



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare of New England, Inc.

NAIC Group Code 0707 0707 NAIC Company Code 95149 Employer's ID Number 05-0413469
(Current) (Prior)

Organized under the Laws of Rhode Island, State of Domicile or Port of Entry RI

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 11/14/1984 Commenced Business 12/27/1984

Statutory Home Office 475 Kilvert Street, Suite 310, Warwick, RI 02886-1392
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 48 Monroe Turnpike
(Street and Number)
Trumbull, CT 06611, 203-459-6000
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 48 Monroe Turnpike, Trumbull, CT 06611
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 48 Monroe Turnpike
(Street and Number)
Trumbull, CT 06611, 203-459-7424
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.unitedhealthcare.com

Statutory Statement Contact Robert Noel Dellacorte, 203-459-7424
(Name) (Area Code) (Telephone Number)
robert_n_dellacorte@uhc.com, 203-452-4690
(E-mail Address) (FAX Number)

OFFICERS

President Stephen John Farrell VP-Finance and Assistant Treasurer Robert Noel Dellacorte #
 Secretary Christina Regina Palme-Krizak

OTHER

Timothy Gilbert Caron Assistant Secretary Peter John Clarkson # Chief Executive Officer Carmel Colica Assistant Secretary
Juanita Valarae Bolland Luis Assistant Secretary Timothy John Noel # Chief Financial Officer Robert Worth Oberrender Treasurer
Mary Lynn Stanislav Assistant Secretary Michelle Marie Huntley Dill # Assistant Secretary

DIRECTORS OR TRUSTEES

Peter John Clarkson # Patrice Evelyn Cooper # Stephen John Farrell

State of Rhode Island SS:
 County of Kent

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.

Stephen John Farrell
President

Christina Regina Palme-Krizak
Secretary

Robert Noel Dellacorte
VP-Finance and Assistant Treasurer

Subscribed and sworn to before me this _____ day of February 2010

- a. Is this an original filing? Yes [] No []
 b. If no,
 1. State the amendment number.....
 2. Date filed
 3. Number of pages attached.....

Claudette Levesque
Notary
May 14, 2011

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
United Health Group Incorporated	Intercompany Settlements	2,801,513	2,801,513	
0199999. Individually listed payables		2,801,513	2,801,513	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		2,801,513	2,801,513	0

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

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



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE UnitedHealthcare of New England, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

UnitedHealthcare of New England, Inc.

2.

NAIC Group Code	0707	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Massachusetts		2009							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	7,075	12	7,063	0	0	0	0	0	0	0		
2. First Quarter	5,143	11	5,132									
3. Second Quarter	3,716	11	3,705									
4. Third Quarter	3,415	11	3,404									
5. Current Year	3,159	9	3,150									
6. Current Year Member Months	48,431	131	48,300									
Total Member Ambulatory Encounters for Year:												
7. Physician	13,123	83	13,040									
8. Non-Physician	398	3	395									
9. Total	13,521	86	13,435	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	1,206	0	1,206									
11. Number of Inpatient Admissions	302	0	302									
12. Health Premiums Written (b)	19,350,315	81,615	19,268,700									
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	19,369,349	81,615	19,287,734									
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	15,542,202	43,106	15,499,096									
18. Amount Incurred for Provision of Health Care Services	14,341,909	39,839	14,302,070									

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

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



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REPORT FOR: 1. CORPORATION

UnitedHealthcare of New England, Inc.

2.

NAIC Group Code	0707	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Rhode Island		2009							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	84,955	199	33,823	0	0	0	0	18,655	32,278	0		
2. First Quarter	78,655	191	27,237					18,146	33,081			
3. Second Quarter	75,100	185	23,884					17,923	33,108			
4. Third Quarter	74,341	181	22,641					17,819	33,700			
5. Current Year	75,688	179	21,730					17,683	36,096			
6. Current Year Member Months	906,006	2,249	293,650					215,758	394,349			
Total Member Ambulatory Encounters for Year:												
7. Physician	1,012,042	1,983	312,949					342,073	355,037			
8. Non-Physician	365,093	60	9,487					175,242	180,304			
9. Total	1,377,135	2,043	322,436	0	0	0	0	517,315	535,341	0		
10. Hospital Patient Days Incurred	90,836	125	6,809					66,375	17,527			
11. Number of Inpatient Admissions	15,033	17	1,829					7,937	5,250			
12. Health Premiums Written (b)	455,399,713	686,612	99,942,960					194,631,875	160,138,266			
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	455,222,453	685,717	99,947,199					194,451,271	160,138,266			
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	393,960,883	226,306	81,370,254					159,891,757	152,472,566			
18. Amount Incurred for Provision of Health Care Services	385,636,646	209,153	75,454,814					160,815,314	149,157,365			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$194,451,271



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE UnitedHealthcare of New England, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR 2009						
		Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	(LOCATION)		
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
	Total									
Total Members at end of:										
1. Prior Year	92,030	211	40,886	0	0	0	0	18,655	32,278	0
2. First Quarter	83,798	202	32,369	0	0	0	0	18,146	33,081	0
3. Second Quarter	78,816	196	27,589	0	0	0	0	17,923	33,108	0
4. Third Quarter	77,756	192	26,045	0	0	0	0	17,819	33,700	0
5. Current Year	78,847	188	24,880	0	0	0	0	17,683	36,096	0
6. Current Year Member Months	954,437	2,380	341,950	0	0	0	0	215,758	394,349	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,025,165	2,066	325,989	0	0	0	0	342,073	355,037	0
8. Non-Physician	365,491	63	9,882	0	0	0	0	175,242	180,304	0
9. Total	1,390,656	2,129	335,871	0	0	0	0	517,315	535,341	0
10. Hospital Patient Days Incurred	92,042	125	8,015	0	0	0	0	66,375	17,527	0
11. Number of Inpatient Admissions	15,335	17	2,131	0	0	0	0	7,937	5,250	0
12. Health Premiums Written (b)	474,750,028	768,227	119,211,660	0	0	0	0	194,631,875	160,138,266	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	474,591,802	767,332	119,234,933	0	0	0	0	194,451,271	160,138,266	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	409,503,085	269,412	96,869,350	0	0	0	0	159,891,757	152,472,566	0
18. Amount Incurred for Provision of Health Care Services	399,978,555	248,992	89,756,884	0	0	0	0	160,815,314	149,157,365	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$194,451,271

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
0399999 - Totals											

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE UnitedHealthcare of New England, Inc.

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	10 Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
79413	36-2739571	01/01/2004	United Healthcare Insurance Company	Hartford, CT	QA/A/G	72,260,470		217,789				
79413	36-2739571	01/01/2004	United Healthcare Insurance Company	Hartford, CT	SSL/L/G	253,395						
79413	36-2739571	01/01/2004	United Healthcare Insurance Company	Hartford, CT	OTH/A/G	473,454						
0199999. Authorized General Account, Affiliates						72,987,319	0	217,789	0	0	0	0
0399999. Total Authorized General Account						72,987,319	0	217,789	0	0	0	0
0699999. Total Unauthorized General Account						0	0	0	0	0	0	0
0799999. Total Authorized and Unauthorized General Account						72,987,319	0	217,789	0	0	0	0
1099999. Total Authorized Separate Accounts						0	0	0	0	0	0	0
1399999. Total Unauthorized Separate Accounts						0	0	0	0	0	0	0
1499999. Total Authorized and Unauthorized Separate Accounts						0	0	0	0	0	0	0
1599999 - Totals						72,987,319	0	217,789	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total Cols. (5 + 6 + 7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 but not in Excess of Col. 8
NONE													
1199999 - Total													

SCHEDULE S - PART 5

Five Year Exhibit of Reinsurance Ceded Business (000 omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums	72,381	109,163	131,667	151,469	172,517
2. Title XVIII - Medicare	194	215	205	173	144
3. Title XIX - Medicaid	413	342	320	367	367
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	54,197	83,384	103,756	113,193	132,901
B. BALANCE SHEET ITEMS					
6. Premiums receivable	5,420	10,461	9,570	12,117	14,107
7. Claims payable	5,355	9,849	12,193	12,886	17,057
8. Reinsurance recoverable on paid losses	5,365	7,298	7,877	9,588	12,884
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid	915	3,303	1,392	1,797	2,399
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)	0	0	0	0	0
13. Letters of credit (L)	0	0	0	0	0
14. Trust agreements (T)	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	164,417,473		164,417,473
2. Accident and health premiums due and unpaid (Line 13)	3,311,007		3,311,007
3. Amounts recoverable from reinsurers (Line 14.1)	5,364,789	(5,364,789)	0
4. Net credit for ceded reinsurance	XXX	10,719,974	10,719,974
5. All other admitted assets (Balance)	17,534,367		17,534,367
6. Total assets (Line 26)	190,627,636	5,355,185	195,982,821
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	45,755,511	5,355,185	51,110,696
8. Accrued medical incentive pool and bonus payments (Line 2)	204,600		204,600
9. Premiums received in advance (Line 8)	15,710,631		15,710,631
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11. Reinsurance in unauthorized companies (Line 18)	0		0
12. All other liabilities (Balance)	11,270,734		11,270,734
13. Total liabilities (Line 22)	72,941,477	5,355,185	78,296,662
14. Total capital and surplus (Line 31)	117,686,159	XXX	117,686,159
15. Total liabilities, capital and surplus (Line 32)	190,627,636	5,355,185	195,982,821
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	5,355,185		
17. Accrued medical incentive pool	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	5,364,789		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	10,719,974		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	10,719,974		

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

Allocated by States and Territories

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

NONE

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	27-0015861	ACN Group of California, Inc.	(6,500,000)				258,642				(6,241,358)	
	41-4591944	ACN Group, Inc.					67,692,321				67,692,321	
82406	35-1665915	All Savers Insurance Company					(29,225)	(20,583)			(49,808)	(24,744)
73130	35-1744596	All Savers Life Insurance Company of California					(34,111)				(34,111)	
97179	86-0207231	American Medical Security Life Insurance Company	(50,000,000)				2,206,780	89,630			(47,703,590)	(14,421)
	54-1743141	AmeriChoice Health Services, Inc.					63,971,042				63,971,042	
13178	26-2481299	AmeriChoice of Connecticut, Inc.		14,300,000			(10,125,316)	(93,364)			4,081,320	
13168	26-2688274	AmeriChoice of Georgia, Inc.		100,000			(382)				99,618	
95497	22-3368602	AmeriChoice of New Jersey, Inc.					(96,174,858)				(96,174,858)	
95033	54-1495918	AmeriChoice of Pennsylvania, Inc.					(44,586,169)	(2,660,724)			(47,246,893)	19,791,548
	86-0813232	Arizona Physicians IPA, Inc.	(9,550,000)								(9,550,000)	
95440	35-1736982	Arnett HMO, Inc.	(8,500,000)				188,633				(8,311,367)	
	88-0267857	Behavioral Healthcare Options, Inc.					14,334,686				14,334,686	
	95-4188244	CII Financial, Inc.					(334,251)				(334,251)	
	52-1452809	Dental Benefit Providers of California, Inc.	(6,867,622)				(10,116,893)				(16,984,515)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.					(706,152)				(706,152)	
	41-2014834	Dental Benefit Providers, Inc.					193,276,202				193,276,202	
		Duncan Printing Services, LLC	(12,910,752)								(12,910,752)	
	30-0226127	Evercare Hospice, Inc.					13,036				13,036	
13214	26-2697886	Evercare of New Mexico, Inc.		56,500,000			(10,512,235)				45,987,765	
11141	91-2008361	Evercare of Texas, L.L.C.					(87,226,869)				(87,226,869)	
	88-0223385	Family Health Care Services					28,582,570				28,582,570	
	88-0257036	Family Home Hospice, Inc.					711,023				711,023	
	37-0855360	Golden Rule Financial Corporation					4,422,060				4,422,060	
62286	37-6028756	Golden Rule Insurance Company	(238,000,000)				(120,490,833)	20,583			(358,470,250)	24,744
95467	38-3204052	Great Lakes Health Plan, Inc.	(7,284,000)				(65,747,099)	748,377			(72,282,722)	1,430,194
	98-0213198	H & W Indemnity, Ltd.					1,491,247				1,491,247	
43893	13-3584296	Health Net Insurance of New York, Inc.					1,923	(4,634,066)			(4,632,143)	9,308,355
95968	06-1084283	Health Net of Connecticut, Inc.					3,377				3,377	
95351	22-3241303	Health Net of New Jersey, Inc.					1,939				1,939	
95305	06-1174953	Health Net of New York, Inc.					(7,239)				(7,239)	
	98-0153069	Health Net Services (Bermuda) Ltd.						4,634,066			4,634,066	(9,308,355)
96342	88-0201035	Health Plan of Nevada, Inc.	(13,936,834)				(497,776,645)	(876,485)			(512,589,964)	
	95-4763349	HealthAllies, Inc.					1,290,603				1,290,603	
81450	38-2346432	IBA Health and Life Assurance Company	(9,500,000)				(363,100)				(9,863,100)	
	86-0477097	Information Network Corporation					730,950				730,950	
	41-1858498	Ingenix, Inc.					27,607,653				27,607,653	
		MAMSI Insurance Resources, LLC					9,188,797				9,188,797	
60321	52-1803283	MAMSI Life and Health Insurance Company	(150,000,000)				(16,903,168)				(166,903,168)	
96310	52-1169135	MD-Individual Practice Association, Inc.	(150,000,000)				(62,531,451)	(587,356)			(213,118,807)	

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE UnitedHealthcare of New England, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	22-3341467	Medical Network, Inc.					449,657				449,657	
		Mid Atlantic Medical Services, LLC					44,926,795				44,926,795	
	39-1624025	Midwest Security Care, Inc.					266,701				266,701	
79480	35-1279304	Midwest Security Life Insurance Company	(9,000,000)			(2,916,404)					(11,916,404)	
	41-1485369	National Benefit Resources, Inc.				17,070,751					17,070,751	
95251	76-0196559	National Pacific Dental, Inc.	(2,500,000)			(2,436,538)					(4,936,538)	
95123	65-0996107	Neighborhood Health Partnership, Inc.	(13,000,000)			(59,605,826)					(72,605,826)	
95758	88-0228572	Nevada Pacific Dental, Inc.	(3,000,000)			(7,967,951)					(10,967,951)	
		OneNet PPO, LLC				230,733					230,733	
96940	52-1518174	Optimum Choice, Inc.	(200,000,000)			(50,082,072)		(458,358)			(250,540,430)	
	47-0858534	OptumHealth Bank, Inc.				(288,686)					(288,686)	
	41-1921983	OptumHealth, Inc.				17,510,433					17,510,433	
78026	22-2797560	Oxford Health Insurance, Inc.	(351,000,000)			(118,920,354)		(94,349,085)			(564,269,439)	353,338,804
96798	06-1181201	Oxford Health Plans (CT), Inc.	(20,000,000)			(6,518,439)		(159,002)			(26,677,441)	
95506	22-2745725	Oxford Health Plans (NJ), Inc.				(34,069,423)		(472,469)			(34,541,892)	106,418
95479	06-1181200	Oxford Health Plans (NY), Inc.	(449,000,000)			(97,174,427)					(546,174,427)	
		Oxford Health Plans LLC				236,351,370					236,351,370	
	95-4166547	PacifiCare Behavioral Health of California, Inc.	(18,259,834)			(10,853,949)				(973,590)	(30,087,373)	
	33-0538634	PacifiCare Behavioral Health, Inc.				12,697,949				(405,469)	12,292,480	
11189	94-3284628	PacifiCare Dental of Colorado, Inc.				1,527,591				(18,027)	1,509,564	
	35-1508167	PacifiCare Health Plan Administrators, Inc.	92,607,000									
70785	35-1137395	PacifiCare Life and Health Insurance Company	(79,000,000)			(95,472,850)		(199,264)		130,451,763	(44,220,351)	14,421
84506	95-2829463	PacifiCare Life Assurance Company	(14,397,000)			(8,871,558)		132,862		(1,484,577)	(24,620,273)	(589,515)
95617	94-3267522	PacifiCare of Arizona, Inc.	(50,000,000)			(146,533,395)		(1,158,855)			(197,692,250)	
	95-2931460	PacifiCare of California	(193,463,890)			(274,851,115)				(52,293,975)	(520,608,980)	
95434	84-1011378	PacifiCare of Colorado, Inc.	(113,000,000)			(107,708,713)		(847,204)		(6,359,491)	(227,915,408)	
95685	86-0875231	PacifiCare of Nevada, Inc.	(9,716,377)			(11,509,845)		(132,862)		(562,183)	(21,921,267)	589,515
96903	33-0115166	PacifiCare of Oklahoma, Inc.	(29,000,000)			(45,212,362)				(2,492,786)	(76,705,148)	
95893	93-0938819	PacifiCare of Oregon, Inc.	(29,000,000)			(37,127,346)				(1,902,976)	(68,030,322)	
95174	33-0115163	PacifiCare of Texas, Inc.	(95,000,000)			(232,174,888)		(1,892,772)			(329,067,660)	
48038	91-1312551	PacifiCare of Washington, Inc.	(200,000,000)			(43,078,907)					(243,078,907)	
	94-3252033	PacificDental Benefits, Inc.				6,448,813					6,448,813	
	52-1162824	Physicians Health Plan of Maryland, Inc.				1,348,531					1,348,531	
	33-0441200	RxSolutions, Inc.				53,474,818				(23,047,002)	30,427,816	
	98-0361580	Sheridan RE, Inc.		6,000,000							6,000,000	
71420	94-0734860	Sierra Health & Life Insurance Co., Inc.	(13,954,000)			(7,485,609)		284,492			(21,155,117)	
	88-0200415	Sierra Health Services, Inc.				106,952,146					106,952,146	
	88-0254322	Sierra Health-Care Options, Inc.				(136,753)					(136,753)	
	88-0385705	Sierra Home Medical Products, Inc.				30,044,383					30,044,383	
	88-0201420	Southwest Medical Associates, Inc.				322,719,232					322,719,232	
	52-1260282	Spectera, Inc.				82,861,362					82,861,362	

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE UnitedHealthcare of New England, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	25-1825549	Three Rivers Holdings, Inc.					392,520				392,520	
	94-3077084	U.S. Behavioral Health Plan, California	(1,000,000)				(7,161,663)				(8,161,663)	
	39-1995276	UMR, Inc.					288,255				288,255	
91529	52-1996029	Unimerica Insurance Company					(24,744,855)				(24,744,855)	
11596	01-0637149	Unimerica Life Insurance Company of New York					(1,231,154)				(1,231,154)	
	25-1877716	Unison Administrative Services, LLC					143,640,278				143,640,278	
12012	55-0867089	Unison Family Health Plan of Pennsylvania, Inc.	(3,359,000)				(7,277,385)				(10,636,385)	
	20-5917714	Unison Health Plan of Delaware, Inc.					(7,439,978)	(717,302)			(8,157,280)	424,230
	20-3330714	Unison Health Plan of New Jersey, Inc.					(43,453)				(43,453)	
12323	56-2451429	Unison Health Plan of Ohio, Inc.					(35,822,519)	312,908			(35,509,611)	1,331,563
95220	25-1756858	Unison Health Plan of Pennsylvania, Inc.	(38,641,000)				(74,246,103)				(112,887,103)	
11775	32-0062883	Unison Health Plan of South Carolina, Inc.										
			(4,000,000)				(23,434,537)				(27,434,537)	
11139	62-1839257	Unison Health Plan of Tennessee, Inc.	(2,749,000)				(10,253,929)				(13,002,929)	
13032	26-0651931	Unison Health Plan of the Capital Area, Inc.		19,000,000			(797,937)				18,202,063	
	94-2649097	United Behavioral Health	(110,000,000)				361,122,175				251,122,175	
95833	72-1074008	United HealthCare of Louisiana, Inc.					(4,183,949)	(29,313)			(4,213,262)	
95716	63-1036817	United HealthCare of Mississippi, Inc.					69,678				69,678	
	41-1289245	United HealthCare Services, Inc.	(829,409,052)	(55,200,000)			5,227,753,499				4,343,144,447	
	41-1321939	UnitedHealth Group Incorporated	5,325,906,037	(33,400,000)			1,740,322,860				7,032,828,897	
79413	36-2739571	UnitedHealthcare Insurance Company	(1,275,183,775)	(33,692,093)			(5,205,584,247)	152,702,528		(16,837,497)	(6,378,595,084)	(677,110,254)
60318	36-3800349	UnitedHealthcare Insurance Company of Illinois	(43,000,000)				(35,497,318)				(78,497,318)	
60093	11-3283886	UnitedHealthcare Insurance Company of New York		(22,807,907)			(277,406,781)	(37,634,861)			(337,849,549)	281,175,871
73518	31-1169935	UnitedHealthcare Insurance Company of Ohio					(43,120,707)				(76,120,707)	
	20-1902768	UnitedHealthcare Insurance Company of the River Valley	(5,831,000)				(7,883,386)				(13,714,386)	
95784	63-0899562	UnitedHealthcare of Alabama, Inc.	(27,000,000)				(48,879,535)	(387,569)			(76,267,104)	
96016	86-0507074	UnitedHealthcare of Arizona, Inc.	0				(17,556,521)	(127,071)			(17,683,592)	
95446	63-1036819	UnitedHealthcare of Arkansas, Inc.					(2,924,141)	(18,158)			(2,942,299)	
95090	84-1004639	UnitedHealthcare of Colorado, Inc.	(11,000,000)				(550,998)	(2,639)			(11,553,637)	
95264	59-1293865	UnitedHealthcare of Florida, Inc.					(190,187,341)	(1,300,901)			(191,488,242)	
95850	58-1653544	UnitedHealthcare of Georgia, Inc.		3,500,000			(20,349,637)	(157,852)			(17,007,489)	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.		15,200,000			(10,159,286)	(80,605)			4,960,109	
96644	62-1240316	UnitedHealthcare of Kentucky, Ltd.					(5,266,963)	(49,002)			(5,315,965)	
95149	05-0413469	UnitedHealthcare of New England, Inc.	(12,705,000)				(58,011,929)	(6,586,324)			(77,303,253)	10,568,816
95085	06-1172891	UnitedHealthcare of New York, Inc.	(96,000,000)				(122,619,912)				(218,619,912)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	(92,679,492)				(116,677,301)	(1,819,878)			(211,176,671)	
95186	31-1142815	UnitedHealthcare of Ohio, Inc.	(35,000,000)	8,000,000			(102,349,481)	(749,547)			(130,099,028)	

SCHEDULE Y

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

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11147	63-1036814	UnitedHealthcare of Tennessee, Inc.					(4,364,996)				(4,364,996)	
95765	95-3939697	UnitedHealthcare of Texas, Inc.					(2,531,019)	(32,437)			(2,563,456)	
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.										
95591	47-0676824	UnitedHealthcare of the Midlands, Inc.		22,500,000			(96,938,428)	(678,355)			(75,116,783)	
96385	43-1361841	UnitedHealthcare of the Midwest, Inc.	(52,000,000)				(94,608,911)	2,165,455			(144,443,456)	7,978,744
95501	41-1488563	UnitedHealthcare of Utah, Inc.	(20,000,000)				(19,408,267)	(120,082)			(39,528,349)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(60,000,000)				(140,236,099)	846,218			(199,389,881)	964,066
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.	(35,000,000)				(264,728,424)	(2,333,046)			(302,061,470)	
	47-0854646	UnitedHealthcare Service LLC	(75,615,409)				6,208				(75,609,201)	
	36-3355110	UnitedHealthcare Services Company of the River Valley, Inc.					203,182,354				203,182,354	
											0	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
APRIL FILING	
17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO

- Explanations:
- 10.
 - 11.
 - 12.
 - 13.
 - 14.
 - 16.
 - 17.
 - 18.
 - 19.

Bar Codes:

10. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
11. Life Supplement [Document Identifier 205]	
12. Property/Casualty Supplement [Document Identifier 207]	
13. SIS Stockholder Information Supplement [Document Identifier 420]	
14. Participating Opinion for Exhibit 5 [Document Identifier 371]	
16. Medicare Part D Coverage Supplement [Document Identifier 365]	
17. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
18. Life Supplement [Document Identifier 211]	
19. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]	

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