.	FL	NIA	Preferred Care Partners Holding, Corp.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	26-1845018				Preferred Care Partners Medical Group, Inc.	FL	NIA	Preferred Care Partners Holding, Corp.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	11176	65-0885893				Preferred Care Partners, Inc.	FL	IA	Preferred Care Partners Holding, Corp.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	75-3265059				Premier Choice ACO, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
							Prime Community Care of Central Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	75-3265056				Prime Health, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	88-0253112				PrimeCare Medical Network, Inc.	CA	IA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	33-0607478											

SCHEDULE Y
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		00000	75-3265058				PrimeCare of Banning-Beaumont, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	87-0757397				PrimeCare of Citrus Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	80.000	UnitedHealth Group Incorporated	3
		00000	33-0674407				PrimeCare of Corona, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	33-0674401				PrimeCare of Hemet Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	33-0674408				PrimeCare of Inland Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	33-0674402				PrimeCare of Moreno Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	75-3265060				PrimeCare of Pomona Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	33-0674400				PrimeCare of Redlands, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	33-0674404				PrimeCare of Riverside, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	14-1915328				PrimeCare of San Bernardino, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	33-0698439				PrimeCare of Sun City, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	33-0674409				PrimeCare of Temecula, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	39-1579905				ProcessWorks, Inc.	WI	NIA	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Promarket Propaganda e Marketing Ltda.	BRA	NIA	Amico Saúde Ltda.	Ownership.....	0.000	UnitedHealth Group Incorporated	
		00000					Promarket Propaganda e Marketing Ltda.	BRA	NIA	S.A.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					QSSI Technologies India Private Limited	IND	NIA	Quality Software Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	5
		00000	52-2016292				Quality Software Services, Inc.	MD	NIA	OptumInsight, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	26-3168754				R&H Family Fitness Unlimited LLC	TX	NIA	WellMed Medical Management, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Savvysherpa Asia, Inc.	PHL	NIA	UnitedHealth Group International B.V.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					Savvysherpa Asia, LLC	MN	NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					ScriptSwitch Holdings Limited		NIA	Ingenix UK Holdings Limited	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					ScriptSwitch Limited		NIA	ScriptSwitch Holdings Limited	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	20-4763091				Senior Care Partners, Inc.	IL	NIA	North American Medical Management - Illinois, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	71420	94-0734860				Sierra Health and Life Insurance Company, Inc.	CA	IA	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	88-0200415				Sierra Health Services, Inc.	NV	NIA	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	88-0254322				Sierra Health-Care Options, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	88-0385705				Sierra Home Medical Products, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	88-0264562				Sierra Nevada Administrators, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	88-0201420				Southwest Medical Associates, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	38-2609888				Southwest Michigan Health Network Inc.	MI	NIA	UnitedHealthcare, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	41-1921983				Specialty Benefits, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	71-0886811				Spectera of New York, IPA, Inc.	NY	NIA	Spectera, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	52-1260282				Spectera, Inc.	MD	NIA	Specialty Benefits, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	56-1970224				The Levin Group, Inc.	NC	NIA	Optum Public Sector Solutions, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	25-1825549				Three Rivers Holdings, Inc.	DE	NIA	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	52-1431155				Travel Express Incorporated	MD	NIA	FrontierMEDEX, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	94-3077084				U.S. Behavioral Health Plan, California	CA	IA	United Behavioral Health	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	41-1913059				UHC International Services, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	95-2931460				UHC of California	CA	IA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	41-1921008				UHC Holdings, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	14-1892398				Ultima Rx, LLC	FL	NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	75-2788811				UMR Care Management, LLLP	DE	NIA	UMR, Inc.	Ownership.....	1.000	UnitedHealth Group Incorporated	
		00000	75-2788811				UMR Care Management, LLLP	DE	NIA	United HealthCare Services, Inc.	Ownership.....	99.000	UnitedHealth Group Incorporated	
		00000	39-1995276				UMR, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	91529	52-1996029				Unimerica Insurance Company	WI	IA	OptumHealth Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
							Unimerica Life Insurance Company of New York	NY	IA	UnitedHealthcare Insurance Company	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	11596	01-0637149				Unison Administrative Services, LLC	PA	NIA	Three Rivers Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	25-1877716											

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
		00000	20-5917714				Unison Health Plan of Delaware, Inc. ....	..DE	..IA	Three Rivers Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	13032	26-0651931				Unison Health Plan of the Capital Area, Inc. ....	..DC	..IA	Three Rivers Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	94-2649097				United Behavioral Health	..CA	..NIA	OptumHealth Holdings, LLC	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	41-1868911				United Behavioral Health of New York, I.P.A., Inc. ....	..NY	..NIA	United Behavioral Health	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	41-1941615				United Health Foundation	..MN	..NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	41-1289245	3410132			United HealthCare Services, Inc. ....	..MN	..UIP	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	30-0318238				United Resource Networks IPA of New York, Inc. ....	..NY	..NIA	OptumHealth Care Solutions, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	01-0538317				UnitedHealth Advisors, LLC	..ME	..NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					UnitedHealth Group Global Healthcare Services Limited	..JRL	..NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					UnitedHealth Group Global Services, Inc. ....	..PHL	..NIA	UnitedHealth Group International B.V.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	41-1321939		0000731766	New York Stock Exchange	UnitedHealth Group Incorporated	..MN	..UIP	Self	Ownership.....	0.000	UnitedHealth Group Incorporated	
		00000					UnitedHealth Group Information Services Private Limited	..JND	..NIA	UnitedHealth Group International B.V.	Ownership.....	99.000	UnitedHealth Group Incorporated	
		00000					UnitedHealth Group Information Services Private Limited	..JND	..NIA	UnitedHealth International, Inc.	Ownership.....	1.000	UnitedHealth Group Incorporated	
		00000					UnitedHealth Group International B.V. ....	..NLD	..NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					UnitedHealth Group International GP		..NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					UnitedHealth Group International L.P. ....		..NIA	UnitedHealth Group Incorporated	Ownership.....	93.000	UnitedHealth Group Incorporated	1
		00000					UnitedHealth Group International L.P. ....		..NIA	UnitedHealthcare International LATAM Corporation	Ownership.....	2.000	UnitedHealth Group Incorporated	1
		00000					UnitedHealth Group International L.P. ....		..NIA	Hygeia Corporation	Ownership.....	0.000	UnitedHealth Group Incorporated	1
		00000					UnitedHealth Group International L.P. ....		..NIA	FMG Holdings, LLC	Ownership.....	4.000	UnitedHealth Group Incorporated	1
		00000					UnitedHealth Group Ventures, LLC	..DE	..NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	41-1917398				UnitedHealth International, Inc. ....	..DE	..NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					UnitedHealth Military & Veterans Services, LLC	..DE	..NIA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	00000	26-2574977				UnitedHealth UK Limited		..NIA	Ingenix UK Holdings Limited	Ownership.....	100.000	UnitedHealth Group Incorporated	
		95174	33-0115163				UnitedHealthcare Benefits of Texas, Inc. ....	..TX	..IA	United HealthCare Services, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	12323	56-2451429				UnitedHealthcare Community Plan of Ohio, Inc. ....	..OH	..IA	Three Rivers Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	11141	91-2008361				UnitedHealthcare Community Plan of Texas, L.L.C. ....	..TX	..IA	Ovations, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95467	38-3204052				UnitedHealthcare Community Plan, Inc. ....	..MI	..IA	AmeriChoice Corporation	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					UnitedHealthcare India Private Limited	..JND	..NIA	UnitedHealth International, Inc.	Ownership.....	0.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	79413	36-2739571				UnitedHealthcare India Private Limited	..JND	..NIA	UnitedHealthcare International II, B.V.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					UnitedHealthcare Insurance Company	..CT	..IA	UHC Holdings, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	60318	36-3800349				UnitedHealthcare Insurance Company of Illinois	..IL	..IA	UnitedHealthcare Insurance Company	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	60093	11-3283886				UnitedHealthcare Insurance Company of New York	..NY	..IA	UnitedHealthcare Insurance Company	Ownership.....	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	12231	20-1902768				UnitedHealthcare Insurance Company of the River Valley	..IL	..IA	UnitedHealthcare Services Company of the River Valley, Inc.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000	41-1988797				UnitedHealthcare International Asia, LLC	..DE	..NIA	UnitedHealth Group Incorporated	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					UnitedHealthcare International I S.a.r.l. ....	..LUX	..NIA	UnitedHealth Group International L.P.	Ownership.....	100.000	UnitedHealth Group Incorporated	
		00000					UnitedHealthcare International I, B.V. ....	..NLD	..NIA	UnitedHealth Group International B.V.	Ownership.....	24.000	UnitedHealth Group Incorporated	
		00000					UnitedHealthcare International I, B.V.NLD	..NIA	UnitedHealth Group International L.P.	Ownership.....	76.000	UnitedHealth Group Incorporated	

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
		00000					UnitedHealthcare International II S.á.r.l.	LUX	NIA	UnitedHealthcare International I S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					UnitedHealthcare International II, B.V.	NLD	NIA	UnitedHealth Group International B.V.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					UnitedHealthcare International IV S.á.r.l.	LUX	NIA	UnitedHealthcare International II S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	99-0382287				UnitedHealthcare International LATAM Corporation	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95784	63-0899562				UnitedHealthcare of Alabama, Inc.	AL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	96016	86-0507074				UnitedHealthcare of Arizona, Inc.	AZ	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95446	63-1036819				UnitedHealthcare of Arkansas, Inc.	AR	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95090	84-1004639				UnitedHealthcare of Colorado, Inc.	CO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95264	59-1293865				UnitedHealthcare of Florida, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95850	58-1653544				UnitedHealthcare of Georgia, Inc.	GA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95776	36-3280214				UnitedHealthcare of Illinois, Inc.	IL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	96644	62-1240316				UnitedHealthcare of Kentucky, Ltd.	KY	IA	United HealthCare Services, Inc.	Ownership	94.000	UnitedHealth Group Incorporated	B
0707	UnitedHealth Group Incorporated	96644	62-1240316				UnitedHealthcare of Kentucky, Ltd.	KY	IA	UnitedHealthcare, Inc.	Ownership	6.000	UnitedHealth Group Incorporated	B
0707	UnitedHealth Group Incorporated	95833	72-1074008				UnitedHealthcare of Louisiana, Inc.	LA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95716	63-1036817				UnitedHealthcare of Mississippi, Inc.	MS	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95149	05-0413469				UnitedHealthcare of New England, Inc.	RI	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	13214	26-2697886				UnitedHealthcare of New Mexico, Inc.	NM	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95085	06-1172891				UnitedHealthcare of New York, Inc.	NY	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95103	56-1461010				UnitedHealthcare of North Carolina, Inc.	NC	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95186	31-1142815				UnitedHealthcare of Ohio, Inc.	OH	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	96903	33-0115166				UnitedHealthcare of Oklahoma, Inc.	OK	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95893	93-0938819				UnitedHealthcare of Oregon, Inc.	OR	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95220	25-1756858				UnitedHealthcare of Pennsylvania, Inc.	PA	IA	Three Rivers Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	11775	32-0062883				UnitedHealthcare of South Carolina, Inc.	SC	IA	Three Rivers Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95765	95-3939697				UnitedHealthcare of Texas, Inc.	TX	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
							UnitedHealthcare of the Mid-Atlantic, Inc.	MD	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95591	47-0676824				UnitedHealthcare of the Midlands, Inc.	NE	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	96385	43-1361841				UnitedHealthcare of the Midwest, Inc.	MO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95501	41-1488563				UnitedHealthcare of Utah, Inc.	UT	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	48038	91-1312551				UnitedHealthcare of Washington, Inc.	WA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95710	39-1555888				UnitedHealthcare of Wisconsin, Inc.	WI	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
0707	UnitedHealth Group Incorporated	95378	36-3379945				UnitedHealthcare Plan of the River Valley, Inc.	IL	IA	River Valley, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	47-0854646				UnitedHealthcare Service LLC	DE	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	36-3355110				UnitedHealthcare Specialty Benefits, LLC	ME	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	01-0518346				UnitedHealthcare, Inc.	DE	UDP	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	41-1922511				UnitedHealthOne Agency, Inc.	IN	NIA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	37-0920164				Valley Physicians Network, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	87-0757396				WellMed Medical Management of Florida, Inc.	FL	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	74-2797745				WellMed Medical Management, Inc.	TX	NIA	Collaborative Care Holdings, LLC	Ownership	80.000	UnitedHealth Group Incorporated	3
		00000	36-3437660				Wellness, Inc.	IL	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	52-2102846				XLHealth Corporation	MD	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					XLHealth Corporation India Private Limited	IND	NIA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated	

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
.....00000	11-3764012 ..	.....	.....	.....	Your Health Options Insurance Services, Inc. ....	...CA.....	.....NIA.....	PrimeCare Medical Network, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated .....	.....
.....00000	27-0172594 ..	.....	.....	.....	Your Partners in Health Services, Inc. ....	...IL.....	.....NIA.....	North American Medical Management - Illinois, Inc.	Ownership.....	..100.000	UnitedHealth Group Incorporated .....	.....

Asterisk	Explanation
1	The limited partners include FMG Holdings, LLC (4.41%), UnitedHealthcare International LATAM Corporation (2.3%), Hygeia Corporation (DE) (0.33%) and UnitedHealth Group Incorporated (92.96%). The general partner is UnitedHealth Group International GP.
2	The remaining amount is owned by the Chairmen and CEO of Amil
3	The remaining amount is owned by a non-affiliated company.
4	The remaining amount is owned by an officer of Amil.
5	The remaining amount is owned by outside parites.
6	The remaining 1.30196% is owned by Amico Saúde Ltda. and an officer of Amil owns 0.00683%.
7	The remaining 0.224917% is owned by Amico Saúde Ltda.; 0.094901% by Treasury Shares and 2.4% owned by external shareholders.
8	The general partnership interest of 89.77% is held by United HealthCare Services, Inc. (UHS) and 10.23% is held by UnitedHealthcare, Inc. (UHC). UHS also holds 100% of the limited partnership interests. When combining general and limited partner interest

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-1913523	ACN Group IPA of New York, Inc.					4,680,546				4,680,546	
	27-0015861	ACN Group of California, Inc.	(1,000,000)				7,406,214				6,406,214	
82406	35-1665915	All Savers Insurance Company					(4,222,573)				(4,222,573)	
73130	35-1744596	All Savers Life Insurance Company of California	(1,100,000)				(29,826)				(1,129,826)	
97179	86-0207231	American Medical Security Life Insurance Company	(18,000,000)				16,888,454				(1,111,546)	(13,039)
	54-1743136	AmeriChoice Corporation		(22,500,000)							(22,500,000)	
13178	26-2481299	AmeriChoice of Connecticut, Inc.	(19,500,000)				249,591				(19,250,409)	
13168	26-2688274	AmeriChoice of Georgia, Inc.					1,199				1,199	
95497	22-3368602	AmeriChoice of New Jersey, Inc.	(15,000,000)	22,500,000			(150,172,786)				(142,672,786)	
	86-0813232	Arizona Physicians IPA, Inc.	(10,000,000)								(10,000,000)	
	88-0267857	Behavioral Healthcare Options, Inc.					13,605,841				13,605,841	
12313	20-2412936	Care Improvement Plus of Maryland, Inc.	(7,500,000)				(1,390,996)				(8,890,996)	
12558	45-4976934	Care Improvement Plus of Texas Insurance Company	(30,000,000)				(121,731,757)				(151,731,757)	
12567	20-3888112	Care Improvement Plus South Central Insurance Company					(310,586,982)				(310,586,982)	
14041	27-5038136	Care Improvement Plus Wisconsin Insurance Company		8,605,000			87,245				8,692,245	
11836	13-4247706	Citrus Health Care, Inc.					(3,381,559)				(3,381,559)	
	27-2337487	Collaborative Care Services, Inc.					(27,420)				(27,420)	
	52-1811176	DBP Services of New York IPA, Inc.					36,948,811				36,948,811	
	52-1452809	Dental Benefit Providers of California, Inc.	(15,000,000)				(2,804,111)			(20,998)	(17,825,110)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.					(467,071)				(467,071)	
	41-2014834	Dental Benefit Providers, Inc.					128,402,879				128,402,879	
	84-1162764	Electronic Network Systems, Inc.					612,207				612,207	
	88-0223385	Family Health Care Services					25,663,456				25,663,456	
	88-0257036	Family Home Hospice, Inc.					3,101,277				3,101,277	
	86-0908902	FOR HEALTH OF ARIZONA, INC.					1,655,204				1,655,204	
	37-0855360	Golden Rule Financial Corporation					4,167,584				4,167,584	
62286	37-6028756	Golden Rule Insurance Company	(150,000,000)				(138,492,307)				(288,492,307)	
43893	13-3584296	Health Net Insurance of New York, Inc.	(75,000,000)				(1,815,043)				(76,815,043)	
95968	06-1084283	Health Net of Connecticut, Inc.	(27,000,000)				554,426		746		(26,444,828)	
95351	22-3241303	Health Net of New Jersey, Inc.	(22,500,000)				941,419				(21,558,581)	
95305	06-1174953	Health Net of New York, Inc.	(15,000,000)				2,232,774				(12,767,226)	
96342	88-0201035	Health Plan of Nevada, Inc.	(122,000,000)				(599,098,825)	(164,294)			(721,263,119)	93,360
	95-4763349	HealthAllies, Inc.					64,573				64,573	
	13-4138668	INSPIRIS of New York IPA, Inc.					110,014,734				110,014,734	
	45-3143218	Lifeprint East, Inc.					25,023,424				25,023,424	
	27-2309024	Lifeprint Health, Inc.					685,147,041				685,147,041	
60321	52-1803283	MAMSI Life and Health Insurance Company	(12,300,000)				(5,307,164)				(17,607,164)	

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
96310	52-1169135	MD-Individual Practice Association, Inc.	(45,000,000)				(56,341,325)	(489,718)			(101,831,043)	
12756	20-3391186	Medica Health Plans of Florida, Inc.		2,000,000			(712,983)				1,287,017	
12155	01-0788576	Medica Healthcare Plans, Inc.		12,500,000			(13,057,426)				(557,426)	
	32-0037402	Medical Transportation Services, LLC					4,677,982				4,677,982	
79480	35-1279304	Midwest Security Life Insurance Company		500,000			144,881				644,881	
95251	76-0196559	National Pacific Dental, Inc.	(1,700,000)				(2,940,751)				(4,640,751)	
95123	65-0996107	Neighborhood Health Partnership, Inc.	(41,000,000)				(50,444,724)				(91,444,724)	
95758	88-0228572	Nevada Pacific Dental	(2,000,000)				(235,423)				(2,235,423)	
96940	52-1518174	Optimum Choice, Inc.	(40,000,000)				(29,743,546)	(248,871)			(69,992,417)	
	47-0858534	Optum Bank, Inc.					61,621				61,621	
	41-1591944	OptumHealth Care Solutions, Inc.					51,439,009				51,439,009	
	41-1858498	OptumInsight, Inc.					117,793,381				117,793,381	
	33-0441200	OptumRx, Inc.					507,132,982			(6,189,526)	500,943,457	
78026	22-2797560	Oxford Health Insurance, Inc.					(336,742,879)	(253,094,400)			(589,837,279)	467,429,574
96798	06-1181201	Oxford Health Plans (CT), Inc.	(17,500,000)				(75,178,122)	(653,826)			(93,331,948)	
95506	22-2745725	Oxford Health Plans (NJ), Inc.	(70,000,000)				(118,158,906)	(2,295,390)			(190,454,296)	2,891,046
95479	06-1181200	Oxford Health Plans (NY), Inc.	(210,000,000)				(238,574,662)				(448,574,662)	
70785	35-1137395	PacifiCare Life and Health Insurance Company	(87,000,000)				(14,204,043)			22,045,793	(79,158,250)	13,039
84506	95-2829463	PacifiCare Life Assurance Company	(10,800,000)				131,316	31,907			(10,636,777)	
95617	94-3267522	PacifiCare of Arizona, Inc.	(65,000,000)				(395,017,515)	(964,265)			(460,981,780)	
95434	84-1011378	PacifiCare of Colorado, Inc.	(60,000,000)				(111,500,593)	(813,876)		(1,069,538)	(173,384,007)	
95685	86-0875231	PacifiCare of Nevada, Inc.	(10,000,000)				(1,729,467)	(102,132)		(34,144)	(11,865,743)	476,119
	35-2288416	PHC Subsidiary Holdings, LLC					2,682,126				2,682,126	
13160	45-0571407	Physicians Health Choice of Arkansas, Inc.										
							1,326				1,326	
12977	32-0191973	Physicians Health Choice of New Mexico, Inc.					10,074				10,074	
11494	04-3677255	Physicians Health Choice of Texas, LLC					(32,530,066)				(32,530,066)	
	65-0683927	Preferred Care Partners Holding, Corp.		(1,000,000)							(1,000,000)	
11176	65-0885893	Preferred Care Partners, Inc.		1,000,000			(4,845,118)				(3,845,118)	
71420	94-0734860	Sierra Health and Life Insurance Company, Inc.	(12,500,000)				(18,037,511)	(418,868)			(30,956,379)	(93,360)
	88-0385705	Sierra Home Medical Products, Inc.					27,983,063				27,983,063	
	88-0201420	Southwest Medical Associates, Inc.					468,081,723				468,081,723	
	52-1260282	Spectera, Inc.					20,196,845				20,196,845	
	94-3077084	U.S. Behavioral Health Plan, California	(19,000,000)				44,690,684			(76,985)	25,613,698	
	95-2931460	UHC of California	(600,000,000)				(458,591,739)			(8,352,477)	(1,066,944,216)	
	14-1892398	Ultima Rx, LLC					3,474,863				3,474,863	
91529	52-1996029	Unimerica Insurance Company	(9,400,000)				(40,606,504)				(50,006,504)	
11596	01-0637149	Unimerica Life Insurance Company of New York					(1,460,377)				(1,460,377)	
	25-1877716	Unison Administrative Services, LLC					31,649,434				31,649,434	
	20-5917714	Unison Health Plan of Delaware, Inc.	(5,000,000)				(52,571,838)	(2,812,045)			(60,383,883)	

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
13032	26-0651931	Unison Health Plan of the Capital Area, Inc.					(22,935,045)				(22,935,045)	
	94-2649097	United Behavioral Health					602,173,685			(51,104)	602,122,582	
	41-1868911	United Behavioral Health of New York, I.P.A., Inc.					2,624,140				2,624,140	
	41-1289245	United HealthCare Services, Inc.	4,184,800,000	(14,500,000)			5,487,008,266			(4,679,015)	9,652,629,251	
	41-1321939	UnitedHealth Group Incorporated	715,200,000				2,517,011,615				3,232,211,615	
95174	33-0115163	UnitedHealthcare Benefits of Texas, Inc.	(169,000,000)				(243,453,529)	(2,264,034)			(414,717,563)	
12323	56-2451429	UnitedHealthcare Community Plan of Ohio, Inc.					(63,150,267)	538,409			(62,611,858)	1,936,345
11141	91-2008361	UnitedHealthcare Community Plan of Texas, L.L.C.					(129,414,380)				(129,414,380)	
95467	38-3204052	UnitedHealthcare Community Plan, Inc.					(87,707,593)	(748,421)			(88,456,014)	1,423,567
79413	36-2739571	UnitedHealthcare Insurance Company	(2,077,200,000)				(5,049,119,487)	396,141,471		(769,897)	(6,730,947,913)	(838,013,475)
60318	36-3800349	UnitedHealthcare Insurance Company of Illinois	(36,600,000)				(62,932,257)				(99,532,257)	
60093	11-3283886	UnitedHealthcare Insurance Company of New York	(90,000,000)				(380,950,011)	(115,705,688)			(586,655,699)	351,209,678
12231	20-1902768	UnitedHealthcare Insurance Company of the River Valley		13,000,000			(33,031,060)				(20,031,060)	
95784	63-0899562	UnitedHealthcare of Alabama, Inc.	(30,000,000)				(61,898,108)	(411,374)			(92,309,482)	
96016	86-0507074	UnitedHealthcare of Arizona, Inc.	(10,000,000)				(35,751,817)	(320,840)			(46,072,657)	
95446	63-1036819	UnitedHealthcare of Arkansas, Inc.	(1,400,000)				(6,395,983)	(44,019)			(7,840,002)	
95090	84-1004639	UnitedHealthcare of Colorado, Inc.		2,000,000			(666,771)	(12,155)			1,321,074	
95264	59-1293865	UnitedHealthcare of Florida, Inc.	(100,000,000)				(185,949,685)	(1,303,555)			(287,253,240)	
95850	58-1653544	UnitedHealthcare of Georgia, Inc.	(21,700,000)				(15,538,239)	(146,999)			(37,385,238)	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.	(16,000,000)				(5,599,666)	(44,417)			(21,644,083)	
96644	62-1240316	UnitedHealthcare of Kentucky, Ltd.	(6,000,000)				(9,465,579)	(87,002)			(15,552,581)	
95833	72-1074008	UnitedHealthcare of Louisiana, Inc.		2,000,000			(28,808,951)	(4,933)			(26,813,884)	
95716	63-1036817	UnitedHealthcare of Mississippi, Inc.	(15,000,000)				(13,093,677)	(81,667)			(28,175,344)	1,673,069
95149	05-0413469	UnitedHealthcare of New England, Inc.	(13,000,000)				(93,896,277)	(2,236,731)			(109,133,008)	1,544,952
13214	26-2697886	UnitedHealthcare of New Mexico, Inc.	(30,200,000)				(42,097,447)				(72,297,447)	
95085	06-1172891	UnitedHealthcare of New York, Inc.					(349,943,368)				(349,943,368)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	(74,000,000)				(177,149,846)	(1,086,541)			(252,236,387)	
95186	31-1142815	UnitedHealthcare of Ohio, Inc.	(9,000,000)				(118,421,422)	(926,795)			(128,348,217)	
96903	33-0115166	UnitedHealthcare of Oklahoma, Inc.	(17,800,000)				(52,280,251)			(538,859)	(70,619,110)	
95893	93-0938819	UnitedHealthcare of Oregon, Inc.	(25,800,000)				(22,156,154)			(263,250)	(48,219,403)	
95220	25-1756858	UnitedHealthcare of Pennsylvania, Inc.	(29,600,000)				(160,062,774)				(189,662,774)	
11775	32-0062883	UnitedHealthcare of South Carolina, Inc.	(20,000,000)				(27,427,697)	1,360,733			(46,066,964)	2,572,790
95765	95-3939697	UnitedHealthcare of Texas, Inc.	(8,000,000)				(408,918)	(1,987)			(8,410,905)	
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.										
			(25,000,000)				(87,836,549)	(698,077)			(113,534,626)	
95591	47-0676824	UnitedHealthcare of the Midlands, Inc.	(12,400,000)				(25,650,683)	(732,140)			(38,782,823)	
96385	43-1361841	UnitedHealthcare of the Midwest, Inc.	(40,000,000)				(72,334,144)	(2,355,867)			(114,690,011)	5,799,175

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95501	41-1488563	UnitedHealthcare of Utah, Inc.		20,000,000			(32,887,710)	(294,247)			(13,181,957)	
48038	91-1312551	UnitedHealthcare of Washington, Inc.	(20,000,000)				(77,245,200)				(97,245,200)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(13,000,000)				(234,255,656)	(2,477,152)			(249,732,808)	1,057,160
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.	(180,000,000)				(464,552,188)	(4,030,940)			(648,583,128)	
	47-0854646	UnitedHealthcare Service LLC					255,956,624				255,956,624	
	36-3355110	UnitedHealthcare Services Company of the River Valley, Inc.		(13,000,000)			323,582,505				310,582,505	
	41-1922511	UnitedHealthcare, Inc.		(24,500,000)							(24,500,000)	
	37-0920164	UnitedHealthOne Agency, Inc.					(99,792)				(99,792)	
	74-2797745	WellMed Medical Management of Florida, Inc.					207,116				207,116	
	74-2786364	WellMed Medical Management, Inc.					4,055,395				4,055,395	
	52-2102846	XLHealth Corporation	37,500,000	(8,605,000)			327,102,567				355,997,567	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES










The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
26.		

Bar Codes:

11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12.	Life Supplement [Document Identifier 205]	
13.	Property/Casualty Supplement [Document Identifier 207]	
14.	SIS Stockholder Information Supplement [Document Identifier 420]	
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17.	Medicare Part D Coverage Supplement [Document Identifier 365]	
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Relief from the Requirements for Audit Committees [Document Identifier 226]



21. Long-Term Care Experience Reporting Forms [Document Identifier 306]



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit
[Document Identifier 213]



26. Management's Report of Internal Control Over Financial Reporting
[Document Identifier 223]



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Underwriting and Investment Exhibit Part 3 Line 25

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Miscellaneous Losses	428	66	428		922
2505. Professional Fees/Consulting	1,762	273	2,022		4,057
2506. Sundry General Expenses	723,802	112,188	830,226		1,666,216
2597. Summary of remaining write-ins for Line 25 from overflow page	725,992	112,527	832,676	0	1,671,195

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement			
	1	2	3	4	5	6
	Amount	Percentage	Amount	Securities Lending Reinvested Collateral Amount	Total (Col. 3 + 4) Amount	Percentage
1. Bonds:						
1.1 U.S. treasury securities		0.000			0	0.000
1.2 U.S. government agency obligations (excluding mortgage-backed securities):						
1.21 Issued by U.S. government agencies		0.000			0	0.000
1.22 Issued by U.S. government sponsored agencies		0.000			0	0.000
1.3 Non-U.S. government (including Canada, excluding mortgaged-backed securities)		0.000			0	0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S. :						
1.41 States, territories and possessions general obligations		0.000			0	0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations		0.000			0	0.000
1.43 Revenue and assessment obligations		0.000			0	0.000
1.44 Industrial development and similar obligations		0.000			0	0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):						
1.51 Pass-through securities:						
1.511 Issued or guaranteed by GNMA		0.000			0	0.000
1.512 Issued or guaranteed by FNMA and FHLMC		0.000			0	0.000
1.513 All other		0.000			0	0.000
1.52 CMOs and REMICs:						
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA		0.000			0	0.000
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521		0.000			0	0.000
1.523 All other		0.000			0	0.000
2. Other debt and other fixed income securities (excluding short-term):						
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)		0.000			0	0.000
2.2 Unaffiliated non-U.S. securities (including Canada)		0.000			0	0.000
2.3 Affiliated securities		0.000			0	0.000
3. Equity interests:						
3.1 Investments in mutual funds		0.000			0	0.000
3.2 Preferred stocks:						
3.21 Affiliated		0.000			0	0.000
3.22 Unaffiliated		0.000			0	0.000
3.3 Publicly traded equity securities (excluding preferred stocks):						
3.31 Affiliated		0.000			0	0.000
3.32 Unaffiliated		0.000			0	0.000
3.4 Other equity securities:						
3.41 Affiliated		0.000			0	0.000
3.42 Unaffiliated		0.000			0	0.000
3.5 Other equity interests including tangible personal property under lease:						
3.51 Affiliated		0.000			0	0.000
3.52 Unaffiliated		0.000			0	0.000
4. Mortgage loans:						
4.1 Construction and land development		0.000			0	0.000
4.2 Agricultural		0.000			0	0.000
4.3 Single family residential properties		0.000			0	0.000
4.4 Multifamily residential properties		0.000			0	0.000
4.5 Commercial loans		0.000			0	0.000
4.6 Mezzanine real estate loans		0.000			0	0.000
5. Real estate investments:						
5.1 Property occupied by company		0.000	0		0	0.000
5.2 Property held for production of income (including \$ of property acquired in satisfaction of debt)		0.000	0		0	0.000
5.3 Property held for sale (including \$ property acquired in satisfaction of debt)		0.000	0		0	0.000
6. Contract loans		0.000	0		0	0.000
7. Derivatives		0.000	0		0	0.000
8. Receivables for securities		0.000	0		0	0.000
9. Securities Lending (Line 10, Asset Page reinvested collateral)		0.000	0	XXX	XXX	XXX
10. Cash, cash equivalents and short-term investments	8,373,975	100.000	8,373,975		8,373,975	100.000
11. Other invested assets		0.000			0	0.000
12. Total invested assets	8,373,975	100.000	8,373,975	0	8,373,975	100.000

Schedule A - Verification - Real Estate
N O N E

Schedule B - Verification - Mortgage Loans
N O N E

Schedule BA - Verification - Other Long-Term Invested Assets
N O N E

Schedule D - Verification - Bonds and Stock
N O N E

Schedule D - Summary By Country
N O N E

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 9.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
1. U.S. Governments											
1.1 Class 1	5,508,865					5,508,865	75.3	4,962,898	72.0	5,508,865	0
1.2 Class 2						0	0.0	0	0.0		0
1.3 Class 3						0	0.0	0	0.0		0
1.4 Class 4						0	0.0	0	0.0		0
1.5 Class 5						0	0.0	0	0.0		0
1.6 Class 6						0	0.0	0	0.0		0
1.7 Totals	5,508,865	0	0	0	0	5,508,865	75.3	4,962,898	72.0	5,508,865	0
2. All Other Governments											
2.1 Class 1						0	0.0	0	0.0		0
2.2 Class 2						0	0.0	0	0.0		0
2.3 Class 3						0	0.0	0	0.0		0
2.4 Class 4						0	0.0	0	0.0		0
2.5 Class 5						0	0.0	0	0.0		0
2.6 Class 6						0	0.0	0	0.0		0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions etc., Guaranteed											
3.1 Class 1						0	0.0	0	0.0		0
3.2 Class 2						0	0.0	0	0.0		0
3.3 Class 3						0	0.0	0	0.0		0
3.4 Class 4						0	0.0	0	0.0		0
3.5 Class 5						0	0.0	0	0.0		0
3.6 Class 6						0	0.0	0	0.0		0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions , Guaranteed											
4.1 Class 1						0	0.0	0	0.0		0
4.2 Class 2						0	0.0	0	0.0		0
4.3 Class 3						0	0.0	0	0.0		0
4.4 Class 4						0	0.0	0	0.0		0
4.5 Class 5						0	0.0	0	0.0		0
4.6 Class 6						0	0.0	0	0.0		0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed											
5.1 Class 1						0	0.0	0	0.0		0
5.2 Class 2						0	0.0	0	0.0		0
5.3 Class 3						0	0.0	0	0.0		0
5.4 Class 4						0	0.0	0	0.0		0
5.5 Class 5						0	0.0	0	0.0		0
5.6 Class 6						0	0.0	0	0.0		0
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 9.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Industrial & Miscellaneous (Unaffiliated)											
6.1 Class 1	1,811,633	0	0	0	0	1,811,633	24.7	1,927,116	28.0	1,811,633	0
6.2 Class 2						0	0.0	0	0.0		0
6.3 Class 3						0	0.0	0	0.0		0
6.4 Class 4						0	0.0	0	0.0		0
6.5 Class 5						0	0.0	0	0.0		0
6.6 Class 6						0	0.0	0	0.0		0
6.7 Totals	1,811,633	0	0	0	0	1,811,633	24.7	1,927,116	28.0	1,811,633	0
7. Hybrid Securities											
7.1 Class 1						0	0.0	0	0.0		0
7.2 Class 2						0	0.0	0	0.0		0
7.3 Class 3						0	0.0	0	0.0		0
7.4 Class 4						0	0.0	0	0.0		0
7.5 Class 5						0	0.0	0	0.0		0
7.6 Class 6						0	0.0	0	0.0		0
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates											
8.1 Class 1						0	0.0	0	0.0		0
8.2 Class 2						0	0.0	0	0.0		0
8.3 Class 3						0	0.0	0	0.0		0
8.4 Class 4						0	0.0	0	0.0		0
8.5 Class 5						0	0.0	0	0.0		0
8.6 Class 6						0	0.0	0	0.0		0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 9.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
9. Total Bonds Current Year											
9.1 Class 1	(d) 7,320,498	0	0	0	0	7,320,498	100.0	XXX	XXX	7,320,498	0
9.2 Class 2	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.3 Class 3	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 Class 4	(d) 0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 Class 5	(d) 0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
9.6 Class 6	(d) 0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
9.7 Totals	7,320,498	0	0	0	0	(b) 7,320,498	100.0	XXX	XXX	7,320,498	0
9.8 Line 9.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
10. Total Bonds Prior Year											
10.1 Class 1	6,890,014	0	0	0	0	XXX	XXX	6,890,014	100.0	6,890,014	0
10.2 Class 2	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.3 Class 3	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.4 Class 4	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.5 Class 5	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
10.6 Class 6	0	0	0	0	0	XXX	XXX	(c) 0	0.0	0	0
10.7 Totals	6,890,014	0	0	0	0	XXX	XXX	(b) 6,890,014	100.0	6,890,014	0
10.8 Line 10.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
11. Total Publicly Traded Bonds											
11.1 Class 1	7,320,498	0	0	0	0	7,320,498	100.0	6,890,014	100.0	7,320,498	XXX
11.2 Class 2						0	0.0	0	0.0	0	XXX
11.3 Class 3						0	0.0	0	0.0	0	XXX
11.4 Class 4						0	0.0	0	0.0	0	XXX
11.5 Class 5						0	0.0	0	0.0	0	XXX
11.6 Class 6						0	0.0	0	0.0	0	XXX
11.7 Totals	7,320,498	0	0	0	0	7,320,498	100.0	6,890,014	100.0	7,320,498	XXX
11.8 Line 11.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
11.9 Line 11.7 as a % of Line 9.7, Col. 6, Section 9	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12. Total Privately Placed Bonds											
12.1 Class 1	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.2 Class 2	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.3 Class 3	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.4 Class 4	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.5 Class 5	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.6 Class 6	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.8 Line 12.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
12.9 Line 12.7 as a % of Line 9.7, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ _____ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes \$ _____ current year, \$ _____ prior year of bonds with Z designations and \$ _____, current year \$ _____ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes \$ _____ current year, \$ _____ prior year of bonds with 5* designations and \$ _____, current year \$ _____ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the (SVO) in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ _____; NAIC 2 \$ _____; NAIC 3 \$ _____; NAIC 4 \$ _____; NAIC 5 \$ _____; NAIC 6 \$ _____

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 9.5	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
1. U.S. Governments											
1.1 Issuer Obligations	5,508,865					5,508,865	75.3	4,962,898	72.0	5,508,865	0
1.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
1.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
1.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
1.5 Totals	5,508,865	0	0	0	0	5,508,865	75.3	4,962,898	72.0	5,508,865	0
2. All Other Governments											
2.1 Issuer Obligations						0	0.0	0	0.0		0
2.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
2.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
2.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
2.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. U.S. States, Territories and Possessions, Guaranteed											
3.1 Issuer Obligations						0	0.0	0	0.0		0
3.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
3.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
3.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
3.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. U.S. Political Subdivisions of States, Territories and Possessions, Guaranteed											
4.1 Issuer Obligations						0	0.0	0	0.0		0
4.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
4.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
4.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
4.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed											
5.1 Issuer Obligations						0	0.0	0	0.0		0
5.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
5.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
5.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
5.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
6. Industrial and Miscellaneous											
6.1 Issuer Obligations	1,811,633	0	0	0	0	1,811,633	24.7	1,927,116	28.0	1,811,633	0
6.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
6.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
6.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
6.5 Totals	1,811,633	0	0	0	0	1,811,633	24.7	1,927,116	28.0	1,811,633	0
7. Hybrid Securities											
7.1 Issuer Obligations						0	0.0	0	0.0		0
7.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
7.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
7.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
7.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
8. Parent, Subsidiaries and Affiliates											
8.1 Issuer Obligations						0	0.0	0	0.0		0
8.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0		0
8.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0		0
8.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0		0
8.5 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 9.5	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
9. Total Bonds Current Year											
9.1 Issuer Obligations	7,320,498	0	0	0	0	7,320,498	100.0	XXX	XXX	7,320,498	0
9.2 Residential Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
9.5 Totals	7,320,498	0	0	0	0	7,320,498	100.0	XXX	XXX	7,320,498	0
9.6 Line 9.5 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
10. Total Bonds Prior Year											
10.1 Issuer Obligations	6,890,014	0	0	0	0	XXX	XXX	6,890,014	100.0	6,890,014	0
10.2 Residential Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
10.5 Totals	6,890,014	0	0	0	0	XXX	XXX	6,890,014	100.0	6,890,014	0
10.6 Line 10.5 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
11. Total Publicly Traded Bonds											
11.1 Issuer Obligations	7,320,498	0	0	0	0	7,320,498	100.0	6,890,014	100.0	7,320,498	XXX
11.2 Residential Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.3 Commercial Mortgage-Backed Securities						0	0.0	0	0.0	0	XXX
11.4 Other Loan-Backed and Structured Securities						0	0.0	0	0.0	0	XXX
11.5 Totals	7,320,498	0	0	0	0	7,320,498	100.0	6,890,014	100.0	7,320,498	XXX
11.6 Line 11.5 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
11.7 Line 11.5 as a % of Line 9.5, Col. 6, Section 9	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12. Total Privately Placed Bonds											
12.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.2 Residential Mortgage-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.3 Commercial Mortgage-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.4 Other Loan-Backed and Structured Securities	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.5 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
12.6 Line 12.5 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
12.7 Line 12.5 as a % of Line 9.5, Col. 6, Section 9	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	6,890,014	6,890,014	0	0	0
2. Cost of short-term investments acquired	28,165,771	28,165,771	0	0	0
3. Accrual of discount	0				
4. Unrealized valuation increase (decrease)	0				
5. Total gain (loss) on disposals	0				
6. Deduct consideration received on disposals	27,735,287	27,735,287	0	0	0
7. Deduct amortization of premium	0				
8. Total foreign exchange change in book/adjusted carrying value	0				
9. Deduct current year's other than temporary impairment recognized	0				
10. Book adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	7,320,498	7,320,498	0	0	0
11. Deduct total nonadmitted amounts	0				
12. Statement value at end of current period (Line 10 minus Line 11)	7,320,498	7,320,498	0	0	0

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

Schedule E - Verification - Cash Equivalents
N O N E

Schedule A - Part 1 - Real Estate Owned
N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 1 - Mortgage Loans Owned
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 1 - Other Long-Term Invested Assets Owned
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

Schedule D - Part 1 - Long Term Bonds Owned
N O N E

Schedule D - Part 2 - Section 1 - Preferred Stocks Owned
N O N E

Schedule D - Part 2 - Section 2 - Common Stocks Owned
N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
N O N E

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of
N O N E

Schedule D - Part 5 - Long Term Bonds and Stocks Acquired and Fully Disposed Of
N O N E

Schedule D-Part 6-Section 1-Valuation of Shares of Subsidiary, Controlled or Affiliated Companies
N O N E

Schedule D - Part 6 - Section 2
N O N E

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE UnitedHealthcare of Louisiana, Inc.

SCHEDULE DA - PART 1

Showing All SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	2	Codes		5	6	7	8	Change in Book/Adjusted Carrying Value				13	14	Interest						21
		3	4					9	10	11	12			15	16	17	18	19	20	
CUSIP Identi- fication	Description	Code	For- eign	Date Acquired	Name of Vendor	Maturity Date	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in Book/ Adjusted Carrying Value	Par Value	Actual Cost	Amount Due and Accrued Dec. 31 of Current Year on Bonds not in Default	Non- Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid for Accrued Interest
0599999. Total - U.S. Government Bonds							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
1099999. Total - All Other Government Bonds							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
1799999. Total - U.S. States, Territories and Possessions Bonds							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
2499999. Total - U.S. Political Subdivisions Bonds							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
3199999. Total - U.S. Special Revenues Bonds							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
4899999. Total - Hybrid Securities							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
5599999. Total - Parent, Subsidiaries and Affiliates Bonds							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
7799999. Total - Issuer Obligations							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
7899999. Total - Residential Mortgage-Backed Securities							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
7999999. Total - Commercial Mortgage-Backed Securities							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
8099999. Total - Other Loan-Backed and Structured Securities							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
8399999. Total Bonds							0	0	0	0	0	0	0	0	0	XXX	XXX	XXX	0	0
8699999. Total - Parent, Subsidiaries and Affiliates							0	0	0	0	0	XXX	0	0	0	XXX	XXX	XXX	0	0
097100-63-0	Bank of America Government Reserves .....			..12/28/2012	Bank New York Mellon .....	..XXX	..4,014	..0	..0	..0	..0	..0	..4,014	..0	..0	..0.000	..0.000	.....	..0	..0
097101-30-7	Bank of America Treasury Reserves .....			..12/28/2012	Bank New York Mellon .....	..XXX	..557,098	..0	..0	..0	..0	..0	..557,098	..0	..0	..0.000	..0.000	.....	..1	..0
261908-10-7	Dreyfus Treasury Cash Mgmt Fund .....			..12/28/2012	Bank New York Mellon .....	..XXX	..400,079	..0	..0	..0	..0	..0	..400,079	..0	..0	..0.000	..0.000	.....	..1	..0
38141W-32-3	Goldman Sachs Treasury Obligations Fund .....			..12/28/2012	Bank New York Mellon .....	..XXX	..800,054	..0	..0	..0	..0	..0	..800,054	..0	..0	..0.000	..0.000	.....	..1	..0
4812C2-68-4	JP Morgan US Government Mmkt .....			..12/21/2012	Bank New York Mellon .....	..XXX	..607,190	..0	..0	..0	..0	..0	..607,190	..0	..0	..0.000	..0.000	.....	..2	..0
61747C-58-2	Morgan Stanley Institutional Liquidity Fund .....			..12/21/2012	Bank New York Mellon .....	..XXX	..800,073	..0	..0	..0	..0	..0	..800,073	..0	..0	..0.000	..0.000	.....	..19	..0
61747C-70-7	Morgan Stanley Institutional Liquidity Fund .....			..12/04/2012	Bank New York Mellon .....	..XXX	..853,739	..0	..0	..0	..0	..0	..853,739	..0	..0	..0.000	..0.000	.....	..96	..0
90262Y-80-2	UBS Global Asset Mgmt Select Treasury Inst .....			..12/28/2012	Bank New York Mellon .....	..XXX	..800,060	..0	..0	..0	..0	..0	..800,060	..0	..0	..0.000	..0.000	.....	..2	..0
94975H-29-6	Fund .....			..12/28/2012	Bank New York Mellon .....	..XXX	..670,050	..0	..0	..0	..0	..0	..670,050	..0	..0	..0.000	..0.000	.....	..2	..0
MM0000-04-0	Wells Fargo Treasury Plus MMKT Fund - Inst .....			..12/28/2012	Bank New York Mellon .....	..XXX	..670,050	..0	..0	..0	..0	..0	..670,050	..0	..0	..0.000	..0.000	.....	..2	..0
8899999. Subtotal - Exempt Money Market Mutual Funds	Fidelity Inst Treas Fd Cl III 316175884 .....			..12/21/2012	Capital One (fmr Hibernia) .....	..XXX	..16,508	..0	..0	..0	..0	..0	..16,508	..0	..0	..0.000	..0.000	.....	..1	..0
097100-51-5	Bank of America Money Market Reserves .....			..12/27/2012	No Broker .....	..XXX	..345,286	..0	..0	..0	..0	..XXX	..5,508,865	..0	..0	..XXX	..XXX	..XXX	..125	..0
26200V-10-4	Dreyfus Institutional Cash Advantage .....			..12/21/2012	No Broker .....	..XXX	..320,949	..0	..0	..0	..0	..0	..345,286	..0	..0	..0.000	..0.000	.....	..304	..0
26200X-20-9	Dreyfus Inst Res MMkt Fnd 05561M101 .....			..12/04/2012	Bank New York Mellon .....	..XXX	..23,537	..0	..0	..0	..0	..0	..320,949	..0	..0	..0.000	..0.000	.....	..26	..0
38141W-27-3	Goldman Sachs Government Fund .....			..12/04/2012	No Broker .....	..XXX	..404,955	..0	..0	..0	..0	..0	..23,537	..0	..0	..0.000	..0.000	.....	..17	..0
61747C-71-5	Morgan Stanley Institutional Liquidity Funds .....			..09/06/2012	Bank New York Mellon .....	..XXX	..1	..0	..0	..0	..0	..0	..404,955	..0	..0	..0.000	..0.000	.....	..97	..0
90262Y-50-5	Prime Port .....			..12/19/2012	Bank New York Mellon .....	..XXX	..381,507	..0	..0	..0	..0	..0	..1	..0	..0	..0.000	..0.000	.....	..0	..0
94975P-40-5	UBS Global Asset Mgmt Select Prime Inst Fund .....			..12/04/2012	Bank New York Mellon .....	..XXX	..4,709	..0	..0	..0	..0	..0	..381,507	..0	..0	..0.000	..0.000	.....	..444	..0
94975P-50-4	Wells Fargo Government MMKT Fund-Inst Cls .....			..12/21/2012	Bank New York Mellon .....	..XXX	..330,689	..0	..0	..0	..0	..0	..4,709	..0	..0	..0.000	..0.000	.....	..1	..0
8999999. Subtotal - Class One Money Market Mutual Funds	Wells Fargo Prime Money Market Fund						1,811,633	0	0	0	0	XXX	1,811,633	0	0	XXX	XXX	XXX	1,003	0
9199999 - Totals							7,320,498	0	0	0	0	XXX	7,320,498	0	0	XXX	XXX	XXX	1,128	0

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part A - Section 2 - Options, Caps, Floors, Collars, Swaps and Forwards Terminated
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part B - Section 2 - Futures Contracts Terminated
N O N E

Schedule DB - Part B - Section 2B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

[illegible]

1.	January	1,173,880	4.	April	1,047,783	7.	July	1,056,460	10.	October	1,051,966
2.	February	1,312,440	5.	May	1,052,106	8.	August	1,053,585	11.	November	1,047,227
3.	March	1,872,920	6.	June	1,051,788	9.	September	1,054,270	12.	December	1,053,477

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
NONE							
8699999 - Total Cash Equivalents							

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

	1	2	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3	4	5	6
States, Etc.	Type of Deposit	Purpose of Deposit	Book/Adjusted Carrying Value	Fair Value	Book/Adjusted Carrying Value	Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA	LA ins code stat 22:36	1,000,000	1,000,000		
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U.S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Alien and Other	OT	XXX	0	0	0	0
59. Subtotal	XXX	XXX	1,000,000	1,000,000	0	0
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX	0	0	0	0
5899. Totals (Lines 5801 thru 5803 plus 5898)(Line 58 above)	XXX	XXX	0	0	0	0