

QUARTERLY STATEMENT

OF THE

UnitedHealthcare Plan of the River Valley, Inc.

TO THE

Insurance Department

OF THE

STATE OF

Illinois

**FOR THE QUARTER ENDED
SEPTEMBER 30, 2010**

HEALTH

2010



PROCESSED
2010/10/16 PM 10:11
JULIAN/ROSE

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2010
OF THE CONDITION AND AFFAIRS OF THE
UnitedHealthcare Plan of the River Valley, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 95378 Employer's ID Number 36-3379945
(Current) (Prior)

Organized under the Laws of Illinois, State of Domicile or Port of Entry Illinois

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 08/05/1985 Commenced Business 12/19/1985

Statutory Home Office 1300 River Drive Moline, IL 61265
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 1300 River Drive
(Street and Number)
Moline, IL 61265 309-736-4600
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 1300 River Drive Moline, IL 61265
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 1300 River Drive
(Street and Number)
Moline, IL 61265 309-757-6285
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address UHCRiverValley.com

Statutory Statement Contact Joan G Mincer 309-757-6285
(Name) (Area Code) (Telephone Number)
joan_g_mincer@uhc.com 888-250-1769
(E-mail Address) (FAX Number)

OFFICERS

CEO and President, Commercial Daniel Roger Kueter Treasurer Robert Worth Oberrender
Secretary Christina Regina Palme-Krizak Chief Financial Officer James Wesley Waters

OTHER OFFICERS

Bruce Chase Steffens M.D. Chief Medical Officer Nyle Brent Cottingham Vice President-Regulatory Michelle Huntley Dill Assistant Secretary
Scott Andrew Bowers President, Medicaid Division # Controller and Assistant Treasurer Juanita Bolland Luis Assistant Secretary
Mark Andrew Murr General Counsel Timothy Gilbert Caron Assistant Secretary Mary Lynn Stanislav Assistant Secretary

DIRECTORS

James Edward Hecker Bruce Chase Steffens M.D. William Kenneth Appelgate Ph.D.
Daniel Roger Kueter Cathie Sue Whiteside Scott Andrew Bowers #
Victoria Jean Kauzlarich Michael Paul Radu James Wesley Waters #

State of Illinois
County of Rock Island

State of Minnesota
County of Hennepin

State of NOT USED
County 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.

Daniel Roger Kueter
CEO and President, Commercial

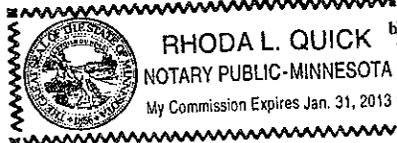
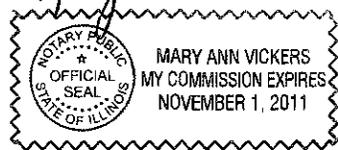
Christina Regina Palme-Krizak
Secretary

NOT USED

Subscribed and sworn to before me this 22 day of October 2010
Mary Ann Vickers

Subscribed and sworn to before me this 15th day of October 2010
Rhoda L. Quick

Subscribed and sworn to before me this _____ day of _____



Is this an original filing?.....
If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

Yes [X] No []

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE UnitedHealthcare Plan of the River Valley, Inc.

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	515,335,453		515,335,453	468,400,347
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
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 (\$1,465,947), cash equivalents (\$0), and short-term investments (\$269,908,818)	271,374,765		271,374,765	251,082,820
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities	0		0	0
10. Aggregate write-ins for invested assets	0	0	0	0
11. Subtotals, cash and invested assets (Lines 1 to 10)	786,710,218	0	786,710,218	719,483,167
12. Title plants less \$ charged off (for Title insurers only)			0	0
13. Investment income due and accrued	5,421,203		5,421,203	5,224,125
14. Premiums and considerations:				
14.1 Uncollected premiums and agents' balances in the course of collection	66,715,384		66,715,384	69,674,822
14.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
14.3 Accrued retrospective premiums	1,594,441		1,594,441	2,069,610
15. Reinsurance:				
15.1 Amounts recoverable from reinsurers	0		0	0
15.2 Funds held by or deposited with reinsured companies			0	0
15.3 Other amounts receivable under reinsurance contracts			0	0
16. Amounts receivable relating to uninsured plans	2,639,762		2,639,762	4,305,290
17.1 Current federal and foreign income tax recoverable and interest thereon			0	0
17.2 Net deferred tax asset	46,375,901	38,708,484	7,667,417	7,356,847
18. Guaranty funds receivable or on deposit			0	0
19. Electronic data processing equipment and software	0		0	0
20. Furniture and equipment, including health care delivery assets (\$)			0	0
21. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
22. Receivables from parent, subsidiaries and affiliates	4,687,493	920,617	3,766,876	0
23. Health care (\$7,706,209) and other amounts receivable	8,604,270	898,060	7,706,210	5,364,165
24. Aggregate write-ins for other than invested assets	5,900,493	1,981,582	3,918,911	580,083
25. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 to 24)	928,649,165	42,508,743	886,140,422	814,058,107
26. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
27. Total (Lines 25 and 26)	928,649,165	42,508,743	886,140,422	814,058,107
DETAILS OF WRITE-INS				
1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Totals (Lines 1001 through 1003 plus 1098)(Line 10 above)	0	0	0	0
2401. FEHBP Receivables	3,809,417	0	3,809,417	580,083
2402. Miscellaneous Receivables	1,944,082	1,944,082	0	
2403. Prepaid Expenses	37,500	37,500	0	
2498. Summary of remaining write-ins for Line 24 from overflow page	109,494	0	109,494	0
2499. Totals (Lines 2401 through 2403 plus 2498)(Line 24 above)	5,900,493	1,981,582	3,918,911	580,083

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ _____ reinsurance ceded)	351,324,029		351,324,029	253,290,037
2. Accrued medical incentive pool and bonus amounts	1,299,452		1,299,452	1,631,240
3. Unpaid claims adjustment expenses	8,438,255		8,438,255	6,174,911
4. Aggregate health policy reserves	11,590,532		11,590,532	5,176,110
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves	0		0	320,070
8. Premiums received in advance	5,095,868		5,095,868	6,321,533
9. General expenses due or accrued	45,442,294		45,442,294	32,784,452
10.1 Current federal and foreign income tax payable and interest thereon (including \$ _____50,185 on realized gains (losses))	17,557,783		17,557,783	2,905,353
10.2 Net deferred tax liability			0	1
11. Ceded reinsurance premiums payable	245,821		245,821	202,439
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	80,546		80,546	0
14. Borrowed money (including \$ _____ current) and interest thereon \$ _____ (including \$ _____ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	79,111,128		79,111,128	237,256,171
16. Derivatives			0	0
17. Payable for securities	1,200,000		1,200,000	0
18. Funds held under reinsurance treaties (with \$ _____ authorized reinsurers and \$ _____ unauthorized reinsurers)			0	0
19. Reinsurance in unauthorized companies			0	0
20. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
21. Liability for amounts held under uninsured plans	0		0	1
22. Aggregate write-ins for other liabilities (including \$ _____ current)	0	0	0	0
23. Total liabilities (Lines 1 to 22)	521,385,708	0	521,385,708	546,062,318
24. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
25. Common capital stock	XXX	XXX	610,000	610,000
26. Preferred capital stock	XXX	XXX		
27. Gross paid in and contributed surplus	XXX	XXX	37,441,000	37,441,000
28. Surplus notes	XXX	XXX		0
29. Aggregate write-ins for other than special surplus funds	XXX	XXX	1,500,000	1,500,000
30. Unassigned funds (surplus)	XXX	XXX	325,203,714	228,444,789
31. Less treasury stock, at cost:				
31.1 _____ shares common (value included in Line 25 \$ _____)	XXX	XXX		
31.2 _____ shares preferred (value included in Line 26 \$ _____)	XXX	XXX		
32. Total capital and surplus (Lines 24 to 30 minus Line 31)	XXX	XXX	364,754,714	267,995,789
33. Total liabilities, capital and surplus (Lines 23 and 32)	XXX	XXX	886,140,422	814,058,107
DETAILS OF WRITE-INS				
2201.				
2202.				
2203.				
2298. Summary of remaining write-ins for Line 22 from overflow page	0	0	0	0
2299. Totals (Lines 2201 through 2203 plus 2298)(Line 22 above)	0	0	0	0
2401.	XXX	XXX		
2402.	XXX	XXX		
2403.	XXX	XXX		
2498. Summary of remaining write-ins for Line 24 from overflow page	XXX	XXX	0	0
2499. Totals (Lines 2401 through 2403 plus 2498)(Line 24 above)	XXX	XXX	0	0
2901. Statutory Fund	XXX	XXX	1,500,000	1,500,000
2902.	XXX	XXX		
2903.	XXX	XXX		
2998. Summary of remaining write-ins for Line 29 from overflow page	XXX	XXX	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	XXX	XXX	1,500,000	1,500,000

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	6,511,411	6,144,385	8,244,539
2. Net premium income (including \$ non-health premium income)	XXX	2,237,442,883	1,730,579,447	2,376,528,654
3. Change in unearned premium reserves and reserve for rate credits	XXX	(200,760)	(787,112)	(5,828,560)
4. Fee-for-service (net of \$ medical expenses)	XXX			.0
5. Risk revenue	XXX			.0
6. Aggregate write-ins for other health care related revenues	XXX	.0	.0	.0
7. Aggregate write-ins for other non-health revenues	XXX	.0	.0	.0
8. Total revenues (Lines 2 to 7)	XXX	2,237,242,123	1,729,792,335	2,370,700,094
Hospital and Medical:				
9. Hospital/medical benefits		1,699,347,259	1,377,758,599	1,868,771,109
10. Other professional services		9,336,772	5,139,342	10,269,386
11. Outside referrals				.0
12. Emergency room and out-of-area				.0
13. Prescription drugs		70,722,539	66,602,642	85,173,198
14. Aggregate write-ins for other hospital and medical	.0	349,592	.0	.0
15. Incentive pool, withhold adjustments and bonus amounts		682,099	(316,655)	935,202
16. Subtotal (Lines 9 to 15)	.0	1,780,438,261	1,449,183,927	1,965,148,895
Less:				
17. Net reinsurance recoveries		(52,370)		52,370
18. Total hospital and medical (Lines 16 minus 17)	.0	1,780,490,631	1,449,183,927	1,965,096,525
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 36,536,536 cost containment expenses		59,897,423	45,951,873	58,957,623
21. General administrative expenses		256,651,428	167,454,757	252,624,509
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				.0
23. Total underwriting deductions (Lines 18 through 22)	.0	2,097,039,482	1,662,590,557	2,276,678,657
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	140,202,641	67,201,778	94,021,437
25. Net investment income earned		12,048,607	10,526,272	14,348,072
26. Net realized capital gains (losses) less capital gains tax of \$ 50,185		75,834	1,120,215	751,659
27. Net investment gains (losses) (Lines 25 plus 26)	.0	12,124,441	11,646,487	15,099,731
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]				
29. Aggregate write-ins for other income or expenses	.0	(2,428,663)	.0	(1,011,187)
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	149,898,419	78,848,266	108,109,981
31. Federal and foreign income taxes incurred	XXX	52,562,724	26,414,749	31,782,258
32. Net income (loss) (Lines 30 minus 31)	XXX	97,335,695	52,433,517	76,327,723
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	.0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	.0	.0	.0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401. Patient Transport		319,704		
1402. Other Miscellaneous Expenses		29,888		
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	.0	.0	.0	.0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	.0	349,592	0	0
2901. Fines & Penalties - Regulatory Authorities		(2,428,663)		(1,011,187)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	.0	.0	.0	.0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	.0	(2,428,663)	0	(1,011,187)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	267,995,789	225,550,876	225,550,877
34. Net income or (loss) from Line 32.....	97,335,695	51,898,157	76,327,723
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.....	(2,781,619)	19,508	(3,396,354)
39. Change in nonadmitted assets.....	2,204,849	(363,365)	2,470,984
40. Change in unauthorized reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in.....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in.....	0	0	0
45.2 Transferred to capital (Stock Dividend).....			
45.3 Transferred from capital.....			
46. Dividends to stockholders.....			(35,000,000)
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	2,042,559
48. Net change in capital & surplus (Lines 34 to 47).....	96,758,925	51,554,300	42,444,912
49. Capital and surplus end of reporting period (Line 33 plus 48)	364,754,714	277,105,176	267,995,789
DETAILS OF WRITE-INS			
4701. Corrections subsequent to issuance of the prior Y/E annual statement.....			2,042,577
4702. Income Taxes to Surplus Adj.....			(18)
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	2,042,559

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	2,245,908,868	1,713,260,694	2,321,776,259
2. Net investment income	16,543,292	7,895,744	9,256,877
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	2,262,452,160	1,721,156,438	2,331,033,136
5. Benefit and loss related payments	1,685,400,994	1,412,253,424	1,933,216,900
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	302,518,182	193,837,737	289,933,112
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	37,960,480	19,597,049	26,598,450
10. Total (Lines 5 through 9)	2,025,879,655	1,625,688,210	2,249,748,462
11. Net cash from operations (Line 4 minus Line 10)	236,572,505	95,468,228	81,284,674
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	34,667,388	104,577,497	134,701,400
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	1,200,000	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	35,867,388	104,577,497	134,701,400
13. Cost of investments acquired (long-term only):			
13.1 Bonds	86,166,620	233,474,223	295,026,920
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	86,166,620	233,474,223	295,026,920
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(50,299,232)	(128,896,726)	(160,325,520)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	35,000,000
16.6 Other cash provided (applied)	(165,981,328)	142,130,389	211,005,226
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(165,981,328)	142,130,389	176,005,226
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)	20,291,944	108,701,891	96,964,380
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	251,082,821	154,118,441	154,118,441
19.2 End of period (Line 18 plus Line 19.1)	271,374,765	262,820,332	251,082,821

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

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STATEMENT AS OF SEPTEMBER 30, 2010 OF THE UnitedHealthcare Plan of the River Valley, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	684,162	0	112,720	0	0	0	4,558	51,767	515,117	0
2. First Quarter	715,497		116,595				4,840	55,941	538,121	
3. Second Quarter	727,659		113,301				4,867	58,950	550,541	
4. Third Quarter	736,165		114,590				4,954	61,549	555,072	
5. Current Year	0									
6. Current Year Member Months	6,511,411		1,018,501				43,946	527,755	4,921,209	
Total Member Ambulatory Encounters for Period:										
7. Physician	3,409,274		417,849				15,235	802,442	2,173,748	
8. Non-Physician	907,713		71,700				28,866	302,223	504,924	
9. Total	4,316,987	0	489,549	0	0	0	44,101	1,104,665	2,678,672	0
10. Hospital Patient Days Incurred	1,373,821		20,501				7,112	39,191	1,307,017	
11. Number of Inpatient Admissions	155,237		4,824				1,672	79,649	69,092	
12. Health Premiums Written (a)	2,239,657,728		293,756,473				15,609,903	450,939,772	1,479,351,580	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	2,239,456,969		293,756,474				15,609,903	451,419,628	1,478,670,964	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,685,348,612		221,560,238				13,227,897	342,302,594	1,108,257,883	
18. Amount Incurred for Provision of Health Care Services	1,780,438,261		231,433,903				13,707,812	363,192,480	1,172,104,066	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 450,939,772

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE UnitedHealthcare Plan of the River Valley, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	27,450,968	194,155,759	1,198,341	37,394,056	28,649,309	28,135,899
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan	1,587,348	11,640,550	16,394	2,362,744	1,603,742	1,899,223
6. Title XVIII - Medicare	34,075,748	308,132,180	2,362,577	61,148,186	36,438,325	40,940,847
7. Title XIX - Medicaid	175,496,040	931,848,513	7,581,799	239,259,932	183,077,839	182,634,137
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	238,610,104	1,445,777,002	11,159,111	340,164,918	249,769,215	253,610,106
10. Healthcare receivables (a)	6,509,530	1,803,291		291,449	6,509,530	6,311,773
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	861,641	152,246	235,141	1,064,311	1,096,782	1,631,240
13. Totals	232,962,215	1,444,125,957	11,394,252	340,937,780	244,356,467	248,929,573

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

6

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of UnitedHealthcare Plan of the River Valley (Company) are presented on the basis of accounting practices prescribed or permitted by the Illinois Department of Insurance (Department).

The Department recognizes only statutory accounting practices, prescribed or permitted by the State of Illinois for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Illinois Insurance Law. The state prescribes the use of the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) in effect for the accounting periods covered in the financial statement.

No significant differences exist between the statutory practices prescribed or permitted by the State of Illinois and those prescribed or permitted by the NAIC SAP which would materially affect the statutory basis capital and surplus.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

No significant change.

Note 5 - Investments

A. No significant change.

B. No significant change.

C. No significant change.

D. Loan-Backed Securities

1) N/A

2) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from an external data source vendor.

3) N/A

4) &5) Year-to-date through September 30, 2010, there were no other-than-temporary impairments on mortgage-backed securities. As a result, the Company did not recognize any other-than-temporary impairments on mortgage-backed securities due to an inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis, or where the present value of cash flows expected to be collected is less than the amortized cost basis of the security, as of September 30, 2010.

6) The table below represents impaired Mortgages, Collateralized Mortgage Obligations and Asset Back Securities - Structured Assets Only for which an other-than-temporary impairment has not been recognized in earnings as of September 30, 2010.

	Less Than 12 Months		12 Months or Greater		Total Unrealized	
	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses	Fair Value	Gross Unrealized Losses
Fixed Income-Mortgage	44,000	-	-	-	44,000	-

7) The Company believes that it will collect all principal and interest due on all investments that have an amortized cost in excess of fair value. The unrealized losses as of September 30, 2010 were primarily caused by interest rate increases and not by unfavorable changes in the credit ratings associated with these securities.

NOTES TO FINANCIAL STATEMENTS

E. No significant change.

F. No significant change.

G. No significant change.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

Note 10 - Information Concerning Parent, Subsidiaries and Affiliates

No significant change.

Note 11 - Debt

No significant change.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

No significant change.

Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

No significant change.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. The Company did not have any transfers of receivables reported as sales as of September 30, 2010 or December 31, 2009.
- B. The Company did not have any transfer and servicing of financial assets as of September 30, 2010 or December 31, 2009.
- C. No transactions involving wash sales of securities with an NAIC designation of 3 or below or unrated securities occurred during the nine months ended September 30, 2010 or the year ended December 31, 2009.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 20 - Other Items

C. Other Disclosures

Effective March 2010 for individuals in the Middle Tennessee region and August 2010 for the East and West Tennessee regions, the Company provides long term care coverage for the uninsured individuals and Medicaid eligible individuals who are enrolled in the TennCare program and qualify for this benefit.

The Company recorded receivables related to retroactive TennCare policies of \$65,745,000 as of December 31, 2009. As of September 30, 2010, the Company has collected prior year premium receipts related to this receivable of \$81,146,000 and currently has outstanding receivables of \$1,358,000. Therefore, there has been \$14,043,000 in favorable prior year development.

The Company has determined that the hold harmless clauses with contracting providers, in addition to the insolvency-only reinsurance contract with UnitedHealthcare Insurance Company, Inc, protects members from risk in the event of the Company's inability to pay future claims. As a result, the Company is no longer reporting Uncovered amounts in the accompanying statutory financial statements.

Note 21 - Events Subsequent

No significant change.

Note 22 - Reinsurance

No significant change.

Note 23 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

The Company has Medicare business which is subject to a retrospective rating feature related to Part D premiums. The Company has estimated accrued retrospective premiums related to Part D premiums based on guidelines determined by the Center for Medicare and Medicaid Services. The formula is tiered and based on medical loss ratio. As of September 30, 2010, the amount of Part D premium subject to retrospective rating was approximately \$26,241,000 representing 1.2% of total net premiums written.

The Company has a contract with the federal government through the Office of Personnel Management to administer the Federal Employees Health Benefit Program (FEHBP). The Company is subject to rate adjustments through audits by the Office of Personnel Management. For the nine months ended September 30, 2010, the amount of earned premiums subject to redetermination was \$15,610,000, representing 0.7% of total net premiums written.

Note 24 - Change in Incurred Losses and Loss Adjustment Expenses

Claim reserves, including medical incentive pools and bonus amounts and unpaid claims adjustment expense as of December 31, 2009 were \$261,416,000. As of September 30, 2010, \$247,661,000 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$11,667,000 as a result of re-estimation of unpaid claims. Therefore, there has been \$2,089,000 of favorable prior-year development since December 31, 2009 to September 30, 2010. The favorable development is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

Included in this favorable development, the Company experienced \$5,268,000 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

Note 25 - Intercompany Pooling Arrangements

No significant change.

Note 26 - Structured Settlements

No significant change.

Note 27 - Health Care Receivables

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 28 - Participating Policies

No significant change.

Note 29 - Premium Deficiency Reserves

No significant change.

Note 30 - Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 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 [X]
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 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 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2007
- 6.2 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. 12/31/2007
- 6.3 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). 06/22/2009
- 6.4 By what department or departments?
- 6.5 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 [X]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this 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 [X]
- 7.2 If yes, give full information:
- 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 Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
OptumHealth Bank	Salt Lake City, UT	NO	NO	NO	YES	NO

GENERAL INTERROGATORIES

- 9.1 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 [] 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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
13. Amount of real estate and mortgages held in short-term investments: \$
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
- 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$
14.22 Preferred Stock	\$0	\$
14.23 Common Stock	\$0	\$
14.24 Short-Term Investments	\$0	\$
14.25 Mortgage Loans on Real Estate	\$0	\$
14.26 All Other	\$0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
- If no, attach a description with this statement.

GENERAL INTERROGATORIES

16. 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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No []

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

1 Name of Custodian(s)	2 Custodian Address
State Street Bank	801 Pennsylvania, Kansas City, MO 64105
Bank of New York Mellon	Global Liquidity Services, 1 Wall St, 14th Floor, New York NY 10286

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

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? Yes [] No []

16.4 If yes, give full information relating thereto:

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

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

1 Central Registration Depository	2 Name(s)	3 Address
113972	Standish Mellon Asset Management Company	One Boston Place, Suite 024-0344, Boston MA 02108
0	Internally Managed	0

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [] No []

17.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent81.1 %
 - 1.2 A&H cost containment percent1.6 %
 - 1.3 A&H expense percent excluding cost containment expenses12.5 %
- 2.1 Do you act as a custodian for health savings accounts? Yes [] No []
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date \$
- 2.3 Do you act as an administrator for health savings accounts? Yes [] No []
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date \$

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Location	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
NONE						

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
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	L	25,792,881	16,785,252					42,578,133	.0
15. Indiana IN	N								.0
16. Iowa IA	L	145,828,235	56,812,375		15,609,903			218,250,513	.0
17. Kansas KS	N								.0
18. Kentucky KY	N								.0
19. Louisiana LA	N								.0
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	L	96,174,690	319,545,170	1,479,351,580				1,895,071,440	.0
44. Texas TX	N								.0
45. Utah UT	N								.0
46. Vermont VT	N								.0
47. Virginia VA	L	25,960,667	57,796,975					83,757,642	.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 CN	N								.0
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	293,756,473	450,939,772	1,479,351,580	15,609,903	0	0	2,239,657,728	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0	0
61. Totals (Direct Business)	(a) 4	293,756,473	450,939,772	1,479,351,580	15,609,903	0	0	2,239,657,728	0
DETAILS OF WRITE-INS									
5801.	XXX								
5802.	XXX								
5803.	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

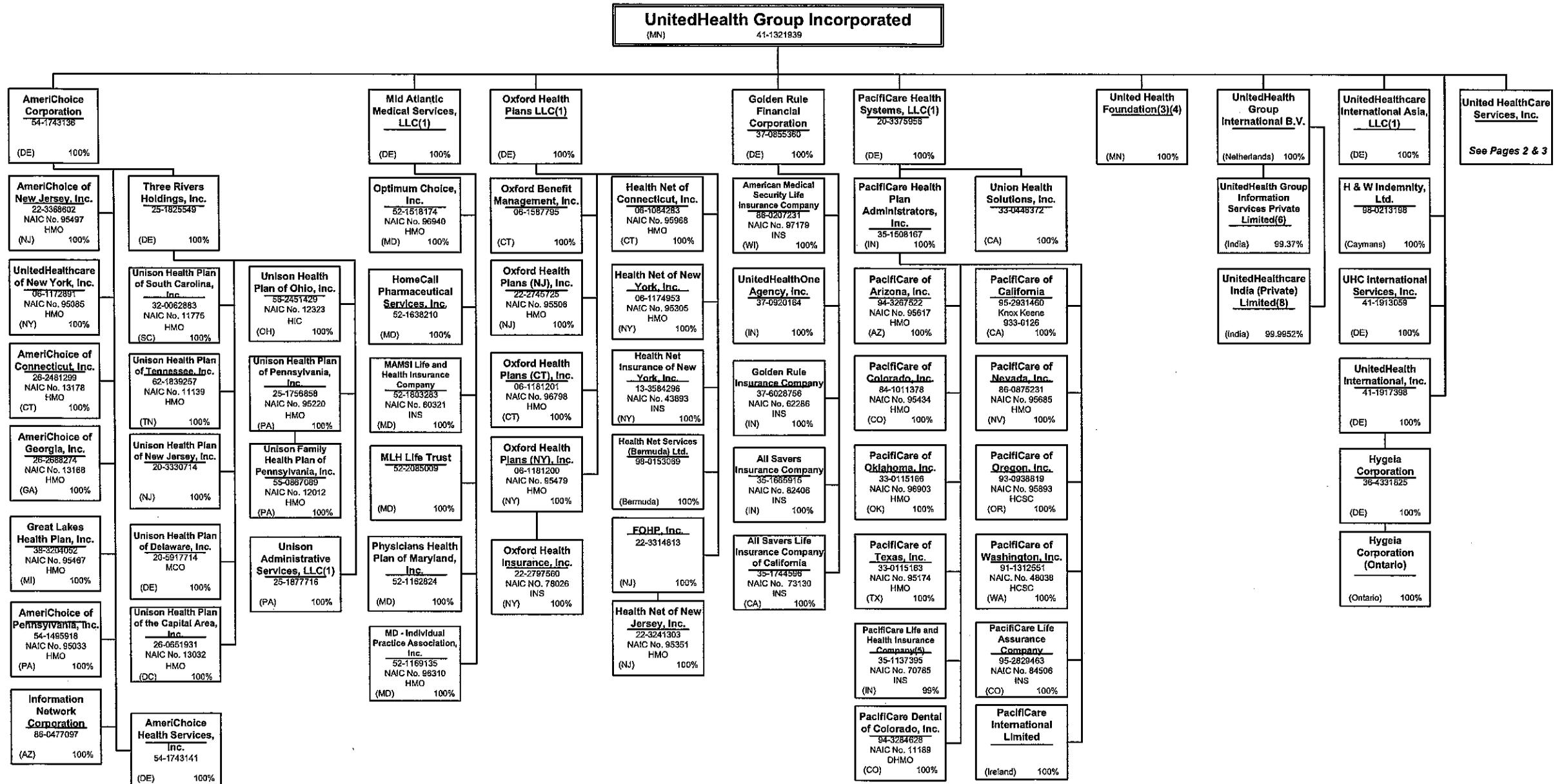
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

Premiums are allocated by state based upon geographic market.

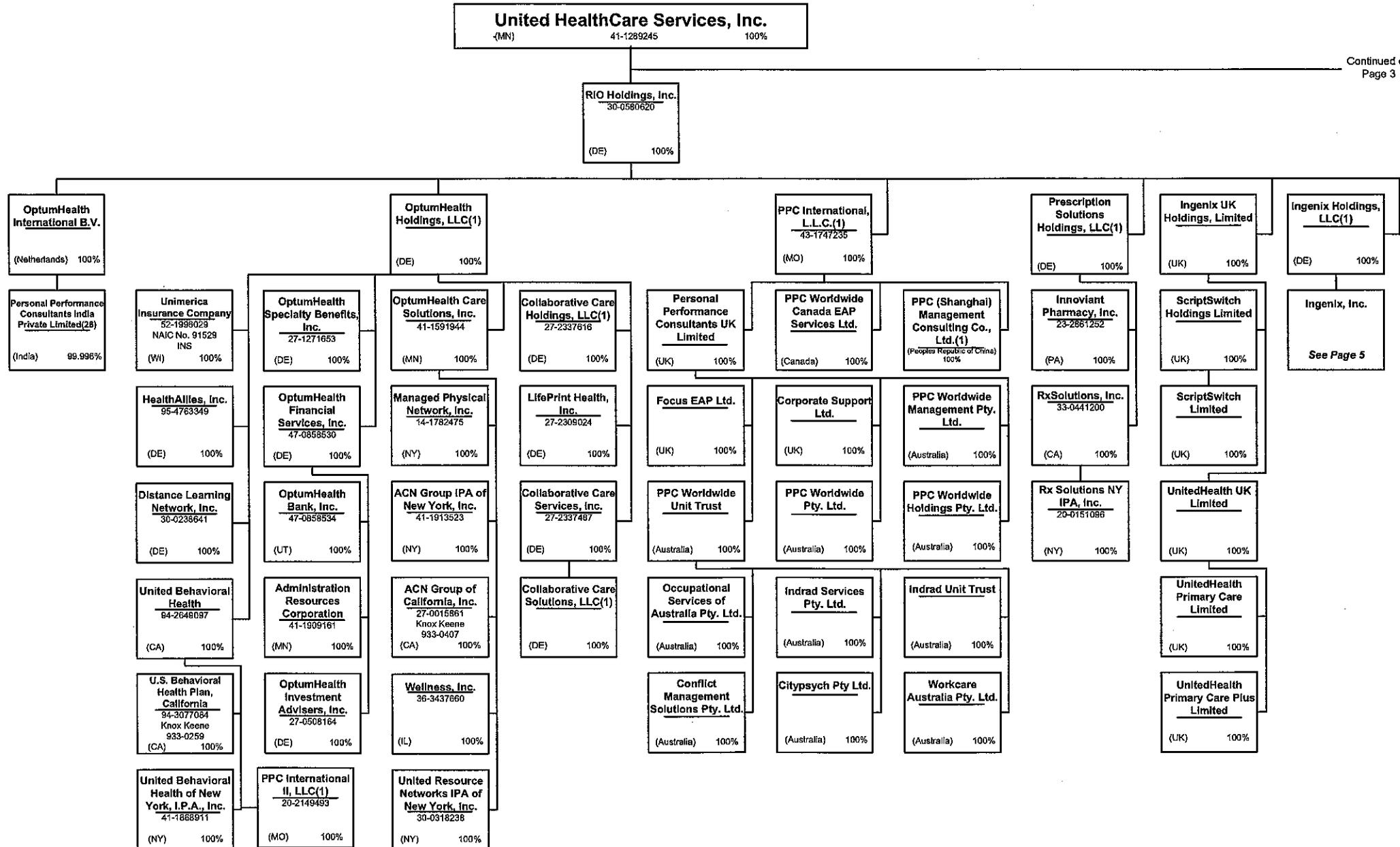
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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

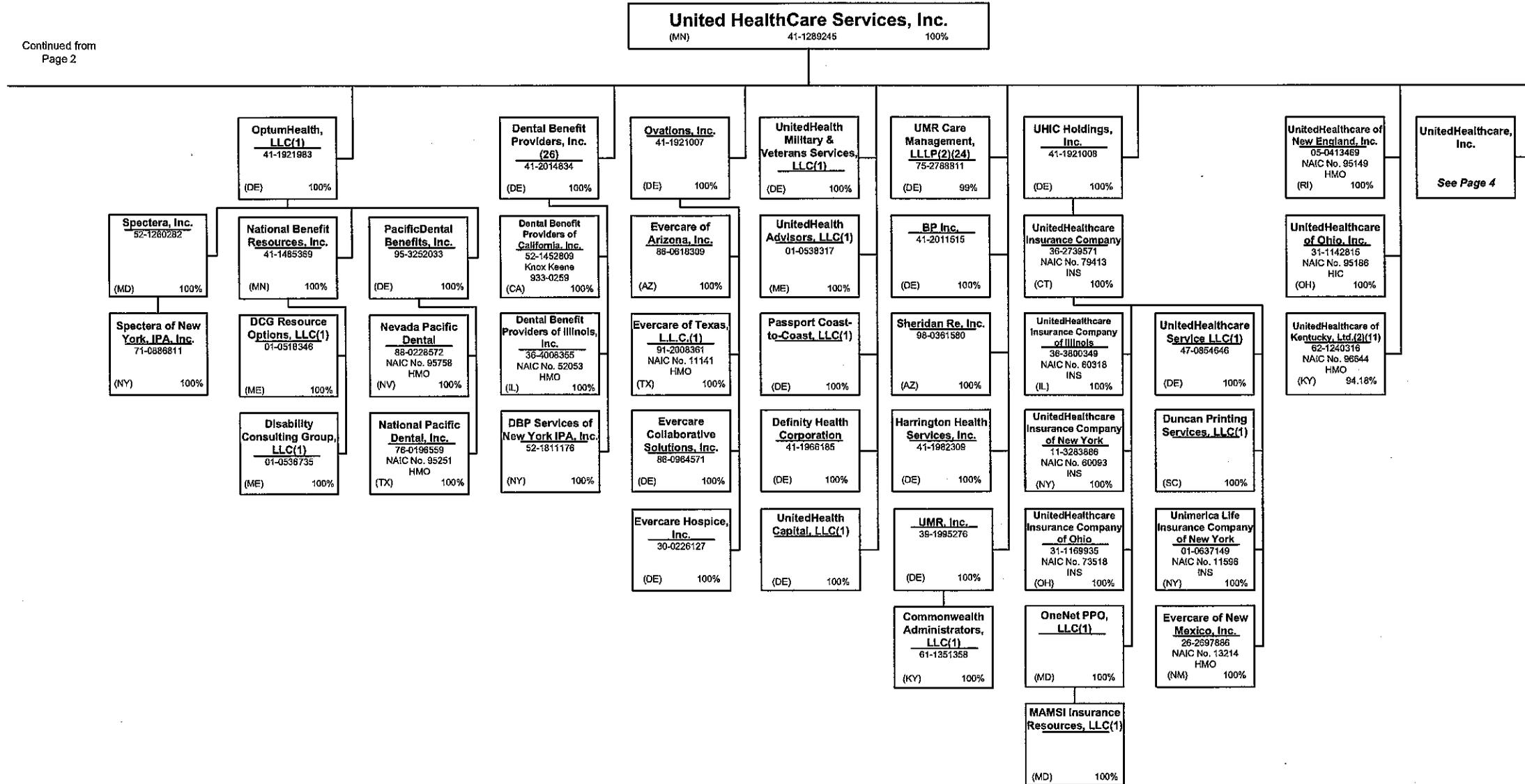
PART 1 - ORGANIZATIONAL CHART



Continued on Page 3 →

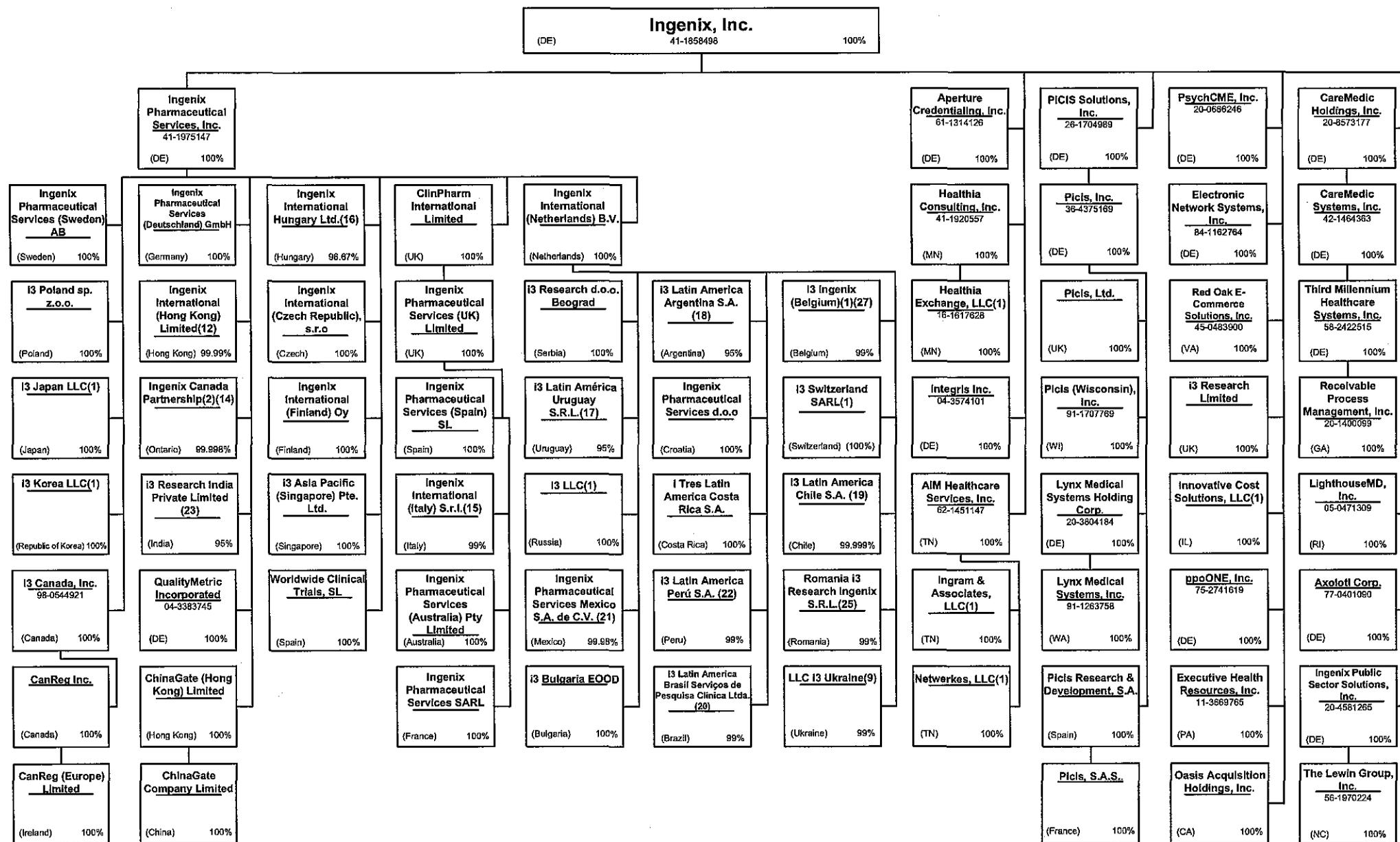
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Continued from
Page 2



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

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) Greater Phoenix Collaborative Care, P.C. is 49% owned by Collaborative Care Holdings, LLC and 51% owned by an individual shareholder. Collaborative Care Holdings, LLC has control via a succession agreement.
- (8) United Healthcare India (Private) Limited is 99.9952% owned by UnitedHealth Group International B.V. and 0.0048% owned by UnitedHealth International, Inc.
- (9) LLC i3 Ukraine is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.
- (10) Placeholder
- (11) 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%.
- (12) Ingenix International (Hong Kong) Limited is 99.99% owned by Ingenix Pharmaceutical Services, Inc. and 0.01% owned by Ingenix, Inc.
- (13) Placeholder
- (14) Ingenix Canada Partnership is 99.998% owned by Ingenix Pharmaceutical Services, Inc. and 0.002% owned by Ingenix, Inc.
- (15) Ingenix International (Italy) S.r.l. is 99% owned by Ingenix Pharmaceutical Services (UK) Limited and 1% owned by Ingenix Pharmaceutical Services, Inc.
- (16) Ingenix International Hungary Ltd. is 96.67% owned by Ingenix Pharmaceutical Services, Inc. and 3.33% owned by Ingenix, Inc.
- (17) i3 Latin America Uruguay S.R.L. is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix Pharmaceutical Services, Inc.

- (18) i3 Latin America Argentina S.A. is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix Pharmaceutical Services, Inc.
- (19) i3 Latin America Chile S.A. is 99.9999% owned by Ingenix International (Netherlands) B.V. and 0.0001% owned by Ingenix Pharmaceutical Services, Inc.
- (20) i3 Latin America Brasil Serviços de Pesquisa Clínica Ltda. is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.
- (21) Ingenix Pharmaceutical Services Mexico S.A. de C.V. is 99.98% owned by Ingenix International (Netherlands) B.V. The remaining 0.02% is owned by i3 Latin America Argentina S.A..
- (22) i3 Latin America Perú S.A. is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by i3 Latin America Argentina S.A.
- (23) i3 Research India Private Limited is 95% owned by Ingenix Pharmaceutical Services, Inc. and 5% owned by Ingenix, Inc.
- (24) Limited partnership interest is held by United HealthCare Services, Inc. (99%). General partnership interest is held by UMR, Inc. (1%)
- (25) Romania i3 Research Ingenix S.R.L. is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services (UK) Limited
- (26) Dental Benefit Providers, Inc. is 99.999% owned by United HealthCare Services, Inc. and 0.001% owned by PacificDental Benefits, Inc.
- (27) i3 Ingenix (Belgium) is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.
- (28) Personal Performance Consultants India Private Limited is 99.996% owned by OptumHealth International B.V. and 0.004 % owned by United Behavioral Health.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1. The Company does not offer Medicare Part D Supplement Product.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 24

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2404. Premium Tax Receivable	109,494		109,494	
2497. Summary of remaining write-ins for Line 24 from overflow page	109,494	0	109,494	0

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	468,400,350	311,109,701
2. Cost of bonds and stocks acquired	86,166,620	295,026,920
3. Accrual of discount	133,914	366,318
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	329,010	1,730,231
6. Deduct consideration for bonds and stocks disposed of	34,667,388	134,701,400
7. Deduct amortization of premium	4,824,062	4,556,025
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	202,991	595,395
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	515,335,453	468,400,350
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	515,335,453	468,400,350

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE UnitedHealthcare Plan of the River Valley, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	641,949,310	1,470,801,768	1,361,910,149	(1,572,082)	545,460,239	641,949,310	749,268,847	688,003,912
2. Class 2 (a)	36,913,704	2,799,828	3,682,079	(56,030)	36,711,592	36,913,704	35,975,423	29,755,668
3. Class 3 (a)	0	0	0	0	0	0	0	0
4. Class 4 (a)	0	0	0	0	0	0	0	0
5. Class 5 (a)	0	0	0	0	0	0	0	0
6. Class 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	678,863,014	1,473,601,596	1,365,592,228	(1,628,112)	582,171,831	678,863,014	785,244,270	717,759,580
PREFERRED STOCK								
8. Class 1	0	0	0	0	0	0	0	0
9. Class 2	0	0	0	0	0	0	0	0
10. Class 3	0	0	0	0	0	0	0	0
11. Class 4	0	0	0	0	0	0	0	0
12. Class 5	0	0	0	0	0	0	0	0
13. Class 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	678,863,014	1,473,601,596	1,365,592,228	(1,628,112)	582,171,831	678,863,014	785,244,270	717,759,580

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 0 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	269,908,818	XXX	269,908,818	81,796	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	219,359,308	78,193,687
2. Cost of short-term investments acquired	4,216,703,880	3,604,936,214
3. Accrual of discount .....	.0	9,776
4. Unrealized valuation increase (decrease) .....	.0	.0
5. Total gain (loss) on disposals .....	.0	.190
6. Deduct consideration received on disposals	4,166,154,370	3,463,780,559
7. Deduct amortization of premium .....	.0	.0
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other than temporary impairment recognized .....	.0	.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	269,908,818	219,359,308
11. Deduct total nonadmitted amounts .....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	269,908,818	219,359,308

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

NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

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

NONE

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

NONE

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

NONE

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	29,999,924	73,998,704
2. Cost of cash equivalents acquired	60,996,076	248,934,501
3. Accrual of discount	4,000	51,571
4. Unrealized valuation increase (decrease) .....	.0	.0
5. Total gain (loss) on disposals .....	.0	3,057
6. Deduct consideration received on disposals	91,000,000	292,987,909
7. Deduct amortization of premium .....	.0	.0
8. Total foreign exchange change in book/adjusted carrying value .....	.0	.0
9. Deduct current year's other than temporary impairment recognized .....	.0	.0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	.0	29,999,924
11. Deduct total nonadmitted amounts .....	.0	.0
12. Statement value at end of current period (Line 10 minus Line 11)	0	29,999,924

Schedule A - Part 2 - Real Estate Acquired and Additions Made

NONE

Schedule A - Part 3 - Real Estate Disposed

NONE

Schedule B - Part 2 - Mortgage Loans Acquired

NONE

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

NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired

NONE

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

NONE

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE UnitedHealthcare Plan of the River Valley, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
912828-EH-6	US Treasury Note 4.500% 02/15/16		08/25/2010	Bank New York Mellon		463,656	400,000	538	
0399999. Bonds - U.S. Governments						463,656	400,000	538	XXX
604129-XB-7	MN State GO Non Call 5.000% 08/01/18		09/09/2010	RBC Capital Markets		3,657,160	3,000,000	0	1FE
939740-RN-2	WA State GO Non Call 5.000% 01/01/19		08/02/2010	Chase Securities		5,932,500	5,000,000	0	1FE
1799999. Bonds - U.S. States, Territories and Possessions						9,589,660	8,000,000	0	XXX
13066Y-QN-2	CA State Dpt of Water Rev Bond Non Call 5.000% 05/01/20		07/09/2010	Morgan Stanley		3,946,607	3,450,000	29,708	1FE
442435-WN-9	Houston TX Util Sys Rev Bond Non Call 5.000% 11/15/18		06/25/2010	RBC Capital Markets		2,408,260	2,000,000	0	1FE
46613C-UK-9	Jea FL Elec Sys Rev Bond Non Call 5.000% 10/01/17		07/30/2010	Wachovia Bank		2,438,319	2,185,000	36,473	1FE
3199999. Bonds - U.S. Special Revenues						6,793,276	7,585,000	66,181	XXX
037989-AV-5	ADN Corp Note MW 35BP 3.500% 09/30/15		09/07/2010	CS First Boston Corp		875,750	880,000	0	2FE
760759-HH-3	Republic Service Corp Note MW 25BP PPut 5.000% 03/01/20		08/01/2010	Tax Free Exchange		999,851	1,000,000	20,417	2FE
828807-OF-2	Simon Property Corp Note MW 25BP 4.375% 03/01/21		08/09/2010	Chase Securities		1,245,063	1,250,000	0	1FE
15139U-AB-5	Genovus Energy Corp Note MW 35BP 4.500% 09/15/14	A	06/30/2010	Tax Free Exchange		924,228	925,000	12,141	2FE
02364W-AU-9	America Movil Sa De Cv Corp Note MW 20BP 3.625% 03/30/15	F	09/09/2010	Tax Free Exchange		469,041	490,000	7,845	1FE
802815-AS-9	Santander US Corp Note Non Call 2.991% 10/07/13	F	09/27/2010	Morgan Stanley		1,200,000	1,200,000	0	1FE
3899999. Bonds - Industrial and Miscellaneous (Unaffiliated)						5,733,933	5,745,000	40,403	XXX
8399997. Total - Bonds - Part 3						24,580,545	21,730,000	107,122	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						24,580,545	21,730,000	107,122	XXX
8999997. Total - Preferred Stocks - Part 3						0	XXX	0	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						24,580,545	XXX	107,122	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE UnitedHealthcare Plan of the River Valley, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
31393K-FA-8	FHLMC 2572 HK CMO 4.000% 02/15/17		08/01/2010	Paydown		15,352	15,352	15,273	15,310	0	43	0	43	0	15,352	0	0	0	408	02/15/2017	1
31393K-FA-8	FHLMC 2572 HK CMO 4.000% 02/15/17		09/01/2010	Paydown		17,215	17,215	17,126	17,167	0	48	0	48	0	17,215	0	0	0	516	02/15/2017	1
31395W-WF-0	FHLMC 3012 TM CMO 4.500% 03/15/25		07/01/2010	Paydown		16,958	16,958	16,913	16,926	0	32	0	32	0	16,958	0	0	0	445	03/15/2025	1
31402Q-R6-0	FHMA Pool 735009 MBS 5.000% 05/01/19		07/01/2010	Paydown		12,114	12,114	11,902	11,928	0	187	0	187	0	12,114	0	0	0	353	05/01/2019	1
31402Q-R6-0	FHMA Pool 735009 MBS 5.000% 05/01/19		09/01/2010	Paydown		13,212	13,212	12,981	13,009	0	204	0	204	0	13,212	0	0	0	440	05/01/2019	1
31407N-FK-4	FHMA Pool 835470 MBS 5.000% 09/01/20		07/01/2010	Paydown		5,129	5,129	5,025	5,032	0	97	0	97	0	5,129	0	0	0	152	09/01/2020	1
31407N-FK-4	FHMA Pool 835470 MBS 5.000% 09/01/20		08/01/2010	Paydown		7,476	7,476	7,324	7,334	0	142	0	142	0	7,476	0	0	0	249	09/01/2020	1
31407N-FK-4	FHMA Pool 835470 MBS 5.000% 09/01/20		09/01/2010	Paydown		19,915	19,915	19,511	19,538	0	377	0	377	0	19,915	0	0	0	747	09/01/2020	1
31407S-GA-4	FHMA Pool 839093 MBS 5.000% 10/01/20		07/01/2010	Paydown		9,487	9,487	9,302	9,314	0	174	0	174	0	9,487	0	0	0	514	10/01/2020	1
31407S-GA-4	FHMA Pool 839093 MBS 5.000% 10/01/20		08/01/2010	Paydown		18,430	18,430	18,070	18,093	0	337	0	337	0	18,430	0	0	0	122	10/01/2020	1
31407S-GA-4	FHMA Pool 839093 MBS 5.000% 10/01/20		09/01/2010	Paydown		3,241	3,241	3,178	3,182	0	59	0	59	0	3,241	0	0	0	93	08/01/2021	1
31410X-VR-4	FHMA Pool 900724 MBS 5.500% 08/01/21		07/01/2010	Paydown		2,907	2,907	2,907	2,907	0	0	0	0	0	2,907	0	0	0	153	08/01/2021	1
31410X-VR-4	FHMA Pool 900724 MBS 5.500% 08/01/21		08/01/2010	Paydown		4,165	4,165	4,165	4,164	0	0	0	0	0	4,165	0	0	0	467	08/01/2021	1
31410X-VR-4	FHMA Pool 900724 MBS 5.500% 08/01/21		09/01/2010	Paydown		11,314	11,314	11,315	11,313	0	1	0	1	0	11,314	0	0	0	476	05/01/2024	1
31412U-NN-7	FHMA Pool 935165 MBS 5.000% 05/01/24		07/01/2010	Paydown		16,336	16,336	16,785	16,774	0	(437)	0	(437)	0	16,336	0	0	0	11,554	05/01/2024	1
31412U-NN-7	FHMA Pool 935165 MBS 5.000% 05/01/24		08/01/2010	Paydown		346,631	346,631	356,163	355,913	0	(9,293)	0	(9,293)	0	346,631	0	0	0	519	05/01/2024	1
31412U-NN-7	FHMA Pool 935165 MBS 5.000% 05/01/24		09/01/2010	Paydown		13,693	13,693	14,070	14,090	0	(367)	0	(367)	0	13,693	0	0	0	147	11/01/2024	1
31412Y-AG-3	FHMA Pool 935707 MBS 5.000% 11/01/24		07/01/2010	Paydown		4,080	4,080	4,040	4,040	0	(264)	0	(264)	0	4,080	0	0	0	151	11/01/2024	1
31412Y-AG-3	FHMA Pool 935707 MBS 5.000% 11/01/24		08/01/2010	Paydown		4,405	4,405	4,692	4,689	0	(285)	0	(285)	0	4,405	0	0	0	151	11/01/2024	1
31412Y-AG-3	FHMA Pool 935707 MBS 5.000% 11/01/24		09/01/2010	Paydown		4,024	4,024	4,286	4,284	0	(260)	0	(260)	0	4,024	0	0	0	167	11/01/2024	1
31414F-K9-1	FHMA Pool 964820 MBS 5.000% 08/01/23		07/01/2010	Paydown		57,141	57,141	57,676	57,645	0	(505)	0	(505)	0	57,141	0	0	0	1,667	08/01/2023	1
31414F-K9-1	FHMA Pool 964820 MBS 5.000% 08/01/23		08/01/2010	Paydown		70,556	70,556	71,217	71,179	0	(623)	0	(623)	0	70,556	0	0	0	2,352	08/01/2023	1
31414F-K9-1	FHMA Pool 964820 MBS 5.000% 08/01/23		09/01/2010	Paydown		69,116	69,116	69,764	69,727	0	(610)	0	(610)	0	69,116	0	0	0	2,592	08/01/2023	1
31415L-3X-3	FHMA Pool 893814 MBS 4.000% 11/01/24		07/01/2010	Paydown		9,132	9,132	9,247	9,247	0	(115)	0	(115)	0	9,132	0	0	0	213	11/01/2024	1
31415L-3X-3	FHMA Pool 893814 MBS 4.000% 11/01/24		08/01/2010	Paydown		8,546	8,546	8,654	8,654	0	(107)	0	(107)	0	8,546	0	0	0	228	11/01/2024	1
31415L-3X-3	FHMA Pool 893814 MBS 4.000% 11/01/24		09/01/2010	Paydown		8,795	8,795	8,906	8,906	0	(110)	0	(110)	0	8,795	0	0	0	264	11/01/2024	1
31415Y-WZ-8	FHMA Pool 993564 MBS 4.500% 04/01/24		07/01/2010	Paydown		4,916	4,916	5,069	5,064	0	(149)	0	(149)	0	4,916	0	0	0	129	04/01/2024	1
31415Y-WZ-8	FHMA Pool 993564 MBS 4.500% 04/01/24		08/01/2010	Paydown		4,892	4,892	5,045	5,040	0	(148)	0	(148)	0	4,892	0	0	0	147	04/01/2024	1
31415Y-WZ-8	FHMA Pool 993564 MBS 4.500% 04/01/24		09/01/2010	Paydown		32,632	32,632	33,652	33,618	0	(367)	0	(367)	0	32,632	0	0	0	1,101	04/01/2024	1
31416L-HF-0	FHMA Pool AA3057 MBS 4.500% 05/01/24		07/01/2010	Paydown		14,991	14,991	15,500	15,545	0	(554)	0	(554)	0	14,991	0	0	0	393	05/01/2024	1
31416L-HF-0	FHMA Pool AA3057 MBS 4.500% 05/01/24		08/01/2010	Paydown		51,463	51,463	53,385	53,365	0	(1,902)	0	(1,902)	0	51,463	0	0	0	1,544	05/01/2024	1
31416L-HF-0	FHMA Pool AA3057 MBS 4.500% 05/01/24		09/01/2010	Paydown		14,906	14,906	15,463	15,457	0	(551)	0	(551)	0	14,906	0	0	0	503	05/01/2024	1
31416L-QY-5	FHMA Pool AA3170 MBS 4.500% 04/01/24		07/01/2010	Paydown		7,274	7,274	7,533	7,522	0	(248)	0	(248)	0	7,274	0	0	0	191	04/01/2024	1
31416L-QY-5	FHMA Pool AA3170 MBS 4.500% 04/01/24		08/01/2010	Paydown		10,157	10,157	10,519	10,504	0	(347)	0	(347)	0	10,157	0	0	0	305	04/01/2024	1
31416L-QY-5	FHMA Pool AA3170 MBS 4.500% 04/01/24		09/01/2010	Paydown		26,180	26,180	27,113	27,073	0	(894)	0	(894)	0	26,180	0	0	0	884	04/01/2024	1
31416S-H2-4	FHMA Pool AA8476 MBS 5.000% 06/01/24		07/01/2010	Paydown		21,484	21,484	22,344	22,321	0	(836)	0	(836)	0	21,484	0	0	0	627	06/01/2024	1
31416S-H2-4	FHMA Pool AA8476 MBS 5.000% 06/01/24		08/01/2010	Paydown		40,179	40,179	41,787	41,744	0	(1,564)	0	(1,564)	0	40,179	0	0	0	1,339	06/01/2024	1
31416S-H2-4	FHMA Pool AA8476 MBS 5.000% 06/01/24		09/01/2010	Paydown		11,176	11,176	11,623	11,611	0	(435)	0	(435)	0	11,176	0	0	0	418	06/01/2024	1
31416S-QC-8	FHMA Pool AA8550 MBS 4.500% 07/01/24		07/01/2010	Paydown		26,701	26,701	27,410	27,391	0	(690)	0	(690)	0	26,701	0	0	0	701	07/01/2024	1
31416S-QC-8	FHMA Pool AA8550 MBS 4.500% 07/01/24		08/01/2010	Paydown		21,110	21,110	21,670	21,655	0	(546)	0	(546)	0	21,110	0	0	0	833	07/01/2024	1
31416S-QC-8	FHMA Pool AA8550 MBS 4.500% 07/01/24		09/01/2010	Paydown		24,031	24,031	24,669	24,652	0	(621)	0	(621)	0	24,031	0	0	0	811	07/01/2024	1
31416T-2S-7	FHMA Pool AA9784 MBS 5.000% 07/01/24		07/01/2010	Paydown		19,475	19,475	20,224	20,206	0	(730)	0	(730)	0	19,475	0	0	0	568	07/01/2024	1
31416T-2S-7	FHMA Pool AA9784 MBS 5.000% 07/01/24		08/01/2010	Paydown		15,077	15,077	15,655	15,642	0	(565)	0	(565)	0	15,077	0	0	0	503	07/01/2024	1
31416T-2S-7	FHMA Pool AA9784 MBS 5.000% 07/01/24		09/01/2010	Paydown		18,729	18,729	19,448	19,431	0	(702)	0	(702)	0	18,729	0	0	0	702	07/01/2024	1
31417N-6B-2	FHMA Pool AC4465 MBS 5.000% 11/01/24		07/01/2010	Paydown		4,432	4,432	4,706	4,706	0	(274)	0	(274)	0	4,432	0	0	0	37	11/01/2024	1
31417N-6B-2	FHMA Pool AC4465 MBS 5.000% 11/01/24		08/01/2010	Paydown		113,487	113,487	120,509	120,509	0	(7,022)	0	(7,022)	0	113,487	0	0	0	1,419	11/01/2024	1
31417N-6B-2	FHMA Pool AC4465 MBS 5.000% 11/01/24		09/01/2010	Paydown		4,050	4,050	4,301	4,301	0	(251)	0	(251)	0	4,050	0	0	0	66	11/01/2024	1
31417S-5T-3	FHMA Pool AC6257 MBS 4.000% 12/01/24		07/01/2010	Paydown		26,482	26,482	27,185	27,179	0	(697)	0	(697)	0	26,482	0	0	0	618	12/01/2024	1
31417S-5T-3	FHMA Pool AC6257 MBS 4.000% 12/01/24		08/01/2010</																		

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE UnitedHealthcare Plan of the River Valley, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Ident-ification	Description	For-ign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid-eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor-tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog-nized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)	
31418T-HR-1	FNMA Pool AD6939 MBS 5.000% 04/01/25		09/01/2010	Paydown		3,913	3,913	4,150	0	0	(237)	0	(237)	0	3,913	0	0	0	65	04/01/2025	1	
31418V-VF-6	FNMA Pool AD7813 MBS 4.500% 06/01/25		07/01/2010	Paydown		8,222	8,222	8,700	0	0	(478)	0	(478)	0	8,222	0	0	0	31	06/01/2025	1	
31418V-VF-6	FNMA Pool AD7813 MBS 4.500% 06/01/25		08/01/2010	Paydown		18,045	18,045	19,093	0	0	(1,049)	0	(1,049)	0	18,045	0	0	0	135	06/01/2025	1	
31418V-VF-6	FNMA Pool AD7813 MBS 4.500% 06/01/25		09/01/2010	Paydown		8,963	8,963	9,484	0	0	(521)	0	(521)	0	8,963	0	0	0	101	06/01/2025	1	
31418W-4T-4	FNMA Pool AD8933 MBS 4.500% 06/01/25		07/01/2010	Paydown		9,875	9,875	10,441	0	0	(566)	0	(566)	0	9,875	0	0	0	37	06/01/2025	1	
31418W-4T-4	FNMA Pool AD8933 MBS 4.500% 06/01/25		08/01/2010	Paydown		9,977	9,977	10,549	0	0	(572)	0	(572)	0	9,977	0	0	0	75	06/01/2025	1	
31418W-4T-4	FNMA Pool AD8933 MBS 4.500% 06/01/25		09/01/2010	Paydown		9,671	9,671	10,226	0	0	(555)	0	(555)	0	9,671	0	0	0	109	06/01/2025	1	
38373M-J2-7	GNMA 2007-52 A CMBS 4.054% 01/16/48		07/01/2010	Paydown		2,137	2,137	2,075	2,116	0	22	0	22	0	2,137	0	0	0	51	01/16/2048	1	
38373M-J2-7	GNMA 2007-52 A CMBS 4.054% 01/16/48		08/01/2010	Paydown		2,147	2,147	2,085	2,125	0	22	0	22	0	2,147	0	0	0	58	01/16/2048	1	
38373M-J2-7	GNMA 2007-52 A CMBS 4.054% 01/16/48		09/01/2010	Paydown		2,156	2,156	2,094	2,134	0	22	0	22	0	2,156	0	0	0	66	01/16/2048	1	
3199999	Bonds - U.S. Special Revenues					2,821,737	2,821,737	2,890,184	2,633,408	0	(65,950)	0	(65,950)	0	2,821,737	0	0	0	87,956	XXX	XXX	
14312T-AC-4	Carmax Auto Omn Tr 2007-2 A3 ABS 5.230% 12/15/11		07/15/2010	Paydown		16,693	16,693	16,690	16,693	0	0	0	0	0	16,693	0	0	0	509	12/15/2011	1FE	
14312T-AC-4	Carmax Auto Omn Tr 2007-2 A3 ABS 5.230% 12/15/11		08/15/2010	Paydown		17,101	17,101	17,098	17,101	0	0	0	0	0	17,101	0	0	0	596	12/15/2011	1FE	
14312T-AC-4	Carmax Auto Omn Tr 2007-2 A3 ABS 5.230% 12/15/11		09/15/2010	Paydown		16,651	16,651	16,648	16,651	0	0	0	0	0	16,651	0	0	0	653	12/15/2011	1FE	
437076-AM-4	Home Depot Inc Corp Note Cont Call 4.625% 08/15/10		08/15/2010	Maturity		590,000	590,000	586,873	589,051	0	949	0	949	0	590,000	0	0	0	27,288	08/15/2010	2FE	
46630L-AA-2	J.P. Morgan Mtg 2007-CH1 AF1A ABS 0.336% 11/25/36		07/26/2010	Paydown		2,816	2,816	2,530	2,539	0	277	0	277	0	2,816	0	0	0	6	11/25/2036		
58217E-AU-8	MetLife Global Corp Note Non Call Prv Plc 4.625% 08/19/10		08/19/2010	Maturity		575,000	575,000	572,585	574,412	0	588	0	588	0	575,000	0	0	0	26,594	08/19/2010	1FE	
75970H-AD-2	Renaissance Home Equity 2006-4 AF1 ABS 5.545% 01/25/37		07/01/2010	Paydown		15,389	15,389	14,709	14,723	0	666	0	666	0	15,389	0	0	0	498	01/25/2037	1Z*	
75970H-AD-2	Renaissance Home Equity 2006-4 AF1 ABS 5.545% 01/25/37		08/01/2010	Paydown		3,926	3,926	3,752	3,756	0	170	0	170	0	3,926	0	0	0	145	01/25/2037	1Z*	
75970H-AD-2	Renaissance Home Equity 2006-4 AF1 ABS 5.545% 01/25/37		09/01/2010	Paydown		5,016	5,016	4,794	4,799	0	217	0	217	0	5,016	0	0	0	209	01/25/2037	1Z*	
760759-AG-5	Republic Service Corp Note Prv Plc MW 25 BP 5.000% 03/01/20		08/01/2010	Tax Free Exchange		999,851	1,000,000	999,850	0	0	1	0	1	0	999,851	0	0	0	20,417	03/01/2020	2FE	
828807-BE-6	Simon Property Corp Note Non Call 4.875% 08/15/10		08/15/2010	Maturity		600,000	600,000	588,762	598,066	0	1,934	0	1,934	0	600,000	0	0	0	29,250	08/15/2010	1FE	
91913Y-AN-0	Valero Energy Corp Note MW 60BP 9.375% 03/15/19		07/16/2010	Greenwich Cap Mkts		398,493	325,000	358,814	358,253	0	(1,397)	0	(1,397)	0	356,856	0	41,627	41,627	25,898	03/15/2019	2FE	
15135U-AA-7	Genovus Energy Note MW 35BP Prv Plc PPut 4.500% 09/15/14	A	06/30/2010	Tax Free Exchange		924,228	925,000	924,103	924,148	0	60	0	60	0	924,228	0	0	0	32,606	09/15/2014	2FE	
73755L-AG-2	Potash Corp Sas Corp Note MW 25BP 3.750% 09/30/15	A	08/19/2010	UBS Sec/Warburg Dillon		871,667	815,000	810,534	810,709	0	436	0	436	0	811,145	0	60,522	60,522	27,676	09/30/2015	2FE	
02384N-AR-6	America Movil Sa De Cv Corp Note Prv Plc MW 20BP 3.625% 03/30/15	F	09/08/2010	Tax Free Exchange		489,041	490,000	488,956	0	0	85	0	85	0	489,041	0	0	0	7,845	03/30/2015	1FE	
056650-BH-0	BP Capital PLC Corp Note Non Call 3.875% 03/10/15	F	07/14/2010	CitiGroup		1,116,300	1,220,000	1,039,623	1,244,781	0	(485)	202,991	(203,476)	0	1,041,305	0	74,995	74,995	40,578	03/10/2015	1FE	
3899999	Bonds - Industrial and Miscellaneous (Unaffiliated)					6,842,182	6,617,592	6,447,321	5,175,682	0	3,521	202,991	(189,470)	0	6,465,018	0	177,144	177,144	240,768	XXX	XXX	
8399997	Total - Bonds - Part 4					9,864,184	9,839,614	9,747,103	8,210,925	0	(63,979)	202,991	(266,970)	0	9,687,040	0	177,144	177,144	351,741	XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					9,864,184	9,839,614	9,747,103	8,210,925	0	(63,979)	202,991	(266,970)	0	9,687,040	0	177,144	177,144	351,741	XXX	XXX	
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					9,864,184	XXX	9,747,103	8,210,925	0	(63,979)	202,991	(266,970)	0	9,687,040	0	177,144	177,144	351,741	XXX	XXX	

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues.....

E05.2

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

NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open

NONE

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

NONE

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open

NONE

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

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

STATEMENT AS OF SEPTEMBER 30, 2010 OF UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.

PREMIUMS, ENROLLMENT AND UTILIZATION TABLE

Tennessee	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Medicare	Medicaid	Other
	Total	Individual	Group							
Total Members at end of:										
1. Prior Year	589,561		35,407				XXX	39,057	515,117	-
2. First Quarter	611,379		36,620				XXX	36,638	538,121	-
3. Second Quarter	623,322		34,065				XXX	38,716	550,541	-
4. Third Quarter	630,124		34,130				XXX	40,922	555,072	-
5. Current Year	-						XXX			-
6. Current Year Member Months	5,578,191		309,088				XXX	347,894	4,921,209	-
Total Member Ambulatory Encounters for Year:										
7. Physician	2,530,663		138,492				XXX	218,423	2,173,748	-
8. Non-Physician	584,703		14,585				XXX	65,194	504,924	-
9. Total	3,115,366		153,077				XXX	283,617	2,678,672	-
10. Hospital Patient Days Incurred	1,338,301		5,613				XXX	25,671	1,307,017	-
11. Number of Inpatient Admissions	121,445		1,395				XXX	50,958	69,092	-
12. Health Premiums Written	1,895,071,440		96,174,690				XXX	319,545,170	1,479,351,580	
13. Life Premiums Direct	-						XXX			
14. Property/Casualty Premiums Written	-						XXX			
15. Health Premiums Earned	1,895,041,671		96,174,690				XXX	320,196,017	1,478,670,964	-
16. Property/Casualty Premiums Earned	-						XXX			
17. Amount Paid for Provision of Health Care Services	1,421,581,523		70,135,675				XXX	243,187,966	1,108,257,882	
18. Amount Incurred for Provision of Health Care Services	1,497,644,968		71,534,003				XXX	254,007,127	1,172,103,838	

STATEMENT AS OF SEPTEMBER 30, 2010 FOR
UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

Individually list all debtors with account balances the greater of 10% of gross Premiums Receivable or \$10,000.

Name of Debtor	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Non Admitted	Admitted
Total Individuals	-	-	-	-	-	-
Group subscribers:					\$0	\$0
					\$0	\$0
Group subscriber subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Premiums due and unpaid not individually listed	\$ 2,496,510	\$ 34,668	\$ -	\$ 51,976	\$ -	\$ 2,583,154
Total group	\$ 2,496,510	\$ 34,668	\$ -	\$ 51,976	\$ -	\$ 2,583,154
Premiums due and unpaid from Medicare entities	\$ 1,459,889	\$ 124,258	\$ 72,221	\$ 212,927	\$ -	\$ 1,869,294
Premiums due and unpaid from Medicaid entities	\$ 61,368,784	\$ 780,086	\$ 114,066	\$ -	\$ -	\$ 62,262,936
Accident and health premiums due and unpaid (Page 2, Line 13.1)	\$ 65,325,183	\$ 939,012	\$ 186,287	\$ 264,903	\$ -	\$ 66,715,385

EXHIBIT 3 - HEALTH CARE RECEIVABLES

Name of Debtor	1 1 - 30 Days	2 31 - 60 Days	3 61 - 90 Days	4 Over 90 Days	5 Non-Admitted	6 Admitted
Rx Solutions, Inc.	2,167,355	1,894,092	1,834,805	2,460,578	650,620	7,706,210
Medco Health Solutions, Inc.	239,436				239,436	-
0199998 Aggregate Pharmaceutical Rebate Receivables Not Individually Listed						
0199999 Total Pharmaceutical Rebate Receivables	2,406,791	1,894,092	1,834,805	2,460,578	890,056	7,706,210
0299998 Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999 Total Claim Overpayment Receivables						
0399998 Aggregate Loans and Advances to Providers Not Individually Listed						
0399999 Total Loans and Advances to Providers						
0499998 Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999 Total Capitation Arrangement Receivables						
0599998 Aggregate Risk Sharing Receivables Not Individually Listed						
0599999 Total Risk Sharing Receivables						
0699998 Aggregate Other Receivables Not Individually Listed	8,004				8,004	-
0699999 Total Other Receivables						
0799999 Gross Health Care Receivables	2,414,795	1,894,092	1,834,805	2,460,578	898,060	7,706,210

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE UnitedHealthcare Plan of the River Valley, Inc.
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates

	2 1 - 30 Days	3 31 -60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
United HealthCare Services, Inc.	1,716,302					1,716,302	
UnitedHealthcare Insurance Company	1,570,714					1,570,714	
Neighborhood Health Partnership, Inc.	642,284				642,284	642,284	
0199999 Individually listed receivables	3,929,300	0	0	0	642,284	3,287,016	0
0299999 Receivables not individually listed	758,193				278,333	479,860	
0399999 Total gross amounts receivable	4,687,493	0	0	0	920,617	3,766,876	0

STATEMENT AS OF SEPTEMBER 30 2010 OF THE UNITEDHEALTHCARE PLAN OF THE RIVER VALLEY, INC.

Report #2A: EAST TN TENNCARE OPERATIONS STATEMENT OF REVENUES AND EXPENSES

	2009 and 2010		2008
	2010 PERIOD	2009 & 2010 RUNOUT TOTAL	TOTAL
MEMBER MONTHS	0	0	1,060,314
REVENUES:			
1. TennCare Capitation	2,087,582	\$49,715,158	\$207,925,863
2. Adverse Selection	0	0	0
3. Total TennCare Revenue (Lines 1 and 2)	2,087,582	49,715,158	207,925,863
4. Investment	0	0	0
5. Other Revenue (Provide detail)	0	0	0
6. TOTAL REVENUES (Lines 3 to 5)	2,087,582	49,715,158	207,925,863
EXPENSES:			
Medical and Hospital Services:			
7. Capitated Physician Services	0	0	0
8. Fee-for Service Physician Services	634,865	6,945,450	51,772,644
9. Inpatient Hospital Services	851,138	19,971,754	42,786,914
10. Outpatient Services	175,878	16,914,720	77,918,599
11. Emergency Room Services	0	0	0
12. Mental Health Services	0	0	0
13. Dental Services	0	0	0
14. Vision Services	0	52,606	786,446
15. Pharmacy Services	0	0	0
16. Home Health Services	150,201	3,524,427	6,762,871
17. Chiropractic Services	0	0	0
18. Radiology Services	52,709	576,634	4,356,809
19. Laboratory Services	50,642	554,021	4,187,462
20. Durable Medical Equipment Services	0	0	0
21. Transportation Services	0	0	1,881,711
22. Outside Referrals	0	0	0
23. Medical Incentive Pool and Withhold Adjustments	0	0	0
24. Occupancy, Depreciation, and Amortization	0	0	0
25. Other Medical and Hospital Services (Provide Detail)	0	0	126,860
26. Subtotal (Lines 7 to 25)	1,915,431	48,539,613	190,580,316
LESS:			
27. Net Reinsurance Recoveries Incurred	0	0	0
28. Copayments	0	0	0
29. Subrogation and Coordination of Benefits	0	0	0
30. Subtotal (Lines 27 to 29)	0	0	0
31 TOTAL MEDICAL AND HOSPITAL (Lines 26 minus line 30)	1,915,431	48,539,613	190,580,316
Administration:			
32. Compensation	0	0	11,302,146
33. Marketing	0	0	1,236,764
34. Interest Expense	0	0	0
35. Premium Tax Expense	172,150	1,175,545	3,971,843
36. Occupancy, Depreciation and Amortization	0	0	834,794
37. Other Administration (Provide detail)	0	0	0
38. TOTAL ADMINISTRATION (Lines 32 to 37)	172,150	1,175,545	17,345,547
39. TOTAL EXPENSES (Lines 31 and 38)	2,087,581	49,715,158	207,925,863
40. Extraordinary Item			
41. Provision for Income Tax	0	0	0
42. NET INCOME (LOSS) (Line 6 less Lines 39, 40, and 41)	\$0	\$0	\$0
Write-ins:			
REVENUES:			
Line 5 Contractual Recoveries	0	0	0
Line 5 Deferral of Revenue for Administration fee Risk	0	0	0
EXPENSES:			
Line 25 Reinsurance Expense	0	0	0
Line 25 Nurseline	0	0	126,860
Line 37 Fines & Penalties- Regulatory Authorities	0	0	0

Americhoice - East Tennessee
Report 2A - TennCare Income Statement
 East Tennessee CRA 2.30.14.3.3 and 2.30.14.3.4

	<u>Current Period</u>	<u>Year-To-Date Total</u>	<u>Previous Year Total</u>
Member Months	554,905	1,640,128	2,072,999
Revenues:			
TennCare Capitation Investment	180,568,338	429,518,771	446,801,189
Other Revenues	-	-	-
Total Estimated Revenues	180,568,338	429,518,771	446,801,189
Expenses:			
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	-	-	-
Fee-for Service Physician Services	32,272,293	101,931,669	132,551,805
Inpatient Hospital Services	21,461,749	71,426,237	76,919,643
Outpatient Hospital Services	10,378,951	26,208,974	27,983,140
Emergency Room Services	11,476,795	36,823,518	46,838,977
Dental Services	-	-	-
Vision Services	663,919	1,569,768	1,205,266
Pharmacy Services	-	-	-
Home Health Services	1,606,820	1,606,820	3,641,478
Chiropractic Services	-	-	-
Radiology Services	7,500,507	21,165,061	28,414,902
Laboratory Services	3,234,638	9,173,147	11,867,447
Durable Medical Equipment Services	2,088,914	5,609,606	6,785,016
Transportation Services	2,848,998	9,061,147	11,372,150
Outside Referrals	0	-	-
Medical Incentive Pool and Withhold Adj	0	-	-
Occupancy, Depreciation and Amortization	0	-	-
Nursing Facility Care	38,704,532	38,704,532	-
HCBS Services	1,602,865	1,602,865	-
Other Medical and Hospital Services - Write-Ins	37,992	793,424	1,129,207
Subtotal Medical and Hospital	133,878,971	325,676,768	348,709,031
Mental Health and Substance Abuse Services			
Inpatient Psychiatric Facility Services	2,388,789	7,018,937	8,787,435
Inpatient Substance Abuse Treatment and Detox	429,261	1,261,969	1,040,507
Outpatient Mental Health Services	1,375,046	3,697,927	3,751,257
Outpatient Substance Abuse Treatment and Detox	98,310	264,385	255,939
Housing/Residential Treatment	1,766,646	5,066,797	5,624,075
Specialized Crisis Services	697,905	2,135,202	2,638,868
Psychiatric Rehab and Support Services	1,418,160	3,978,156	4,924,912
Case Management	3,832,752	11,876,247	13,726,348
Forensics	-	-	-
Other Judicial	-	-	-
Pharmacy	-	-	-
Lab Services	-	-	-
Transportation	358,877	1,050,846	1,534,912
Medical Incentive Pool and Withhold Adjustments	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services	417,044	1,011,409	1,073,827
PCP and Specialist Services	-	-	-
Other Mental Health Services - Write-Ins	-	-	-
Subtotal MH&SAS	12,782,790	37,361,877	43,358,080
Subtotal Hospital, Medical, MH&SAS, CHOICES	146,661,761	363,038,645	392,067,111
LESS:			
Net Reinsurance Recoveries Incurred	-	-	-
Copayments	-	-	-
Subrogation and Coordination of Benefits	-	-	-
Subtotal Reinsurance, Copay, Subrogation	-	-	-
Total Hospital, Medical, MHS&S	146,661,761	363,038,645	392,067,111
Administration:			
Compensation	-	-	-
Direct and Allocated Admin expenses	-	-	-
Marketing	-	-	-
Interest Expense	-	-	-
Premium Tax Expense	9,426,737	23,388,410	16,364,503
Occupancy, Depreciation, and Amortization	-	-	-
Other Administration - Write-Ins	16,638,853	40,564,833	40,765,444
Total Administration Expenses	26,065,590	63,953,244	57,129,946
Total Expenses	172,727,351	426,991,889	449,197,058
Extraordinary Item	-	-	-
Provision for Income Tax	2,744,345	884,409	(838,554)
Net Income (Loss)	5,096,641	1,642,473	(1,557,315)
Write-Ins for Other Revenues:			
Total Other Revenues	0	-	-
Write-Ins for Other Expense			
Other Capitated Services	37,992	793,424	1,129,207
Total Other Medical and Hospital	37,992	793,424	1,129,207
Write-Ins for Other Medical and Hospital			
	-	-	-
	-	-	-
Total Other MH and SAS	-	-	-
Detail of Other Administration:			
Administrative Services Fee	14,585,312	34,455,649	35,880,083
Behaviorial Healthcare Services	2,053,541	6,109,185	4,885,361
ASO Claims Administration Fees	-	-	-
Total Other Administration	16,638,853	40,564,833	40,765,444

Americhoice - Middle Tennessee
Report 2A - TennCare Income Statement
Middle Tennessee CRA 2.30.14.3.3 and 2.30.14.3.4

	Current Period	Year-To-Date Total	Previous Year Total
Member Months	594,745	1,764,719	2,272,126
Revenues:			
TennCare Capitation	254,794,848	661,732,287	610,162,020
Investment	-	-	-
Other Revenues	-	-	-
Total Revenues	254,794,848	661,732,287	610,162,020
Estimated Expenses:			
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	-	-	-
Fee-for Service Physician Services	34,719,499	105,037,152	156,649,730
Inpatient Hospital Services	32,745,535	98,000,376	128,299,070
Outpatient Hospital Services	9,974,320	26,837,952	26,141,917
Emergency Room Services	9,545,783	29,283,774	37,511,286
Dental Services	-	-	-
Vision Services	854,744	1,633,325	1,582,927
Pharmacy Services	-	-	-
Home Health Services	5,042,819	12,274,489	16,546,089
Chiropractic Services	-	-	-
Radiology Services	6,981,724	21,287,917	30,317,702
Laboratory Services	3,358,115	9,831,378	11,685,099
Durable Medical Equipment Services	2,294,530	6,643,040	7,553,940
Transportation Services	4,340,140	12,680,947	18,487,856
Outside Referrals	0	-	-
Medical Incentive Pool and Withhold Adj	0	-	-
Occupancy, Depreciation and Amortization	0	-	-
Nursing Facility Care	43,162,548	107,663,812	-
HCBS Services	5,140,513	10,059,750	-
Other Medical and Hospital Services - Write-Ins	1,218,602	1,968,428	1,104,423
Subtotal Medical and Hospital	159,378,873	443,202,341	435,880,038
Mental Health and Substance Abuse Services			
Inpatient Psychiatric Facility Services	1,954,250	6,256,411	8,426,931
Inpatient Substance Abuse Treatment and Detox	406,116	1,300,156	1,475,533
Outpatient Mental Health Services	2,525,798	7,258,325	7,783,819
Outpatient Substance Abuse Treatment and Detox	287,972	827,537	439,363
Housing/Residential Treatment	2,305,803	8,247,201	9,044,360
Specialized Crisis Services	1,148,261	3,178,287	3,955,592
Psychiatric Rehab and Support Services	1,877,174	5,343,187	5,672,663
Case Management	7,123,241	19,728,829	20,158,453
Forensics	-	-	-
Other Judicial	-	-	-
Pharmacy	-	-	-
Lab Services	-	-	-
Transportation	396,452	1,173,228	1,489,586
Medical Incentive Pool and Withhold Adjustments	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services	708,435	1,969,612	2,033,998
PCP and Specialist Services	-	-	-
Other Mental Health Services - Write-Ins	-	-	-
Subtotal MH&SAS	18,733,502	55,282,774	60,480,299
Subtotal Hospital, Medical and MH&SAS	178,112,375	498,485,115	496,360,337
LESS:			
Net Reinsurance Recoveries Incurred	-	-	-
Copayments	-	-	-
Subrogation and Coordination of Benefits	-	-	-
Subtotal Reinsurance, Copay, Subrogation	-	-	-
Total Hospital, Medical, MHS&S	178,112,375	498,485,115	496,360,337
Administration:			
Compensation	-	-	-
Direct and Allocated Admin expenses	-	-	-
Marketing	-	-	-
Interest Expense	-	-	-
Premium Tax Expense	13,990,367	37,448,610	22,160,955
Occupancy, Depreciation, and Amortization	0	-	-
Other Administration - Write-Ins	22,537,018	62,210,343	55,567,036
Total Administration Expenses	36,527,385	99,658,953	77,727,991
Total Expenses	214,639,760	598,144,068	574,088,328
Extraordinary Item	-	-	-
Provision for Income Tax	14,054,281	22,255,876	12,625,792
Net Income (Loss)	26,100,808	41,332,342	23,447,900
Write-Ins for Other Revenues			
	-	-	-
Total Other Revenues	-	-	-
Write-Ins for Other Medical and Hospital			
Other Capitated Services	1,218,602	1,968,428	827,852
Total Other Medical and Hospital	1,218,602	1,968,428	827,852
Write-Ins for Other MH & SS			
	-	-	-
Total Other MH and SAS	-	-	-
Write-Ins for Other Administration			
Administrative Services Fee	19,260,857	52,739,828	48,555,639
Behavioral Healthcare Services	3,276,161	9,470,515	7,010,223
ASO Claims Administration Fees	-	-	1,174
Total Other Administration	22,537,018	62,210,343	55,567,036

Americhoice - West Tennessee
Report 2A - TennCare Income Statement
West Tennessee CRA 2.30.14.3.3 and 2.30.14.3.4

Member Months	Current Qtr 505,045	YTD Total 1,499,019	Previous Yr Total 1,947,780
Revenues:			
TennCare Capitation	161,065,026	388,100,522	429,324,147
Investment	-	-	-
Other Revenues	-	-	-
Total Revenues	161,065,026	388,100,522	429,324,147
Estimated Expenses:			
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	-	-	-
Fee-for Service Physician Services	27,827,162	72,639,518	100,580,382
Inpatient Hospital Services	29,020,324	86,011,753	99,363,933
Outpatient Hospital Services	4,969,564	16,895,057	15,655,786
Emergency Room Services	5,261,819	22,082,176	41,746,002
Dental Services	-	-	-
Vision Services	819,114	1,428,752	1,257,885
Pharmacy Services	-	-	-
Home Health Services	2,716,474	6,765,580	7,183,185
Chiropractic Services	-	-	-
Radiology Services	4,699,603	14,122,696	18,182,014
Laboratory Services	2,057,879	5,938,189	7,506,753
Durable Medical Equipment Services	1,485,755	4,236,054	4,337,357
Transportation Services	3,326,815	10,051,693	15,214,501
Outside Referrals	-	-	-
Medical Incentive Pool and Withhold Adj	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Nursing Facility Care	30,878,505	31,259,262	-
HCBS Services	1,762,880	1,766,531	-
Other Medical and Hospital Services - Write-Ins	986,380	2,868,736	3,278,346
Subtotal Medical and Hospital	115,812,275	276,065,998	314,306,143
Mental Health and Substance Abuse Services			
Inpatient Psychiatric Facility Services	3,163,720	9,159,796	14,468,811
Inpatient Substance Abuse Treatment and Detox	86,592	250,711	307,427
Outpatient Mental Health Services	732,344	1,917,060	2,738,302
Outpatient Substance Abuse Treatment and Detox	29,399	76,958	103,338
Housing/Residential Treatment	1,527,805	4,879,290	7,818,357
Specialized Crisis Services	453,549	1,389,301	2,068,209
Psychiatric Rehab and Support Services	1,423,683	4,249,798	4,763,305
Case Management	3,544,491	10,875,275	18,108,786
Forensics	-	-	-
Other Judicial	-	-	-
Pharmacy	-	-	-
Lab Services	-	-	-
Transportation	299,668	962,796	1,329,400
Medical Incentive Pool and Withhold Adjustments	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services	268,453	753,323	481,199
PCP and Specialist Services	-	-	-
Other Mental Health Services - Write-Ins	-	-	-
Subtotal MH&SAS	11,529,705	34,514,308	52,187,134
Subtotal Hospital, Medical, MH&SAS, CHOICES	127,341,980	310,580,306	366,493,277
LESS:			
Net Reinsurance Recoveries Incurred	-	-	-
Copayments	-	-	-
Subrogation and Coordination of Benefits	-	-	-
Subtotal Reinsurance, Copay, Subrogation	-	-	-
Total Hospital, Medical, MHS&S	127,341,980	310,580,306	366,493,277
Administration:			
Compensation	-	-	-
Direct and Allocated Admin expenses	-	-	-
Marketing	-	-	-
Interest Expense	-	-	-
Premium Tax Expense	8,273,525	21,112,100	15,782,170
Occupancy, Depreciation, and Amortization	-	-	-
Other Administration - Write-Ins	14,639,245	36,142,794	38,948,882
Total Administration Expenses	22,912,770	57,254,894	54,731,052
Total Expenses	150,254,750	367,835,200	421,224,329
Extraordinary Item	-	-	-
Provision for Income Tax	3,783,597	7,092,863	2,834,936
Net Income (Loss)	7,026,680	13,172,460	5,264,882
Write-Ins for Other Revenues:			
Total Other Revenues	0.00	0.00	0.00
Write-Ins for Other Medical and Hospital:			
Other Capitated Services	986,380	2,868,736	3,278,346
Total Other Medical and Hospital	986,380	2,868,736	3,278,346
Detail of Other MH and SAS:			
Total Other MH and SAS	-	-	-
Write-Ins for Other Administration:			
Administrative Services Fee	13,207,332	31,824,243	35,344,156
Behaviorial Healthcare Services	1,431,913	4,318,551	3,604,726
ASO Claims Administration Fees	-	-	-
Total Other Administration	14,639,245	36,142,794	38,948,882

**UHC Plan of the River Valley
Reconciliation of Cash to Accrual Basis Accounting
As of Sept 30, 2010**

	<u>Middle</u>	<u>East</u>	<u>West</u>	<u>Consolidated</u>	<u>Key</u>
Cash received per premium tax reconciliation	680,949,730	425,243,824	383,856,372	1,490,049,927	
Change in accruals	(26,011,137)	4,519,613	3,702,600	(17,788,924)	a
Change in withhold	6,859,610	(244,666)	541,551	7,156,494	b
Accrual basis	661,798,203	429,518,771	388,100,522	1,479,417,497	
2A Reported premiums	661,798,203	429,518,771	388,100,522	1,479,417,497	
Difference	0	(0)	-	-	

Key

(a) Consistent with NAIC guidelines, UPRV records premiums on an accrual basis of accounting. The accrued premium amount in Sept 2010 was 17,788,924 less than the premium accrued for at December 2009. The change is driven by a rate change accrual for all three regions made in December 2009 not being made for Middle TN in Sept 2010 because TennCare is now paying at the updated contracted rates upon which the accruals were based on by Sept 2010.

(b) This item is because the December 2009 withholds are 7.2M less than the Sept 2010 withholds due to the Middle TN withhold rate as of Sept 2010 was 10% vs 2.5% in Dec 2009.

Accrual change is calculated as follows:	<u>Middle</u>	<u>East</u>	<u>West</u>	<u>Consolidated</u>
Reversal of December 09 accrual for rate chang	(16,506,241)	(7,687,802)	(8,031,736)	(32,225,779)
Reversal of December 09 accrual for future retri	(7,479,713)	(7,209,212)	(6,417,893)	(21,106,819)
Reversal of December 09 accrual for prem tax r	(459,522)	(206,988)	(328,920)	(995,429)
Reversal of Dec 09 accrual for Clinically Related Group (CRG)/Target Population Group (TPG) reconciliation	54,724	(68,886)	(21,394)	(35,556)
Sep 10 accrual for future retro membership	5,775,709	12,430,086	9,284,355	27,470,160
Sept 2010 rate change accrual		11,608,156	11,085,839	22,693,995
TennCare RAF accrual		(4,346,772)	(1,861,873)	(6,198,645)
April 2010 Under 1 year old give back accrual c	1,027,494	1,022	4,222	1,032,737
Reversal of 2009 STAT adjustment for addition	(8,423,587)			(8,423,587)
Total change in accrual	(26,011,137)	4,519,613	3,702,600	(17,788,924)