

**TEXAS HMO SUPPLEMENT**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION ION / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	210,130	162,896	4,650	0	31,713	0	0	10,871	0	0
2. MEMBER MONTHS.....	635,383	496,989	14,160	0	91,954	0	0	32,280	0	0
3. Direct premium income.....	328.02	326.86	1,027.26	0.00	312.82	0.00	XXXXXXXX	82.48	XXXXXXXX	0.00
4. Net premium income.....	328.02	326.86	1,027.26	0.00	312.82	0.00	0.00	82.48	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	328.03	326.88	1,027.26	0.00	312.82	0.00	0.00	82.48	0.00	0.00
11. Hospital & medical.....	281.19	282.00	708.22	0.00	292.66	0.00	0.00	48.66	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	281.19	282.00	708.22	0.00	292.66	0.00	0.00	48.66	0.00	0.00
14. Claims adjustment expenses.....	5.62	5.64	14.16	0.00	5.85	0.00	0.00	0.97	0.00	0.00
15. General administrative expenses.....	37.66	40.28	72.84	0.00	27.57	0.00	0.00	10.61	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	324.47	327.92	795.23	0.00	326.08	0.00	0.00	60.25	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	3.56	(1.05)	232.03	0.00	(13.27)	0.00	0.00	22.23	0.00	0.00
19. Net investment income earned.....	3.99	3.97	12.49	0.00	3.80	0.00	0.00	1.00	0.00	0.00
20. Net realized capital gains/losses.....	(1.74)	(1.73)	(5.44)	0.00	(1.66)	0.00	0.00	(0.44)	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.25	2.24	7.05	0.00	2.15	0.00	0.00	0.57	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	5.81	1.20	239.08	0.00	(11.12)	0.00	0.00	22.80	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.17)	(0.16)	(0.52)	0.00	(0.16)	0.00	0.00	(0.04)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	5.98	1.36	239.60	0.00	(10.96)	0.00	0.00	22.84	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,307	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		37,360	of Texas enrollees and Federal employees.)			0	# of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2009**

**TEXAS HMO SUPPLEMENT**

OF THE **Aetna Health Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION ION / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	210,130	162,896	4,650	0	31,713	0	0	10,871	0	0
2. MEMBER MONTHS.....	635,383	496,989	14,160	0	91,954	0	0	32,280	0	0
3. Direct premium income.....	328.02	326.86	1,027.26	0.00	312.82	0.00	XXXXXXXX	82.48	XXXXXXXX	0.00
4. Net premium income.....	328.02	326.86	1,027.26	0.00	312.82	0.00	0.00	82.48	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	328.03	326.88	1,027.26	0.00	312.82	0.00	0.00	82.48	0.00	0.00
11. Hospital & medical.....	281.19	282.00	708.22	0.00	292.66	0.00	0.00	48.66	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	281.19	282.00	708.22	0.00	292.66	0.00	0.00	48.66	0.00	0.00
14. Claims adjustment expenses.....	5.62	5.64	14.16	0.00	5.85	0.00	0.00	0.97	0.00	0.00
15. General administrative expenses.....	37.66	40.28	72.84	0.00	27.57	0.00	0.00	10.61	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	324.47	327.92	795.23	0.00	326.08	0.00	0.00	60.25	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	3.56	(1.05)	232.03	0.00	(13.27)	0.00	0.00	22.23	0.00	0.00
19. Net investment income earned.....	3.99	3.97	12.49	0.00	3.80	0.00	0.00	1.00	0.00	0.00
20. Net realized capital gains/losses.....	(1.74)	(1.73)	(5.44)	0.00	(1.66)	0.00	0.00	(0.44)	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.25	2.24	7.05	0.00	2.15	0.00	0.00	0.57	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	5.81	1.20	239.08	0.00	(11.12)	0.00	0.00	22.80	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.17)	(0.16)	(0.52)	0.00	(0.16)	0.00	0.00	(0.04)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	5.98	1.36	239.60	0.00	(10.96)	0.00	0.00	22.84	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,307	(Examples of non-taxable enrollees are State			0 # of Enrollees in C3-Pt D included in C3-Basic				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		37,360	of Texas enrollees and Federal employees.)			0 # of Member Months in C3-Pt D included in C3-Basic				

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

OF THE **Alpha Dental Programs, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	76,355	75,941	414	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	234,965	233,653	1,312	0	0	0	0	0	0	0
3. Direct premium income.....	345.35	341.80	976.20	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	345.35	341.80	976.20	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	345.38	341.83	976.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	301.33	299.43	639.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	301.33	299.43	639.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.03	5.99	12.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	42.19	42.03	69.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	349.55	347.45	722.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(4.17)	(5.62)	253.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	4.20	4.16	11.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(1.83)	(1.81)	(5.17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.37	2.35	6.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(1.80)	(3.27)	260.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.17)	(0.17)	(0.49)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(1.63)	(3.10)	260.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 5,931 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 18,077 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

OF THE **Alpha Dental Programs, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER	
		BASIC	PART D							
1. ENROLLEES AT THE END OF REPT PERIOD.....	76,355	75,941	414	0	0	0	0	0	0	
2. MEMBER MONTHS.....	234,965	233,653	1,312	0	0	0	0	0	0	
3. Direct premium income.....	345.35	341.80	976.20	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	345.35	341.80	976.20	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	345.38	341.83	976.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	301.33	299.43	639.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	301.33	299.43	639.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.03	5.99	12.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	42.19	42.03	69.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	349.55	347.45	722.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(4.17)	(5.62)	253.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	4.20	4.16	11.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(1.83)	(1.81)	(5.17)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.37	2.35	6.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(1.80)	(3.27)	260.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.17)	(0.17)	(0.49)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(1.63)	(3.10)	260.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 5,931 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic  
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 18,077 of Texas enrollees and Federal employees.) 0 # of Member Months in C3-Pt D included in C3-Basic

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**  
 OF THE **Alpha Dental Programs, Inc.**  
 (Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION San Antonio  
 (Location)

**EXHIBIT II (Filed Annually and Quarterly)**  
**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	48,475	24,491	2,312	0	16,321	0	0	5,351	0	0
2. MEMBER MONTHS.....	144,814	73,953	6,712	0	48,097	0	0	16,052	0	0
3. Direct premium income.....	307.08	294.83	1,143.31	0.00	285.48	0.00	XXXXXXXX	78.60	XXXXXXXX	0.00
4. Net premium income.....	307.08	294.83	1,143.31	0.00	285.48	0.00	0.00	78.60	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	(0.03)	(0.06)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	307.05	294.77	1,143.31	0.00	285.48	0.00	0.00	78.60	0.00	0.00
11. Hospital & medical.....	258.54	232.57	844.34	0.00	287.40	0.00	0.00	46.80	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	258.54	232.57	844.34	0.00	287.40	0.00	0.00	46.80	0.00	0.00
14. Claims adjustment expenses.....	5.17	4.65	16.89	0.00	5.75	0.00	0.00	0.94	0.00	0.00
15. General administrative expenses.....	31.82	36.76	79.95	0.00	24.75	0.00	0.00	10.11	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	295.53	273.98	941.18	0.00	317.91	0.00	0.00	57.84	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	11.52	20.79	202.13	0.00	(32.43)	0.00	0.00	20.76	0.00	0.00
19. Net investment income earned.....	3.73	3.58	13.90	0.00	3.47	0.00	0.00	0.96	0.00	0.00
20. Net realized capital gains/losses.....	(1.63)	(1.56)	(6.06)	0.00	(1.51)	0.00	0.00	(0.42)	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.11	2.02	7.85	0.00	1.96	0.00	0.00	0.54	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	13.63	22.82	209.98	0.00	(30.47)	0.00	0.00	21.30	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.15)	(0.15)	(0.58)	0.00	(0.14)	0.00	0.00	(0.04)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	13.78	22.96	210.56	0.00	(30.33)	0.00	0.00	21.34	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 4,211 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic  
 NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 12,741 of Texas enrollees and Federal employees.) 0 # of Member Months in C3-Pt D included in C3-Basic

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**  
 OF THE **Alpha Dental Programs, Inc.**  
 (Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION San Antonio  
 (Location)

**EXHIBIT II (Filed Annually and Quarterly)**  
**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	48,475	24,491	2,312	0	16,321	0	0	5,351	0	0
2. MEMBER MONTHS.....	144,814	73,953	6,712	0	48,097	0	0	16,052	0	0
3. Direct premium income.....	307.08	294.83	1,143.31	0.00	285.48	0.00	XXXXXXXX	78.60	XXXXXXXX	0.00
4. Net premium income.....	307.08	294.83	1,143.31	0.00	285.48	0.00	0.00	78.60	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	(0.03)	(0.06)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	307.05	294.77	1,143.31	0.00	285.48	0.00	0.00	78.60	0.00	0.00
11. Hospital & medical.....	258.54	232.57	844.34	0.00	287.40	0.00	0.00	46.80	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	258.54	232.57	844.34	0.00	287.40	0.00	0.00	46.80	0.00	0.00
14. Claims adjustment expenses.....	5.17	4.65	16.89	0.00	5.75	0.00	0.00	0.94	0.00	0.00
15. General administrative expenses.....	31.82	36.76	79.95	0.00	24.75	0.00	0.00	10.11	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	295.53	273.98	941.18	0.00	317.91	0.00	0.00	57.84	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	11.52	20.79	202.13	0.00	(32.43)	0.00	0.00	20.76	0.00	0.00
19. Net investment income earned.....	3.73	3.58	13.90	0.00	3.47	0.00	0.00	0.96	0.00	0.00
20. Net realized capital gains/losses.....	(1.63)	(1.56)	(6.06)	0.00	(1.51)	0.00	0.00	(0.42)	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.11	2.02	7.85	0.00	1.96	0.00	0.00	0.54	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	13.63	22.82	209.98	0.00	(30.47)	0.00	0.00	21.30	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.15)	(0.15)	(0.58)	0.00	(0.14)	0.00	0.00	(0.04)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	13.78	22.96	210.56	0.00	(30.33)	0.00	0.00	21.34	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		4,211	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		12,741	of Texas enrollees and Federal employees.)			0	# of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

OF THE **Alpha Dental Programs, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,396	11,341	55	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,618	33,479	139	0	0	0	0	0	0	0
3. Direct premium income.....	342.45	339.23	1,117.79	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	342.45	339.23	1,117.79	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	342.48	339.26	1,117.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	301.30	299.85	650.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	301.30	299.85	650.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.03	6.00	13.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	41.83	41.66	81.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	349.15	347.51	744.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(6.68)	(8.25)	372.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	4.16	4.13	13.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(1.81)	(1.80)	(5.92)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.35	2.33	7.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(4.33)	(5.93)	380.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.17)	(0.17)	(0.56)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(4.15)	(5.75)	381.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 2,165 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 6,542 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

OF THE **Alpha Dental Programs, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	11,396	11,341	55	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,618	33,479	139	0	0	0	0	0	0	0
3. Direct premium income.....	342.45	339.23	1,117.79	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	342.45	339.23	1,117.79	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.03	0.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	342.48	339.26	1,117.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	301.30	299.85	650.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	301.30	299.85	650.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.03	6.00	13.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	41.83	41.66	81.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	349.15	347.51	744.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(6.68)	(8.25)	372.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	4.16	4.13	13.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(1.81)	(1.80)	(5.92)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.35	2.33	7.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(4.33)	(5.93)	380.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.17)	(0.17)	(0.56)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(4.15)	(5.75)	381.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,165	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		6,542	of Texas enrollees and Federal employees.)			0	# of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**  
 OF THE **Alpha Dental Programs, Inc.**  
 (Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Corpus Christi  
 (Location)

**EXHIBIT II (Filed Annually and Quarterly)**  
**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	583	510	73	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,803	1,545	258	0	0	0	0	0	0	0
3. Direct premium income.....	337.81	277.06	701.62	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	337.81	277.06	701.62	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	(0.09)	(0.10)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	337.73	276.96	701.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	353.74	323.42	535.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	353.74	323.42	535.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	7.07	6.47	10.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	34.77	32.44	48.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	395.58	362.33	594.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(57.85)	(85.37)	106.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	4.11	3.37	8.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(1.79)	(1.47)	(3.72)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.32	1.90	4.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(55.54)	(83.47)	111.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.17)	(0.14)	(0.35)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(55.37)	(83.33)	112.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic  
 NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 0 # of Member Months in C3-Pt D included in C3-Basic

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**  
 OF THE **Alpha Dental Programs, Inc.**  
 (Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION Corpus Christi  
 (Location)

**EXHIBIT II (Filed Annually and Quarterly)**  
**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	583	510	73	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,803	1,545	258	0	0	0	0	0	0	0
3. Direct premium income.....	337.81	277.06	701.62	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	337.81	277.06	701.62	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	(0.09)	(0.10)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	337.73	276.96	701.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	353.74	323.42	535.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	353.74	323.42	535.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	7.07	6.47	10.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	34.77	32.44	48.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	395.58	362.33	594.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(57.85)	(85.37)	106.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	4.11	3.37	8.53	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(1.79)	(1.47)	(3.72)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.32	1.90	4.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(55.54)	(83.47)	111.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.17)	(0.14)	(0.35)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(55.37)	(83.33)	112.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0	# of Member Months in C3-Pt D included in C3-Basic			

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

OF THE **Alpha Dental Programs, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,516	9,476	40	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	29,096	28,992	104	0	0	0	0	0	0	0
3. Direct premium income.....	256.08	253.83	882.31	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	256.08	253.83	882.31	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	(0.03)	(0.03)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	256.05	253.80	882.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	226.77	224.03	990.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	226.77	224.03	990.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.54	4.48	19.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	31.26	31.17	54.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	262.56	259.68	1,065.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(6.51)	(5.88)	(183.27)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.11	3.09	10.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(1.36)	(1.34)	(4.67)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.76	1.74	6.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(4.76)	(4.14)	(177.21)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.13)	(0.13)	(0.44)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(4.63)	(4.01)	(176.77)	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

OF THE **Alpha Dental Programs, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**El Paso**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
 ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,516	9,476	40	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	29,096	28,992	104	0	0	0	0	0	0	0
3. Direct premium income.....	256.08	253.83	882.31	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	256.08	253.83	882.31	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	(0.03)	(0.03)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	256.05	253.80	882.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	226.77	224.03	990.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	226.77	224.03	990.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.54	4.48	19.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	31.26	31.17	54.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	262.56	259.68	1,065.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(6.51)	(5.88)	(183.27)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.11	3.09	10.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(1.36)	(1.34)	(4.67)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.76	1.74	6.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(4.76)	(4.14)	(177.21)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.13)	(0.13)	(0.44)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(4.63)	(4.01)	(176.77)	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 0 # of Member Months in C3-Pt D included in C3-Basic

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

OF THE **Alpha Dental Programs, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	63,805	41,137	1,756	0	15,392	0	0	5,520	0	0
2. MEMBER MONTHS.....	191,087	125,367	5,635	0	43,857	0	0	16,228	0	0
3. Direct premium income.....	330.92	332.12	916.26	0.00	342.80	0.00	XXXXXXXX	86.31	XXXXXXXX	0.00
4. Net premium income.....	330.92	332.12	916.26	0.00	342.80	0.00	0.00	86.31	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	330.94	332.14	916.26	0.00	342.80	0.00	0.00	86.31	0.00	0.00
11. Hospital & medical.....	277.64	286.81	566.14	0.00	298.42	0.00	0.00	50.50	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	277.64	286.81	566.14	0.00	298.42	0.00	0.00	50.50	0.00	0.00
14. Claims adjustment expenses.....	5.55	5.74	11.32	0.00	5.97	0.00	0.00	1.01	0.00	0.00
15. General administrative expenses.....	36.78	40.92	66.28	0.00	30.66	0.00	0.00	11.12	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	319.98	333.47	643.75	0.00	335.05	0.00	0.00	62.62	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	10.96	(1.32)	272.51	0.00	7.75	0.00	0.00	23.69	0.00	0.00
19. Net investment income earned.....	4.02	4.04	11.14	0.00	4.17	0.00	0.00	1.05	0.00	0.00
20. Net realized capital gains/losses.....	(1.75)	(1.76)	(4.85)	0.00	(1.82)	0.00	0.00	(0.46)	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.27	2.28	6.29	0.00	2.35	0.00	0.00	0.59	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	13.23	0.95	278.80	0.00	10.10	0.00	0.00	24.28	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.17)	(0.17)	(0.46)	0.00	(0.17)	0.00	0.00	(0.04)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	13.40	1.12	279.26	0.00	10.28	0.00	0.00	24.32	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State

0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

0 # of Member Months in C3-Pt D included in C3-Basic

\* Other (identify products(s); eg PPO): 0

**TEXAS HMO SUPPLEMENT**

OF THE **Alpha Dental Programs, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
 ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	63,805	41,137	1,756	0	15,392	0	0	5,520	0	0
2. MEMBER MONTHS.....	191,087	125,367	5,635	0	43,857	0	0	16,228	0	0
3. Direct premium income.....	330.92	332.12	916.26	0.00	342.80	0.00	XXXXXXXX	86.31	XXXXXXXX	0.00
4. Net premium income.....	330.92	332.12	916.26	0.00	342.80	0.00	0.00	86.31	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	330.94	332.14	916.26	0.00	342.80	0.00	0.00	86.31	0.00	0.00
11. Hospital & medical.....	277.64	286.81	566.14	0.00	298.42	0.00	0.00	50.50	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	277.64	286.81	566.14	0.00	298.42	0.00	0.00	50.50	0.00	0.00
14. Claims adjustment expenses.....	5.55	5.74	11.32	0.00	5.97	0.00	0.00	1.01	0.00	0.00
15. General administrative expenses.....	36.78	40.92	66.28	0.00	30.66	0.00	0.00	11.12	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	319.98	333.47	643.75	0.00	335.05	0.00	0.00	62.62	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	10.96	(1.32)	272.51	0.00	7.75	0.00	0.00	23.69	0.00	0.00
19. Net investment income earned.....	4.02	4.04	11.14	0.00	4.17	0.00	0.00	1.05	0.00	0.00
20. Net realized capital gains/losses.....	(1.75)	(1.76)	(4.85)	0.00	(1.82)	0.00	0.00	(0.46)	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.27	2.28	6.29	0.00	2.35	0.00	0.00	0.59	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	13.23	0.95	278.80	0.00	10.10	0.00	0.00	24.28	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.17)	(0.17)	(0.46)	0.00	(0.17)	0.00	0.00	(0.04)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	13.40	1.12	279.26	0.00	10.28	0.00	0.00	24.32	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 0 # of Member Months in C3-Pt D included in C3-Basic

\* Other (identify products(s); eg PPO): 0